







ORIGINAL

Gender violence: a historical, artistic, and medical-legal approach

Violencia de género: una abordaje histórico, artístico y médico-legal

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ABSTRACT

Gender violence is defined as any act that results in or may result in physical, sexual, or psychological harm to women, including threats, coercion, or arbitrary deprivation of liberty, both in public and private life. The phenomenon of violence has afflicted humanity throughout its history. Explicit violence can be found in the world of art, where it germinates with enormous ease. In terms of gender violence, the main medico-legal action that should be taken by health centers is to issue a certificate of injury. The objective of this study was to describe the historical, artistic, psychological, and medico-legal aspects of gender violence. It was concluded that gender violence is also a health problem that requires medico-legal action and intervention, and that its image in art has been reflected in all forms of expression. Twenty-one bibliographies were consulted.

Keywords: Violence; Gender Violence; History; Art; Psychology; Legal Medicine.

RESUMEN

La violencia de género se define como todo acto que resulte, o pueda tener como resultado un daño físico, sexual o psicológico para la mujer, inclusive las amenazas, la coacción o la privación arbitraria de libertad, tanto en la vida pública como privada. El fenómeno de la violencia ha afligido la humanidad en toda su historia. La violencia explícita puede encontrarse en el mundo del arte, donde germina con enorme facilidad. En materia de violencia de género, la principal acción médico-legal que se debe tomar desde los centros sanitarios es emitir un certificado de lesiones. Se planteó como objetivo del presente trabajo describir aspectos históricos, artísticos, psicológicos y médico-legales de la violencia de género. Se concluyó que la violencia de género es también un problema de salud que compete la actuación la participación e intervención médico legal y cuya imagen dentro del arte ha sido reflejada en todas las manifestaciones. Fueron consultadas 21 bibliografías.

Palabras Clave: Violencia; Violencia de Género; Historia; Arte; Psicología; Medicina Legal.

INTRODUCTION

Violence is defined as any act involving verbal or physical force against another person, animal, or object that results in harm to that person or object, whether intentional or accidental.⁽¹⁾

Another concept defines violence as the type of human interaction that manifests itself in behaviours or

situations that deliberately induce or threaten to induce dangerous harm (physical, sexual, or psychological) to an individual or a group, or affect them in such a way as to limit their present or future potential. This complex concept can be interpreted in various ways depending on the point of view from which it is considered; in this sense, its application to reality sometimes depends on relative assessments.⁽²⁾

Violence can refer to the behavioural aspect of destructive aggression, the abuse of force or power to mistreat or subjugate others. Hatred is the term used to describe the emotional components and the type of object relationship that is established.⁽³⁾

It is a widespread behaviour in society. Its impact is observed not only in situations of conflict but also in the resolution of problems, sometimes very simple ones, in everyday life, and it affects everyone regardless of gender, age, or race.⁽¹⁾

Damage is the primary mechanism in violence, and it can be both physical and psychological. It can manifest itself in many ways and be associated with various forms of destruction: bodily injury, humiliation, threats, rejection, etc.⁽²⁾

We can also highlight the damage caused by mistrust or fear, which is based on interpersonal relationships. This is the source of problems in group relationships, such as polarisation, resentment, hatred, etc., which in turn damages social and community networks.⁽²⁾

When we talk about violence, we must bear in mind that it is not something that is consummated and confirmed, as it can manifest itself as a sustained and lasting threat, causing psychological damage to those who suffer it and with negative consequences for society.⁽²⁾

Violence can occur in any setting, whether domestic or public, in the workplace, on the street, in public transport, at school, etc. Given this, we all have a responsibility to break the silence and report it. It is, therefore, important to differentiate between the different types of violence that exist in order to identify them.⁽⁴⁾

- Physical: all acts of aggression that attack a person's body, whether through hitting, throwing objects, confinement, shaking, or squeezing, among other behaviours that may cause physical harm.⁽⁴⁾
- Psychological or emotional: any action or omission intended to degrade or control the actions, behaviour, beliefs, and decisions of other people through intimidation, manipulation, threats, humiliation, isolation, or any behaviour that causes psychological harm. This type of violence is one of the most common and normalised in society, so it is necessary to learn to recognise and report it.⁽⁴⁾
- Sexual: this includes all sexual relations or acts, whether physical or verbal, that are unwanted or not accepted by the other person. Sexual violence can be directed towards men or women using physical force or coercion, psychological coercion, or any other mechanism that nullifies or limits personal will.⁽⁴⁾
- Economic violence occurs when money is used to dominate or establish harmful power relationships. This type of violence can manifest itself when a person is deprived of the money they earn, prevented from spending it for their own benefit or that of their family, or denied money to control their independence. All these forms of violence are considered crimes and are punishable by law.⁽⁴⁾
- Gender-based: violent acts against a person because of their sex or sexual preference. In many cases, these acts are committed against women. They are related to the control that some men believe they have over them, generally taking advantage of conditions of defencelessness, inequality, and power. It can also occur against men who deviate from the culturally accepted male role, for example, in cases of homophobic violence or for behaviour considered "feminine", such as crying or expressing their feelings.⁽⁴⁾ This type of violence can, in turn, be classified as physical, psychological, sexual, economic, patrimonial, and symbolic and social. The most obvious form is physical violence, which is the focus of this paper.⁽⁵⁾

