sexual violence. This may include developing programs in schools and communities that promote healthy relationships and respect for others.

The governments of the countries of the world need to adopt and implement strict laws that will ensure fair punishment of the guilty, as well as develop rehabilitation programs for victims of this type of violence.

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FORENSIC MEDICAL EXAMINATION AS A KEY ELEMENT IN THE INVESTIGATION OF DOMESTIC VIOLENCE CASES IN BULGARIA

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Summary: *Forensic medical examination emerges as a critical element in addressing domestic violence cases in Bulgaria, offering an impartial mechanism to collect essential data, traces and evidence for judicial processes. This review emphasizes the necessity of detailed anamnesis to understand the incident context and relationships involved, while also addressing the emotional challenges faced by victims during examination. The trust and credibility of forensic medicine are pivotal, with suggestions for enhancing public confidence through professional conduct, strategic facility placement, and transparent operations.*

Key improvements proposed include disseminating educational materials within medical settings, establishing a centralized funding mechanism for forensic medical examinations in domestic violence scenarios, and introducing specialized training for 'forensic nurses' to support evidence collection and victim assistance at first response medical facilities. These measures aim to refine the forensic examination process, ensuring effective support for victims and the provision of critical evidence for legal adjudication.

The streamlined forensic medical process is vital for the effective documentation and legal resolution of domestic violence, highlighting the need for procedural enhancements, international standardization, and specialized training to bolster the role of forensic medicine in Bulgaria's response to domestic violence.

Keywords: *domestic violence, clinical forensic medicine, medico-legal investigation*

Introduction: Domestic and gender-based violence, unfortunately, has existed since the emergence of the human species. This effectively renders the issue quite challenging to address, especially in ethnic

cultures with a strongly developed patriarchal family model. The fight against domestic violence requires the collective effort of a vast array of institutions and professionals, including forensic medical experts. This problem is current both on an international scale and in the practices of various countries and institutions, where research is conducted, and effective solutions are sought to reduce the incidence of violence [1-6]. Forensic medicine in Bulgaria is recognized as a medical specialty that studies and develops methods for solving a wide range of medico-biological questions arising in the work of law enforcement agencies. Every medical student in their core course of study (5th year of 6 in total) studies the basics of forensic medicine. However, to acquire in-depth and comprehensive knowledge in the specialty and its practice, further training and obtaining a recognized specialty in Forensic Medicine are necessary. We need to analyse the problems in the forensic medical examination of domestic violence and to pinpoint the possible decisions to be made in the future.

Materials and methods: Organization of Forensic Medicine in Bulgaria: In Bulgaria, forensic medical activity has a decentralized organization [7, 8]. According to the regulatory framework of the Republic of Bulgaria, each district hospital is required to ensure the operation of forensic medicine activities, i.e., no less than 28 regional structures performing forensic medicine activities. Furthermore, every university conducting educational activities in the field of "Medicine" must have a Department of Forensic Medicine and Deontology, which can also perform forensic medical activities at the respective university hospitals. In addition, it is possible to establish forensic medicine structures in other medical facilities and private forensic medicine offices, analogous to all other medical specialties. Practically, in all district cities in Bulgaria, there are structures conducting forensic medicine. In almost all district cities, forensic medical activity is carried out in one structure, where there is most often one specialist in forensic medicine appointed.

Relation of Forensic Medicine to domestic violence: In forensic medical structures in Bulgaria, in addition to other forensic medical activities, forensic examinations of living individuals (so-called forensic medical examination) [9] are also conducted. Forensic medical examination is the usual forensic medical investigation in cases of domestic violence. In cases of domestic violence, those related to physical or sexual assault are subject to forensic medicine. The forensic medical examination in cases of domestic violence, as in other cases, aims for the impartial, detailed documentation of traumatic injuries and other traces, as well as the collection of biological materials for further studies, based on which it can be reasonably identified the type of violence, the mechanism of injury, the damaging surface, the authorship of the violence, etc. In cases of domestic violence, the subjects of forensic medical examination are both the presumed victims of domestic violence and the suspects and accused of committing such. In Bulgaria, every doctor can and is obliged to issue a medical document for traumatic injuries incurred during domestic violence, but in practice, for the effective administration of justice, all cases are served in one form or another by Forensic Medicine specialists. It should be noted that in Bulgaria, the term "domestic violence" is legal form and is not directly used in forensic medical science; cases of domestic violence typically fall under the category of "Forensic medical examination of living individuals to determine bodily injuries and medico-biological signs/grading of bodily harm" or "Forensic medical examination of living individuals to determine sexual status and gender manifestations." In this regard, in Bulgaria, the approach of forensic medicine specialists to victims of domestic violence does not differ from the approach to victims of other incidents (domestic trauma, road traffic accidents, occupational accidents, etc.). Rather, the type and scope of the forensic medical examination depend on the specific circumstances of the incident and the type of injuries and traces sought.

