**THE PSYCHIATRIC ASSOCIATION of TÜRKİYE - POLICY DOCUMENT AGAINST GENDER DISCRIMINATION, SEXUAL VIOLENCE, and SEXUAL HARASSMENT**

1. **INTRODUCTION**

The United Nations defines violence against women as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*". The fundamental cause of violence against women is men's desire to control women and regulate their lives and spaces according to the rules they set within the patriarchal system. From birth, women are subjected to violence throughout their lives to conform to the roles assigned to them by society, to be disciplined, and to be controlled.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)," one of the nine core human rights treaties of the United Nations, specifically focuses on women's human rights and gender equality. This convention, also recognized as an international women's rights law, was signed in 1985 and implemented in 1986.

Another convention is the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, also known as the “Istanbul Convention”, which is the first legally binding international document addressing violence against women and domestic violence. It is named as such because it was signed in Istanbul. The convention, which obligates its signatory countries to take the necessary legal measures to prevent physical, sexual, economic, and emotional violence, was signed on May 11, 2011, adopted by the Grand National Assembly of Türkiye on November 25, 2011, and started to implement in August 1, 2014. On March 19, 2021, it was decided to terminate the convention pursuant to Article 3 of Presidential Decree No. 9 and to set the date of termination for the Republic of Turkey as July 1, 2021. The Istanbul Convention emphasizes that violence against women is a manifestation of historically unequal power relations and that achieving gender equality is the fundamental element in preventing violence. Additionally, the convention’s explanatory report states that “*This type of violence is deeply rooted in the social and cultural structures, norms and values that govern society, and is often perpetuated by a culture of denial and silence*”. The convention not only aims to combat violence against women and domestic violence but also seeks to implement the principle of gender equality in practice. This convention, which aims to protect all women and family members from violence regardless of their marital status, takes measures to safeguard the rights of survivors of violence while ensuring that no discrimination is made on any grounds, including gender identity and sexual orientation. It also seeks to support data collection and research as part of holistic policies.

According to the World Health Organization, violence against women—particularly intimate partner violence and sexual violence against women—is a major public health issue and a violation of women's human rights. Data indicates that about 35% of women worldwide have been subjected to either intimate partner violence or non-partner sexual violence in their lifetime. Almost 30% of women who have been in a relationship report experiencing some form of physical or sexual violence by their intimate partner. Worldwide, 38% of femicides are committed by an intimate partner. Sexual violence is most often committed by men against women, children, and individuals from the broad spectrum of lesbian, gay, bisexual, transgender, intersex, and people with diverse gender identities, gender expressions, and sexual orientations (LGBTIQ+). Violence among young people, including dating violence, is also a major issue. Sexual harassment and assault can also be directed at men and can occur between individuals of the same sex.

Discrimination stemming from gender inequality, as well as sexual violence - which is a violation of human rights and a crime - can be encountered in various forms and levels in all areas of life, including our professional lives and among our colleagues. According to the World Health Organization, sexual violence is the act of using social, psychological, or physical force to exert control over a person's sexuality, regardless of the nature of the relationship between the perpetrator and the victim. It includes attempts to gain sexual benefit or power from another person, as well as approaching someone through verbal remarks, gestures, or any sexual act. Using superiority derived from knowledge, skills, experience, or hierarchical position to violate sexual boundaries is also a form of sexual violence. When sexual abuse and harassment occur in institutional settings characterized by hierarchical relationships or power asymmetries, they often remain invisible due to the difficulties survivors face in speaking out. This not only harms the individuals but also undermines the integrity of the institutional environment. Ignoring, downplaying, or treating sexual violence as a mere matter of investigation normalizes the crime and emboldens the perpetrator.

