



Medical-Legal Approach to Violence Perpetrated by Women against Men: Prospective Study by the Forensic Medicine Department in Marrakech

Hakizimana, D^{1*}, Bahra, I¹, Kaoukab, M¹, Ajmani, F^{1,2}, Dami, A^{1,2}

¹Mohammed VI University Hospital Centre, Marrakesh, Morocco

²Faculty of Medicine and Pharmacy, Cadi Ayyad University, Marrakesh, Morocco

*Corresponding author: Hakizimana, D

Mohammed VI University Hospital Centre, Marrakesh, Morocco

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Abstract:

Long overlooked, violence perpetrated by women against men remains a little-known phenomenon, often downplayed in most societies, whether developed or developing. The aim of this study is to assess the severity and medico-legal consequences of such violence, while describing the socio-demographic profile and clinical characteristics of male victims of female violence. This is a prospective, descriptive and analytical study conducted over an 18-month period in the Forensic Medicine Department of the Mohammed VI University Hospital Centre in Marrakech. All men who consulted for acts of violence were included. A total of 79 victims were identified. The average age of the victims was 60.16 years, while that of the aggressors was 34.68 years. Nearly 59% of victims had a medical, surgical or psychiatric history. In 53% of cases, men reported being assaulted by more than one woman. Physical violence was the most common form (92%), often the only form (78%). Blunt objects were the most commonly used (37%), mainly causing bruising (53%) and skin abrasions (27%). The injuries were mainly located on the head and limbs. From a forensic perspective, 79% of victims had a total incapacity to work (ITT) of less than 20 days, and only 11% of cases resulted in legal proceedings. These results highlight a reality that is still underestimated: female violence against men, although socially marginalized, is a real and complex forensic issue. It depends on multiple factors—age, vulnerability, marital context, number of aggressors, and cultural representations—and can, in some situations, reach extreme severity, even constituting a crime.

Keywords: Domestic Violence, Male Victims, Forensic Medicine, Physical Assault, Medico-Legal Consequences.

Original Research

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INTRODUCTION

Violence is defined as the intentional use of physical force or power against oneself, others or a community, which can result in physical injury, psychological distress, developmental delays, death or the breakdown of the social fabric [1].

It takes many forms: physical, sexual, psychological or moral, and its manifestations evolve with cultural contexts and technical means, revealing the sometimes tragic creativity of human violence [2].

While violence is universal, its definition remains polysemic and subject to interpretation: it ranges from interpersonal aggression to armed conflict and war [3]. For several decades, significant efforts have been made to combat violence against women, notably through the creation of medico-legal centres, community awareness-raising, campaigns and legislative reforms.

On the other hand, male victims of violence perpetrated by women have long been ignored or downplayed in social and

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scientific debate. Most victims refuse to come forward despite the severity of the physical and psychological damage. In some societies, men who are assaulted by women feel humiliated and that their dignity has been violated, which contributes to their silence.

Despite this, during this study, we recorded 79 men assaulted by women out of 1,247 cases of adult violence who consulted the forensic medicine department at the Mohamed VI University Hospital Centre in Marrakesh over an 18-month period.

This study is part of this recognition process and aims to describe the medico-legal and socio-demographic characteristics of male victims of female violence based on the experience of the forensic medicine department at the Mohamed VI University Hospital in Marrakech.

PATIENTS AND METHODS

This is a prospective descriptive and analytical study of a sample of 79 men who consulted the forensic medicine department at the Mohamed VI University Hospital Centre in Marrakesh for violence by women over an 18-month period from 1 January 2024 to 30 June 2025. The questionnaires were completed directly during the consultation by the consulting physicians. Responses were collected on the same day. The questionnaire used assessed sociodemographic characteristics, characteristics of the assaults, and the physical consequences of this violence. Data entry and analysis were performed using Excel software. A descriptive analysis with two qualitative and quantitative variables was performed. We used percentages for the qualitative variables.

RESULTS

The average age of victims was 60.16, with a minimum of 24 and a maximum of 83, and a predominance of those aged over 60 (57%) while the average age of the perpetrators was 34.68, with a minimum of 18 and a maximum of 52, and a predominance of those under 40 (74%). Victims from urban

areas accounted for 58% of cases. Thirty per cent of victims had been assaulted by their neighbours, followed by 24 per cent of cases assaulted by their spouses. Fifty-three per cent of cases were assaulted by several women. Our study found that most victims (59 per cent) had a history of either surgical, medical or mental health issues.