Cases of death due to domestic violence, which are not infrequent, will remain beyond the scope of this text.

Procedural forms of forensic examination in cases of domestic violence (without resulting in death) in Bulgaria: In practice, in Bulgaria, the forensic examination of individuals in cases of domestic violence can be conducted under three different procedural forms. In these forms, the medical examination itself is identical, while differences stem from the procedural order of the examination and the procedural role of the forensic medicine specialist.

Clinical forensic medical examination - represents a forensic medical examination, similar to all other medical examinations, carried out in a medical institution according to the respective regulations of the medical institution, usually at the request of the examined individual or their legal representative (parent or guardian). This type of examination issues a medical document titled Forensic Medical Certificate. This is the usual and most commonly used method for forensic medical examination of victims in cases of domestic violence. Its advantages are that it is a relatively widely accessible method for documenting injuries from

domestic violence, and the description method is significantly more detailed than usual medical examinations, but its disadvantages are related to the need for the victim to pay for the service, as there is no central funding in Bulgaria for this type of activity. Another disadvantage is that it is relatively rare for both parties involved in domestic violence cases to be examined.

Forensic medical examination within the framework of an appointed medico-legal expertise - this type of forensic examination is carried out according to Section III of the Criminal Procedure Code (CPC, Section Expertise), by appointing an expertise with the object of study - the presumed injured party or the suspect of committing domestic violence (crime). In this type of examination, the forensic medicine specialist has the status of an expert witness and prepares a Medico-legal Expertise. The advantages of this method are the procedural status of the examination, the absence of a need for payment by the examined individual, and the possibility of examining both the presumed victim and the suspect. A possible disadvantage may be the need to engage investigative bodies, but according to Bulgarian legislation, they must be engaged anyway in the presence of bodily harm and sufficient grounds for domestic violence.

Examination of an individual according to the Criminal Procedure Code (CPC) - in this case, the examination is conducted according to Section IV of the CPC (Expertise), allowing the description to be made by the investigating authority, in the presence of attesting witnesses, and in the absence of a doctor. There is a requirement for this examination to be conducted by a doctor only in cases where the examined individual needs to be undressed and the investigating authority is of the opposite sex to the examined individual. In this form, the investigating authority prepares an examination protocol. This method of examination is not recommended for cases of domestic violence and should be applied only if a forensic medicine specialist cannot be provided. It boils down to describing clothing and stains, as well as collecting biological materials (swabs) by forensic specialists, but bodily injuries can be accurately documented only by a medical specialist, and it is highly recommended that the same be a specialist in forensic medicine. The only advantage of this method is that it allows for the examination of both the presumed victim and the suspect in committing domestic violence, as well as the possibility of collecting biological materials and swabs for further studies.

In practice, in the absence of a forensic medicine specialist, the description of injuries in cases of domestic violence can also be made by any doctor, within the framework of an outpatient examination or by the treating doctor during hospital stay. According to Article 4 (3) of the Law on Protection from Domestic Violence, upon request of the injured party, every doctor is obliged to issue a document, in writing, to certify the injuries or traces of violence observed by them. After preparing such a document, it is advisable, if possible, to conduct a second-stage forensic medical examination by a specialist in forensic medicine, taking into account the documentation from the primary medical examination.

Timing and Priorities in Conducting Forensic Medical Examination:

A frequently asked question in practice is - Within what timeframe can a forensic certificate be issued? The answer is that a forensic medical examination can always be conducted and a forensic document can be issued, but it makes sense to perform it within the timeframe in which the forensic expert can identify (find) and document the injuries themselves, i.e., while the injuries have not fully healed and biological traces (if any) are suitable for evidential material. The most appropriate time for conducting a forensic medical examination to determine traumatic injuries is within the first few days after the incident, but if there is a delay, it makes sense to perform it until any traces of the injury can be observed. In principle, an examination to determine traumatic injuries tolerates certain delays of several days, even in some cases (subcutaneous haematoma), the visible traces of traumatic injuries are better expressed on and after the second day. Of course, as injuries fade, the possibilities for interpretation by the forensic expert significantly decrease. Nevertheless, a delay of 2-3 days usually does not change the effectiveness of the examination in terms of documenting traumatic injuries.