The WHO defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.'⁽⁵⁾

Violence against women ranges from discrimination and contempt to physical, sexual, and psychological aggression and murder. It manifests itself in social and political life, within the family, at school, in the State, etc. How violence and its inevitable attractive components are presented to the public as the subject of all kinds of considerations through the most diverse manifestations of art.⁽¹⁾

However, due to the breadth of the different forms of violence and the fact that not all studies focus on definitions, identities and gender relations, not all violence against women can be identified as gender-based violence, since by definition, the term refers to the type of violence that has its roots in the dominant gender relations and definitions existing in a society, so it is common for there to be some confusion in this regard.⁽¹⁾

Gender-based violence is a global public health problem, and what we see in the media is only the tip of the iceberg. According to WHO data, it is estimated that around 1 in 3 women worldwide (35 %) have experienced physical and/or sexual violence by a partner or sexual violence by a third party at some point in their lives.

Without a doubt, the most extreme manifestation of this violence is women who die at the hands of their partners or ex-partners. The WHO states that 38 % of murders of women worldwide are committed by their male partners.⁽⁵⁾

The most recent official statistics on gender-based violence and femicide date from 2016 and show that 26,7 % of women aged between 15 and 74 suffered some form of violence in their relationship in the 12 months before the study.⁽⁶⁾

Many studies have addressed this issue, attempting to establish the profile of the aggressor, which is a difficult task given the scale of the problem and its implications. Obtaining a comprehensive assessment of abuse from a medical expert's point of view in cases of domestic violence has been another objective pursued by many studies.⁽⁷⁾

In recent years, many diverse scientific studies have been carried out on gender-based violence from a legal, social, medical, and psychological point of view. However, there are hardly any studies that address the biopsychosocial dimension, its impact on social life, psychological roots, and even less so, the medical expertise in the certificates of injuries of the victims. This is one of the reasons that has prompted this study, which, given the relevance of the subject and the growing incidence of gender violence today, aims to describe historical, artistic, psychological, and medico-legal aspects of gender violence.

Objective

To describe historical, artistic, psychological, and medico-legal aspects of gender violence.

DEVELOPMENT

From an early age, women internalise through family educational practices the need to be docile and disciplined and not to express their discomfort or concerns. Severe corrective measures are used to achieve the internalisation of these representations.⁽⁸⁾

Pre-marital practices enable domestic violence and, above all, a passive attitude towards it, not only on the part of the female victim, but also on the part of men, the family, and even society. This type of violence is the focus of this paper.⁽⁸⁾

The authors consider that violence and gender become an inseparable pair, since the former is used as a mechanism to achieve greater presence or influence over the latter.

We can explain the behaviour of the abuser through the existence of a series of psychopathologies: aggressive character, lack of anger control, or a childhood marked by experiences of abuse.

These explanations often seek an external cause, thereby reducing the degree of responsibility of the person carrying out the action.⁽⁹⁾

Thus, the main theoretical models on gender violence propose theories based on individual problems, investigating personality disorders, biological dispositions, or violent experiences at an early age that may explain such reactions. Theories based on family dynamics conclude that violence is the result of problems arising from inadequate interaction within the family and maladaptive models of problem-solving between partners or family members (or both) inherent in their relationships. Social and cultural hypotheses, for their part, advocate the existence of cultural values that legitimise male control over women.⁽⁹⁾

Gender-based violence in history

The meaning of the word violence emerges in the earliest elements of Greek epic poetry. The word violence designates a quality of the hero that brings him glory and social esteem, namely a combative spirit, conceived as outstanding physical strength combined with an impulse of aggression.⁽¹⁰⁾

The phenomenon of violence has afflicted humanity throughout its history, which has become a chronicle of atrocities and brutal manifestations that have occurred throughout its existence. Any period we analyse is bathed in blood, saturated with wars, crimes, torture, and other cruel acts aimed at inflicting suffering. Lately, these problems have been greatly exacerbated by humanity's access to methods of extermination—the atomic bomb—capable of annihilating all forms of life, which has led to the issue of violence becoming the subject of special attention and a proliferation of studies on the subject from different perspectives.

In the case of official bodies, gender violence as a concept has its roots in resolutions 34/180 of 18 December 1979 and 48/104 of 20 December 1993, adopted by the United Nations General Assembly. Particularly the latter, entitled Declaration on the Elimination of Violence against Women, which defines what is meant by violence against women, thereby providing a context for gender-based violence against this group of people.⁽¹¹⁾

Gender-based violence in art

Art, as a form of human expression, is full of meaning and open to interpretation. Thus, the purpose of art has been a subject of philosophical debate for centuries, and one that artists themselves discover in each of their works.⁽¹²⁾

Violence sells, and it sells well: this is nothing new. Like sex, explicit violence easily and often cheaply captures the attention of millions of people through the mass media. Violence is profitable and commercial, and its intensity multiplies at breakneck speed on the screens that flash before our eyes.⁽¹³⁾

Our ‘epidermal sensitivity’, as Lipovetsky called it, prevents the impact of what we see from leaving a deep mark on us because, before we have had time to assimilate the magnitude of what we have perceived, we have already received a hundred more images with even more terrible scenes, served up to us between advertisements for cleaning products, the weather forecast or the latest film releases.⁽¹³⁾

This means that the images that appear on our timelines have to be increasingly brutal to impact us, and these scenes progressively anaesthetise our ability to react, dulling our sensitivity to them.⁽¹³⁾

