

ORIGINAL PAPER**Medico-Legal Aspects of Family Violence Cases in Athens, Greece****Georgios Kosmidis, MD, MSc**

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Abstract

Background: Various studies that have been published to date concerning the Greek population, examine family violence only from the sociological perspective while attempting to correlate it with the socio-demographic data of the perpetrator and the victim.

Aims: This study makes an effort to investigate the phenomenon from the perspective of forensic clinical medicine while it simultaneously attempts to correlate the forensic data with various demographic characteristics. The data that we used in the following study came from a detailed file review of the Department of Forensic Medicine of University of Athens.

Methodology: We applied a retrospective statistical analysis of 184 family violence cases that were examined during the period 1996-2010 in the Department of Forensic Medicine of University of Athens and subsequently we made a correlation of the demographic data of victims and assailants (age, marital status, occupation), with several forensic parameters (type of instrument and type of injury).

Results: Besides a wide range of statistical results, the most interesting finding of this study is the correlation between the likelihood of family violence occurrence, and the socioeconomic status of victims as reflected by their occupation. The occupation of the victim and the assailant's gender were statistically significantly associated with the characterization of the injury ($p = 0.026$ and $p = 0.023$ respectively) since the victims with most serious injuries were from lower socioeconomic status, as reflected by the profession, and the fact that the victims were women abused by men (96.4%). The above conclusion acquires a special importance today, because of the poor financial situation of the Greek population.

Keywords: Family violence; Forensic Medicine; Bodily Injuries; Victims; Greece.

Introduction

Family violence is defined as a pattern of abusive behaviors by one family member against another in an intimate relationship such as marriage, dating, family or cohabitation (Shipway, 2004). This is a general definition for any violent behavior within the family environment. Recently, the term intimate partner violence (IPV) has been proposed to describe violence in adult, intimate social relationships. Another definition for IPV that has been adopted by World Health Organization (WHO) is “the behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (Heise, Garcia-Moreno, 2002; Jewkes, Sen, Garcia Moreno, 2002).

According to that definition, IPV can be manifested as the abuse and the devaluation of the personality of the victim, the deprivation of his/her freedom of expression and communication with others, threats and extortion (psychological violence), presence of any extrinsic or intrinsic necessity or coactions to participate in sexual acts (sexual violence), deprivation of food resources and retention of money from their partner (financial abuse), physical violence (injuries from beatings and other violent actions) and can reach even to murder (Krug et al. 2002).

On the other hand, child abuse incorporates two key elements: evidence of harmful behavior towards the child and presence of damage resulting from such conduct. The abuse may be committed by omission, suppression, or transgression of the rights of the child or adolescent, as defined by sociocultural norms and legal conventions (Asnes, Leventhal, 2010). For many centuries, domestic violence remained a well kept secret of family life that had to remain unrevealed at all costs, away from the indiscreet eyes of society (Solomon, 1973; Dobash, Dobash, 1979).

Although violence against women and children in the family started to receive more public attention around the end of the 19th century (Barnett, Miller-Perrin, Perrin, 2005), that only happened during the 70's when the notion of “battered-child syndrome” emerged after having been aided by the stormy reactions of the feminist movement (Harway, Hanse, 1993). It

was then that a systematic record of incidents took place accompanied by a more judicially equitable treatment (Dobash, Dobash, 1992).

Today, the problem has been well documented in Europe, USA, Australia, Canada (Kury, Obergfell-Fuchs, Woessner, 2004; Black et al. 2004, Mulroney, 2003; Ogrodnik, 2008). The WHO has published an extensive review of 35 countries and revealed that between 10% and 52% of women have reported physical abuse from an intimate partner, while 10-30% have reported sexual violence provoked by an intimate partner (WHO, 2005).

