MEDICOLEGAL PATTERN OF FAMILY VIOLENCE PROBLEM IN CAIRO AND GIZA GOVERNORATES, EGYPT: A FOUR-YEAR RETROSPECTIVE COMPARATIVE STUDY

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ABSTRACT

Backgrounds: Family violence affects the physical, emotional, financial and spiritual health of children and adults. **Aim of work:** study the epidemiological and medico-legal aspects of the reported cases of family violence and evaluate the role of medico-legal examination in diagnosis of the problem. **Methods**: comparative retrospective analysis of reports of family violence cases received at medico legal region of Cairo and Giza, ministry of justice, Egypt, from January 2010 to December 2013. **Results:** In Cairo governorate the total number of family violence cases were (160), in Giza governorate the total number were (171). Diagnosis of family violence was achieved by medicolegal examination of all alleged physical assault cases. In both studied governorates, married females, of 18-29 year old, and of low socioeconomic level, were the most common victims affected. The husbands were the most common offenders. Contusions of the face and neck, inflicted by hands and feet were the most common injuries recorded, with complete recovery of most victims. **Conclusion and Recommendations**: family violence is not inevitable problem and can be prevented. There is under referral and reporting of family violence cases. Diagnosis of pattern of family violence injuries is very important. Proper medical documentation of injuries is the rule of forensic doctor.

Keywords: Females, Family violence, Egypt, Medicolegal.

INTRODUCTION

Family violence is "the inflicting of physical injury by one family or household member on another; also, a repeated habitual pattern of such behavior". Family violence is now more broadly defined to include all acts of physical, sexual, psychological or economic violence **(Mayhew et al., 1996)**.

The term "intimate partner violence" (IPV) is often used synonymously with family violence. Many types of intimate partner violence occur by men against women, and by women against their male partners. Violence by a person against his intimate partner is often done as a way of controlling his partner, even if this kind of violence is not allowed **(Johnson and Ferraro, 2000).**

Intimate partner violence "IPV" is the most common form of violence faced by women in both developed and

developing countries and, due to its magnitude, is recognized as a substantial health problem. The main perpetrators of this type of violence are the husbands or the intimate partner of the responsible woman. One in three women worldwide is reported to experience IPV at some point in her life **(Heise et al., 2002**).

Family violence can take many forms, including physical aggression, physical assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, and battery), sexual abuse, passive/covert abuse and economic deprivation **(Siemieniuk et al., 2010)**.

There are two kinds of violence in couples, common couple violence and sever physical aggression. Common couple violence reflects conflict between partners that is poorly managed and occasionally escalates to minor violence; it tends to be mutual and is of low frequency and less likely to persist. Severe physical aggression or Patriarchal Terrorism is much more frequent, persistent and almost exclusively perpetrated by men. Such male violence often reflects efforts to exert control and dominance. Women, who use low level aggression with their spouse, may do so as a form of self-defense **(Johnson, 1995**).

Many cases of family abuse are handled only by physicians and do not involve the police. Sometimes cases of family violence are brought into the emergency room while many other cases are handled by family physician or other primary care provider. Subspecialist physicians are also playing an important role **(Boyle et al., 2004).**

The situation of family violence is far from clear, but what is clear is that it is an issue, and not much is being done to prevent it either by governmental or nongovernmental organizations. To be able to address the issue properly it is important to have baseline data about prevalence and reasons behind violence **(Alvarez and Ashton, 2004**).

For the 10-year aggregate period 2003–2012, domestic violence, worldwide, accounted for 21% of all violent victimizations. Domestic violence includes aggravated and simple assault committed by intimate partners, immediate family members, or other relatives. Intimate partner violence accounted for a greater percentage of all violent victimizations (15%), compared to violence committed by immediate family members (4%) or other relatives (2%) **(Jennifer et al., 2014).**

Nearly 1 in 4 women (22.3%) and 1 in 7 men (14%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime **(Breiding et al., 2014).**

AIM OF THE WORK

To study the epidemiological and medicolegal aspects of the reported cases of family violence, and to evaluate the role of medicolegal examination in diagnosis of the problem.

