Available online at http://lumenpublishing.com/journals/index.php/po/index

e-ISSN: 2069–9387; ISSN–L: 2068–0236

Postmodern Openings

2017, Volume 8, Issue 3, December, pp. 46-58

Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects

Bianca HANGANU, Dragoş CRAUCIUC, Valentin PETRE-CIUDIN, Andreea Alexandra VELNIC, Irina MANOILESCU & Beatrice Gabriela IOAN

DOI: https://doi.org/10.18662/po/2017.0803.05

Covered in:
Emerging Sources Citation Index (ESCI); EBSCO, ERIH PLUS, CEEOL, Ulrich Pro Quest, Cabell, Index Copernicus, Ideas RePeC, EconPapers, Socionet, Journalseek, Scipio, Crossref, WorldCat

©2017 The Authors & LUMEN Publishing House.
Selection, peer review and publishing under the responsibility of LUMEN Publishing House.

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. *Postmodern Openings*, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

https://doi.org/10.18662/po/2017.0803.05

Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects

Bianca HANGANU[1], Dragoş CRAUCIUC[2], Valentin PETRE-CIUDIN[2], Andreea Alexandra VELNIC[1], Irina MANOILESCU[3*], Beatrice Gabriela IOAN[4]

Abstract: The acts of violence, in all their forms, constitute a serious violation of human rights. Domestic violence is a particular phenomenon, considering the fact that its consequences affect the whole family, and its implications also have an important social component. Although in its original form it regards both man and woman in the role of victim, the much higher ratio in favor of women makes the name refer mainly to the aggression on the woman. This phenomenon is present throughout the world, in all social classes, both among the native population and among the emigrants. This paper highlights the postmodern approach to domestic violence. The authors discuss the general context of such acts of violence, the difficulties faced by victims in finding support, the difficulties faced by authorities in providing support, and the particular situation of the forensic doctor when examining the victims of this type of violence, through the ethical and professional framework.

Keywords: *domestic violence, postmodern society, victim, ethics, forensic medicine*.

Introduction

Domestic violence includes "all acts of physical, sexual, psychological or economic violence", that occur in a vast conjugal setting – "within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim" (Council of Europe, 2011).The examples also include verbal threats, public humiliation, destruction of property, abuse of children, sexual abuse and life-threatening acts (Harway *et al.,* 2002).

[1] MD, Resident Physician in Forensic Medicine, PhD Student, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania
[2] MD, Resident Physician in Forensic Medicine, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania
[3] MD, PhD, Assistant Professor, Dept. of Forensic Medicine, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania
[4] MD, PhD, Professor, Dept. of Forensic Medicine, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania
[*]Corresponding author. E-mail: manoilescuirina@yahoo.com

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

It is understood that victims can be both the male and female of the couple (Council of Europe, 2011; Cook, Dickens, 2009; Rakovec-Felser, 2014), but the number of women exceeds by far the number of men (Council of Europe, 2011; Erez, 2002; Harway *et al.,* 2002). Also, the injuries suffered by women are more serious (Menjivar, Salcido, 2002). As a result, when talking about domestic violence, it is frequently referred to men's abuse of women, this being the most common form of violence against women worldwide (Wang *et al.,* 2017).

If it is to compare, the experience of men battered by their partners differs from that of women who have been beaten by partner both qualitatively and quantitatively (Johnson, 1995), both in terms of the frequency and severity of the injuries (Rakovec-Felser, 2014), as well as the motivation and significance for the victim (Johnson, 1995): when the woman goes to attack, she changes her role from victim to aggressor as a self-defense measure after long abuses from her partner (Erez, 2002), this type of re-action constituting most of female aggressors. Other women aggress men in response to feelings of frustration and anxiety (Hamberger, 1997).

The prevalence of domestic violence is increasing, representing one of the most pressing social problems of the contemporary world. The incidence, though increased, is still under-reported, as female victims do not report their partners in such situations (Erez, 2002).