Violence as the axis of contemporary art

Explicit violence is not only found on the front pages of the tabloid press, but also in the art world, where it germinates with enormous ease. Artistic productions and performances that use violence as the central axis of their expression have become increasingly numerous in the art world in recent decades. Cruelty, anguish, corpses, suffering, torture, and blood have filled galleries and arthouse cinemas.⁽¹³⁾

However, in order to rise above mere sensationalism and distance themselves from its frowned-upon vulgarity, these works have required elaborate discourses to legitimise the exploitation of that human weakness that is looking: looking at the accident, looking at the corpse, looking at the open flesh, the bloodstained jacket, the shattered face, as Karl Ove Knausgaard describes in *The Death of the Father*, where, despite all the details he provides, he delves into the human need to cover dead bodies.⁽¹³⁾

Two types of discourse

In the world of art and performance today, two types of discourse support the use of violence: on the one hand, those that allude to the value of provocation, to the search for an extreme reaction in the viewer as a result of the impact; and on the other, those in which the value of the work is measured by its ability to be a denunciation.⁽¹³⁾

Provocation brings a certain glamour to art and almost all of the value to performance. These types of discourse take advantage of the gaps left by the cultural industry to exalt novelty as a value. By measuring the quality of a work in terms of how novel it is, any expression that breaks established codes is sublimated, even if it does not necessarily propose new or better codes, and even if the quality of its message often takes a back seat. The aim here is impact, extreme reaction, shock, and perplexity on the viewer’s part.⁽¹³⁾

On the other hand, violence in art justified by the denunciation of injustice becomes, in a way, necessary violence. This type of discourse takes advantage of the gaps left by art to measure a work according to the value of its referent: the explicit violence of a play that speaks out and does justice to the victims of a massacre is much more easily excused than the violence of a work with any other theme. However just and necessary a cause may be, it cannot turn the work that refers to it into a good work of art, even though many works rely on it to force the need for their publication.⁽¹³⁾

These discourses have been constructed to conceal a terrible reality, namely that violence is a product of assured commercial success, used equally by the editors of the crudest tabloid newspapers and the most highly regarded artists. Art sells violence, and the most knowledgeable art lovers buy it. Intellectuals and critics consume it, thus equating themselves with any viewer of YouTube videos in which an animal is murdered or tortured.⁽¹³⁾

It seems clear that individuals today are, on the one hand, desensitised to violence and, on the other, constantly seeking to challenge the threshold at which we feel it, as if our humanity were encrypted at that threshold. We seek the reaction that a corpse on our television no longer provokes in us by watching an artist pierce their skin with needles before our eyes, as if the experience of that rejection were precisely the measure of peace, the absence of fear, of pain, of the tranquillity that comes only afterwards, when it is all over.⁽¹³⁾

Gender violence in music

Songs and music have always played an important role in learning and communicating culture. Children learn from what they see and hear from their role models. For many years, some children’s television programmes have used a combination of words, music, and cartoons very effectively to achieve learning.⁽¹⁴⁾

Sharing musical tastes across generations of a family can be a delightful experience. Music is also part of teenagers’ exclusive world. It is normal for teenagers to derive pleasure from excluding adults, which can cause them concern.⁽¹⁴⁾

One concern of those interested in adolescent development and growth is the harmful and destructive themes found in some types of music (rock, rap, hip-hop, etc.), including best-selling albums promoted by major record companies.⁽¹⁴⁾

The following problematic themes are prominent:⁽¹⁴⁾

- The promotion and glorification of drug and alcohol abuse
- Depictions and lyrics that present suicide as an 'alternative' or 'solution'
- Graphic violence
- Forms of sex that emphasise control, sadism, masochism, incest, boys who disparage women, and violence against women

Music is generally not a danger to a teenager whose life is happy and healthy. However, if a teenager shows a persistent preoccupation with music that has serious destructive themes and if they show changes in behaviour, such as isolation, depression, or alcohol or drug abuse, an evaluation by a mental health professional is recommended.⁽¹⁴⁾

Gender Violence on Television

Unfortunately, much of today's programming is violent. Hundreds of studies on the effects of television violence on children and teenagers have found that children may:⁽¹⁴⁾

- become 'immune' to the horror of violence,
- gradually accept violence as a way of solving problems,
- imitate the violence they see on television,
- identify with certain characters, whether they are victims or aggressors.⁽¹⁴⁾

Children who are exposed to excessive violence on television tend to be more aggressive. Sometimes, watching just one violent programme can increase aggression. Children who watch programmes in which violence is very realistic, repeated frequently, or goes unpunished are the ones most likely to try to imitate what they see. Children with emotional, behavioural, learning, or impulse control problems may be more easily influenced by violence on TV. The impact of violence on television may be immediately apparent in a child's behaviour or may emerge years later, and young people may be affected even when the family atmosphere does not show violent tendencies.⁽¹⁴⁾

Gender violence in literature

Although we know that various authors in ancient times addressed violence in general, we must not neglect how it is presented today, especially when it comes to gender violence. This problem is very pronounced and has little prospect of being solved in our societies. Works such as 'Blindness' and 'Pantaleón y las visitadoras' are examples of the imprint of this theme in literature.⁽¹⁴⁾