Regarding the assault itself, we found that the most common motive was a misunderstanding in 36% of cases, followed by irresponsibility, especially regarding financial needs within families, in 26% of cases. For 78% of victims, it was a single assault. Physical assault accounted for 92% of cases. The weapons used varied, but the most common were blunt objects in 37% of cases (Table 1), causing multiple injuries. In most cases, 29% had two injuries (Fig 3). These injuries were of different types, but the most common, in 53% of cases, were bruises (Table 2 and Fig 2). The majority of injuries, 59%, were located on the upper and lower limbs (Fig 1).

This series shows that there were signs of psychological trauma in some cases (Table 3). We found that most victims (75%) received medical treatment, with 22% requiring sutures. Spontaneous consultation and treatment without hospitalization were observed in 97% of cases. Legal proceedings had already begun in only 14% of cases. During the medico-legal assessment, most victims (26%) received a Temporary Incapacity for Work (TIW) certificate of more than 21 days.

Table 1: Vulnerable objects

Object causing injury	Number of victims	Percentage
Blows with hands and feet	19	24%
Bladed weapons	6	8%
Blunt objects	29	37%
Throwing stones	11	14%
Human bites	14	18%

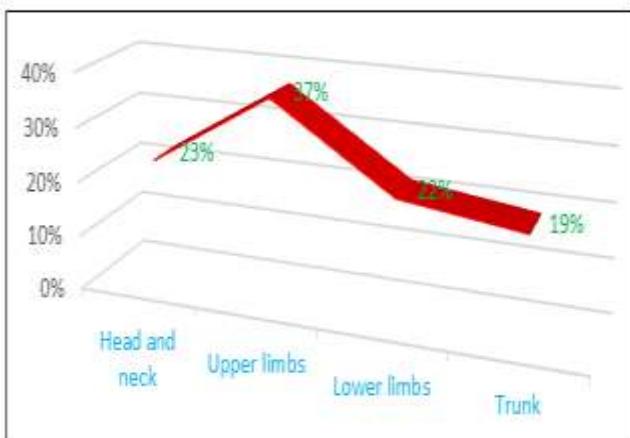


Fig 1: Location of Lesions

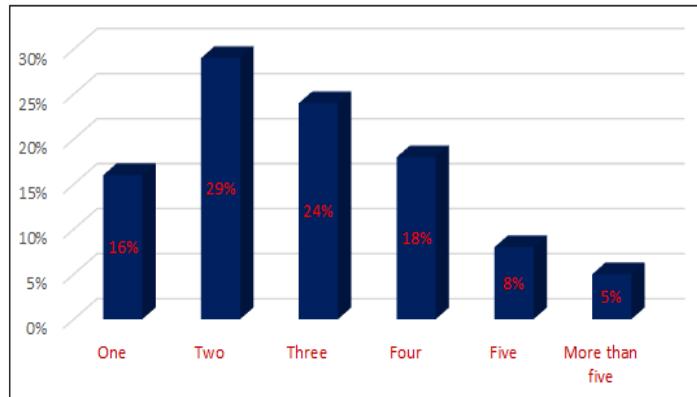


Fig 3: Number of lesions per victim

Type of injury	Number of victims	Percentage
Bruising	42	53%
Dermabrasion	21	27%
Wounds	16	20%
Fractures	2	3%
Swelling	4	23%
Scratches	18	23%

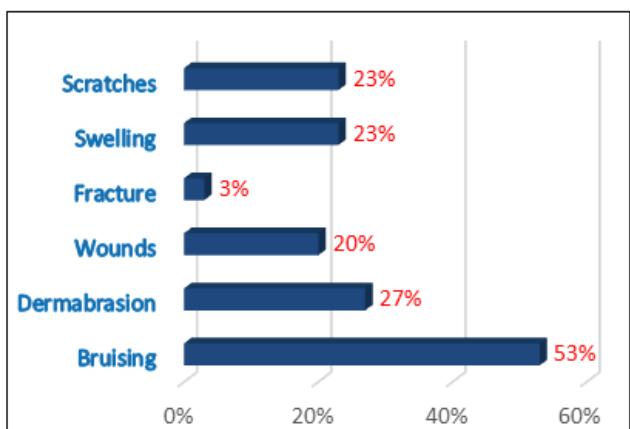


Fig 2: Type of lesions

DISCUSSION

Regardless of who commits it, violence is the use of force; in many countries around the world, violence is considered a major health and social problem, responsible for more than one million deaths each year [5]. The medico-legal aspects are particularly noteworthy in the management of the consequences of violence, where the forensic pathologist must intervene to describe the injuries related to the trauma in terms of their progression and treatment, determine the duration of temporary total incapacity (TTI), specify the date on which medical consolidation was achieved, and determine the victim's previous condition [6].