An EU report, from 2012, based on face-to-face interviews with 42,000 women from all 28 EU Member States, with an average of 1500 interviews per Member State, shows the following results:

- Women who have been subjected to physical violence from their partner starting with the age of 15: EU average - 20%; Romania- 23%

- Women who have been subjected to sexual violence from their partner since the age of 15: the EU average - 7%; Romania- 2%

- Women who have been subjected to psychological violence from their partner since the age of 15: EU average - 43%; Romania- 39%

WHO reports show that 15-71% of women experience the physical or sexual violence of their partner at some point in their life (Garcia-Moreno *et al., 2005*), and 13-61% experiment it until the age of 49 (Wang *et al.,* 2017).

The impact of domestic violence can be noticed both among victims, through long-term physical and psychological consequences, consequences on interpersonal, social and economic functioning, as well as in society, through the consequences on the medical system, public health, legal, economic, public policies.

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

Postmodern approaches to domestic violence

"Domestic violence has a long past but a short history" (Erez, 2002)

Even though it dates far back away in the history, in the civil society (Fee *et al.,* 2002), the way in which it was perceived differs from a culture to another and across periods (Fee *et al.,* 2002). The fact that women have been abused by their husbands has not always been considered a problem, because people have assumed that the moment they decide to spend their lives with a man in matrimony, women accept this "risk", considered normal in a life together (Erez, 2002). Starting from the Middle Ages when the husband had the right over the life and death of his wife (Pleck, 1987), going through the times characterized by the assumption that domestic violence was considered a private business (Erez, 2002, Fee *et al*., 2002), over which one could not intervene from the outside, as long as this "action" was meant to correct disobedience of the wife, recently, domestic violence came into attention of the public scurtinity (Fee *et al*., 2002).

Domestic violence has begun to be systematically analysed since the second half of the last century, as a result of awareness of the negative effects of this type of violence on an individual, family and social level.

In Romania, domestic violence has become a concern for specialists in different fields (politics, mass-media, public) during 1995 and 1996, as a result of external pressure, the need to line up with the European and international standards, especially by helping the victims.

International legal framework on domestic violence

The Charter of Fundamental Rights of the European Union (2007) is based on the inviolability of human dignity (art. 1) and on guaranteeing the right to life for all human beings (art. 2). Deriving from this, people have the right to physical and mental integrity (art. 3), torture and inhuman or degrading punishment or treatment being forbidden (art. 4). This document ensures gender equality in all sectors of life (art. 23) and prohibits discrimination on any criterion, including gender (art. 21). In addition, the Charter of Fundamental Rights of the European Union provides for the right of access to justice (art. 47).

Building on the general principles outlined in the Charter of Fundamental Rights of the European Union, a number of measures have been developed to combat violence against women.

The EU Directive regarding victims (2012/29/EU) sets minimum standards for the rights, protection and support of crime victims in the EU

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

and expressly refers to victims of gender-based violence, victims of sexual violence and victims of violence in close relationships. Thus, it is recognized that domestic violence violates the fundamental rights of women regarding dignity and equality (Brown, 2001). In line with the provisions of Directive 2012/29/EU, victims must be protected against re-victimization, intimidation and retaliation. They also need to receive the necessary help to recover, and they must also be given adequate access to justice. Furthermore, women victims of gender-based violence and their children need special help and protection because of the increased risk of re-victimization, intimidation and retaliation, which is associated with this kind of violence.

Council of Europe Convention on the preventing and combating violence against women and domestic violence (2011) is the first legally binding regional instrument in Europe that addresses comprehensive forms of violence against women such as: psychological violence, for the purpose of harassment, physical violence, sexual violence and sexual harassment.

A dynamic context - emigration and domestic violence in emigrant communities

Although it is an old social phenomenon, domestic violence gains new valences and nuances due to the important change in the socio-political context in which it occurs. Such a change is caused at least partially by the important and growing emigration faced by mankind in the last decades.