The effects of sexual violence and sexual harassment on both the individual and society are multifaceted. In addition to affecting the individual personally, it also negatively impacts their social environment, as well as their work and school performance. The individual’s ability to reach their potential in the workplace or at school may be hindered, and career opportunities may be jeopardized. In the presence of sexual violence and harassment in the workplace, witness employees may experience a decline in motivation and commitment to the organization. Absenteeism, resignation, and transfer rates increase, while job performance declines.

Scientific research has shown that efforts to achieve gender equality improve both women's mental health and societal mental health parameters, while significantly reducing the victimization of women and LGBTIQ+ individuals by violence.

1. **PURPOSE**

The main purpose of this policy document is to contribute to the creation of a professional organization where sexual violence does not occur and gender equality is achieved, by assigning responsibilities/tasks to the professional organization within the psychiatry community to ensure these goals are met and establishing relevant mechanisms. In this context, the aim is to raise awareness and sensitivity towards sexual harassment, sexual assault, and all forms of violence against women/LGBTIQ+ individuals and children, to prevent related attitudes, behaviors, and actions, and to enable survivors of sexual violence to express themselves more openly and safely, empowering them in the process.

The basic principles of this document are prevention of violence, protection of the survivors, analysing and evaluating the incidents and formulating policies to end violence. However, the purpose of this document is not to impose strict regulations on relationships between people, prevent consensual relationships, to impose a specific sexual morality, or bring all personal tensions and discomforts of a sexual nature into official procedures.

**3. SCOPE**

This policy document covers all forms of sexual harassment and sexual violence without limitation of place and time if at least one of the sides is a psychiatrist committed against each other or against other people and all kinds of violence against women, children and LGBTI+ individuals.

**4. BASIS**

This document, which aims to promote a gender equality sensitive approach within the framework of the Psychiatric Association of Türkiye (PAT), commits all organs of the PAT to act with sensitivity to gender equality. This document is grounded in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which Türkiye signed in 1985, the Convention on Human Rights and Biomedicine (Oviedo Convention) which Türkiye signed in 2003, the Ethical Rules of Psychiatry approved by the 1st Extraordinary General Assembly of PAT on 22 June 2002, the Declaration of Sexual Rights presented and adopted at the 17th World Congress of Sexology in Montreal/Canada in July 2005, decisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) which Türkiye signed in 2011, Turkish Medical Association (TMA) Medical Professional Ethic Rules, TMA Gender, Gender Identity, Gender Expression, Sexual Orientation Equality and Health Services Declaration, Gender Equality Position Paper adopted at the 68th TMA Grand Congress on 10 June 2017, 12 April 2019 dated PAT Regulation on Investigation, Prosecution and Central Honour Board.

**5. POLICY DOCUMENT AGAINST GENDER DISCRIMINATION, SEXUAL VIOLENCE AND HARASSMENT**

The Psychiatric Association of Türkiye, along with all its boards and organs, acknowledges that gender inequality is a fundamental problem in all areas of social life. Based on this determination, it undertakes the following activities in order to implement an understanding sensitive to gender equality and to create an egalitarian ‘climate’ within its organization:

1. Carrying out activities for its own members in order to raise awareness on gender equality,
2. To take the necessary measures to prevent mental health professionals from using language, attitudes, or behaviors that contradict gender equality in their clinical practices, scientific research, meetings and publication processes,
3. To ensure that educational activities are carried out to inform both mental health workers and the society on the subject through conferences, seminars, meetings, etc.,
4. Addressing the issue of sexual violence not alone but as part of the problem of gender equality and sexist culture,
5. To fulfil various requirements within PAT regarding violence against women and all forms of sexual violence, and to provide information, guidance, and problem-solving mechanisms,
6. To prepare the necessary amendments to the Regulations on Investigation, Prosecution and Central Honour Board of the Psychiatric Association of Türkiye in order to clearly define all kinds of sexual violence, sexual harassment, sexual assault and gender-based intimidation (mobbing) as behaviours contrary to professional ethical rules and principles and submit them to the approval of the first Central General Assembly.
7. To establish a ‘PAT Prevention of Sexual Violence and Promotion of Gender Equality Unit’ to investigate allegations that psychiatrists’ language, attitudes and behaviours that violate gender equality, and engage in gender-based intimidation (mobbing), sexual violence and/or harassment,
8. To carry out and support activities to increase the number of women physicians working in different organs of PAT at a level that will ensure equal representation with their male colleagues; in this context, to establish and operate mechanisms to eliminate the obstacles to the participation of women physicians in the work of the association and in the authorised boards and to encourage their active participation,
9. To work in co-operation and co-ordination with the Women and Mental Health Working Unit to fulfil these objectives.