Like men, women can be violent towards men. In this series, we found that most of the victims (57%) were over 60 years of age, while the majority of the aggressors were under 40 years of age (74%). Contrary to the findings of F. Manoudi *et al.*, in their article showing that young age is a risk factor, the age group most affected by violence (39%) is women between the ages of 30 and 40 years [7].

In our study, victims from urban areas accounted for 58% of cases. Thirty per cent of victims had been assaulted by their neighbours, followed by 24% of cases assaulted by their spouses. According to the World Health Organization (WHO), in 2014, the global rate of domestic violence stood at 23.2%, while in the eastern Mediterranean

Table 3: Signs of psychological distress

Psychological impact	Nombre de victime	Percent age
Crying	3	4%
Shyness	1	1%
Disturbing silence	2	3%
Agitated and talkative	5	6%
None	68	86%
Total	79	100%

region, which includes Morocco, it reached 37%. As for the prevalence of domestic violence against men, the French Ministry of the Interior's delegation for victims stated that in 2007, "in France, one man dies every fourteen days as a result of domestic violence [5]; 53% of cases were assaulted by several women

In this series, physical assault accounted for 92% of cases, even though it is often accompanied by verbal abuse. According to the literature, there are more than 1.6 million deaths worldwide each year related to physical assault. In 37% of cases, the most commonly used weapons by women were blunt objects; In some cases (8%), they used knives. 84% of cases had two or more injuries, with bruising dominating 53% of cases, not to mention that we found fractures in 3% of cases and wounds in 20% of cases. As stated in the literature, when it comes to physical violence, women scratch and bite, while men most often resort to their fists. To compensate for the difference in muscle strength, violent women may be more likely to use utensils or weapons. Injuries are frequently localised, with 59% of cases occurring on the upper and lower limbs. Misunderstanding is the most common cause, accounting for 36% of cases of violence by men against women.

Even though in this series we found that the majority of cases had a total incapacity to work (ITT) of less than or equal to 20 days, as found by DIALLO Thierno Mamadou Cherif *et al.*, in their work [8].

CONCLUSION

Violence against men by women is a major public health problem that exists in all countries and across all social, economic, religious, and cultural groups. Women are naturally capable of using violence, just as much as men, and they resort to all means at their disposal, resulting in all the medico-legal consequences that can arise from violence perpetrated by men. Like women who are victims of violence, men deserve compassion

and support, and they deserve special medico-legal care.

Most cases of violence perpetrated by women by men remain unknown. Men who are victims of violence refuse to identify themselves as victims, considering it a taboo subject, whereas women readily report the violence they have suffered.

REFERENCES

1. Boyle, M. J., & Wallis, J. (2016). Working towards a definition for workplace violence actions in the health sector. *Safety in health*, 2(1), 2-7. <https://doi.org/10.1186/s40886-016-0015-8>
2. Jacob, O. (2002). *Defining violence?*, pp. 30–36.
3. Zeilinger, I. "Yes, but men too... ", 2018.
4. Bordet, C. (2019). Sexual violence has no gender. *Mémoires*, 75(2), 14–15. <https://doi.org/10.3917/mem.075.0014>
5. Lamine, H., Ben Dhiab, M., & Debout, C. (2019). Lived experience of Tunisian men who are victims of intimate partner violence: A descriptive phenomenological study. *Revue Francophone Internationale de Recherche Infirmière*, 5(1), e13–e20. <https://doi.org/10.1016/j.refiri.2018.12.001>
6. Hérim, F., Tran, S., Savall, F., Dédouit, F., Telmon, N., & Rougé, D. (2014). Healthcare workers as victims of workplace assault: Analysis of medico-legal consultations for intentional injuries at the Rangueil forensic unit (Toulouse). *Journal of Forensic and Legal Medicine*, 5(1), 15-21. <https://doi.org/10.1016/j.medleg.2014.01.001>
7. Manoudi, F., Chagh, R., Es-Soussi, M., Asri, F., & Tazi, I. (2013). Family violence. *L'Encéphale*, 39(4), 271-277. <https://doi.org/10.1016/j.encep.2012.03.007>
8. Acetabular, E., & Arthroplasty, R. (2000). *Original article*, Analysis, vol. 43, August issue, pp. 269–275.
9. Vasseur, P., Dupont, M., & Rey-Salmon, C. (2020). Intimate partner violence: Male victims, observations and perspectives. *Journal of Forensic and Legal Medicine*, 11(2), 56-62. <https://doi.org/10.1016/j.medleg.2020.03.001>.