It is estimated that there are about 200 million emigrants around the world (UNDP, 2009), most often moving from underdeveloped or developing countries to developed countries. At European level there is an increase in emigration due to economic and social opportunities. In 2007 there were about 35-40 million emigrants in Europe (Mladovsky, 2007).

A particular aspect of domestic violence is among the emigrants, where it has long been ignored. On the one hand, the treatment and the level of protection of emigrant women are inferior to the support offered to native women. Then there is the gender-linked vulnerability of women, which is augmented in the context of population movement abroad (Erez, Hartley, 2003). It is also noted that in the field of domestic violence, there are policies that neglect the situation of immigrant women (Menjivar, Salcido 2002).

On the other hand, there are barriers such as financial dependence on spouses or employers; disapproval of family and friends or even the absence of extended family members who might support the victim (Erez, Hartley, 2003); the fear of authorities (especially in the case of undocumented migrants or in the case of those who suffered traumas in the

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

countries of origin from the authorities (Erez *et al.*, 2003; Raj, Silverman, 2002); cultural factors (for instance, the stigma that separation from husband could create) (Erez, Hartley, 2003), women taught to be subjected even if they are abused; fear of family breakdown, being perceived as an inappropriate wife by husband or other men, community, fear of losing the children (Erez, Hartely, 2003); language barriers (Erez, Hartley, 2003). Due to language barriers often existing among immigrant communities, interviewing victims of domestic violence should be done with the help of an interpreter (Erez *et al.,* 2003). Using the victim's relatives or children as interpreters can create additional stress for those involved (Erez, Hartley, 2003). Moreover, there is a risk that those who know the language will be on the side of the husband and then refuse to support the woman (Erez, Hartley, 2003).

Domestic violence – a particular type of violence

Present in all social classes, regardless of the economic level, (Cook, Dickens, 2009; Manjevar, Salcido, 2002, Petre-Ciudin *et al.*, 2017), domestic violence is a continuous and progressive phenomenon, largely unknown, with many facets.

A number of elements make domestic violence more specific than other types of violence. In this type of violence, a relationship of proximity based on trust, constituted when the two partners have decided to live their lives together, is profaned; even more, this is one of the causes leading to physical and psychological trauma is a social problem that often remains undisclosed (Directive 2012/29/EU). Moreover, violence against a partner indirectly includes other family members, the most susceptible and fragile being children (Cook, Dickens, 2009; Rakovek-Felser, 2014, Ioan *et al.*, 2017) who can "inherit" the aggressive pattern or acceptance pattern of domestic violence from generation to generation. Despite the fact that both domestic violence and sexual violence in particular consume important social resources, there are still opinions about their private nature, the lack of involvement of the public system in solving them (Brown, 2001).

The multiple and complex causes make it difficult to identify domestic violence in a given case. The causes that generate or facilitate domestic violence comprise social, family and individual factors (Rakovec-Felser, 2014, Velnic *et al.*, 2017). Social causes consist mainly in accepting social violence; family socialization in the sense of violence; as well as gender stereotypes. Family causes materialize in accepting physical punishments for

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

mistakes along with encouraging and accepting violence. The individual causes that are individualized in the context of domestic violence are mainly represented by feelings of insecurity, jealousy, frustration, the existence of psychological disorders in one or both partners, as well as the abuse of alcohol and drugs.

Some researchers (Martin, 1976) place the blame for domestic violence to the transition from polygamy to monogamy, which has been imposed to protect women, but have guaranteed men's rights to women. Thus, women became socially, economically and legally dependent on their husbands. In the monogamous marriage, the power of the man prevailed over the woman, whose only roles were to meet the needs of the man, the birth of the children, and taking care of the house (Martin, 1976).

