



Pathology & Biology Section – 2005

G37 Establishing a Protocol Between Clinical and Forensic Institutions to Treat and Investigate Violence Against Women Cases

Miguel Lorente, MD, PhD, and A. Carrasco, Institute of Legal Medicine of Granada (Spain), Av.Sur, 5, Granada, 18071, Spain; José A. Lorente, MD, PhD, University of Granada, Department of Forensic Medicine, Granada, 18012, Spain; Enrique Villanueva, MD, PhD, Department of Legal Medicine, University of Granada, Avda. Madrid, sn/, Granada, 18071, Spain*

After attending this presentation, attendees will understand that most aggression against women are not treated correctly because they are unknown, although this does not mean that symptoms are not visible. Only 10% of cases are reported, but 100% of them go to medical institutions asking for assistance for symptoms direct or indirectly related to violence. This study highlights this situation, and underscores the need to coordinate and collaborate through a protocol between forensic and clinical institutions to solve medical and forensic issues and to avoid victimization.

The forensic and clinical medical community must consider violence against women as a global problem. This presentation will impact the forensic community and/or humanity by giving an integral answer that helps the forensic investigation and the recovery of victims.

Introduction: Violence against women is not only a crime, but a social behavior rooted in cultural values given by a patriarchal conception of society and couple relationships. This means that when a case occurs, any of these cultural values may arise to explain and justify the aggression. Only a small percentage of cases (no more than 10%) are reported, and only these cases can get social help. However, all these women go to clinical institutions with symptoms related direct or indirectly to domestic violence.

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 recording social and demographic features of the patients. The sample was all the women that went to the institutions a period of time of two months, and the tests were reviewed by a physician during a regular consultation.

Results and Discussion: There is no significant difference among the social and demographic features. Of this group of women (patients), 17.9% complained of domestic violence, but paradoxically 51.8% considered their relationships as “good” or “very good.” Asking all of women if they would like doctors to ask regularly about family and couple matters, they answered “yes” in 88.5% of cases. Asked if they would like doctors to ask if they suffer violence and aggression, they answered “yes” in 88.6% of cases. But at the same time, 35% of women would not confirm domestic violence if the doctor reported the case.

Legal regulations on this subject need to be reviewed to try to help women and solve the cases. In this sense, a global approach needs to be introduced that considers not only the legal and forensic implications, but also the clinical and the health issues behind this violence. A protocol under this global perspective would help women recover, avoid victimization, assist in answering forensic questions, and ensure appropriate legal action against the aggressors.

Violence Against Women, Domestic Violence, Protocol of Assistance