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Communication with victims by forensic professionals

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Resumo

Introduction: Interpersonal communication is the basis for the development of societies [1]. With regard to communication with victims, due to its complexity, there are factors that condition it, generating doubts about strategies to be adopted. **Objectives:** This literature review aims to obtain the state of the art regarding communication with victims by professionals with forensic skills. **Methods:** A PubMed® search was performed for articles published between 2018 and 2021, using keywords AND, OR connectors and truncations for greater reach. Suggested articles were integrated during the research because they were inserted in the theme under analysis. **Results:** Interpersonal communication is a priority competence for the good patient-patient relationship [1]. The cultural diversity, emotional state and

sex of the professional arise as obstacles to circumvent in forensic examination and interview, given that the professional addresses a vulnerable person due to a traumatic experience [2]. Strategies such as training request for consent for each practice and a cozy physical space appear as useful to avoid secondary victimization [3]. Training is essential, as in the case of mock interviews (forensic interview in hypothetical scenarios) to avoid contamination of reports [4]. **Conclusions:** The scarcity of investigation on the subject makes it difficult for professionals to seek resources in complex forensic cases. The training of forensic professionals with specific training in forensic communication skills, as is the case with clinical communication, would be an important contribution to improving trauma-informed care for victims.

Keywords: communication skills; forensic interview; second victimization; victims; guidelines.

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POSTER 65

Cocaine-induced acute myocardial ischemia: a forensic autopsy case report

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Resumo

Introduction: Approximately half of cocaine is metabolized into two major metabolites by plasma and liver cholinesterases into its metabolites (ecgonina methyl ester and benzoylecgonine).[1,2] Cocaine's primary effect is blockade of norepinephrine, serotonin and dopamine reuptake, leading to stimulation of the sympathetic

nervous system and consequently tachycardia, hypertension and increased myocardial contractibility, leading to increased myocardial oxygen demand.[1,2,5] Cocaine also enhances coronary spasm/vasoconstriction and platelet aggregation/thrombosis, leading to reduced myocardial oxygen supply.[1-3, 5] Imbalance between