In cases where traumatic injuries have led to a serious deterioration of the general health condition, it is recommended that the forensic examination be conducted after stabilizing the condition, to reduce discomfort and risk to the patient. If the injured party is admitted to a hospital, the forensic examination can also be performed in the hospital room. It should be considered that the most quality forensic medical examination can be performed in specialized forensic medical offices.

In cases with injuries to internal anatomical structures (bones, tendons, internal organs, etc.) that require additional examinations, it is advisable to first perform a clinical examination by the respective medical specialist (e.g., orthopedist, surgeon, etc.) and conduct the relevant examinations (imaging, functional, and laboratory), followed by a forensic medical examination. This avoids the possibility of missing internal

injuries and unnecessarily distressing the injured, and most importantly, avoids the possibility of missing life-threatening conditions, where delay can have serious consequences.

In all cases, the life and health of the injured party are the priorities, and only then comes the documentation of injuries for the purposes of justice. Especially in cases of severe life-threatening injuries, if the forensic examination cannot be carried out concurrently with the diagnostic-treatment process, it is deferred to a second stage, as of course, the treating doctors should thoroughly describe in the medical documentation the findings they have observed, which should be considered in the subsequent forensic medical examination.

In cases of domestic violence involving traumatic injuries, the collection of biological materials for determining authorship is usually not required, as it is presumed that the parties involved in the incident have constant contact with each other.

Unlike documenting traumatic injuries, in cases requiring examinations to determine sexual status and gender manifestations (especially sexual abuse cases), it is highly recommended that the examination be performed within reasonably short time by a forensic medicine specialist, preferably in their procedural capacity as an expert witness, as in this type of examination, the collected samples and biological materials often have decisive significance. Exceptionally, in the absence of a forensic doctor, samples can be collected by another doctor (e.g., gynecologist), but with the methodological and technical (e.g. for packing the evidence) assistance of an expert from the forensic department (BNTL) of the Ministry of Interior (MOI). In such cases, it is advisable, if possible, to conduct a forensic medical examination by a forensic medicine specialist at a second stage.

Results and discussion: Maintaining the neutrality of the forensic medical specialist: Often in practice, in a domestic conflict, all participants in the conflict may have traumatic injuries that are subject to forensic examination, and it is impermissible for the forensic specialist to be involved as a party in the process (investigation), determining who is the victim and who is the aggressor. It should be considered that not all traumatic injuries result from violence and not always there are traumatic injuries in cases of violence. Forensic medical specialists, due to the nature of their special knowledge, are commonly used in Bulgaria by investigative bodies and courts as expert witnesses and are listed in the expert witness lists (formal registers). Thus, if a forensic medical specialist takes sides in such a dispute, they should recuse themselves as an expert witness. This, in turn, will lead to difficulties in finding unbiased expert witnesses. Due to this special status and the relatively small number of them on both regional and national levels, forensic medical specialists should remain neutral when resolving cases of domestic violence, to impartially fulfill their role as expert witnesses.

The primary goal of the forensic specialist in conducting the forensic examination is to impartially collect the maximum number of objective facts and evidence, based on which to make reasoned analyses and conclusions, through which the competent authorities can reach correct decisions on cases of domestic violence.

We want to emphasize once again that, in general, medical specialists are not particularly competent to qualify whether or not it concerns domestic violence and whether the examined individual is a victim of such. We believe it is exceptionally risky to give such qualifications at the stage of the medical examination, even by experienced forensic medicine specialists. This assessment should be left to the competent authorities, after gathering sufficient information on the case. In this regard, from an operational point of view, we believe it is appropriate to introduce the term "Cases suspected of domestic violence."

The role of anamnesis in forensic examination: In conducting a forensic examination, besides the identification of the patient and the detailed description of traumatic injuries according to forensic rules, it is crucial to take a detailed history of when and where the incident occurred, how the injuries were sustained, with what means and by whom they were caused, as well as other information depending on the specifics of the case. To identify cases as suspicious of domestic violence, it is necessary for the anamnesis to reflect not the name of the person who caused the injuries but their relationship with the examined individual, e.g., a relative, spouse/partner with whom they live on a familial basis, or with whom they have a child in common, or with whom they live in the same residence for some reason. In cases suspected of domestic violence, the same rules are recommended when conducting a general medical examination by a doctor who is not a forensic medicine specialist. This approach allows, in addition to identifying individual cases of domestic violence, the performance of statistical/epidemiological analysis regarding frequency, type, severity, etc. In cases suspected of domestic violence, the injured individuals are often emotionally labile,

which requires the forensic specialist to exhibit tact and patience, while still maintaining the objectivity of their assessment unaffected by these emotional factors. It should be noted that it is not uncommon for examinees to attempt to deceive forensic specialists.

