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***MEDICAL-LEGAL AND PSYCHO-SOCIAL ASPECTS OF FAMILY VIOLENCE***

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**Introduction**

Family violence is an important public health problem, underreported, implicitly underestimated even today, despite measures to raise awareness and prevent the phenomenon [1-3]. If in the past violence against family members was a well-established way to maintain their ranking, over time its negative repercussions were felt at the individual, family, and societal level [4,5]. At the same time, it was found that the phenomenon is complex, presenting various forms, some difficult to observe and quantify, which by law 217/2003 republished in 2020, can be: verbal, psychological, physical, sexual, economic, social, spiritual, cybernetic [6].

Domestic violence, a concept often associated with intimate partner violence [7], is considered to be included in the phenomenon of domestic violence. According to the Istanbul Convention, domestic violence is “all acts of physical, sexual, psychological or economic violence that occur in the family or the household or between ex-spouses or ex-spouses, regardless of whether the perpetrator shares or shared the same home with the victim. "[8] On the national level, there is a terminological equivalence today between family violence and domestic violence. Law 217/2003 initially referred to “family violence”, and later, by law 174/2018, regarding the amendment and completion of Law no. 217/2003 “for the prevention and combating of domestic violence”, the phrase was replaced with that of “domestic violence”, the text of the law specifying “in the family or domestic environment”; According to Art. 3. - “For the purposes of this law, domestic violence means any inaction or intentional action of physical, sexual, psychological, economic, social or spiritual violence that occurs in the family or domestic environment or between spouses or ex-spouses, as well as between current or former partners, whether the perpetrator lives or has lived with the victim "[6].

We preferred the syntagm family violence, not only because it is the first used, but also because of the broader, more comprehensive character that the term "family" gives to this type of violence in its socio-cultural, anthropological, psychological interactions, pathological, economic and legal.

Most victims of domestic violence and, implicitly, of domestic violence are women, which is juxtaposed with gender-based violence. Currently, according to WHO global statistics, it is estimated that one-third of women aged 15-49 have been physically and/or sexually abused by their intimate partner [1], but this represents only a small part of the total. victims, given the multiple forms of the phenomenon.

In the medical field, a first impediment is the recognition of the victim of family violence given the underreporting of the phenomenon for reasons such as lack of awareness, fear that the aggressor will increase the aggression cycle, financial dependence on the aggressor [9].

Analyzing the literature up to the time of choosing this research topic, we found that most studies analyze the phenomenon of family violence with a focus on the victim, targeting pathological, lesional, psychological, social characteristics. We noticed that although the global scientific community pays constant attention to the phenomenon, at the national level there are no current studies that bring elements to assess the dynamics of the phenomenon from a medical-legal point of view, there are no studies to analyze possible particularities of aggressors, and no analysis of the necessary training and awareness of medical staff to recognize and effectively manage the situation in which the patient is a victim of family violence. These aspects are important for both the patient and the physician in order to eradicate or at least mitigate the phenomenon, because aggression is characterized by repetitiveness and can be prevented, avoiding additional costs and lethal consequences [10].

A previous analysis on domestic violence from a medical-legal perspective at the national level took place about 15 years ago, through the VIODOM project, coordinated by NILM "Mina Minovici" Bucharest, which brought together partners from the Ministry of Labor and Family Protection, of the University of Bucharest, the Romanian Academy and CURS, the most important sociological survey institute at that time, which allowed the first statistically representative sociological research at the national level that was undertaken on adults and aimed at evaluating the number of cases, the structure phenomenon, magnitude, severity, knowledge of the needs of victims of domestic violence, in the idea of ​​providing specialized assistance from psychologists, social workers, physicians, medical-legal physicians, police officers, lawyers. This need still exists today, which requires a complex reassessment of the phenomenon [11].

The constant analysis of the dynamics of the constituent elements in the case of family violence (victim, aggressor, context) reflects the effectiveness of the measures and intervention plans adopted so far, which makes it appropriate to continue the research undertaken in this doctoral thesis, with constantly updated data and tracking new parameters.