Background

In 2003, the Center for Research of Gender Equality, in Greece, completed a study with the objective of recording the domestic violence incidents in the Greek society with the woman being the victim and the spouse/intimate partner being the perpetrator (KETHI, 2003). That was the first study for investigating the problem of family violence in Greece, although since 1988, the Secretariat of Gender Equality had formed the Welcome Center for Abused Women in Athens, as well as a special hostel for battered women and their children in collaboration with the Municipality of Athens. Various studies that have been published to date concerning the Greek population, examine the issue only from the sociological perspective while attempting to correlate it with the socio-demographic data of the perpetrator and the victim (Adamaki, 2001; Papamihail, 2004).

However, the present study makes an effort to investigate the phenomenon from the perspective of forensic clinical medicine while it simultaneously attempts to correlate the forensic data with various demographic characteristics. This is the first time that cases of domestic violence in Greece are collected and published from the perspective of clinical forensic medicine.

The cases presented here, were examined in the Department of Forensic Medicine and Toxicology at the University of Athens following an initial report of the victim to the Police or to the Public Prosecutor's Office. This practice is quite common in Greece where a great number of family violence cases that were not reported to the police (due to societal norms or perceptions about family violence) did not reach the

Department of Forensic Medicine. The role of Forensic staff in addressing family violence incidents in Greece is the detection and the accurate record keeping of the victims' injuries so as to contribute more fairly to the implementation of justice.

Methodology

The study was conducted in the Department of Forensic Medicine and Toxicology, Medical School of University of Athens/Greece and the protocol was assessed and approved by The Ethics Committee of the Medical School of the University of Athens. The cases of family violence were examined in the department during the time period from 1996 to 2010.

The number of cases that have been examined in this study is not indicative for the overall number of family violence cases occurring in the Athens area due to several reasons. The cases presented here, are only the cases that had been previously reported to the Police or to the Public Prosecutor's Office. Furthermore our Department examines only a proportion of the domestic violence cases of Athens area. There are also two other Offices of Legal Medicine that are part of the Ministry of Justice, which accept and examine such cases.

Thus, the cases included in our study containing the described demographic of both the victim and the aggressor along with several forensic parameters were the only ones available since no other agency kept detailed records of such incidents.

In addition, some general information (place, witnesses, etc.) related to the family violence incident was also collected and classified and at a later stage was combined with the forensic data that had been previously collected. Afterwards, the data were transformed into binary form using tables so as to explore possible relationships among them and to identify factors that may be associated with forensic aspects since this was the principal aim of this study.

A detailed statistical analysis was performed using the statistical package SPSS (Statistical

Package for Social Sciences v. 16.0, Chicago, Illinois, USA).

For statistical evaluation of associations between qualitative variables, we applied the test X². In order to investigate the possible correlation of the number of lesions or the number of fractures according to quality characteristics, such as assailants' gender, the non-parametric Mann-Whitney test was applied. For the corresponding investigation among factors with more than two categories the statistical test Kruskal-Wallis was applied. We applied multiple logistic regression models (McCullagh, Nelder, 1989) in order to investigate the association between severity of injuries and age (as continuous variable), gender of the victim (female vs male), the assailant's gender (female vs male) and the type of instrument used in the domestic violence incident (as categorical variable). With the application of models, we examined the parameters of interest, while controlling for potential confounders.

Results

During the period 1996-2010 in the Department 184 cases of family violence were examined. Table 1 demonstrates demographic characteristics of 184 cases (number and percentage) examined at the Department of Forensic Medicine in the period 1996-2010. The majority of the victims were between 35-44 years old (30.6%), married (55.5%), employed mainly in household or as workers and retirees and were almost exclusively of Greek nationality (89.9%) as it appears in Table 1.

The demographic data reflect the profile of battered women, since they are the dominant subgroup (77.7%). Interestingly, among all the cases, there were 18 children aged 5-17 years, including 10 girls (55.6%) (Fig. 1).

Figure 1 presents the distribution of cases by sex and age group. It is evident that there is a high proportion of women. The small percentage of people under 18 who are referred to the department should not be taken as a surprise since these events usually end up in children's hospitals and not the forensic lab of the University of Athens.

Table 1. Demographic characteristics of family violence victims.