We can go back to Roman times, where we encounter the poet Publius Ovidius Naso, better known as Ovid. His *Metamorphoses* are a compendium of transformations, many of them of women: Io, Callisto, Coronis, Echo, Proserpina, Thetis, and so on. As a female character in this compendium, if you were lucky, kidnapping and rape (formerly known as abduction) would eventually transform you into a queen of Crete and, ultimately, the godmother of an entire continent, as was the case with Europa. If you were less fortunate, you became a monster like Medusa, who practised sculpture not with her hands, but with her gaze. The highest—queen and the lowest—monster, to which you could aspire, were both extremes framed by gender violence. Nor should we forget, when we speak of laurels as the highest prize in poetic creation, that Daphne's pruned fingers crown us, metaphorically speaking.⁽¹⁵⁾

Behind each of these persecuted mythological women, there is gender violence. Behind every madwoman in the attic, every Bertha Mason and every Susana San Juan, there is gender violence. Behind every character who commits suicide out of spite (Ophelia, Madame Bovary, Anna Karenina, Miss Julie, etc.), there is gender violence. It is also behind every Desdemona, every Hester Prynne, every Lady of the Camellias, every Maga, every Lolita, every Sethe, every Cesárea Tinajero, every Urania Cabral, every Vike, every witch murdered in La Matosa, and so on. Gender violence is hot on the heels of every Scheherazade. It lurks behind too many of our great female authors (Virginia Woolf, Sylvia Plath, Rosario Castellanos, Lucia Berlin, and many others).⁽¹⁵⁾

Even those of us who have developed a feminism that would like to erase the label 'victim' as a synonym for 'woman' would not know, within that utopian fantasy, where to look within the literary canon because it is littered with the corpses of women: the Jupiters continue to kidnap, the Orlandos continue to rage, the Othellos continue to extinguish that candle, the Rodion Raskolnikovs continue to believe themselves 'exceptional,' the Humbert Humberts continue to teach, the Alexes continue to practise their ultraviolence, the Patrick Batemans continue to turn on their drills in that vast timeless space that is literature.⁽¹⁵⁾

Gender violence in theatre

Greek tragedy provides a verbal representation of violence on stage: murders, torture and rape are always obscene, taking place off stage, hidden from the audience, who only hear about them through the words spoken by the actors in their monologues or dialogues or by the chorus. In Aeschylus' *Oresteia*, a complete cycle of bloody murders and revenge, Clytemnestra stabs Agamemnon to death, and Orestes murders Clytemnestra.

Oedipus Rex is a story of patricide, incest, suicide, and blindness by gouging out the eyes.⁽¹⁵⁾

In Roman theatre, on the other hand, they took pleasure in explicit representations of sex and violence in art. They considered them beautiful in a way that does not correspond to the concept of what would later be considered obscene, but which in their time coexisted without conflict in their culture. Some Roman spectacles were characterised by extreme violence.⁽¹⁵⁾

Gender violence in cinema

Violence has been present since the beginning of the history of cinema, and its aesthetic exploitation was part of the most important films of the early period (silent cinema), which include scenes of violence of particular expressive force. Complex phenomena are difficult to understand from a single point of view. The vision of cinema is multifaceted and shows the hidden faces of reality. There are many aspects to gender violence: its origins, the reasons for its persistence, controlling behaviour, isolation and emotional subjugation, its consequences, etc. Gender violence occurs in many different settings (within couples, families, workplaces, institutions, communities, etc.) and is universal: it does not distinguish between social class, ethnic group, economic status, religion, or nationality. Cinema can be a suitable vehicle for exposing violent sexist behaviour, some of which is so deeply rooted in societies that it tends to become normalised and go unnoticed. Despite efforts to raise awareness, understand, and tackle violence against women, this phenomenon is still largely unknown. Cinema is beginning to reflect this in its films, sometimes in the plot and sometimes implicitly or tangentially.⁽¹⁶⁾

Gender violence in the visual arts

To think that violence against women is something that has only affected our times is another of humanity's great mistakes. Paintings and sculptures date back several centuries, which, when displayed in museums without warning, have contributed to the idea that there is nothing wrong with aggression. Some of these works are:⁽¹⁷⁾

- 'They Do not Want to' (1810-1815) by Francisco de Goya
- 'The Rape of Dejanira' (17th century) by an anonymous artist
- 'The Rape of Proserpina' (1621-1622) by Gian Lorenzo Bernini
- 'The Rape of the Sabine Women' (1579) by Juan de Bolonia
- 'The Rape of the Daughters of Leucippus' (1616) by Peter Paul Rubens
- 'The Rape of Hippodamia' (1636-1637) by Peter Paul Rubens
- 'Susanna and the Elders' (1560-1565) by Tintoretto

Psychological roots of violence and gender violence

Animals possess aggression but do not engage in acts of violence per se. Their aggression is limited to capturing prey for sustenance, defending their territory, and, within the species, establishing a hierarchy or order of relationship for mating. Violence per se does not exist except in humans.⁽¹⁸⁾

Freud used the term 'trieb', more accurately translated as 'drive', as it is becoming established. It refers to a dynamic process consisting of an impulse that causes the organism to tend towards an end. The ravages caused by violence are due to the relative independence that humans have from their drives, which in turn leads to the possibility of their perversion and, as in the case of aggressive drives, for example, their slide towards sadomasochistic bonds.⁽¹⁸⁾

