

EPIDEMIOLOGICAL REFERENCES OF THE MECHANICAL TRAUMA SECONDARY TO THE INTERPERSONAL AGGRESSION IN THE CONTEXT OF DOMESTIC VIOLENCE

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Keywords: aggressions, mechanical trauma, factors, domestic violence

Abstract: The study proposes a synthetic epidemiological characterization of domestic violence in Sibiu County, as part of the interpersonal violence. **Material and Method:** The study group is composed of 36 adult women who presented to the Forensic Medicine Service of Sibiu County for the establishment of mechanical trauma produced by the domestic violence. The average age group is 38.9 years, average education level is secondary school, residence environment without statistically significant differences, the average income level in the study group is equal / below the minimum income per economy. **Results:** Most victims (70%) experienced repeated episodes of violence, but do not state authorities (about 90%) because of fear on the part of the aggressor and distrust of institutions. The entire study group experienced more forms of abuse. In most cases, the abuser is represented (89%) by the current partner. Episodes are triggered by alcohol consume and lack of tolerance (about 50%), but also by poverty, lack of employment, housing overcrowding, couple relationship instability (about 33% each). **Conclusions:** The study draws attention to domestic violence underreporting that opens the way for more frequent, more severe and unpredictable acts of violence. Identifying the causes of domestic violence offers the premises of targeted interventions in the area of civic education, accountability and public awareness on the norms of democratic relations including private environment.

Cuvinte cheie: agresiuni, traumatisme mecanice, factori, violență domestică

Rezumat: Studiul își propune o caracterizare epidemiologică sintetică a violenței domestice în jud. Sibiu, ca parte integrantă a fenomenului violenței interpersonale. **Material și metodă:** grupul de studiu este compus din 36 femei de vârstă adultă care s-au prezentat la Serviciul de Medicină Legală al jud. Sibiu pentru constatarea unor leziuni traumatiche mecanice produse prin heteroagresiune în cadrul violenței domestice. Vârsta medie a lotului este de 38,9 ani, nivelul de instruire mediu liceal, mediu de proveniență fără diferențe semnificative statistice, nivel mediu al veniturilor în lotul de studiu egal/sub nivelul venitului minim pe economie. **Rezultate:** majoritatea victimelor (70%) au experimentat episoade repetate de violență, pe care însă nu le-au raportat autorităților statului (cca 90%) din cauza fricii de agresor și a neîncrederii în instituțiile abilitate. Întregul lot de studiu a experimentat mai multe forme de abuz. Agresorul este reprezentat în majoritatea cazurilor (89%) de partenerul actual. **Episoadele sunt declanșate de consumul de alcool și de lipsa de toleranță a partenerului (cca 50%), dar și de sărăcie, lipsa locului de muncă, supraaglomerarea locuinței, instabilitatea relației de cuplu (cca 33% fiecare).** **Concluzii:** studiul atrage atenția asupra dimensiunii subraportării incidentelor domestice care deschid calea spre acte de violență tot mai frecvente, mai grave și mai imprevizibile. Identificarea cauzelor violenței domestice oferă premisele unor intervenții focalizate în aria educației civice, a responsabilizării și conștientizării populației asupra normelor de conviețuire demografică inclusiv în mediul relațiilor private.

INTRODUCTION

The latest World Report on Violence and Health, shows that, annually, and half a million people die from acts of violence (percentage means that 28.8 persoane/100.000 inhabitants) and countless other victims suffering from behavior of this kind. Domestic violence has increased alarmingly in the context of a society generating discontent and frustration, which offers the premises of a violent attitude in the future. Women are clearly the vulnerable part of the family, a fact well documented by the media and existing statistics. Domestic violence is a pervasive phenomenon, and by its characteristics of low social visibility is dangerous and difficult to control, also difficult to detect in official statistics Domestic violence is now both a

social problem and a public health problem. (1,4,6,7)

Despite the efforts to ensure a climate of gender equality in the public sphere, a closer look at the family relationships and intra-familial couple relationships revealed contrasts and failures. The modernization and democratization trends of the intrafamilial relations led, paradoxically, to the overload and the criminalization of women and its relation to parental status.

In Romania, domestic violence, as a matter of specialists in various fields, politicians, media and general public, was significantly approached since 1995-1996, and this occurred largely because of external pressures, the need to align to the European spirit and international standards, especially in

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its dimension of protection and aid to the victims, child or woman. Women's promotion policies require the consideration of her relations with men, to reconsider the family, its social role and its legal status. (2,5)

THE AIM OF THE STUDY

The study aims to conduct an epidemiological characterization of domestic violence in Sibiu County, as part of the phenomenon of interpersonal violence.