**6. DEFINITIONS**

In this document;

**Applicant:** The person who applies to PAT Prevention of Sexual Violence and Promotion of Gender Equality Unit’ with the claim of being subjected to or witnessing sexual violence,

**Unit:** PAT Prevention of Sexual Violence and Promotion of Gender Equality Unit

**Accused:** The person who is alleged to have committed violence and/or harassment,

**Witness:** Describes the person who witnessed the violence and/or harassment.

**Definitions Related to Gender**

**Biological Sex (sex, sex assigned at birth)**

Based on the reproductive organs present at birth, it is often assumed that these organs determine a person’s sex in society, and a sex is assigned at birth. The sex assigned at birth is recognized as the valid sex on legal documents and influences how families raise their children. Besides reproductive organs, many other bodily characteristics are also associated with sex. It is known that, human beings exhibit a wide variety of bodily characteristics attributed to sex, including reproductive organs. Some people do not exhibit all the characteristics associated with “male” or “female” in the binary sex perspective recognized by medicine—sometimes to such a degree that assigning one sex becomes impossible. These individuals may identify themselves as intersex.

**Gender (gender):** Gender refers to the concept that femininity and masculinity —i.e., the binary gender system— are socially constructed. The roles and responsibilities attributed to men and women are products of the historical, social, and geographical conditions in which people live. Alongside biological sex, it encompasses socially constructed roles.

**Sexual Orientation**: A characteristic defined by which sex a person is attracted to—cognitively, emotionally, or behaviorally—on a sexual context.

**Gender Identity**: An individual’s deeply felt internal sense of being a girl, woman or female; a boy, man or male; a combination of male and female; or an alternative gender. It can exist within the binary gender system or in a non-binary form that cannot be described in binary terms. It is widely recognized that gender identity can show a much wider variety than those listed here, including situations where a person may not define any gender identity at all.

**Definitions Related to Sexual Violence**

**Discrimination**: A set of negative or harmful attitudes and behaviors directed toward a group of people, rooted in prejudice. It can take various forms, from dislike, contempt, avoidance, and hatred, to denial of rights, mistreatment, verbal or physical violence. People who experience discrimination are targeted because of their personal characteristics, as well as the characteristics assumed to apply to all members of the group they belong to. Discriminatory attitudes stem more from power relations in society, intergroup relationships, and the hierarchy of groups shaped by sociocultural context than from individual traits.

**Gender-Based Discrimination**: A form of discrimination rooted in prejudices related to gender. It may result in arbitrary unequal treatment or victimization of a person or group—compared to others in the same or similar positions—due to biological sex, bodily characteristics associated with sex, gender identity, gender expression or sexual orientation, in processes such as hiring, professional training, promotion, and working conditions. Sexism, heterosexism, heteronormativity, and homophobia fall under this heading.

**Sexism**: A type of discrimination, which can be overt or covert, based on the notion that the sexes have characteristics that do not intersect with each other and that (generally) men should occupy positions of power and control.

**Heterosexism**: An ideology that posits heterosexuality as the only valid sexual orientation and ignores, suppresses, or humiliates other sexual orientations. It is the counterpart of sexism against women, applied to non-heterosexual individuals.