1. **General Part**

The first chapter, **“Defining Terms, Legislative Framework, and Ethical Issues”**, sets out the notions of “family violence”, “domestic violence”, “intimate partner violence” and their global and national valences, focusing on law 217/2003, for the prevention and combating of domestic violence ”[6, 12].At the same time, by the aforementioned law, the issues related to the phrase "family member" are clarified, which refers to blood relatives, alliance relatives, current or former partners of the couple, guardian or legal representative [6]. The phenomenon is also addressed according to the characteristics of the victim, so that family violence can be juxtaposed with violence against women (including femicide) [13], violence against children [14], violence against the elderly [15], violence against men [16]. At the end of this chapter, the ethical aspects of domestic violence research but also of the physician-patient victim/aggressor relationship in the context of family violence are exposed, with emphasis on issues related to informed consent and confidentiality, which is essential to achieve the victim's well-being [17].

The second chapter, **"Psycho-social aspects of family violence"**, presents the global epidemiological data of the phenomenon, noting a constant trend of domestic violence despite the measures adopted over time and its low rates in countries with a favorable socioeconomic status, above subsistence level [18].

Socio-cultural norms within honor-oriented cultures [19], which support patriarchal beliefs, such as the man is socially superior to the woman and has a duty to discipline her, physical violence being an acceptable way of resolving conflicts; domestic violence is a taboo subject, reporting abuse show disrespect; divorce is a shame; the dowry is an essential element for marriage; the honor of the family is conditioned by the sexual behavior of the wife; virginity; marriage between minors, forced marriage; marital rape - are factors that confer the perpetuation of family violence in various forms [20, 21].

The risk factors for family violence are at the societal, community, interpersonal, individual-level and its consequences have repercussions at the same levels through the consequent morbidity and mortality with the related costs [22]. Protective factors that have proven effective are at the same level and are represented by the specific restrictive legislative framework on this issue, victim support, community awareness, specific victim counseling [23, 24].

The current COVID-19 pandemic has been a "perfect storm" [25] for family violence in terms of social conditions, hampering victims' access to medical care and support facilities, and social isolation that has forced vulnerable family members to spend long periods in the proximity of the aggressor, social and economic instability [26] and some cases, the use of the virus as a "weapon" against the victim [25, 27, 28].

The third chapter, **“Medical-legal aspects of family violence”**, in the first part exposes elements of the neuro-biology of violence in general, which may underlie impulsive/instrumental or reactive/proactive aggression [29–33]. The next part of this chapter presents the medical-legal aspects related to the aggressor, focusing on his psychiatric medical-legal expertise, focusing on the psychiatric pathologies exposed in DSM V [34] related to aggression.The last part of chapter three exposes the medical-legal aspects regarding the victim, starting with a brief reminder of the notions of victimology and criminology that emphasize the constellation of factors that catalyze the victim-aggressor relationship and implicitly the traumatic event itself [35] and concludes with a brief theoretical approach to the phenomenon of parental alienation.

**II . Personal contributions**

**4. Working hypothesis and general objectives**

The scope of this paper is to investigate family violence to increase the rate of awareness of this phenomenon, its identification, and prophylaxis, from four different angles, three of which from a medical-legal perspective, regarding the victim and the aggressor with their possible peculiarities, compared to the victims and aggressors from other aggression contexts than that of family violence, and the fourth from a socio-medical point of view, regarding the perception of future doctors on the phenomenon. The results of this research are based on four studies conducted within NILM "Mina Minovici" Bucharest, three studies on different lots, and a case study, as follows:

The first study, **"Pattern of traumatic injuries in victims of family violence"** was retrospective, started from the hypothesis that victims of family violence have demographic features and lesions suggestive of the aggression context and took place in the Laboratory of Clinical and Prosectural Legal Medicine I NILM ”Mina Minovici” Bucharest, based on 500 medical-legal certificates issued to victims of physical aggression in the period 2017-2020, which had the context of the occurrence of traumatic injuries stated. These were divided into two study groups, namely victims of family violence (VF) and victims in the context of other heteroaggressions (AV) so that the analysis could reveal the demographic and injury characteristics of victims of family violence in the multitude of high aggression phenomena.

The second study, **“Matricide committed by the son: case study”** was descriptive, started from the hypothesis that matricide, a form of family violence, is a special phenomenon with complex etiology in terms of the particularities of the mother-son relationship, and analyzed from the medical-legal perspective a case of matricide from the NILM “Mina Minovici” Bucharest, with the exposure of the traumatological aspects of the victim and the psychiatric aspects of the perpetrator, to detect the etiological elements of such a crime compared to the literature on this topic.