The social image of the forensic medical institution and trust in it: The development and maintenance of a certain image and trust in the forensic institution are crucial to its role. Without trust, forensic medicine cannot function in practice. Every element of forensic procedures and the material base of forensic medicine structures must be designed to be practically effective, to build a certain image and increase the public's trust in forensic medicine and forensic specialists. In this direction, it is considered that forensic medical offices for examination of living persons should be located in recognized large hospital facilities, medico-legal institutes or medical centers, not in private apartments etc. Investigations should be conducted by a team – at least a forensic doctor and a technical assistant, following a corresponding procedure. All team actions should demonstrate a serious and professional attitude. Photographing injuries for the protocol during the examination (not adopted by all forensic doctors in the country) and paying fees at a cashier, outside the examination office (not inside), are also believed to contribute to strengthening trust in the institution. A step in this direction is the adoption of a standard in forensic medicine in Bulgaria, which incorporates some of these requirements, enhancing trust in the institution. It is necessary to pay significantly more attention to this element in the conduct of forensic activities. Solutions to domestic violence issues have been undertaken at an international level, studied in particular by institutions and local structures [10, 11, 12]. However, not all developed international guidelines and standards are applied at the national level.

Conclusion: What can be done to assist victims of domestic violence: The question logically follows, what can be done for a more objective and effective resolution of domestic violence cases from the perspective of forensic medicine (specific and more general solutions):

Placing explanatory informational materials in suitable places in the waiting areas of forensic offices, as well as in emergency rooms and departments, and personal doctors' offices would be beneficial.

A central funding mechanism for forensic examinations in cases of domestic violence could be developed.

During forensic examinations, forensic medicine specialists, without becoming biased, can advise examinees to seek help from the relevant institutions. It is quite common in practice to conduct another forensic examination of victims who do not take any action after receiving the document from forensic medicine.

It is advisable to adopt standards and rules developed internationally in this field, following harmonization with domestic regulations [13, 14, 15].

In the near future, due to a shortage of forensic doctors and to improve the initial response when seeking medical help by victims of violence, training for nurses could be developed for the qualification of so-called "forensic nurses" – both as assistance to the forensic doctor and as first aid in emergency departments and with general practitioners [16].

The main role of forensic examination in cases of domestic violence is to impartially collect and document the objective traces/evidence needed by competent investigative and judicial bodies to reach reasoned decisions on cases of domestic violence. An additional role is discreetly directing the victims to take active protective actions and connect with organizations providing further assistance and psychological support. Collaboration between all responsible institutions and supporting non-governmental organizations is especially important.

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ADRESSING THE ROOT CAUSE OF VIOLENCE AGAINST WOMEN FROM A ROMANIAN FORENSIC PERSPECTIVE

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Summary: *Introduction. The violence against women sadly represents a highly prevalent phenomenon, in recent years Romania has faced a concerning increase in violence against women and domestic violence in particular. This dark reality underscores the need for urgent and coordinated action by state institutions, NGOs, and civil society, being a harsh reality in forensic medicine. Purpose of the research. The aim of this paper is to highlight the problems that contribute to domestic violence especially violence against women in Romania based on our daily forensic practice, pointing out some possible solutions. Materials and methods. We identified a complex etiology underlying this phenomenon, with real limitations imposed by administrative data collection in Romania, hindering the fair assessment of public policies and current legislation. Results. Based on the data colected for 2021, women represent the lead majority of domestic violence cases. 23,498 women suffered assault or other acts of violence, 4,431 were threatened (according to Article 206 of the New Criminal Code), and 100 women were raped. 19,094 of the perpetrators are or have been married to the victim, and 11,287 are current or former partners. Discussions. We reiterate the need to create an integrated system for collecting data on domestic violence and other forms of violence against women. We present the current situation from a forensic point of view, options available for the victim, and posible solutions. Conclusions. Collecting and publicly presenting incomplete/truncated data can lead public opinion to conclude that violence against women is a marginal phenomenon in Romanian society.*

Keywords. *Domestic violence, violence against women, victim management, contributing factors, sterotypes, social education, forensics*

Introduction: The violence against women sadly represents a highly prevalent phenomenon in all societies, dating back to ancient times, and severely affecting women's health and safety. It inherently