Recognizing aggression as an autonomous drive has been a slow discovery in psychoanalytic theory. In 1930, Freud expressed his surprise at his rejection of the idea of the existence of a specific destructive drive in man. Freud conducted an in-depth study of hatred and its relationship with frustrations arising from the outside world, with the unpleasant stimuli that the ego receives and which incite it to try to attack and destroy the objects that are the source of the situations of discomfort. With these formulations, Freud anticipated the work of the Yale School on frustration-aggression by several decades. Furthermore, Freud wrote, 'Hatred, as an object relation, is older than love; it springs from the primordial repulsion that the narcissistic ego opposes at the beginning of life to the external world, which lavishes stimuli on it. In this way, the affinity of hatred with the preservation drives was defined, and the defensive aspects of aggression were recognised.'⁽¹⁸⁾

According to Ernest Jones, at first, the hypothesis of aggression as a derivative and primary representative of a self-destructive drive was expressed with little conviction by Freud himself, as a speculation that transcended psychoanalytic experience. Nevertheless, these new theoretical formulations did not find wide acceptance among most psychoanalysts, the antithesis between life drives and death drives, which ultimately represent the polarity between anabolic and catabolic processes, or the struggle between love and hate, as Empedocles had already announced.⁽¹⁸⁾

The proposal of a death drive, as postulated by Freud, sparked an intense debate that continues to this day.⁽¹⁸⁾

A central problem that arises when addressing aggressive phenomena in general, or more specifically violence, is how to understand the multiplicity of forms in which it is expressed, not only in terms of intensity, but also in terms of its different characteristics and functions: self-preservation, domination and the pursuit

of power, perverse sadomasochistic fulfilment, destruction, etc. This heterogeneity of aggressive drives, present in gender violence and ranging from the search for destruction or annihilation of the object, or of the self, to the expression of the desire to protect the self or the valued object, has led to the emergence of different theoretical approaches to provide a coherent explanation for these issues. Thus, authors such as Stone, Markowitz, Fenichel and Gillespie, among others, reject the need to admit a primary or instinctual aggressiveness and instead consider it as 'an aggregate of different acts with diverse origins, united by the nature of their impact on objects', that is, more for their effects than for their cause. Other authors, however, following Freud's suggestions, believe that this heterogeneity responds to levels or qualities of fusion between the two primordial drives, those of life and those of death, or, Perhaps put more, although probably more inaccurately, and leaving aside speculations that are difficult to verify, between libidinal and aggressive drives.⁽¹⁸⁾

Drives in humans are characterised by their plasticity, by the fact that they are influenced by environmental factors, especially situations that affect their early childhood.

From birth, a constant exchange occurs between the newborn and the outside world through the mechanisms of introjection and projection, which are fundamental to the development and organisation of personality. The deprivation of the infant's emotional and physical needs is not felt as the absence of the object, but as the presence of a bad object (the mother) that inflicts pain.⁽¹⁸⁾

Identification is a primitive form of mental functioning and object attachment. It is among the most influential factors in forming violent subcultures.⁽¹⁸⁾

The impact of the above factors during forming the inner world leaves an imprint on how these early experiences have been processed. It predisposes the individual to certain tendencies in development.⁽¹⁸⁾

Levels of violent behaviour

Aggressive drives are fused with libidinal drives, which means that their activity is regulated by the balance established between these two categories of drives and the peculiarities of the alliance or relationship between them. Another aspect to consider is whether the drives are directed towards the self or the object world. According to these points of view, we could describe different basic levels or mental organisations in which the fusion or defusion of drives is expressed. The reference to levels or organisations does not only refer to stable, characterological mental configurations, but also to those mental constellations that are structured at specific and limited moments, due to the presence of different factors, and which explain the irrationality of some affective states and specific behaviours.⁽¹⁸⁾

Although these are not well-defined types, as they overlap and it is easy to move from one type of violence to another, we can group destructive violence into four broad categories: reaction to an internal danger, sadomasochistic mental organisation, drive defusion and, above all, due to its great social significance and the problems it raises, violence motivated by situational influences, all of which are implicit in gender-based violence in one way or another.⁽¹⁸⁾

Gender-based violence in health

There is no doubt that gender-based violence is a major health problem, and its consequences for health are significant. Violence against women affects not only the physical sphere but also the psychological and social spheres. The influence on women's physical health not only has an acute component, the isolated traumatic event with its triggering injuries, but also has a significant chronic component that significantly impairs women's health in the long term.⁽⁷⁾

Consequences of gender-based violence on women's health:⁽⁷⁾

Fatal consequences:

- Death (by homicide, suicide, etc.)

Consequences for physical health:

- Various injuries: contusions, trauma, wounds, burns, etc., which may lead to disability
- Functional impairment
- Non-specific physical symptoms (e.g., headaches)
- Deterioration of health

Consequences for chronic health conditions:

- Chronic pain
- Irritable bowel syndrome
- Other gastrointestinal disorders
- Somatic complaints

Consequences for sexual and reproductive health:

- Due to forced sexual relations: loss of sexual desire, menstrual disorders, sexually transmitted diseases including HIV/AIDS, vaginal bleeding and fibrosis, dyspareunia, chronic pelvic pain, urinary tract infection, unwanted pregnancy.
- Due to abuse during pregnancy: vaginal bleeding, threatened miscarriage, foetal death, premature birth, low birth weight.