The third study, **“Particularities of offenders imprisoned for family violence from social and psychiatric medical-legal perspectives"** was retrospective, based on the hypothesis that persons imprisoned for family violence have socioeconomic, demographic, and psychiatric characteristics recognizable and remediable by medical and social means. It took place within the Forensic Psychiatry Laboratory NILM "Mina Minovici" Bucharest based on 234 reports of medical-legal psychiatric expertise issued during 2016-2020, in the case of perpetrators imprisoned as a result of physical aggression or homicide. The offenders were divided into two study groups, respective aggressors in the context of family violence (AVF) and aggressors in the context of other heteroaggressions (AAV), so that after analyzing the data to observe the medical-legal psychiatric and psycho-social characteristics of perpetrators of family violence.

Study 4, **“Perspectives and values ​​of dental medicine students regarding domestic violence”** was analytical and started from the hypothesis that there is a lack of awareness and sensitization among health professionals and society in general regarding this phenomenon. It took place within the Department of Legal Medicine and Bioethics, Faculty of Dental Medicine, with the headquarters of the discipline at NILM "Mina Minovici" Bucharest. It was based on an optional questionnaire with 20 questions on domestic violence uploaded on the e-learning platform to which 4th and 5th year students had access, between October 2020 and May 2021. The questionnaire was applied with the consent of informing the respondents. This study sought to analyze the awareness and knowledge of future dentists about the phenomenon of domestic violence.

This research has the approval of the NILM “Mina Minovici” Institutional Ethics Board , number 972 / 26.01.2021.

The objectives of this study were:

* Epidemiology of the phenomenon of family.
* Demographic profile of victims of family violence.
* Topographic and morphological injury patterns of victims of family violence.
* The particularities of the victims of family violence given the consequences provided by article 194 Criminal Code.
* The criminological and victimological aspects of matricide.
* The epidemiology of homicides in the context of family violence.
* Demographic profile of perpetrators imprisoned for family violence.
* Demographic profile of homicide victims in the context of family violence.
* The psychological profile of perpetrators imprisoned for domestic violence.
* Particularities of psychiatric diagnosis in the case of perpetrators imprisoned for domestic violence.
* Discernment in the case of perpetrators imprisoned for domestic violence.
* The need for security measures in the case of perpetrators imprisoned for domestic violence.
* Awareness of domestic violence from the perspective of future dentists.
* The perception of future dentists regarding domestic violence.
* The level of training of future dentists for an appropriate professional approach to domestic violence in the physician-patient relationship.

**5.General research methodology**

In the present research, we conducted three studies on different study groups, and one case study.

For study 1,**”Pattern of traumatic injuries in victims of family violence”**, retrospective study, case-control type, data were collected from the medical-legal certificates from the Laboratory of Clinical and Prosectural Legal Medicine NILM “Mina Minovici” Bucharest from the frame time 2017-2020.

The exclusion criteria were:

* the victim's refusal to declare the context of the traumatic injuries suffered ;
* victims in the context of road accidents;
* victims in the context of accidents at work;
* victims of animal aggression;
* victims without detectable traumatic injuries;

The inclusion criteria were:

* Victims who reported traumatic injuries in the context of interpersonal violence.

The victims included in the study were divided into 2 study groups:

1. Victims of family violence (VF), in which the person stated that the aggressor is a member of the family
2. Victims of other heteroaggressions (AV), in which the person stated that the aggressor is not a family member (eg. unknown aggressor, neighbor, colleague, acquaintance, police).

For each person included in the study who expressed signs and/or symptoms suggestive of fractures / internal traumatic injuries, medical consultations were recommended to detect the suspected injury or existing medical documents were requested, in case the person was examined at a medical unit before presentation for medical-legal examination.

Study 2, “ **Matricide committed by the son: a case study** ”, was descriptive and aimed to expose the mother-son relational features that may underlie the matricide.

The data regarding the victim were collected from the Medical-Legal Necropsy Report issued in the Laboratory of Clinical and Prosectural Legal Medicine II NILM “Mina Minovici” Bucharest, during 2019, and the data regarding the aggressor were collected from the Medical Legal Psychiatric Expertise prepared within the Laboratory of Medical-Legal Psychiatry INML "Mina Minovici" Bucharest, during 2019.

