GENDER BASED VIOLENCE CAUSING SEVERE MULTIPLE INJURIES: A CASE REPORT

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ABSTRACT

Gender-based violence (GBV) against women has been identified as a global health and development issue. We reported a case of GBV causing severe, multiple injuries in a middle age female. A 40-year-old female presented to emergency room with disturbed level of consciousness, shortness of breath and multiple patches of skin discoloration. On examination; the patient was semiconscious, multiple ecchimoses, bilateral decrease air entry. Computed tomography scan of the chest and neck showed six rib fracture on left side, eight rib fracture on the right side, sternal fracture, manubriosternal dislocation, bilateral mild to moderate hemothorax, fracture of body of dorsal vertebrae nine and 11, fracture of the spine of cervical 2 and 6. The patient was intubated and admitted to ICU. The patient was discharged home with good health after 23 day admission. GBV is still a cause of severe trauma that puts the patient's life at risk.

Keywords: Gender, violence, advanced trauma life support

INTRODUCTION

Gender-based violence (GBV) against women has been identified as a global health and development issue, and a host of policies and public education programs have been undertaken around the world that aim at reducing such GBV ¹. It has been identified as a global public health and human rights priority that leads to high rates of morbidity and mortality ². GBV is generally understood to include physical, sexual, and psychological abuse from intimate partners, sexual violence by non-partners, sexual abuse of girls, and acts such as trafficking women for sex ³. Apart from physical injury, GBV increases long-term risk of other conditions, including physical disability, chronic pain, depression, and drug and alcohol abuse ⁴. There are many fatal and non-fatal conditions which may occur post violence in women, like: suicide, homicide, functional impairment, maternal mortality, physical symptoms, chronic pain syndromes, permanent disability, gastrointestinal disorders, fibromyalgia, somatic complaints, post-traumatic stress, anxiety, depression, eating disorders, panic disorder, low self-esteem, sexual dysfunction, substance abuse, smoking, sexual risk-taking, unsafe abortion, unwanted pregnancy ⁴.
We reported a case of GBV causing severe morbidity and multiple serious bone fracture with three week intensive care unit (ICU) admission.

**CASE REPORT**

A 47-year-old male, mother of 4 children, presented to emergency room at 2.00A.M with chest pain, fully consciousness, no shortness of breath and no skin discoloration. On examination; the patient was semiconscious, Glasgow Comma Score was 15, multiple echimosis was found all over body (Figure 1), bilateral good air entry. Oxygen saturation was 82% with mask oxygen. On the clinical bases, bilateral thoracostomy drains were inserted. Chest x-ray was inconclusive. Computed tomography scan of the chest and neck showed eight rib fracture on left side, six rib fracture on the right side, sternal dislocation and manubriosternal fracture (Figure 2) left side hemothorax (Figure 3), fracture of body of dorsal vertebrae ten and 12 (Figure 4), fracture of the spine of cervical 3and 5 (Figure 5). After imaging, the patient was referred to ICU and intubated as the oxygen saturation decreased. Percutaneous jejunostomy applied for feeding. Tracheostomy was created eight days after endotracheal intubation. The patient remained in intubated in ICU for 18 days, four days later the patient was discharged from ICU and she was admitted in ward for one week and discharged home with good health 23 after admission.

![Figure 1 shows multiple echimosis all over body.](image)
Figure 2. Computed tomography scan of the chest and neck showing six rib fracture on left side, eight rib fracture on the right side (anteroposterior view, A), sternal fracture (lateral view, B).

Figure 3 computed tomography scan of chest showing bilateral hemothorax.
Figure 4. Computed tomography scan of chest showing fracture of body of dorsal vertebra 11.

Figure 5. Computed tomography scan of chest showing fracture of the spine of cervical 2 and 6.
DISCUSSION

Violence against female gender although least recognizes, are a wide spread human rights violation all over the world. Our case remained in hospital for 23 day with 16 day ICU admission under invasive continuous monitoring. It erodes women's self-esteem, sapping their energy, and compromising their physical and psychological health. Aggressive female believe that aggression are a main mean to win an argument. GBV is less likely to injure male than female. In this battle, the male was totally free from injury, neither minor nor major wound he had. Nevertheless, perhaps female need to recognize that although male and female aggressions are not the same, in both of them aggression is regarded as a criminal acts.

Severe and multiple trauma which were found in our cases confirm that the female were not able to even defends herself. It is report that bidirectional violence result in more severe injury in intimate partner violence especially for the female. The only share of our victims in the violence was disobeying a command by her partner related to a social problem.

According to the literature, there is an association between being rural resident for victimization of girls and GBV. Other reports showed that there is an association between adolescent dating violence and alcohol and drug abuse, higher numbers of sexual partner and being gang member. Ours was from rural area at the age of 40 and her husband was a drinker with single sexual partner. According to some reports, the positive association is in highest level among unmarried female. From this, we can conclude that national data that focus mainly on married female cannot gives the exact picture of the prevalence of intimate partner violence in female gender's lives.

CONCLUSION

GBV are still a cause of severe trauma that put the patient's life at risk. It might cause profound health problem that may need ICU admission.

CONSENT

The author obtained written informed consent from the patient for the publication of this article.

COMPETING INTERESTS

The author declares no competing interest.

REFERENCES