Victim characteristics	n (%)
Age	
5-14	10 (5.5)
15-24	18 (9.8)
25-34	47 (25.5)
35-44	56 (30.6)
45-54	33 (18.0)
55-64	11 (6.0)
65-74	5 (2.7)
75-84	2 (1.1)
85+	1 (0.5)
Marital status of victim	
married	94 (55.5)
separated/divorced	44 (25.8)
widowed	2 (1.2)
single	31 (18.1)
Occupation	
worker, household, unemployed, retired	41 (32.5)
student	13 (10.3)
employee (private, public)	34 (27.0)
merchant	5 (4.0)
freelance, university education	33 (26.2)
Nationality	
Greek	161 (89.9)
Albanian	8 (4.3)
countries of former Eastern Europe	6 (3,3)
countries of South Asia	4 (2,2)

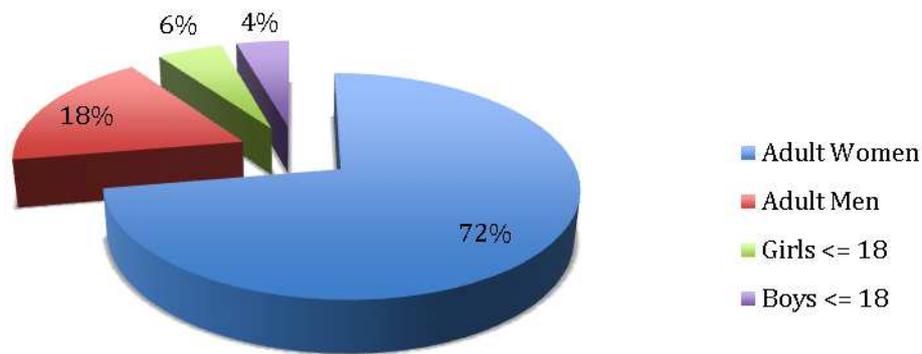


Fig. 1. Distribution of 184 cases of family violence by sex and age group.

Table 2. Distribution [number (percentage)] of basic forensic parameters.

	n (%)
Instrument used	
not observable damage or unknown type of instrument	33 (17.9)
Hands or feet	37 (20.1)
blunt	74 (40.2)
blunt and sharp	6 (3.3)
blunt and pointed	6 (3.3)
pointed	9 (4.9)
cutting	2 (1.1)
bite	3 (1.6)
nails	7 (3.8)
burn	2 (1.1)
fall in solid surface	5 (2.7)
Classification of injuries	
none	12 (6.5)
simple	144 (78.3)
dangerous	15 (8.2)
serious	13 (7.1)
Localization of injury where damage was found (n = 172)	
head	86 (50.0)
neck	30 (17.4)
body	61 (35.5)
upper and lower limbs	129 (75.0)

Table 2 presents the distribution of several forensic parameters (the instrument used, the classification and the location of injuries).

According to the Greek Penal Code, bodily injuries are classified as simple, dangerous and severe. In our study, there were a total of 12

cases in which no injuries were found. Most of the injuries identified, were classified as simple bodily injuries (78.3%) (e.g. abrasions, bruising of various ages, superficial lacerations, incisions) and the majority of them localized at upper and lower limbs (75.0%) while 50% of the total number of incidents were identified as head injuries. In 15 cases, dangerous bodily injuries were detected (when the act was committed in a manner that could cause danger to the victim's life or a serious bodily injury). Furthermore, all victims were women who had been abused by men and the number of injuries ranged usually

from 1 to 7 in one case. In 13 cases in which serious bodily injuries were detected (injuries which caused severe physical or mental illness of the victim), included 12 cases with fractures (usually from 1 to 5 in one case) and 1 for which no fracture was identified but instead, a blunt force trauma. In general, the type of instrument used in the assault could be assessed from the special characteristics of the injury and it was found that in the majority of the incidents, a blunt instrument was used (40.2%) while in some other cases there was a combination of a pointed instrument and/or hands/feet of the abuser.