Preliminary investigation data were obtained from the police.

In the case of the victim, were performed:

* medical-legal autopsy ;
* complementary laboratory examinations (histopathological and toxicological);

In the case of the aggressor, were performed:

* medical-legal psychiatric expertise, which also includes a psychological examination.

The psychological examination used as assessment tools: the clinical interview, the projective tests, the psycho-neurotic tendency questionnaire, the SCID II Structured Clinical Interview, and the PANSS test, applied by a psychologist to obtain a strictly specialized opinion.

For study 3, **“Particularities of offenders imprisoned for family violence from social and psychiatric medical-legal perspectives"**, a retrospective study, case-control type, the data were collected from the reports of medical-legal psychiatric expertise from 2016- 2020 drawn up within the INML forensic psychiatry laboratory “Mina Minovici”, Bucharest.

The inclusion criteria were:

* detainees whose act was physically assaulted followed or not by the death of the victim.

Experts who did not meet the inclusion criteria were excluded from the study.

The detainees included in the study were divided into two groups:

1. Perpetrators in the context of family violence (AVF), in which the victim, according to the investigation data, was a family member, for example, a blood relative, spouse, concubine, relative by the alliance ;
2. Perpetrators in the context of other heteroaggressions (AAV), in which the victim, according to the investigation data, was unknown to the aggressor, colleague, neighbor, friend, etc.

The elements of the type of aggression, perpetrator, and victim were extracted from the investigation data provided by the criminal investigation bodies, from the social investigation (in the cases in which it took place), and from the statements obtained from the aggressor during the medical-legal psychiatric examination.

The medical-legal psychiatric examination of the aggressor is ordered by the investigative bodies, after his hospitalization in a psychiatric penitentiary hospital for preliminary assessments and aims at the discernment of the perpetrator about the act committed.

This takes place at NILM "Mina Minovici" Bucharest, within the Medical-Legal Psychiatry Laboratory. The examination committee consists of two psychiatrists and a forensic doctor in collaboration with a psychologist, for the opinions of strictly specialized psychology.

The tools used for the psychological assessment were: the Woodworth-Mathews questionnaire for diagnosing psychoneurotic tendencies, the Structured Clinical Interview for Personality Disorders from DSM V, and projective personality tests (drawing, Szondi, Rorschach).

The data were collected using Excel 2007, and their statistical processing was performed using Jamovi 2.2.5.

In the statistical analysis of data for studies 1 and 3, we applied the X 2 test (chi 2 ) to verify the association between two categorical variables, OR (odds ratio) to measure the ratio of chances, for example, if family violence is a factor that may determine a particular lesional topography or whether a particular psychiatric condition is a factor in family violence, and the ANOVA test to analyze statistically significant differences between two or more groups. Statistical significance was set at p <0.05.

The variables used were categorical variables (eg. type of traumatic injury, psychiatric pathology, Yes / No) and numerical variables (eg. age, number of days of medical care)

Study 4, “ **Perspectives and values of dental medicine students regarding domestic violence”,** was analytical and aimed at detecting the degree of awareness and training of future dentists on the topic of domestic violence.

The data were collected from the answers of dental students to the optional questionnaire on the e-learning platform of the discipline Legal Medicine and Bioethics, Faculty of Dentistry, with the headquarters of the discipline at INML "Mina Minovici", between October 2020-May 2021.

The aforementioned questionnaire respected the anonymity of the respondents and was optional without obligation within the training/assessment curriculum. It included 20 questions on domestic violence:

* Questions 1-7 were single-answer grid type and presented couple situations aimed at quantifying the presence/absence or severity of the phenomenon based on a Likert-type evaluation scale that included as answer options: no domestic violence, mild domestic violence, moderate domestic violence, severe domestic violence.
* questions 8-18 analyzed the aspects related to the receptivity and perception of future doctors to this phenomenon in terms of the physician-patient relationship when the patient is a victim of domestic violence. They had a yes / no answer, the question being dichotomous.
* questions 19-20 focused on the participants' perception of the media coverage of the phenomenon and its possible causes. Question 19 was a single answer grid type, question 20 was a multiple-choice grid type.

Questionnaires with only certain questions being answered were also included in the study.

The data were collected and systematized using Excel 2007 and the resulting database was processed with Jamovi 2.2.5, using descriptive statistics.

