

LAW & ORDER defeated CSI? WHEN JUSTICE IS DENIED BY VICTIM SILENCE

ABSTRACT

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Introduction: History-taking is a vital step in the management of patients and correlating history with clinical findings determine the final diagnosis. This is a case of life-threatening injury in an adult with marked discrepancy between history and physical findings with queries on possible Domestic Violence.

Case description: The patient, a 31-year old lady, was referred from Hospital Temenggong Seri Maharaja Tun Ibrahim, Kulai to the Emergency Department, Hospital Sultanah Aminah. She was in Hypovolemic Shock Class III secondary to deep laceration wounds with tendon cut at both calves, following an alleged fall backwards. She was managed with fluid resuscitation and Safe O blood transfusion followed by a plan for tendon repair and wound debridement under general anaesthesia. Further wound examination revealed an incision wound with maximum length of 5cm and a depth of 4cm. This finding revealed a significant discrepancy on the nature of the injury. Hence, it raises suspicion of a “Non-Accidental Injury”. Unfortunately, One Stop Crisis Center (OSCC) activation was denied as the patient did not want to file a police report.

Discussion: This case report highlights the substantial need for awareness of domestic violence and utilisation of the One Stop Crisis Center (OSCC) services in public tertiary hospitals. OSCC provides comprehensive support for victims of violence, including medical, psychological, and legal assistance. In this case, the patient’s refusal to self-acknowledge and persistent reluctance to admit the incident has jeopardised the patient’s safety. This emphasises our critical roles as healthcare providers to recognise evidence of domestic violence and proceed with police reports and referrals to social welfare and counselling. Under-recognition of the need to utilise OSCC’s resources hinder the provision of timely and effective support for victims as well as their children. This case report also aims to promote education and awareness campaigns by health authorities. This would help to develop a standardised approach in addressing domestic violence, especially when consent is difficult to be obtained.

Conclusion: Education and awareness of domestic violence survivors are crucial in improving patient safety. Healthcare professionals are encouraged to practise integrating OSCC services in any suspected case.

Keywords: One Stop Crisis Center (OSCC), domestic violence, non-accidental injuries, victim support, trauma care, counselling, social welfare.

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