MATERIALS & METHODS

This is a retrospective statistical comparative study that was carried out on cases of family violence received at medico legal region of Cairo and Giza, ministry of justice, Egypt, in a 4 year period from January 2010 to December 2013. The study was authorized and approved by the local research ethics committee of Benha faculty of

medicine, Benha University, and by the authority of forensic medicine. The following data was studied:

I. Demographic data: age, gender, residency, marital status, victim offender relationship and socio economic level. Detection of socioeconomic level was evaluated according to modified **Fahmy and El Sherbini** socioeconomic score, where Scores (13-17) were considered of high socioeconomic standard, (9-13) were considered of middle socioeconomic standard and < 9 were considered of low socioeconomic standard **(Fahmy & El Sherbini, 1983 and Amany & Gamalat, 2012).**

II. Medico-legal analysis: Type and characters of injury, anatomical site of injuries, instrument used in family violence and complications of injuries if any.

Statistical design:

The data was obtained from medico-legal reports, memorandum of prosecution and hospital reports if any. The clinical data were recorded on a report form. These data were tabulated and analyzed using the computer program SPSS version 16. In the statistical comparison between the different groups, the significance of difference was tested using one of the following tests:

- Z test.
- Chi square test (X^2-value).
- Fisher Exact Test (FET).

The accepted level of significance in this work was stated at 0.05 (P<0.05 was considered significant).

RESULTS

The present study showed that the total number of cases of family violence was (160) cases, in Cairo governorate, out of (9919) physical assault cases, recorded during the same period (from January 2010 to December 2013), with a percentage of (1.61%).

While in Giza governorate, the total number of cases was (171) cases of family violence out of (4665) cases recorded during the same period of time, with a percentage of (3.66%).

Most of the studied cases in Giza governorate came from ruler areas (71.3%), while in Cairo governorate; all the studied cases were live in urban areas.

Regarding number of cases of family violence per year, it was found that; the highest number of cases was recorded in the year 2010 (28.8%) in Cairo governorate, and the highest number of cases was recorded in the year 2013 (26.9%) in Giza governorate as shown in Table (1).

Table (1): Comparison between Cairo and Giza governorates regarding number of cases of family violence per year

Year	Cairo		Giza		X^2 test 3.42	P value 0.331
	No	%	No	%		
2010	46	28.8	39	22.8		
2011	38	23.8	45	26.3		
2012	44	27.5	41	24		
2013	32	20	46	26.9		
Total	160	100	171	100		

P value is non-significant (P > 0.05)

Regarding age of victims, In both governorates (Cairo and Giza) the most affected age group was (18-29 years) group (41.9% and 55.0%) respectively, and in both governorates the least affected age group was (>50 years) group (3.1% and 1.2%) respectively, as shown in Table (2).

Table (2): Comparison between Cairo and Giza governorates regarding age of victims of family violence

Age of victim	Cairo		Giza		FET 8.13	P value 0.042
	No	%	No	%		
<18	31	19.4	34	19.9		
18-29	67	41.9	94	55		
30-50	57	35.6	41	24		
>50	5	3.1	2	1.2		
Total	160	100	171	100		

P value is significant (P < 0.05)

Regarding sex of victims it was found that, in both governorates (Cairo and Giza) females were the highest number (85.6% and 81.9%) respectively, as shown in Table (3).

Table (3): Comparison between Cairo and Giza governorates regarding sex of victims of family violence.

Sex of victim	Cairo		Giza		X^2 test 0.85	P value 0.36
	No	%	No	%		
Male	23	14.4	31	18.1		
Female	137	85.6	140	81.9		
Total	160	100	171	100		

P value is non-significant (P > 0.05)

Regarding relation between victim and offender it was found that husbands were the offender in most of studied cases in both governorates (Cairo and Giza) (53.1% and 59.6%) respectively, as shown in Table (4).

Table (4): Comparison between Cairo and Giza governorates regarding relation between victim and offender of family violence

Victim offender relationship	Cairo		Giza		FET test 7.84	P value 0.095
	No	%	No	%		
Husband	85	53.1	102	59.6		
Wife	10	6.2	2	1.2		
Parents	21	13.1	28	16.4		
Sister or brother	14	8.8	13	7.6		
Other family member	30	18.8	26	15.2		
Total	160	100	171	100		

P value is non-significant (P > 0.05%)

Regarding socioeconomic level of victims it was found that; in both governorates (Cairo and Giza) most cases were of low socioeconomic level (83.1% and 91.2%) respectively, as shown in Table (5).