Although the international and national legal framework guarantees free access to justice, the reporting of domestic violence cases is deficient throughout the world. Most women who are victims of domestic violence do not come into contact with the judiciary system for reporting it or with other victim support services or organizations. In addition, the needs and rights of many women in EU countries are not being respected in practice at the moment. This adds to the stigma associated with this type of violence and its "private" character, which makes the authorities face a lack of real data on the magnitude and nature of this phenomenon (Menjivar, Salcido, 2002).

As a result, practical and policy responses aimed at combating violence against women are not always supported by solid evidence. While some EU Member States and research institutions have conducted surveys and other research into violence against women, a lack of comprehensive and comparable data in this area is maintained within the EU.

Under-reporting of domestic violence is based on a multitude of more or less obvious causes, which vary depending on the different moments of the marital relationship and violent acts. At the onset of the acts of domestic violence, the woman is overwhelmed by the feeling of shame or self-blaming, as the source of misunderstanding (Erez, 2002). As time passes, there are concerns about the financial or economic support provided by the abuser, for family unity, or care for children (Erez, 2002; Worden, 2000). After an extended period of violence, there is fear of the violent partner, the fear for the risk of increasing the intensity and frequency of violent actions (Campbell, 2004), especially since the abusers frequently threaten to kill their victims if they leave, a threat that can materialize (*separation assault*) (Mahoney, 1991). Victims often report violence after long

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

periods of abuse when they decide that they can no longer bear the abusive relationship (Fischer, Rose 1995). In addition, reporting domestic violence acts is generally not encouraged and facilitated by the victim's community, as opposed to attitudes towards victims of other types of violence (Cook, Dickens, 2009).

The victim of domestic violence - a particular type of victim

The victim of domestic violence lives under a constant risk of being assaulted, sometimes reaching the grounding of the phenomena, considering them as an integral part of normal living, leading to the so-called "acculturation of acceptance of violence" (Cook, Dickens, 2009). Under these circumstances, victims accept medical assistance to overcome the acute period (treating injuries), but find it unnecessary to try to remove the cause of the act of violence, which outlines the so-called "learned helplessness" (Cook, Dickens, 2009).

Given the particularities of domestic violence victims, their treatment needs are also particular. Consequently, those involved in treating and dealing with them must possess, on the one hand, specialized knowledge and, on the other hand, appropriate human abilities such as sensitivity and empathy.

Ethical dilemmas in the relationship between victims of domestic violence and the medical system

In reporting the cases to the authorities, the doctor finds himself in a dilemma, given on the one hand by the attempt to protect the victim, and on the other hand by the obligation to respect the victim's autonomy, meaning that he can report only with the consent of the victim (Cook, Dickens, 2009). In this approach, the physician often faces the barriers created by the victim, who fears that reporting will lead to worsening of abuse or that she will not be believed (Erez, 2002). At the same time, the victim may be distrustful in how reporting will be received by the police, given the fact that domestic violence may be present in policemen's families, and they do not give much importance to reporting (Cook, Dickens, 2009).

Conversely, when the doctor is aware that the abuse occurs in the presence of a child who is at risk of a mental and psychological trauma, he has the obligation to report the abuse to the child protection authorities, who in turn can report the case to the police or not (Rothman *et al.,* 2007).

Self-determination versus protection of vulnerable people

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

The lack of material support makes many victims of domestic violence to have limited ability to self-determination and autonomy. This is one of the reasons why they refuse to withdraw from an abusive relationship and for which they implicitly refuse the doctor's intervention in solving the problem, especially as they will subsequently have to bear the consequences of reporting (Cook, Dickens, 2009).

Protecting confidentiality of the victim's personal data

Actual disclosure of facts and unloading of the victim of the burden of marital abuse requires a private environment, so it is necessary for the discussion to take place only between the doctor and the victim, without the presence of relatives or the police. The flow of information between different medical specialties and especially between other specialties and forensic medicine must be as easy and less burdensome as possible for the victim (Cook, Dickens, 2009). Information must be obtained in a way that does not place a new burden or increase the risk of victimization, since sending the victim to fill out hospital reports can become dangerous for her.