The resulting variables (answers to questions) were categorical.

**6. Study 1- "Pattern of traumatic injuries in victims of family violence"**

Through this study, we presented the traumatological medical-legal case of the victims of interpersonal violence who presented themselves on request at the NILM "Mina Minovici" guard room in the frame time 2017-2020, to obtain a medical-legal certificate and stated the context of traumatic injuries suffered. We included in the study and analyzed 500 forensic certificates that were divided into 2 study groups, depending on the aggression context. This resulted in 188 (37.6%) victims of family violence (VF) and 312 (62.4%) victims of other heteroaggressions (AV). The two groups were analyzed comparatively throughout this study. From a demographic point of view, we found that most VFs are women while most AVs are men (153 persons, 81% vs. 231 persons, 74%), a statistically significant difference X 2. Extreme ages belonged to the VF group, and the mean age in this group was higher compared to AV (40.9 ± 15.4 versus 37.3 ± 14.8 years), a statistically significant difference ANOVA.

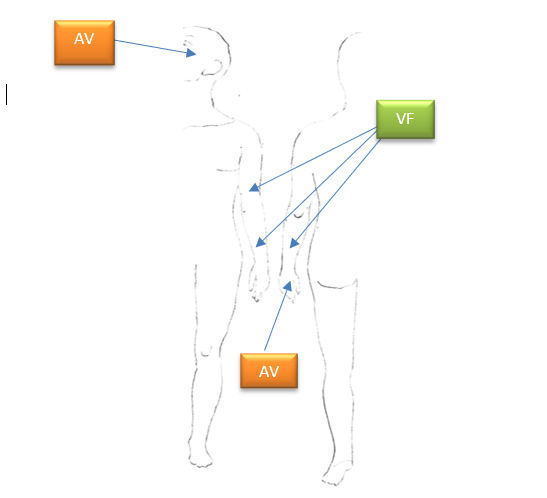


Fig. 6.1 Lesional topography VF vs AV

Regarding the injury pattern, we found statistically significant X2 differences with specificity for VF, represented by injuries in the upper limbs, the anterior and posterior face of the arms, and in the anterior face of the forearms. In AV cases, the injuries of the cephalic extremity as a whole, the nasal, dental, zygomatic region, cranial fractures, as well as the presence of bone fractures from other anatomical regions were specific. Injuries to the palmar region of the hand were also AV-specific. The injury topography and/or morphology of the other anatomical regions did not determine significant differences between the two studied groups. (Fig.6.1) Regarding the way of producing the lesions, specific VF was the hitting with the hand and the compression with the fingers/hand, while specific AV was the hitting with hard body and hitting with hard body. The severity of the injury was assessed by direct criteria (forensic criteria of the number of days of medical care) as well as based on indirect criteria (medical consultations in the emergency room, hospitalization, promptness with which the victim presented for medical-legal examination). It turned out that VF victims had significantly less severe traumatic injuries compared to AV victims. No subject, regardless of the study group, presented consequences provided by art. 194 Criminal Code.

**7. Study 2- "Matricide committed by a son: a case study"**

In this study, we made the presentation from the medical-legal perspective of a matricide case from the INML "Mina Minovici" Bucharest, from 2019, in which were presented the investigation data, the elements related to the victim, obtained during the medical-legal autopsy, and the elements related to the aggressor, obtained on the occasion of his psychiatric medical-legal examination. The victim - mother was 73 years old and the aggressor- son was 47 years old. They lived together without any other family members. The son was diagnosed with schizophrenia, had attended high school, and was not employed. At the time of the psychiatric medical-legal examination, he had retrograde amnesia on the act. A special dynamic of the mother-son relationship was observed, of interdependence, through the prism of which the act took place, elements concordant with the specialized literature on this topic.