Consequences for mental health:

- Depression
- Anxiety
- Sleep disorders
- Post-traumatic stress disorder
- Eating disorders
- Suicide attempts
- Alcohol, drug, and psychotropic drug abuse

Consequences for social health:

- Social isolation
- Job loss
- Absenteeism
- Decrease in the number of healthy days

Consequences for the health of children:

- Risk of impaired overall development
- Feelings of threat
- Learning and socialisation difficulties
- Adoption of submissive or violent behaviour towards peers
- Higher frequency of psychosomatic illnesses
- Frequent victims of abuse by their father
- Transgenerational violence with high tolerance for violent situations
- Violence can also affect other people who are dependent on the woman and live with her

Health services can play a crucial role in helping women who suffer violence, as most women come into contact with them at some point in their lives (pregnancy, childbirth, medical care for their children, care for the elderly, etc.). They can detect abuse indirectly or directly when medical consultations are referred due to health problems secondary to the abuse suffered. Inevitably, abused women tend to use health services more, particularly primary care, emergency services, obstetrics and gynaecology, and mental health services.⁽⁷⁾

The characteristics of this type of violence require the active involvement of all healthcare personnel, who must be aware at all times that addressing and resolving the consequences of violence must begin with detecting the problem. However, victims do not usually report or talk about their situation spontaneously. Women often feel fear and shame and tend to downplay the seriousness and danger of their situation. They often resist acknowledging it and may even blame themselves. This means that it is a highly sensitive situation in which training for healthcare personnel is necessary and essential.⁽⁷⁾

Diagnosis of gender-based violence

Identifying gender-based violence is not an easy task for healthcare personnel. Many factors influence this complicated task. Not only are there limitations from the victim's point of view, but there are also many difficulties in the healthcare setting and the context of the consultation, which add to the situation's complexity for the healthcare professional. The detection of violence by healthcare personnel will predispose the victim to break the silence, which is the first step in addressing the problem.⁽⁷⁾

Prevention of gender violence in the healthcare setting

The prevention of gender violence is fundamentally educational and social, as deeply rooted cultural and educational beliefs cause it. However, it is also essential for healthcare services to carry out activities to help prevent this type of violence, not only focusing on the community, but also professionals, so that they can diagnose a situation that can have dramatic consequences.⁽⁷⁾

Action in primary and specialised care.⁽⁷⁾

The phases of action can be summarised in two points:

1. Detection and assessment of the problem.

- Indicators of suspicion
- Identification
- Assessment
- Biopsychosocial
- Situation of violence
- Risk

2. Intervention on the problem:

- Information
- Follow-up
- Referral
- Record in medical history
- Action for children and dependents
- Issue a certificate of injuries

Gender violence as a medical-legal problem

It is argued that in the health sector, which is the primary recipient of direct and indirect victims of this phenomenon, trends have emerged in recent years towards a more active role in its investigation and prevention at different levels. Legal medicine cannot be ignored in this context, given its relationship with the legal consequences, which also influence health, understood as the perfect biopsychosocial balance.⁽¹⁹⁾

Legal and forensic medicine has always been linked to the study of violence in all its manifestations; in fact, in its origins, historically associated with the *Constitutio Criminalis Carolina* (1532), doctors' participation in assessing injuries in order to proceed with their fair reparation was already included.⁽²⁰⁾

This practice was reflected in the oldest texts, which included extensive and comprehensive chapters on injuries, and as their study has advanced, scientific knowledge has expanded in depth and breadth, facilitating the grouping of injuries based on different characteristics and some of the circumstances usually involved in their production. Thus, for example, we find classifications according to the type of injury (contusions, incisions, punctures, etc.), according to the type of instrument (bladed weapons, firearms, physical agents, chemical agents, biological agents), according to specific mechanisms (hanging, drowning, precipitation), according to the anatomical region affected (head, trunk, limbs, etc.), according to the severity of the injury (minor, moderate, severe, fatal), etc. etc.), according to the type of instrument (bladed weapons, firearms, physical agents, chemical agents, biological agents), according to specific mechanisms (hanging, drowning, falling), according to the anatomical region affected (cranial, thoracic, abdominal), according to the consequences (fatal, mutilating) and according to the intent (homicidal, accidental, suicidal).⁽²⁰⁾

It might therefore seem that talking about forensic medicine and violence against women is nothing new and that, as in the past, the courts continue to respond to the cases that come before them. However, paradoxically, during all this time, insufficient attention has been paid to the specific characteristics of gender-based violence, which has been reduced to the areas in which intimate relationships usually develop, leading to its identification with violence that occurs in the family or domestic context. This is not a problem of semantics or synonymy, but rather a conceptual problem that leads to one course of action or another and a legal issue that sets the parameters for medical-forensic action.⁽²⁰⁾

There is no doubt that gender-based violence is a serious legal issue, which is further complicated when viewed from a medical perspective.⁽⁷⁾

It is stated that medical-legal expertise on violence is based on a set of particular medical acts that are usually carried out from a position of power, thus recognising that, in principle, the subjects of the expertise are entitled to the rights of patients, and the expert is bound by the ethical obligations of doctors.⁽¹⁹⁾

A doctor has a legal responsibility to report any situation of gender-based violence that they detect in one of their patients, notifying the court using a certificate of injury and a medical report, and informing the woman of their actions beforehand. Reporting the incident to the judicial authorities allows legal measures to be taken to protect the woman and prevent the crime from going unpunished.⁽⁷⁾