MATERIAL AND METHOD

The sample is represented by a number of 36 adult female, who have undergone Forensic services in Sibiu County during December 1, 2010 to March 31, 2011 for the establishment of mechanical trauma produced by interpersonal aggression in the context of domestic violence.

Sample structure: average age is 38.6 years with extremes 18-82 years of old; residence environment with weak statistically significant differences (44.55% urban, rural 55.55%), the average education is high school (63 %), occupation technician / worker /no occupation was represented in roughly equal proportions (about 33%), income equally distributed (about 33%) in the intervals "as the minimum wage/between minimum wage and average/ no income."

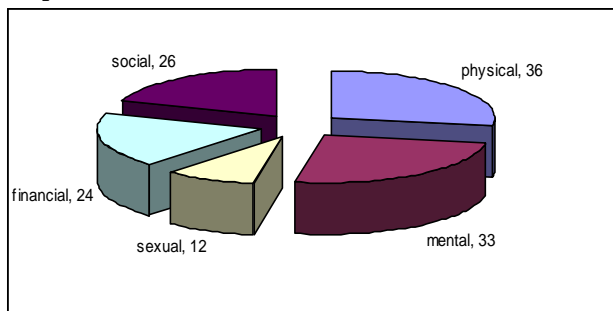
The method of study with the sociological survey based on pre-formulated responses questionnaire, implemented by medical staff after a pre-training. 15 items were evaluated on the epidemiological aspects, medical and social issues related to experience of violence. The questionnaire was built on the model used by "Mina Minovici" Institute of Forensics (Bucharest, 2007-2008, quoted by Cornea et al. [2]). The survey was applied after the forensic examination, after the subjects informing regarding the purpose of the study and after consent.

RESULTS

a. Forms of domestic violence experience

Most victims of domestic aggression experienced many forms of domestic violence represented by intimidation or verbal abuse, destruction of property belonging to the victim, isolating friends, family or other potential sources of support, threats against other persons significant to the victim, including children, theft, control over money, victim's personal belongings, food, travel, telephone and other sources of personal care and protection. (Figure 1).

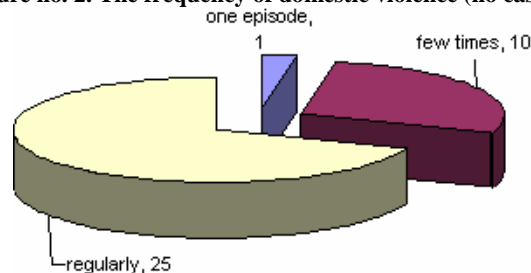
Figure no. 1. Forms of domestic violence experienced by the sample (no of cases)



b. The frequency of domestic violence episodes

Approximately 70% of victims of domestic violence regularly experienced episodes of violence, their frequency ranging from 1-2/year to 1-2/week, according to the presence of risk factors. Only six of the 36 cases examined (about 17%) have asked Police services for help, but never at the first incident. (Figure no. 2).

Figure no. 2. The frequency of domestic violence (no cases)



c. The relationship between the aggressor/agressors and the victim

In most cases (25 cases, about 89%), the aggressor is the current partner, regardless of legal or social status toward the victim. In equal proportions (one case each, about 3%), the role of the perpetrator is identified in other family members living with the victim (father, daughter, brother, sister), a case that there are two assailants, both members of family. (Figure no 3)

Figure no. 3. Relationship between the aggressor and the victim (number of cases)

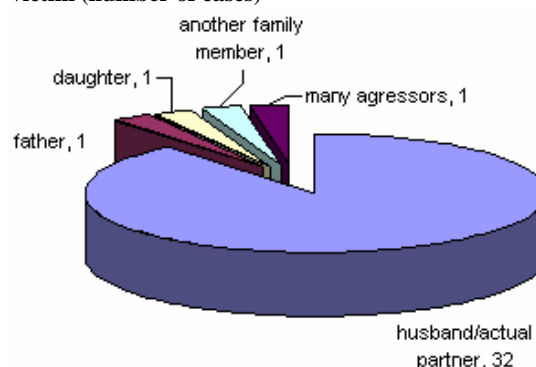
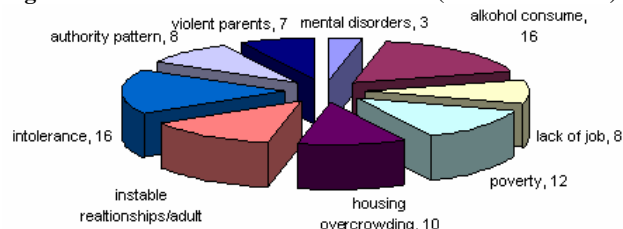