**Heteronormativity**: Seeing heterosexuality as the norm and the only sexual orientation, shaping social values, rules, and lifestyles under the assumption that everyone is heterosexual. It is a set of beliefs, thoughts and norms that claim people are divided into men and women only; sexual relationships/marriages can only happen between people of opposite sexes and each gender has its own specific roles.

**Homophobia**: In general, it is defined as negative feelings, attitudes, and behaviors directed toward sexual orientations other than heterosexuality. It is closely related to sexism.

**Transphobia**: Refers to prejudice and hatred directed toward individuals whose gender identity or gender expression does not align with the sex assigned to them at birth.

**Violence Against Women:** Violence directed at a woman because she is a woman or the violence that disproportionately affects women compared to men. It includes acts that cause physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other forms of deprivation of liberty.

**Gender-Based Violence**: A widespread form of violence and harassment that targets individuals who do not conform to gender stereotypes, LGBTI+ individuals, and is based on unequal power relations between women and men. It generally targets individuals other than heterosexual men. It may not explicitly include sexually charged words or behaviors. Core characteristic is that it is directed at a person because of their sex, sexual orientation, or gender identity. It includes words and actions that reinforce unequal gender roles.

**Consent**: Consent is when a person who is legally and functionally capable clearly gives permission, through words or unmistakable actions, to engage in sexual intimacy or sexual activity. A person is not capable of giving consent if she/he is legally underage, asleep, under the influence of substances, unconscious for any reason, or unable to speak or move due to physical illness—even if conscious. In cases of threat with a weapon or other forms of coercion, physical force, pressure, or abuse of authority, a person is not in a position to refuse; thus consent is not valid. When a person is capable of giving consent, he/she may withdraw it at any time or under any circumstances. Consent is valid for only one time. That is someone’s consent at one date or time does not imply consent for any subsequent occasion. The continuity of consent is essential during a sexual experience; consent can be withdrawn at any point.

**Constructing Consent**: All methods used to turn a “no” into a “yes” when the person does not initially give consent but that do not involve physical force. These can include persistence (repeated requests), manipulation (using various ways to influence or direct a person’s thoughts or behaviors), emotional threats (threatening to seek others if consent is not given), persuasion (offering gifts, financial support, or treats), emotional pressure (making the person feel guilty), and reducing anxiety (giving assurances about the relationship). These methods which do not involve physical violence are a type of psychological violence. Abuse of authority is also a form of constructing consent.

**Abuse of authority:** Abuse of authority occurs in hierarchical relationships. One person has power and control over another. Therefore, the rejection of an offer of flirtation, sexual intimacy or sexual intercourse coming from a person who is hierarchically higher to a person who is lower in the hierarchy may lead to negative consequences for the refuser: dismissal from work, interruption of the education process, loss of opportunities for promotion in the profession.

**Sexual violence:** It refers to a sexual act or an attempted sexual act committed against a person without their consent or when they are unable to give/refuse consent.

**Sexual assault:** It defines the violation of a person's bodily inviolability by non-consensual behaviour of a sexual nature, which does not have to be continuous.

**Sexual harrassment:** It refers to unwanted and disturbing behaviors, attitudes, or verbal expressions of a sexual nature, such as non-consensual physical contact or attempts at intimacy without physical contact. It may be in the form of a single event or in a continuous form. It can be explicit or implicit.

* Making sexually comments,
* Sending unsolicited sexual images,
* Showing pornographic material, or sending it by phone or electronically to harass with (cyber harassment),
* Sharing messages have sexual content,
* Exhibitionist behaviour,
* Threatening to subject someone to sexual assault,
* Threatening to spread rumours and gossip about the victim if the offer of sexual intercourse or any other request is refused,
* Stalking or exhibitionism,
* Taking videos or photographs without consent, disseminating or threatening to disseminate these materials without consent.

**Sexual harassment that creates a hostile work environment:** It involves unwanted, disturbing, and humiliating sexually content jokes, comments, or exposure to sexually content materials.