**8. Study 3- “Particularities of offenders imprisoned for family violence from social and psychiatric medical-legal perspectives"**

Through this study we analyzed the case of the detainees as a consequence of an act of interpersonal violence (frequently homicide), psychiatric medical-legal examined within INML “Mina Minovici” Bucharest in the period 2016-2020. In this sense, 234 medical-legal psychiatric reports met the inclusion criteria. The 234 subjects were divided into 2 study groups, depending on the aggression context, as follows: aggressors in detention as a result of committing an act of domestic violence (AVF)- 132 (56.4%), and aggressors in detention as a consequence of committing another type of interpersonal violence (AVA), numbering 102 (43.6%). We also collected and analyzed existing data on their victims. The two groups of aggressors were analyzed comparatively throughout the study. In terms of socio-demographic characteristics, AVFs were older compared to AAV (43 ± 14.7 years vs. 36.1 ± 16.6 years), a statistically significant ANOVA difference. In both the AVF group and the AAV group, men predominated, but in the AVF group there was a higher percentage of women, a statistically significant difference X 2 . The subjects from both groups studied presented social marginalization, poor socio-economic level, low level of schooling, but AVF were professionally active in a higher percentage, a statistically significant difference X 2 . AVFs presented significantly less frequently: criminal history, substance abuse in general, alcohol use, drug use combined with narcotics, volatile substance use.( Fig. 8.1)

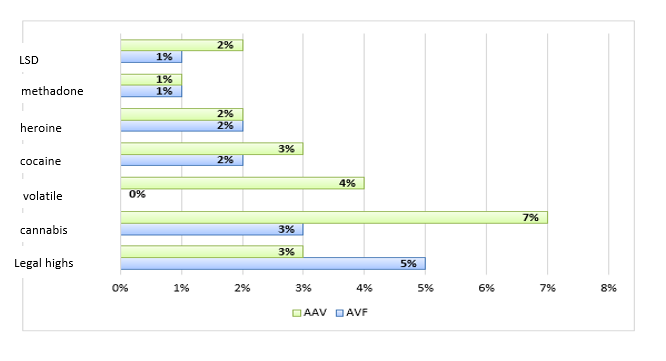


Fig. 8.1 Frequency of drug use AVF vs AAV

No significant differences were found in terms of psychiatric and nonpsychiatric personal history, intellectual efficiency (which was consistent with the level of training in most cases included in the study), memory functions, hallucinations, cognitive impairment, or thought disorders. AVF showed significantly more frequent changes in rhythm and ideoverbal flow, the regret of the deed and autolytic ideation. Most of the subjects included in the study had a low tolerance for frustration, impulsivity, and emotional instability, but aggression was significantly more common in the AAV group. Regarding the psychiatric diagnosis, AVF presented less frequently antisocial personality disorder and socialized conduct disorder, the rest of the psychiatric diagnoses did not present statistically different frequencies between the 2 studied groups. (Fig. 8.2)

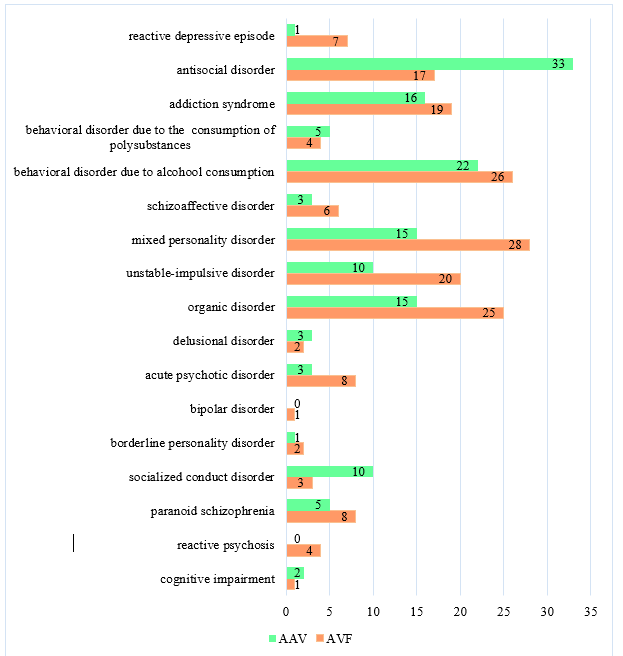


Fig. 8.2 Frequency of psychiatric diagnoses AVF vs AAV

Discernment and recommendation of medical safety measures also did not show statistically significant differences X 2 . Regarding the victim and the deed, the majority of AVF victims were women and the deed was committed in the common victim-aggressor dwelling while the majority of AAV victims were men, and the deed was committed in a public place, statistically significant differences. At the same time, the majority of AVF victims were parents (mother / father). The aspects related to the number of victims in the same aggression context, the vulnerable object, the mechanism of producing the bodily injuries and the injured anatomical region, did not present significant differences.