Table (5): Comparison between Cairo and Giza governorates regarding socioeconomic level of the victim

Socioeconomic level	Cairo		Giza		X^2 test 8.34	P value 0.015
	No	%	No	%		
Low	133	83.1	156	91.2		
Intermediate	5	3.1	7	4.1		
High	22	13.8	8	4.7		
Total	160	100	171	100		

P value is significant (P < 0.05)

Regarding type and characters of physical injury in victims of family violence, it was found that; in both governorates (Cairo and Giza) the most common type was contusion (45% and 48.5%) respectively. Medico legal examination of family violence victims revealed that most contusions detected were slap marks from the perpetrator hand with digits delineated, looped or flat contusions from belts or cords, contusions from the heels and soles of shoes and grab marks. In most victims of both studied governorates, recurrent injuries were detected with delay before visiting any health care facility. In both governorates (Cairo and Giza) the least common type was gunshot injuries (6.2% and 3.5%) respectively, as shown in Table (6).

Table (6): Comparison between Cairo and Giza governorates regarding type of physical injury in victims of family violence

Type of injury	Cairo		Giza		X^2 test 9.37	P value 0.095
	No	%	No	%		
Contusion(s)	72	45	83	48.5		
Cut wounds	11	6.9	12	7		
Stab wounds	14	8.8	12	7		
Burn	20	12.5	8	4.7		
Gunshot injury	10	6.2	6	3.5		
Mixed	33	20.6	50	29.3		
Total	160	100	171	100		

P value is non-significant (P > 0.05)

Regarding site of injury in victims of family violence, it was found that; in both governorates (Cairo and Giza), the most common site was in face and neck (27.5% and 34.5%) respectively, followed by injuries detected at multiple sites of victim's body, as shown in Table (7).

Table (7): Comparison between Cairo and Giza governorates regarding site of injury in victims of family violence

Site of injury	Cairo		Giza			
	No	%	No	%	FET 25.59	P value 0.001
Face, neck	44	27.5	59	34.5		
Breast	33	20.6	23	13.5		
Abdomen	9	5.6	32	18.7		
Back	13	8.1	2	1.2		
Genital organs	18	11.2	17	9.9		
Multiple sites	43	26.9	38	22.2		
Total	160	100	171	100		

P value is highly significant (P < 0.01)

Regarding instrument(s) used in family violence, it was found that; in both governorates (Cairo and Giza) the most common instrument used was hands and feet (45.0% & 40.9%) respectively, as shown in Table (8).

Table (8): Comparison between Cairo and Giza governorates regarding instrument used in family violence

Instruments	Cairo		Giza			
	No	%	No	%	X^2 test 10.7	P value 0.058
Blunt instrument	30	18.8	51	29.8		
Sharp instrument	23	14.4	26	15.2		
Fire arm	10	6.2	6	3.5		
Hands, feet	72	45	70	40.9		
Fire, corrosive	18	11.2	8	4.7		
Mixed	7	4.4	10	5.8		
Total	160	100	171	100		

P value non-significant (P > 0.05)

Regarding complications occurred to victims; in both governorates (Cairo and Giza), complete recovery occurred in most cases (55.0% and 58.5%) respectively. Permanent infirmity occurred in (24.4% and 25.1 %) respectively, followed by abortion (19.4% and 13.5%) respectively, as shown in Table (9).

Table (9): Comparison between Cairo and Giza governorates regarding complications occurred to victims of family violence

Complications	Cairo		Giza			
	No	%	No	%	FET 3.0	P value 0.398
Completely recovered	88	55	100	58.5		
Permanent infirmity	39	24.4	43	25.1		
Abortion	31	19.4	23	13.5		
Death	2	1.2	5	2.9		
Total	160	100	171	100		

P value is non-significant (P > 0.05)

As regard the risk factors of family violence in both studied governorates, it was found that victims aged (18-29 year) were the most affected group (41.9% in Cairo & 55% in Giza). Married females were the most affected victims (67.5% in Cairo & 64.3% in Giza). Most victims were of low socioeconomic level (83.1% in Cairo & 91.2% in Giza). The husbands were the most common offenders of family violence (53.1% in Cairo & 59.6% in Giza). Face and neck was the most common site of injury (27.5% in Cairo & 34.5% in Giza). Contusions were the most common injuries recorded (45% in Cairo & 48.5% in Giza). Hands and feet were the most common instruments used to inflict injuries (45% in Cairo & 40.9% in Giza). Complete recovery was recorded in most victims (55% in Cairo & 58.5% in Giza), as shown in Table (10).