* Teasing, making sexual jokes,
* Commenting on physical appearance, making compliments or using slang words, even though the person affected has clearly or implicitly expressed discomfort,
* Making obscene comments,
* Asking questions or gossiping about a person's sex life,
* Making sexist, homophobic, transphobic jokes,
* Discriminatory remarks or actions related to gender or sexual orientation, gender identity, gender expression: deliberately calling someone by a wrong name or pronoun, excluding them or withholding information from them,
* Threatening to disclose aspects of a person’s sexual identity without their consent, or actually doing so.
* Threatening or committing an act by disclosing or threatening to disclose someone's sexual identity without their consent.

**Sexual harassment through rewards or threats (Quid pro quo):** It involves the promise of a reward; retaliation or the threat of retaliation.

**Promise of a reward:** Any explicit or implicit promise of privileges, such as rewards, promotions, grades, or other undeserved benefits, in exchange for accepting sexually or emotionally motivated behavior or requests.

**Retaliation:** The rejection of sexually or emotionally motivated attempts or proposals, and/or in response to his/her intention to report harassment, explicit or implicit threats to make the victim’s work or education and hindering the victim’s progress more difficult as retaliation (e.g., assigning failing grades to a student or preventing promotion of an employee).

**Dating violence:** It is the behavior that includes physical, sexual, psychological and social violence and the use of any means of communication to exhibit violent behavior within a relationship.

**Persistent stalking:** Any sexual attitudes or behaviors that instill fear and helplessness, exert pressure through verbal, written, behavioral, or other means of communication, and cause the person to fear for their safety. Stalking is defined as behaviors such as loitering near a person’s home, school, or workplace; following them closely or from a distance; inquiring about their personal information and daily life; and using this information for harassment.

**Mobbing/intimidation:** The systematic act of rendering an employee helpless and vulnerable in the workplace through hostile and unethical communication by one or more individuals, with this situation being sustained through ongoing behaviors. Participation in public and professional life is closely linked to gender equality, both in terms of representation and economic equity. In ideal gender equality, it is appropriate for different genders to occupy equal or balanced positions in different hierarchical strata. Mobbing/ intimidation, which is an important problem in working life, is a form of harassment/violence and may be related to gender inequality. For example, a woman may experience mobbing as a result of sexual harassment involving promises of rewards or threats, along with retaliation for rejecting advances from someone in a higher hierarchical position.

**Inappropriate Situations in the Context of Hierarchical Relationships:**

It is inappropriate for psychiatrists to engage in romantic and/or sexual relationships with medical students or medical residents whom they have academic or career-determining authority over them. Even if these relationships are based on consent, they cannot be independent of power relations. It creates an environment suitable for the abuse of authority.

Sexual harassment involving rewards/threats (quid pro quo) is likely to occur. The main responsibility for the emergence of such sexual attitudes and approaches lies with the person who is higher up in the hierarchical ranking. If an authority relationship is later established between two people who are in a consensual relationship, the person in the higher position in the hierarchical ranking must terminate the authority relationship (for example, delegating consultancy to another faculty member or to change the student’s classes, etc.).

Psychiatrists should avoid from discriminatory, sexist jokes and expressions in and outside the work environment. They should not gossip about the student's private life, gender identity and sexual orientation nor spread this information and they should not hinder the students’ career.

It is ethically not appropriate for psychiatrists to have romantic and/or sexual relationships with their patients. Even if these relationships are consensual, they cannot be independent of transference and power relations. According to Psychiatry Professional Ethics Rules of the PAT, psychiatrists cannot establish any relationship with their patients out of the purposes of diagnosis and treatment. The main responsibility for the emergence of the sexual attitudes and relationships between psychiatrists and patients is belongs to the psychiatrist who is higher up in the hierarchical order. Especially in psychiatrist-patient relationships where psychotherapy is applied, the nature of the therapeutic relationship, the physician's witnessing of the patient's life, wishes, and needs, makes the patients more fragile in the context of abusing the authority compared to the other medical branches. Psychiatrist should use the patient-physician relationship and transference relationship only for the diagnosis and treatment of the patient. Since the transference continues as long as the person is alive, romantic relationship and/or having sexual intercourse with the person with whom the psychiatrist-patient relationship has been established, even once, is not ethically appropriate.