The injury report or certificate is a simple document, but one of astonishing importance, as it is mandatory in the medical treatment of the injured person and, in many cases, constitutes the starting point for the respective investigation. Although it is an informative document, it has no definitive legal value. It states whether the injuries are severe due to imminent danger to life, serious due to possible sequelae, non-serious requiring medical treatment, or non-serious without medical assistance. This contributes to a medical-legal prognosis of the injuries.⁽⁷⁾

It describes the injuries sustained by the patient who has suffered an accident or assault, the mechanism by which they were caused, and the medical assistance or treatment received. The fundamental objective is to notify the judicial authorities of the incident so that the appropriate legal action can be taken. For this reason,

the document must be clear and legible, without deletions or corrections that could suggest tampering, and without abbreviations, so that it can be easily interpreted by anyone who is not an expert in medical matters. Patients who report a history of assault and do not present external physical signs should also be issued with a Medical Injury Report.⁽⁷⁾

In cases of gender-based violence, the main medico-legal action to be taken by health centres is to issue a certificate or report of injuries. A medical report of injuries must be issued, carefully noting the injuries (type of injury, its evolution, shape, dimensions, in as much detail as possible) and mentioning all marks on the victim, both current and previous, which may suggest previous episodes of abuse.⁽⁷⁾

Special mention should be made of the victim's mental State, and it is important to describe both the emotional symptoms presented by the woman and her attitude.⁽⁷⁾

It is essential to describe the causal mechanism of the assault in order to determine the compatibility of the injuries. It should also be described whether any object was used in the assault.⁽⁷⁾

After a brief investigation involving an interview with the woman, it should be noted whether this was the first episode of violence or whether it has occurred on other occasions.⁽⁷⁾

It is advisable to computerise the injury certificate, as this would avoid the problems of illegible handwriting and poor completion, which sometimes prevent the exact extent of the injuries, additional examinations, and other relevant information from being known. The forensic assessment may be carried out several days later, and the injury may have progressed towards healing, making it difficult to ascertain the severity of the assault. Several copies of this report should be made.⁽⁷⁾

Before ending the consultation, the victim should be advised of their rights and the social and protective measures available. The victim should also be informed that, even if they do not wish to file a complaint, healthcare personnel must send this injury certificate to the appropriate court in cases of suspected violence. Failure to do so may constitute a crime of omission or obstruction of justice.⁽⁷⁾

Role of forensic doctors in combating gender-based violence

They play a fundamental role, individually and as part of the Comprehensive Forensic Assessment Units of the Institutes of Legal Medicine and Forensic Sciences. In most cases, they are the first professionals to provide expert care to victims of gender-based violence and to prepare reports on their physical and/or psychological injuries. In cases of sexual violence, they are the ones who attend to the victims together with hospital services to prevent their victimisation and collect samples and evidence that may be crucial in the investigation of the crime. We must also not forget the possibility of generating knowledge in this field through research and scientific publication, their training in gender-based violence, or teaching other professionals or groups.⁽²¹⁾

Ethics in the care of gender-based violence

Among the medico-legal actions related to violence against living individuals, we can mention the physical and genital examination of alleged victims of sexual violence, the medical report on the injuries of victims of crimes of injury, and the physical examination of injured persons and alleged perpetrators. In all these situations, a very special doctor-patient relationship is established. The removal of corpses, the examination of corpses, autopsies, or necropsies are medico-legal procedures carried out on the victims of violent crimes, also under specific ethical requirements.⁽¹⁹⁾

A deeper understanding of ethical conduct in medico-legal procedures in cases of violence, considered a health problem, leads to an adequate assessment of its impact on the fight against violence and its ethical, social, and bioethical nature. The consequences of violence are recognised as dilemmas in medical ethics.⁽¹⁹⁾

When analysing the ethical behaviour of forensic doctors during medico-legal proceedings, the areas of the doctor as witness, certifier, and expert must be covered.⁽¹⁹⁾

When called as an expert, they must proceed faithfully and adequately in the performance of their duties, with no other purpose than to discover and declare the truth.

Their ethical duties can be summarised as truthfulness, good use of professional freedom, zeal and diligence, moderation, patience and civility, impartiality, intellectual probity in the assessment of facts, inclination towards good in cases of doubt, restraint and prudence, loyalty and respect for the judgements of others.⁽¹⁹⁾

This relationship must be established with all the rigour required by all medico-legal proceedings involving living subjects, respecting rules such as explaining to the person in question that the examination is being carried out at the request of the competent authorities for judicial purposes, that the results will be communicated to the authorities and that they will be delivered by the formalities established by law, using an expert report. Silence must be maintained and care taken about what has been seen or learned, as well as listening to the victim, being patient, and, when examining, respecting the decorum, modesty, and dignity of the person in front of us.⁽¹⁹⁾

In the case of removal and autopsy, it is recommended that one comply with the established formalities, behave respectfully towards the body, and not make hasty judgements at the scene.⁽¹⁹⁾

All these procedures reflect the ethical principles or values of honesty, simplicity, respect, modesty,

humanism, integrity, and discretion, among others, without discriminating between actions. Sometimes, this is more significant and has a greater impact than any other medical procedure due to the event's social repercussions that motivate the action and its consequences.⁽¹⁹⁾