Beneficence versus non maleficence/minimizing the risk of harm

The physician's decision to intervene in the life of the victim characterizes the medical paternalism in the doctor-patient relationship, which starts from the assumption that the doctor knows what is best for his patient. In the context of current medical practice, the physician-patient relationship becomes a partnership where decisions are mutually agreed on, and the victim of domestic violence must consent to the intervention, taking into account all the elements, including the possible consequences (Cook, Dickens, 2009). However, it is often questionable if we can predict all the risks that may arise from the doctor's intervention. Under these circumstances it becomes more important to move the emphasis of the medical intervention from the individual to society by promoting, with the help of professional associations, social and legislative reforms to promote gender equality, increasing the power to negotiate and lowering the degree of vulnerability of women (Cook, Dickens, 2009). At an individual level, it is necessary to treat the victim and to address the situation in accordance with her wishes.

In addition to giving specialized treatment, physicians must recognize the consequences of domestic violence and treat them. Also, the doctor has the role of directing the victim on the path of non-violent resolution of the abusive relationship, in which the social worker also has an

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

important role to play (FIGO Committee for the Study of Ethical Aspects of Human Reproduction and Women's Health, 2015).

At the social level, it is necessary to create interventions addressing social inequality, an important factor in placing victims in a vulnerable situation, which increases the risk of domestic violence. Thus, social, economic, educational and legal reforms are needed to recognize and promote gender equality in society, as well as the fact that domestic violence is not a "private family business" (FIGO, 2015). Within these interventions, physicians play an important role. Through their work, they have a privileged position that allows them to interact with the general public and raise awareness of domestic violence among them, to provide information on the frequency and types of violence against women (FIGO, 2015), subject to confidentiality.

Particularities of the forensic approach of victims of domestic violence and sexual violence

A study conducted by Human Rights Watch, 1991 in Brazil, Peru, Pakistan, Russia, South Africa, Turkey, USA, on the forensic examination of women victims of sexual abuse reveals that the main obstacles encountered by medical professionals in the collection of forensic data are: lack of resources and equipment, lack of training, systematic and deep-rooted bias (Brown, 2001). The poor coordination at national level between law enforcement institutions, criminal justice system and health system is also underlined. Often women are considered to be liars or are considered to exaggerate. In the medical sector there is a lack of coordination between forensic medicine and other specialties, which may make women feel traumatized by the way they are interviewed and examined: to tell the trauma story repeatedly in front of strangers; treating them with disbelief, violating privacy; not explaining the way the examination and the sampling will happen, the medical staff that was rude when carrying out the examination. In this way, forensic examination can become and can be perceived as a new form of sexual violence (Brown, 2001).

The forensic doctor has the duty to conduct a detailed interview, especially in sexual assaults, to collect the suitable samples. These steps occur in a private environment, without giving the woman the feeling of being attacked and allowing her to be accompanied by a trusted person if she so desires. Each stage of the examination should be explained and the examination must be complete and careful, with the correct report of all

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

lesions (Brown, 2001). Forensic examination should be followed by the medical, psychological, safety and legal needs of victims (Brown, 2001). Although in some places this aspect is not respected, the participation of a foreign person in the examination requires the victim's prior consent (especially in sexual assaults) (Brown, 2001).

Access to forensic medicine can be a problem for domestic violence victims, especially for victims from the countryside (Brown, 2001).

The forensic examination is undermined by a number of biases, which can lead to inadequate treatment of victims, such as: the premise that the victim is lying (especially the victims of sexual violence), the lack of empathy, poor communication, the split between forensic medicine and other medical specialties where women could benefit from medical, psychological treatment and support. This may put victims in difficulty, especially those who lack sufficient financial resources to access all these types of services. In addition, victims often do not know the procedure to be followed and the institutions to which they can address, which could constitute both medical and legal long-term effects. It is therefore necessary for all levels of assistance, including the forensic field, to have the resources to properly inform victims (Brown, 2001).