A person who applies to a psychiatrist as a patient may request romantic and/or sexual relationships due to his/her illness or the transference that occurs in the therapeutic environment or because of the hierarchical position of the psychiatrist. Psychiatrist, depending on the patient's clinical situation, is responsible for verbal and behavioral blocking, setting limits and creating a framework begins from the moment the therapeutic relationship getting started. Psychiatrist can take administrative precautions or may take legal action when it needed.

**7. THE ESTABLISHMENT OF THE UNIT**

“Prevention of Sexual Violence and Promotion of Gender Equality Unit” is established within PAT. The unit has at least five members, one of whom is the president and one is the secretary responsible for tracking correspondence and is formed by the Executive Committee of the Psychiatric Association of Türkiye. It is encouraged that two members of the unit be from the Women's Mental Health Working Unit; one member be from the Psychological Trauma and Disaster Psychiatry Working Unit; one member be from Assistant Physician Committee and one member determined by the Executive Committee of the PAT. At least three of the total members must be women. For any reason, unit members.

In case a member leaves the unit, a new member is determined in accordance with the principles defined above until the term of unit is completed. The duty period of the unit is two years and it is limited to the duty period for which the Executive Committee of the PAT appointed. It is aimed for at least two members in the unit will be to continue their duty at the end of two years and efforts should be made in this direction. It is ensured that the names and current contact information of the people working in the unit is announced online at the web page of the PAT and easily accessible to all employees. Persons who have received disciplinary punishment for harassment cannot be elected to the Unit membership. Unit membership

The Unit membership of a member who has a disciplinary investigation initiated due to sexual harassment is suspended until the investigation is completed. If she/he is penalized, the membership in the Unit will be revoked.

**8. PRINCIPLES**

**Principle of the privacy:** At all stages of handling allegations of sexual harassment behaved in accordance with the principle of confidentiality of the private life of both the applicant and

the person complained. During the review care is taken to ensure that details about the private lives of the both sides are not brought to the social environment. Except for legal obligations, all documents related to applications are closed to the authorities and individuals other than the next members of the Unit and the authorized boards of PAT.

**Principle of the Thoughtfulness:** In the face of allegations of sexual harassment, attention and care to prevent the victim may be re-traumatized and to avoid from any behavior that may lead to harm to the human dignity of the sides.

**Principle of the Trust:** By complying with the principles of confidentiality and thoughtfullness, it is treated in a way that does not harm to the sense of trust of the sides.

**Principle of Immediacy:** Care is taken to take immediate action against allegations of sexual harassment and sexual assault.

**Principle of The Applicant's Declaration is Basis for Examination:** Committing acts of sexual harassment and sexual assault creates a situation that is difficult to prove, as it is often between two people. Because of it, when starting the evaluation process regarding sexual harassment and/or sexual assault, it is acted according to the principle of ‘the applicant’s declaration is essential’. This principle is considering because of the victim of the violence’ inability to complain due to gender inequality and the other reasons and is only related to the initiation of the evaluation process. Often in such cases no clear evidence, it is taken together with the nature of the harassment, the context of the incident and the principle of understanding the nature of the incident by the execution of a more holistic understanding of the individuals and does not alone determine the outcome of the examination.

**Principle of Support Without Judgment:** It is essential to provide psychological, medical and legal support to the complainant at every stage of the process upon request by the Unit.

**Awareness and Precautions:**

This policy document warns all components of PAT about emotional and other personal reckonings should not be make over sexual harassment allegations.