**9.Study 4 - "Perspectives and values of dental medicine students regarding domestic violence"**

In this study we evaluated the degree of awareness and sensitization of students, future dentists, in relation to the phenomenon of DV and the potential patient-victim of DV. In this regard, we developed an optional questionnaire, consisting of 20 questions, which was uploaded on the e-learning platform of the discipline of Forensic and Bioethics within the Faculty of Dentistry "UMF Carol Davila" between October 2020-May 2021. Questions 1-7 in the questionnaire were single-answer grids and presented theoretical situations of VD with graded answers according to a Likert-type assessment scale. Questions 8-18 were grid-type, dichotomous, and focused on the perception, receptivity, and readiness of students as physicians concerning the patient - victim of DV. Questions 19-20, grid type, simple complement, and multiple complement, respectively, analyzed the respondents' perception of DV media coverage and its causes. The obtained results revealed a good recognition and quantification of the physical and verbal forms of DV and a deficient awareness of the economic, spiritual, social and psychological forms of the phenomenon. The answers given to the questions from a medical perspective, with an emphasis on the physician-patient relationship, highlighted their awareness and information on these issues in terms of situational peculiarity that requires additional measures to inform the patient, caution and sometimes disclose confidentiality. Also resulted the perception of inadequate media coverage of RV situations, with an emphasis on increasing the audience and not on the prophylaxis of the phenomenon.

**10. Conclusions and personal contributions**

The study of the phenomenon of family violence allowed me to add to the common knowledge the following personal contributions developed by the scientific research I have undertaken. These researches have shown:

Study 1- **Pattern of traumatic injuries in victims of family violence**

This study indicates demographic and traumatic elements specific to victims of domestic violence, through which the doctor and other persons authorized to interact with the victim (social workers, justice) can easily recognize the signs of domestic abuse in order to approach, counsel and support the victim.

Thus, following this study in which we systematized and statistically analyzed the data from 500 forensic certificates, we noticed that, from a demographic point of view, the majority of VF victims are women around 40 years old and people aged extremes (children and the elderly).

From a medical-legal point of view, VF victims often have mild traumatic injuries in the upper limbs, affecting the arms (anterior and posterior face) and forearms (anterior face) most often produced by hitting with the hand and compression with the fingers / hand. These lesions, due to the topography, are easy to conceal, covered by clothing, which argues for the need for a thorough clinical examination of the patient. Even if the injury picture is not serious, it proves thedomestic abuse and onceobserved, under proper guidance, can help prevent future abusive physical events whose potential severity cannot be predicted.

Other secondary issues specific to VF victims were their low and late addressability to medical and medical-legal services, most likely based on the fear of partner / aggressor but also the desire to protect the family and often the minor, and not in lastly, economic dependence. The role of society and the family from which the victim woman comes is also important, even if sometimes unsupportive.

The need for continuous analysis of the VF phenomenon is outlined, which is in dynamics and acquires new trends in relation to time and space. Studies are also needed to focus on VF in vulnerable groups, mainly children and the elderly, which are poorly represented in this study, most likely the consequence of underreporting, but in which the extremes were exclusively victims of VF.

Also, more prospective studies are needed on this topic in order to dynamically evaluate the victim-aggressor relationship in all its complexity on the socio-cultural background which also tends towards new valences and new forms of abuse.

Study 2- **Matricide committed by son: a case study**

Through this study we exposed the most blamed, extreme and rare form of violence, the violation of the family and the societal taboo of mother protection, which is a special subtype of family violence and for which, regardless of socio-cultural and toxicological background, there is no sufficient motivation.

Analyzing separately the victim (through the medical-legal autopsy) as well as the aggressor (through the psychiatric medical-legal examination), the matricide appears as a simple form of homicide, but once the context is known and often the lack of motivation (from the investigation data) everything takes on new dimensions. Despite the justification through the prism of some psychiatric pathologies of the aggressor, frequently schizophrenia, there are numerous elements to consider in the analysis of the case from a criminological perspective, with emphasis on the particular dynamics of the mother-son relationship.

This study indicates, more convincingly than in any other situation, the need to address the person with a mental disorder without losing sight of the possibility of family dysfunctions beyond psychiatric and/or toxic pathology.