Another key issue in assisting victims of domestic violence is the need for all segments involved in contact with victims of domestic violence (medical, social, legal etc.) to be adequately educated to support them through an appropriate response based on the victims' rights and by removing the attitudinal or structural obstacles that they might encounter at any level (Brown, 2001).

Given the marked (social, legal, economic, medical) disparities between different countries, minimum standards are required, including the training of healthcare professionals for collecting information. Special training is also needed among the authorities who first contact these victims in order to properly guide them. One solution is to create special police stations that will only deal with the reporting of domestic violence and sexual violence where all employees are specially trained to respond to the various needs and problems of victims. A successful example is Brazil, the country in which the creation of these structures has led to an important increase in the reporting of cases of domestic violence and sexual violence (Brown, 2001).

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

Conclusions

Domestic violence is a social phenomenon with multiple causes and effects. Victims of this type of violence have a number of characteristics that distinguish them individually from victims of other types of violence and make difficult the medical, social or forensic intervention. The intervention is also difficult because of the obstacles created by the social perception of domestic violence and it's labeling as a "private", a "family" business.

Domestic violence has a generous international and national legal framework. However, the implementation of legal provisions faces important individual or social difficulties. In order to properly implement the legal provisions on domestic violence, it is essential to educate professionals involved at different levels to prevent or combat this phenomenon in order to minimize or eliminate structural and attitudinal obstacles that still persist in different countries and communities around the world.

References

Brown A.W. (2001). *Obstacles to women accessing forensic medical exams in cases of sexual violence*. Unpublished background paper to the Consultation on the Health Sector Response to Sexual Violence, WHO Headquarters, Departments of Injuries and Violence Prevention and Gender and Women's Health, Geneva. Available at: www.hrw.org/backgrounder/wrd/who-bck.pdf

Campbell J. (2004). Helping women understand their risk in situations of intimate partner violence. *J Interpers Violence., 19*(12), 1464-1477.

Carta drepturilor fundamentale a Uniunii Europene (2007/C 303/01) available at http://www.dri.gov.ro/carta-drepturilor-fundamentale-a-uniunii-europene/

Cook, R.J., & Dickens, B.M. (2009). Dilemmas in intimate partner violence. *Int J Gynaecol Obstet., 106,* 72-75.

Council of Europe Convention on preventing and combating violence against women and domestic violence, 2011 available at https://rm.coe.int/168008482e

Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/HA, available at https://ec.europa.eu/anti-trafficking/legislation-and-case-law-eu-legislation-criminal-law/directive-201229eu_en

Erez, E. (2002). Domestic violence and the criminal justice system: an overview. *Online J Issues Nurs., 7*(1), 4-20.

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

Erez, E., & Hartley, C.C. (2003). Battered immigrant women and the legal system: a therapeutic jurisprudence perspective. *West Crim Rev., 4*(2), 155-169.

Erez, E., Nawal, A., Orloff, L.E., Pendelton, G., & Marin, L. (2003). *Violence against immigrant women and systematic responses: an exploratory study*. A report submitted to the National Institute of Justice, Washington DC.

European Union Agency for Fundamental Rights (2014). *Violența împotriva femeilor: o anchetă la nivelul UE*, available at https://publications.europa.eu/ro/publication-detail/-/publication/97fbb0d9-8c7a-4983-bafa-e439543d8a18/

Fee, E., Brown, T.M., Lazarus, J., & Theerman, P. (2002). Domestic violence-medieval and modern. *Am. J. Public Health., 92*(12), 1908.