Table 3. Distribution [number (percentage)] of demographic characteristics of the assailants.

Characteristics of assailant	n (%)
Gender	
male	144 (80.0)
female	36 (20.0)
Marital status	
married	88 (64.7)
separated/divorced	43 (31.6)
single	5 (3.7)
Relationship to victim	
partner/spouse	118 (67.8)
parent	10 (5.7)
brother/sister	7 (4.0)
child (biological or adopted)	7 (4.0)
congenital second degree (uncle, cousin, grandchild, etc.)	8 (4.6)
relative by marriage (groom, best man, etc.)	14 (8.0)
other	10 (5.7)

Table 3 demonstrates the information that was collected based on the identity of the perpetrator. A higher incidence of such events occurs between spouses and/or these incidents are more often reported to the Police. This indirect conclusion arises from the observation that the vast majority of assailants were males (80.0%), married (64.7%) and in relation to the victim (67.8%). There were 3 cases, (24, 58 and 92 years old), who reported that they were assaulted by 2 people, one man and one woman.

Table 4 presents the distribution of cases by severity of injuries (defined as absence or simple injury compared with dangerous or serious injuries), and demographic and forensic factors. While the age of the cases was on average higher when the injuries were dangerous or serious (41.3

years versus 37.5), this difference was not statistically significant ($p = 0.221$). The occupation of the victim and the assailant's gender were statistically significantly associated with the characterization of the injury ($p = 0.026$ and $p = 0.023$ respectively) since the victims with most serious injuries were from lower socioeconomic status, as reflected by the profession, and the fact that the victims were women abused by men (96.4%). Finally, there is evidence that women tend to have more severe injuries ($p = 0.110$). Interestingly, the type of instrument used during the domestic violence incident was not related to the severity of the incident, as the heaviness of the harm that potentially causes an instrument is determined by how it is used, rather than the nature of the instrument.

Table 4. Distribution of cases by severity of injuries and demographic and forensic factors.

	no injury or simple (n=156)	dangerous or serious injury (n=28)	p-value
Gender of victim			0.110
male	38 (24.4)	3 (10.7)	
female	118 (75.6)	25 (89.3)	
Marital status of victim			0.268
married	78 (54.2)	16 (59.3)	
divorced/widowed	37 (25.7)	9 (33.3)	
single	29 (20.1)	2 (7.4)	
Occupation of victim			0.026
laborer, household	32 (28.3)	9 (69.2)	
student	13 (11.5)	0 (0.0)	
employee (private, public)	32 (28.3)	2 (15.4)	
trader, freelancer	36 (31.9)	2 (15.4)	
Gender of assailant			0.023
male	114 (78.1)	27 (96.4)	
female	32 (21.9)	1 (3.6)	
Type of instrument			0.822
unknown	27 (17.3)	6 (21.4)	
hands, feet, nails	38 (24.4)	6 (21.4)	
blunt or combination with blunt	72 (46.2)	14 (50.0)	
other (biting, cutting, fall, burn)	19 (12.2)	2 (7.1)	

Table 5. Association between the presence of fracture with demographic features of the victim and the assailant and with forensic parameters.

	fractures (n=12)	no fractures (n=172)	p-value
Gender of victim			0.055
male	3 (25.0)	38 (22.1)	
female	9 (75.0)	134 (77.9)	
Marital status of victim			0.908
married	7 (58.3)	87 (54.7)	
divorced/widowed	4 (33.3)	42 (26.4)	
single	1 (8.3)	30 (18.9)	
Occupation of victim			0.062
laborer, household	7 (70.0)	34 (29.3)	
student	0 (0.0)	13 (11.2)	
employee	1 (10.0)	33 (28.4)	
trader, freelancer	2 (20.0)	36 (31.0)	
Gender of assailant			0.948
man	11 (91.7)	130 (80.2)	
woman	1 (8.3)	32 (19.8)	
Type of instrument			0.164
unknown	4 (33.3)	29 (16.9)	
hands, feet, nails	0 (0.0)	44 (25.6)	
blunt or combination with blunt	6 (50.0)	80 (46.5)	
other (biting, cutting, fall, burn)	2 (16.7)	19 (11.0)	

Table 5 presents the association between the presence of fracture with the demographic traits of the victim and the assailant as well as the type of instrument used. There is a statistically significant association (at borderline of significance) with gender and occupation of the

victim ($p = 0.055$ and $p = 0.062$ respectively). The percentage of men who experience a fracture is lower than that of women, while cases with fractures occur predominantly in general laborers or people with a lower socioeconomic status, as reflected by the profession of the victim.