Study 3 **Particularities of offenders imprisoned for family violence from social and psychiatric medical-legal perspectives**

It is very important that the analysis of the phenomenon of family violence also takes place in the analysis of the aggressor. As far as we know, this is the first study at the national level that exposes the characteristics of AVF compared to AAV from a social and medical-legal psychiatric perspective, mentioning the characteristics of the group of victims of serious abuse, which is over 80% of cases were homicides.

The results of this study, conducted with data on the aggressor and the victim collected from 234 reports of medical-legal psychiatric expertise revealed statistically a national interconditionality that is directly manifested between violence and belonging to different disadvantaged population groups, elements that appear to us to be remediable through timely interinstitutional support and collaboration.

From a demographic point of view, it has been found that AVFs are more numerous, older, and, despite the same precarious socioeconomic status, more often professionally active compared to AAV.

Also, most of the perpetrators were men, but we noticed further that women are more likely to commit acts of family violence than to assault people outside the family.

AVFs frequently committed parricide, in 29% of cases the victims were the mother/father, followed by the spouse (18%), an aspect that can be justified by the precarious socio-economic status of the aggressor, still dependent on the parents despite his advanced age, social marginalization, and the inability to start a family (both AVF and AAV were mostly unmarried).

AVFs had fewer criminal records, a less frequent history of substance abuse, more frequent regret and suicidal ideation, and significantly less frequent antisocial personality disorder or socialized conduct disorder.

Regarding the victims, who were mostly victims of homicides, in the case of VF, women predominated and the deed took place in the common victim-aggressor home.

In this case, too, prospective studies, some even interventional, are needed to observe the effectiveness of certain social support measures in mitigating aggression.

Study 4- **Perspectives and values of dental medicine students regarding domestic violence**

Starting from a questionnaire we designed for this study, we exposed the receptivity and level of knowledge of the phenomenon of domestic violence among future dentists, with an emphasis on knowledge of its forms and severity. At the same time, we analyzed their perception of the role of the health system and the dentist about the patient victim of domestic violence.

Dental students, future dentists, are aware of this phenomenon, know the issues regarding the fragility of the doctor-patient relationship in this particular situation, which requires caution, confidentiality in the best interest of the patient, information, and respect for its autonomy.

However, we appreciate the need for courses and continuous training, given the dynamics of domestic violence, with an emphasis on recognizing all forms of the phenomenon (economic, social, psychological, spiritual), which although not objective and treatable medically, traumatological, can impede the victim's accessibility to medical services (for example, he is forbidden to leave the home, does not have the material resources to pay for the consultation, etc.). Victims of domestic violence often go to dental treatment so continuing education in dentistry in this area needs to be supported.

The research undertaken allowed me to draw the following conclusions:

1. Most of the victims of the family who went to the legal medicine at the request were women around the age of 40. Also, people in the extreme age category were more frequent victims of this phenomenon.
2. Traumatic injuries to the upper limbs - the anterior and/or posterior face of the arms and/or the anterior face of the forearms - have been stigmatized for family violence.
3. Victims of domestic violence were significantly more likely to experience mild traumatic injuries, caused by finger/hand compression.
4. Overall, the addressability of victims of family violence to medical services has been low and late.
5. Most of the aggressors, detained after committing an act of family violence, medical-legal psychiatric examined, were men, from disadvantaged social backgrounds, without other criminal records, who committed homicides (mostly parricide). The more frequently regretted committing the act and presented autolytic ideation.
6. Most aggressors detained as a result of family violence were less frequent, compared to detainees as a result of other forms of interpersonal violence, with a criminal history, substance abuse, antisocial personality disorder, or socialized conduct disorder.
7. Most victims of homicide in the context of family violence were women, and the crime was committed in the common victim-aggressor home.
8. Corollary, in the medical-legal documents in which investigative data were made available (psychiatric medical-legal examination of detainees frequently following a homicide) cases of family violence predominated, while in medical-legal documents based strictly on the victim's statements (medical-legal certificates) the cases were dominated by other types of heteroaggressions, which argues for the underreporting of the phenomenon of domestic violence.
9. Dental students were made aware of the phenomenon of domestic violence and the fragility of the physician-patient relationship victim of domestic violence, with emphasis on autonomy, prudence, confidentiality in the best interest of the patient. However, there is a need for sustained awareness of all forms of domestic violence, including psychological, economic, social, and spiritual violence.

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