 **9.** **ACTIVITIES OF THE UNIT**

The Unit carries out the following activities to realize its purpose:

a. It organizes training, promotional activities, and other initiatives to create a professional environment that ensures gender equality and raises awareness about sexual harassment, sexual assault, and all forms of violence against women and LGBTI+ individuals.

b. It collaborates with public and private institutions, particularly women’s organizations both in Türkiye and internationally, to address issues of sexual harassment and assault. It also creates or participates in platforms and initiatives focused on these issues.

c. It works to support and empower the applicant, encouraging them to act against unwanted sexual behaviors.

d. It informs the Executive Committee of the PAT and ensures that the necessary precautions are taken to protect the applicant, allowing them to safely report any situations or incidents they have experienced, are experiencing, or have witnessed.

e. Establishes a confidential, reliable, and effective mechanism for reporting complaints of sexual harassment, sexual assault, and all forms of violence against women and LGBTI+ individuals.

1. **OPERATIONAL PROCEDURE OF THE UNIT**

a. Individuals who believe they have been subjected to sexual violence by a psychiatric (faculty member, administrator, specialist, or specialty student) or have witnessed such an incident may apply to the Unit or the Executive Committee of the PAT. The Unit may act in cases it learns of ex officio, without waiting for an application, provided it obtains the consent of the person subjected to sexual violence, and/or the Executive Committee of the PAT may assign the Unit to act in cases it learns of ex officio.

b. Person, sections, or committees receiving the application are obligated to inform the applicant about the Unit and refer he/she to it.

c. For each application, a record is opened by the Unit, a record number is assigned, and subsequent transactions are carried out using this record number. The registration form contains the date and subject of the application and the applicant's requests. Other information to be added to the registration form is subject to the applicant's approval.

d. If any member of the Unit has an academic, administrative, or personal relationship with any of the sides involved in the incident that is the subject of the application, the Unit member in question will be excluded from the application process. If it is later discovered or realized that the Unit member has a relationship with any of the sides involved in the application, the Unit member shall withdraw from the process related to the application.

e. In applications received directly or through referral, at least two members assigned by the Unit, along with a lawyer from the Law Office of the PAT, will meet with the applicant—either in person or online—depending on the applicant's preference. They will listen to the applicant and understand his/her needs and demands. They inform the applicant about legal and other available solution options, the processes involved in each, the potential risks associated with them, and the precautions to be taken.

f. They make the necessary arrangements and take precautions to prevent secondary victimization of the applicant, ensuring they do not have to repeatedly recount their experiences related to the complaint at every stage (such as through audio or online interview recordings, depending on the applicant’s consent). During the interview, questioning and accusatory words, behaviors, attitudes and insinuations that may increase victimization are avoided.

g. During the initial interview, the members of the Unit, along with any participating member from the Law Office, carefully document the conversation in a manner that eliminates the need to revisit the applicant's statements or explanations at later stages.

h. The Unit prepares an evaluation report that includes the applicant's requests and needs, the relevant physician's explanations, responses, and general attitude (if applicable), as well as a summary of events up to this point. The report also includes any supporting documents, interview notes, and proceedings. Information and documents related to the evaluation shall be submitted to the Executive Committee of the PAT as an annex to the evaluation report of the unit.

i. In the evaluation report prepared by the Unit, it is also stated whether the applicant will make a deontological complaint about the said physician or not. If a complaint in this regard exists, it will be reported to the Executive Committee of the PAT.

j. To accept applications and provide support to the applicant, an examination is initiated based on the applicant's statement. To initiate the examination, the applicant is not required to prove the occurrence of acts of sexual violence.

**11. ENFORCEMENT**

This document has been approved by the Executive Committee of the PAT.

and implemented in 15.05.2021.

**12. EXECUTIN**

The Executive Committee of the PAT is responsible for the establishment and operation of the Prevention of Sexual Violence and Promotion of Gender Equality Unit.

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