FIGO Committee for the Study of Ethical Aspects of Human Reproduction and Women's Health. (2015). *Ethical issues in obstetrics and gynecology*. London: FIGO Available at: https://www.figo.org/sites/default/files/uploads/wg-publications/ethics/FIGO% 20 Ethical%20Issues%202015.pdf4893.pdf

Fischer, K., & Rose, M. (1995). When "enough is not enough": battered women's decision making around court orders or protection. *Crime Delinq., 41*(4), 414-429.

Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L., & Watts, C. (eds) (2005). *WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses*. Geneva: World Health Organisation.

Hamberger, L.K. (1997). Female offenders in domestic violence: a look at actions in their context. *J Agress Maltreat Trauma, 1*(1), 117-129.

Harway, M., Geffner, R., Ivey, D., Koss, M.P., Cody Murphy, B., Mio, J.S., & O'Neil, J.M. (2011). *Intimate partner abuse and relationship violence*. Available online at: https://www.apa.org/about/division/activities/partner-abuse.pdf

Ioan, B.G., Hanganu, B., Velnic, A.A., Petre-Ciudin, V., Damian, S.I. (2017). *When you seed violence you harvest violence-adolescent parricide*. Case presentation. Forensic Sci Int. 277 (Suppl. 1):208-209.

Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: two forms of violence against women. *J Marriage Fam., 57*, 283-294.

Mahoney, M.R. (1991). Legal images of battered women: redefining the issue of separation. *Mich Law Rev., 90,* 1-94.

Martin, D. (1976). *Battered wives*. San Francisco: Glide Publications.

Menjivar, C., & Salcido, O. (2002). Immigrant women and domestic violence: common experiences in different countries. *Gend Soc., 16*(6), 898-920.

Mladovsky, P. (2007). Migrant health in the EU. *Eurohealth, 13*(1), 9-11.

Petre-Ciudin, V., Hanganu, B., Velnic, A.A., Ioan, B.G. (2017). Epidemiology of spinal trauma in north-eastern part of Romania. *Forensic Sci Int. 277* (Suppl. 1), 220-221.

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05

Pleck, E. (1987). *Domestic tyranny: the making of American social policy against family violence from colonial times to the present*. New York: Oxford University Press.

Raj, A., & Silverman, J. (2002). Violence against immigrant women: the roles of culture, context and legal immigrant status on intimate partner violence. *Violence Against Women, 8*, 367-398.

Rakovec-Felser, Z. (2014). Domestic violence and abuse in intimate relationship from public health perspective. *Health Psychol Res, 2*(3), 1821.

Rothman, E.F., Mandel, D.G., & Silverman, J.G. (2007). Abusers' perceptions of the effect of their intimate partner violence on children. *Violence Against Women, 13*(11), 1179-1191.

United Nations Development Programme. (2009) *Human Development Report: Overcoming barriers: Human mobility and development*. New York: UNDP.

Velnic, A.A., Hanganu, B., Petre-Ciudin, V., Ioan, B.G. (2017). Clinical diagnosis versus autopsy diagnosis in head trauma. *Forensic Sci Int. 277* (Suppl. 1), 209.

Wang, T., Liu, Y., Li, Z., Liu, K., Xu, Y., Shi, W., & Chen L. (2017). Prevalence of intimate partner violence (IPV) during pregnancy in China: a systemtatic review and meta-analysis. *PLoS One, 12*(10), e0175108. doi: https://doi.org/10.1371/journal.pone.0175108.

Worden, P.A. (2000). The changing boundaries of the criminal justice system: redefining the problem and the response in domestic violence. In C. M. Friel, *Criminal Justice (vol. 2) Boundary Changes in Criminal Justice Organizations* (pp. 215-266). Washington DC: National Institute of Justice.

How to cite: Hanganu, B., Crauciuc, D., Petre-Ciudin, V., Velnic, A. A., Manoilescu, I., & Ioan, B. G. (2017). Domestic Violence in the Postmodern Society: Ethical and Forensic Aspects. Postmodern Openings, 8(3), 46-58. Doi: https://doi.org/10.18662/po/2017.0803.05