Table 6. Logistic regression derived odds ratios (and associated 95% confidence intervals (95% CIs) and p-values) for the association of severity of injury with potential determinants.

	OR	95% Confidence Interval	p-value
Age of victim	1.37	(0.85 - 2.22)	0.197
Victim's gender (female versus male)	1.68	(0.40 - 6.99)	0.475
Type of instrument	0.761		
unknown	Reference category		
hands, feet, nails	0.57	(0.15 - 2.12)	0.403
blunt and combination with blunt	0.54	(0.17 - 1.70)	0.292
other (biting, cutting, fall, burn)	0.66	(0.11 - 4.16)	0.661
Assailant's gender (female versus male)	0.18	(0.02 - 1.65)	0.130

Table 6 presents logistic regression derived odds ratios (and associated 95% confidence intervals (95% CIs) and p-values) for the association of severity of injury with potential determinants. More specifically, women were at increased risk of such injuries 1.68 times (95% CI: 0.40 to 6.99) more than men, and when the assailant was a woman, this risk was 0.18 times smaller (95% CI: 0.02 to 1.65). However, due to the small number of such cases ($n = 28$), the observed relationship is not statistically significant.

Discussion

Unfortunately, family violence continues to be one of the major problems of violence in modern society. On the other hand, hopefully the victims of such dreadful incidents today have the courage to denounce these phenomena and to seek more often the assistance of special social services structures to address them. Domestic violence is a phenomenon that occurs worldwide and its frequency has been studied in several countries (Mulroney, 2003; Watson, Parsons, 2005; Mirrlees-Black, 1999) or at international level by WHO that has studied the prevalence (from the side of abused women) in 10 different countries. This study (WHO, 2005) demonstrated that the prevalence varies widely between countries (from 15% in Japan to 71% in Ethiopia), which can be explained both by the secrecy by which these phenomena are treated even nowadays and on the other hand by the different social attitudes

that express and reflect certain behavioral patterns towards women (Hall, Wright, 2003).

Despite this global interest in the study of the phenomenon, there has been little research concerning forensic parameters and our knowledge from this point of view, is quite limited and fragmentary (Dutton, 1996; Rabin et al. 2009). In this paper, we tried to record the cases of family violence which occurred in the Athens area and were examined at the Department of Forensic Medicine of the University of Athens and subsequently to correlate, for the first time, the demographic data of victims and assailants, with several forensic parameters. Due to the limitation that our Department has in terms of being able to examine only a proportion of family violence cases of Athens area, the number of cases is not indicative for the real extend of the phenomenon. However the results of this study are important for the forensic science and the medical and legal aspects of the cases.

The findings in this study indicate that intimate partner violence and child abuse, are important public health issues affecting many women, men and children in Greece. Consistent with previous studies, the findings in this report indicate that women are heavily affected by sexual violence, stalking, and intimate partner violence (Tjaden, Thoennes, 2000). The most interesting finding of this study is the correlation between the

likelihood of family violence occurrence, and the socioeconomic status of victims as reflected by their occupation. It was found that the incidence of domestic violence increases as the economic level of the victim becomes lower. Nowadays, this conclusion acquires a special importance because of the poor financial situation of the Greek population. More and more families are facing financial difficulties, which are expected in the next few years to lead to an increase in the family violence incidents. For this reason, it is necessary all responsible Greek state structures to take appropriate actions to prevent this increase in order to maintain the consistency and the well being of the Greek families.

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