Figure no. 4. Causes of Domestic Violence (number of cases)



d. Causes of Domestic Violence

The investigation on the causes of domestic violence identifies three categories of causal factors a. individual characteristics related factors b. relationship characteristics related factors c. social factors) and risk factors or triggers of violence. Most victims claim alcohol consume (18 cases, 50%) as the main factor that triggers the abuse. In an almost identical proportion is identified the lack of partner's tolerance (16 victims, about 45%). Low income, overcrowded housing and relationship instability are observed in proportions substantially similar (about 33% each). Most victims have shown associations of causative factors. (Figure no 4)

DISCUSSIONS

Domestic violence is a serious warning because its repetitive character, the complexity of the causes and context and the various forms of manifestation. The majority of the victims are engaged in many forms of abuse while in the same violent episode or sequence, which creates a perpetual state of tension, fear and insecurity, increasing vulnerability of women's

status within the family. Over time, lowering the victim's self esteem and lack of peer support will result in waiver of any defense mechanisms, increased frequency and intensity of violent episodes that may ultimately lead to the death of one partner.

In most cases, perpetrators of violence are husbands/partners present. They exercise their acts of violence even in the presence of children, who are themselves victims of physical and/or physical abuse, premises registered under the learned behavior for future violent acts. The passivity with which the rest of the family members react is alarming, due to the increased social tolerance of domestic violence as a result of cultural norms learned from the family, school, society which perpetuates the belief in male superiority and the private nature of family relationships.

Aggressive behavior is triggered or contributed to primarily by individual characteristics associated with a reduced level of social emancipation (alcoholism, intolerance, irritability, social aggression, unstable relationships, adultery relationships), although in most cases the victim and aggressor have an average education level (high school). Very important factors in the genesis of violent episodes are related to the living standards (low income, inadequate living conditions) that creates a feeling of frustration of the man, the failure of its authority and its role as a supporter of the family. Dependence of women and the lack of support from family perpetuates the violence context.

In most cases, victims don't report the incidences to state institutions for fear of reprisals on the part of the aggression, but also the belief that these institutions could not help. Due to the underreporting, problems with incident's documenting rise and, consequently, the efficient resource mobilization and public support to combat fail. These problems have been found by other researchers in similar national studies quoted [1],[2],[5]. Mandatory reporting of domestic violence by professionals in the healthcare sector remains a contested issue.

CONCLUSIONS

Study revealed the consequences and the dimensions of domestic violence underestimation, which paves the way for acts of violence becoming more serious and unpredictable, often with irreversible consequences both for the victim or perpetrator, and the whole family.

Opinion research advocating the importance to correct incomplete or inconsistent policies of civic education, , elimination of state institutions tolerance to social deviate phenomena and create a structured operational system to assist the domestic violence involving multisectorial state institutions.

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REFERENCES

1. Baban, A., *Violența domestică împotriva femeilor*, UNICEF, New York, 2003.
2. Cornea, Andreea, Micheu, Elena, Cozoș, Ionela, *Violența și Sănătatea în România*, Ed.RH Printing București, 2009.
3. Institutul Național de Criminologie, *Analiza fenomenului violenței în societatea românească (1990-2002). Etiologie și dinamică*, București, 2003.
4. Krug, E.G., Mercy, A., Dahlberg, Linda, L., Zwi, B., *The World report on Violence and health*, Lancet 2002; 360: 1083-88.
5. Mertus, J., *Studiu despre drepturile umane ale femeilor*, Ed. Chișinău, 2005.
6. Ministerul Justiției, Institutul Național de Criminologie, *Percepția și dimensiunile violenței în anumite zone ale capitalei. Studiu pilot, sectorul 2, București*, 2003.
7. Miroiu, M., *Politici ale echității de gen, Ghid pentru învățământul universitar din Europa Centrală și de Est*, Ed. Politeia – SNSPA, București, 2003.
8. Roth – Szamoskozi, M., *Copii și femei victime ale violenței*, Ed. Presa Clujeană, Cluj – Napoca, 2005.
9. Vlăsceanu, Z., *Dicționar de Sociologie*, Ed. Bebel, București, 1998.