D39 Establishing a Protocol Between Clinical and Forensic Institutions to Treat and Solve Violence Against Women Cases

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Most of the aggressions against women are not treated correctly because they are unknown, although it doesn't mean that their symptoms are not visible. Only 10% of the cases are reported, but 100% of the victims go to a medical institution asking for assistance for symptoms directly or indirectly related to violence. This study demonstrates this situation and the necessity to coordinate and collaborate through a protocol between Forensic and Clinical Institutions to solve medical and forensic issues and to avoid victimization.

We must break with the technical conception of Domestic Violence and to try to avoid taking a part (forensic implications) for the whole (health, social, familiar, juridical, economical, labor implications). Although we can not solve all of them, we shouldn't contribute to make more difficult the recovering of victims. It means that we should get a global approach and try to use all the resources to contribute to change the social and cultural elements that make it possible for these cases to happen. The protocol we present can help to close the gap between forensic and clinical assistance, and to increase (we would evaluate more women) and improve (we would intervene sooner) the information given by institutions.

1. Introduction

Violence against women is a crime, but not only a crime. It is a social behavior rooted on cultural values given by a patriarchal conception of society and couple relationships. It means that when a case happens, any of these cultural values arise to explain and justify the aggression. Only a small percentage of cases (no more of 10%) are reported and it means that only these victims can receive help through its institutions. However, all these women go to clinical institutions with symptoms related directly or indirectly to domestic violence.

2. Material and Methods

The study was performed in Medical institutions (Emergency service and General Practitioner Service) using different questionnaires about domestic violence (physical and psychological) and recorded social and demographic features of the patients. The sample consisted of all of the women that went to the institutions in a two-month period of time and the tests were administered by a physician during a regular consult.

3. Results and Discussion

There is not significant difference among the social and demographic features. 17.9% of this group of women (patients) reported suffering domestic violence, but paradoxically 51.8% consider their relationships as "good" or "very good." In response to the question of whether they would like doctors to ask regularly about family and couple matters, they answered "yes" in 88.5% of the cases; and they would like doctors to ask if they suffered violence and aggression, they answered "yes" in 88.6% of the cases. But at the same time, 35% of women wouldn't report domestic violence if a doctor reported the case.

We not only need additional tests, we need to reflect about legal regulations on this subject to try to help women and solve the cases. In this sense we have to introduce a global approach considering not only the legal and forensic implications, but also the clinical ones and the health issues behind this violence. A protocol under this global perspective would; help protect women, help them to avoid victimization, solve the forensic questions, and encourage the institutions to proceed judicially for the victim and the aggressor.

Domestic Violence, Health and Clinical Implications, Protocol Between Forensic and Clinical Issues

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