Table (10): Comparison between Cairo and Giza governorates regarding most prevalent risk factors of family violence

Parameter		Cairo (160) cases		Giza (171)cases		Z test	P value
		No	%	No	%		
Age of victim	**18-29**	67	41.9	94	55	2.16	0.015(HS)
Sex of victim	**Female**	137	85.6	140	81.9	0.18	0.43 (NS)
Marital status	**Married**	108	67.5	110	64.3	0.135	0.45 (NS)
Socioeconomic level	**Low**	133	83.1	156	91.2	1.36	0.087(NS)
Victim offender relationship	**Husband**	85	53.1	102	59.6	1.25	0.106(NS)
Site of injury	**Face and neck**	44	27.5	59	34.5	1.49	0.068(NS)
Type of injury	**Contusions**	72	45	83	48.5	0.886	0.188 (NS)
Instruments	**Hands, feet**	72	45	70	40.9	0.168	0.43 (NS)
Complications	**Complete recovery**	88	55	100	58.5	0.877	0.19 (NS)

DISCUSSION

World Health Organization (WHO) definition of family violence refers to all forms of violence that happen to women, girls, children and men because of unequal power relations between them and the perpetrators of such violence. It has a greater impact on girls and women, as they are most often the survivors who suffer greater physical damage than men when victimized **(WHO, 2005).**

The present study showed that the total number of reported cases of family violence (from 2010 to 2013) was 160 cases, with a percentage of 1.61% of total cases reported in Cairo governorate. In Giza governorate the total number of reported cases of family violence was 171 cases, with a percentage of 3.66% of total cases reported during the same period of time. The highest number of cases was recorded in the year 2010 (28.8%) in Cairo governorate, and the highest number of cases was recorded in the

year 2013 (26.9%) in Giza governorate. Diagnosis of family violence cases was achieved by medicolegal examination of all alleged physical assault cases. Also, proper evaluation, documentation and interpretation of the type and characters of family violence injuries were achieved by medico legal examination of the victims.

The higher number of family violence cases recorded in Giza governorate, in comparison with Cairo governorate, can be attributed to the ruler residency of most cases recorded in Giza governorate (71.3%). This finding was in agreement with **Mishra (2005)** and **Badawy et al., (2014)**; who stated that family violence is more common and severe in ruler regions duo to young age marriage and poorer socioeconomic standard.

A World Health Organization review of 48 international population-based surveys indicated that, 20-25% of all women have experienced physical assault from a partner or ex-partner in their lifetimes, although the top end of this estimate rises to almost 30% when forced sex is included. In the international surveys, 1 in 4 women and 1 in 7 men said they had experienced family assaults (defined as use of force) by partners or ex-partners at some point in their lives **(Walby and Allen, 2004)**.

National surveys also highlight the significant contribution of family violence in overall rates of violent crime and repeat victimization. Recent generic BCS "British crime survey" indicates that domestic violence comprises one fifth to one quarter of all disclosed violent crimes victimization **(Kershaw et al., 2000**).

Many factors can affect under-reporting by victims of family violence such as fear, loyalty, embarrassment, self-protective reluctance to recall traumatic memories and limited financial options. These factors can depress disclosure rates by victims in any domestic violence research. Methodologies relying on only one measure of domestic violence, which do not include supplementary questions or later probes, or which do not ask about domestic violence outside the context of crime, can lead to disclosure rates at least 10% lower than those that do, on the other hand, more in-depth research designs incorporating qualitative methods are more time-consuming and intrusive and may lead to lower participation rates **(Dekeserdy, 2000)**.

The obvious under reporting of family violence cases in our study can be explained by the fact that this study included only the most serious and sever cases of family violence that resulted in physical injuries and hence reported to the police and referred to medico legal region of great Cairo. Other less severe cases of "every day" kind of family violence that were unnoticed by the legal and medico legal authorities were not included in our study.

In the present study regarding age of victims of family violence, the major numbers of victims in both governorates were falling within the age group of 18-29 years, while the least number of victims were falling within the age group above 50 years. These findings were in accordance with a study made among female victims of contact sexual violence, physical violence, or stalking by an intimate partner, where 47.9% of victims were within the age group of 18–24 years, while only 2.3% of victims were at the

age of ≥45 years **(Breiding et al., 2014)**.

It was observed that as the age at marriage increases the prevalence of domestic violence decreases. This finding was supported by the results of the study made by **Mishra (2005)**; he found that out of the total 60 respondents who got married at the age of below 18 years 45% were victims of family violence, while women who were married above the age of 21 years, only 24.71% were the victims of family violence.