In the case of Cuban principles of medical ethics, they are also evident, particularly in those related to relations between workers. In the case of the doctor's relationship with the patient and their family members and, in their actions as part of society, limits are imposed about the existence of a judicial investigation, the delivery of results to the acting authority and not to the expert or their family, and the performance of examinations in the presence of third parties (the acting authority), among others. These could be objectivity, prudence, reflection, judgement, impartiality, truthfulness, and honesty. However, principles based on this relationship do not change, such as the use of precise language, respect for the victim, and avoiding harmful actions, which highlight the importance of considering ethical aspects in this relationship.⁽¹⁹⁾

The behaviour of the forensic doctor is no different when, at the end of the process, he or she has to establish a new and particular doctor-patient relationship to assess an injury or appear in court, which influences the legal significance of the event under investigation.⁽¹⁹⁾

In the field of medico-legal proceedings, a reservation must be made in the case of the principle of autonomy, insofar as the subject examined is under judicial proceedings and informed consent would have a particular connotation when warned of the examination to which they are to be subjected, which they cannot refuse on legal grounds, even if it is not invasive. This reaffirms what has been stated about dilemmas in the field of ethics.⁽¹⁹⁾

Gender violence in Cuba

In Cuba, forms of violence include silence, punishment, lying, promiscuity, and hair pulling, and there are generally no victims of acid attacks on the face; murders of women at the hands of their husbands are called crimes of passion.

The country needs more than just a stance; it needs a clearly defined policy focused on education and changing mindsets. Lack of protection is another form of violence, and a serious one at that.⁽⁶⁾ Violence against women, especially domestic violence, has negative consequences for health. These include injuries (ranging from cuts and bruises to serious injuries causing permanent disability), sexually transmitted diseases, unwanted pregnancy,

chronic pelvic pain associated with pelvic inflammatory disease, hypertension, depression, anxiety, post-traumatic stress, headaches, irritable bowel syndrome, and psychosomatic manifestations, which can lead to death. In many women who suffer chronic abuse, emotional and physical stress can lead to suicide.⁽⁶⁾

The assumption that domestic violence is brutal to accept but normal is shared by most public servants responsible for providing care. This results in a vicious cycle of concealment, normalisation, and reproduction of the culture that sustains violence, which is one of the reasons why it has not been adequately perceived or addressed. Given their particular position, health care providers are key actors in the prevention, detection, care, and follow-up of problems caused by this type of violence.⁽⁶⁾

Information on the costs of violence against women is limited. There are direct costs, related to the loss of lives and services provided; indirect costs, such as lost work days or decreased productivity; and others that are not accounted for, such as the cost of shattered lives, chronic pain, suffering, fear, depression, suicide attempts, lost opportunities to achieve goals and self-esteem, homelessness, and child care and mental health services, which are often not included in calculations.⁽⁶⁾

Cuba will create a Gender Observatory that will include updated records of femicides and other expressions of gender-based violence, for which there is currently no public statistical information system, announced the Federation of Cuban Women (FMC).⁽⁶⁾

The most recent official statistics on gender-based violence and femicide (which is not classified as a crime in the Cuban Penal Code) date from 2016 and show that 26,7 % of women aged between 15 and 74 suffered some form of violence in their relationship in the 12 months prior to the study.⁽⁶⁾

Only 3,7 % of Cuban women who reported suffering abuse in their current or previous romantic relationships sought institutional help, according to the National Gender Equality Survey conducted at the time, which included 10 698 women.⁽⁶⁾

The figure is included in a national report sent to ECLAC in 2019.⁽⁶⁾

The institutional gap in statistics on gender-based violence has been filled in the last two years by independent civil society groups that publish updated figures and recently warned of an increase in violent deaths of women during the lockdown due to the coronavirus pandemic.⁽⁶⁾

At least six women have died violently in Cuba so far in 2021, allegedly at the hands of their partners, and almost thirty met a similar fate in 2020, according to reports by the platforms Yo Sí Te Creo Cuba and the magazine *Alas Tensas*.⁽⁶⁾

Regarding the National Programme for the Advancement of Women, the FMC representative pointed out that the initiative will institutionalise public policies on gender equality in Cuba.⁽⁶⁾

The programme contains 45 measures to respond to unresolved challenges such as women's economic empowerment, education, prevention of violent acts, and increased media coverage.⁽⁶⁾

Amarelle also mentioned that work is being done to have a gender law eventually, but noted that there are legal instruments that recognise gender-based violence by the State.⁽⁶⁾

The adoption of a comprehensive law against gender-based violence is currently one of the most visible demands of Cuban independent civil society.⁽⁶⁾

CONCLUSIONS

Gender violence is a serious health problem with significant historical roots and deep psychological origins. It affects women's well-being and quality of life, so knowledge about risk perception and consequences for the community is required.

This calls for preventive measures and specialised emergency care, most of which take the form of medical-legal actions. Forensic and legal medicine must therefore play a leading role in the study of gender-based violence and be present in the social debate on a problem that has transcended the technical and professional sphere to become a central concern for citizens and the political agenda.

The image of violence against women in art has been reflected throughout history and in all forms of expression, highlighting that the most significant risk of this type of symbolic violence lies in the fact that it is accepted consciously and unconsciously, causes irreversible damage to the health of women and their families, affects self-confidence and encourages the assignment of roles in society.

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