In the present study regarding sex of victims, the major number of victims in both studied governorates was females. This was in agreement with a study, done between 1993 and 2001, where U.S. women reported intimate partner violence almost seven times more frequently than men (the ratio was 20:3) **(Rennison and Callie, 2003)**. Another study stated that nearly 13.4% of women and 3.5% of men have been injured physically, because of experiencing intimate partner violence **(Black, 2011)**.

According to Centers for Disease Control (CDC), a report issued, based on data from the Agency of Justice aggregate and National Crime Victimization Survey, consistently showed that; women were at significantly greater risk of intimate partner violence than men **(Donald and Dutton, 2007**).

In May 2007, researchers with the Centers for Disease Control made a study on self-reported violence among intimate partners, they found that; almost one-quarter of participants reported some violence in their relationships, half of them reported one-sided "non-reciprocal" attacks and half reported both assaults and counter assaults "reciprocal violence". Women reported committing one-sided attacks more than twice as often as men (70% and 29%) respectively. In all cases of intimate partner violence, women were more likely to be injured than men **(Whitaker et al., 2007)**.

On the other hand, women's violence towards men is a serious social problem. While much attention has been focused on family violence against women, researchers argue that family violence against men is a substantial social problem worthy of attention **(Loseke & Cavanaugh, 2007)**.

In the present study as regarding marital status of the victims, it was found that in both governorates (Cairo and Giza) more than half of cases were married. This was in agreement with a study conducted on 744 young married women in slum area of Bangalore, India, the authors indicated that over half (56%) of studied women were reported to have experienced domestic violence **(Krishnan et al., 2010)**.

It cannot be denied that in our society many communities perceive marriage as a permanent institution and a strong stigma is attached to single hood. Violence within marriage is accepted as normal. Hence women are made pressurized to preserve their marriage **(Mishra, 2005).**

In contrast, it was found, in a report of family violence prevalence of approximately two million cases in U.S, that the divorced or single women's are more at risk of being battered **(Stark and Flitcraft, 1991)**.

In the present study, regarding victim offender relationship, we found that husbands were the offenders in more than half of studied cases in both governorates (Cairo and Giza). This

result was in agreement with across-sectional descriptive study to assess prevalence and contributory factors of domestic violence among women of selected slums of Ludhiana India. A total number of 323 abused women were studied the study showed that husbands were the main person committing domestic violence (95.9%) **(Sandeep et al., 2014)**.

According to **the 2005 Egypt Demographic and Health Survey**, 47% of the studied married women reported having experienced physical violence since the age of 15 year. The majority of those women identified an intimate partner (their current or previous husbands) as the perpetrator of at least one episode of violence **(Elzanaty et al., 2005)**.

In the present study, regarding socioeconomic level of victims, we found that, in both governorates (Cairo and Giza) most cases were of low level (83.1% and 91.2%) respectively. This was in agreement with a cross-sectional, population-based study included, 173 men and 251 women of age 18–65 year, randomly selected from the Swedish population, found that, poor social support and belonging to the younger age group were significant risk factors for exposure to violence **(Straus, 2004)**.

Another study of some medico legal aspects of family violence cases at Menoufia University hospital showed that more than half of the victims and assailants were of low socioeconomic standard. This may indicate that although domestic violence occurs across all socioeconomic classes, poorer victims are more likely to be victims of domestic violence than wealthier ones, as victims who are economically dependent on their abusers will lead to more violence because of economic stresses **(Badawy et al., 2014).**

Good social support is commonly found to be a protective factor against family violence and against the recurrence of family violence occurred earlier in life. Social support contributes to making victims feel valued, enhances their self-esteem and functions as a practical resource to assist when exposed to violence **(Sabina and Tindale, 2008)**.

In the present study, regarding type and characters of injury, it was found that, in both governorates (Cairo and Giza), the most common type of injury was contusion (45% and 48.5%) respectively. Similar result was found in a study of family violence cases made in Menoufia university hospital, where contusions were the most common type of injury (40.0%), followed by combination of abrasion and contusions (21.2%) **(Badawy et al., 2014).** Medico legal examination of family violence victims revealed that most contusions detected were slap marks from the perpetrator hand with digits delineated, looped or flat contusions from belts or cords, contusions from the heels and soles of shoes and grab marks. In most victims of both studied governorates, recurrent injuries were detected with delay before visiting any health care facility. This was in agreement with **Meyer (2012)** and **Le BT et al (2011)**, who stated that IPV-related injuries occurred repeatedly among abused women, and that domestic violence victims suffer injuries from being slapped and held captive. They may have hand prints on their faces from being slapped, or finger and hand bruising around extremities from being held harshly. They also stated that

domestic violence victims are commonly hit and punched which causes large, painful contusions. Blunt objects, as well as fists and feet, are common weapons that cause bruising.

In the present study, regarding the site of injury, face and neck was the most common site of injury in both studied governorates, followed by injuries detected at multiple sites of victim's body. This was in agreement with **Sheridan and Nash (2007)**, who found that approximately half of the studied women in abusive relationships in the USA were physically injured by their partners, and that most of them sustained multiple types of injuries. The head, neck and face were the most common locations of injuries related to partner violence, followed by multiple sites musculoskeletal injuries and genital injuries.

In the present study, breast injuries were detected in 20.6% of victims in Cairo governorate and in 13.5% of victims in Giza governorate. This was in accordance with **Crandall et al. (2004)**, who stated that the presence of unexplained contusions to the breast is strongly correlated with domestic or partner violence.

In the present study, regarding instrument used, hands and feet were the most common instruments used to inflict injuries. This was in agreement with **Le BT et al. (2011)**, who stated that blunt objects, as well as fists and feet, are common weapons that cause injuries in domestic violence victims. Another study, where the abused women's attended emergency hospital targeted for 8 months, they were suffering from injuries that mainly caused by punching head, face and arm with hands and feet resulting in multiple injuries **(Brismer et al., 1987)**. These findings could be explained by the fact that assailants may prefer to use blunt instruments rather than sharp or firearm ones as they want to abuse, terrify, or inflict pain on the victims and not to kill them as they are usually of the same family **(Bach et al., 2001)**.

In the present study, regarding complications occurred to victims; in both governorates (Cairo and Giza), complete recovery occurred in most cases (55.0% and 58.5%) respectively. In agreement with these results, a study of some medico legal aspects of family violence cases at Menoufia University hospital showed that the majority of the cases (97.2 %) were cured without disfigurement or permanent infirmity **(Badawy et al., 2014).**

As regard the risk factors of family violence in both studied governorates, it was found that married females, of 18-29 year old, and of low socioeconomic level, were the most common victims affected. The husbands were the most common offenders of family violence, contusions of the face and neck, inflicted by hands and feet were the most common injuries recorded, with complete recovery of most victims.

These findings were in partial agreement with a review of violence against women in Egypt, where identified risk factors for family violence were the wife‘s young age, a history of family violence in the abusive partner‘s family, alcohol and drugs, seasonal employment, and low health and education of the woman. Married women without financial alternatives to marriage were more likely to experience and justify abuse, compared with more financially independent women **(Nawal and Ammar, 2006**).

CONCLUSION & RECOMMENDATIONS

Family violence is a problem that crosses all demographic and cultural boundaries; never the less family violence is not inevitable problem and can be prevented. The present study demonstrated the under referral and reporting of family violence cases to medico-legal region of great Cairo in both studied governorates. Medical staffs (physicians and nurses) play a vital role in early intervention and empowering abused persons with personal safety issues. The health sector must play a greater role in responding to family violence. There is urgent need to integrate issues related to violence into clinical training. It is important that all health-care providers understand the relationship between exposure to violence and ill health, and are able to respond appropriately. When any person presents for treatment with obvious signs of or complaints about physical battering or sexual abuse, medical staff should consider enlisting a forensic expert to help the survivor client obtain proper medical documentation of her/his injuries. Precise diagnosis of pattern of family violence injuries will assist physicians, nurses and law enforcement investigators with the recognition of inflicted injuries in victims of domestic violence. The ability to differentiate between fact and fiction will benefit the criminal justice system in its effort to protect the innocent and prosecute the guilty.

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الملخص العربى

النمط الطبى الشرعى لمشكلة العنف الأسرى فى محافظتى القاهرة و الجيزة: دراسة مرجعية مقارنة خلال أربع سنوات

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نبذة عن الموضوع: يؤثر العنف الأسري على الصحة البدنية والعاطفية والمادية والمعنوية للأطفال والبالغين. **الهدف من العمل:** دراسة الجوانب الوبائية والطبية الشرعية لحالات العنف الأسري المسجلة وتقويم دور فحص الطب الشرعي في تشخيص المشكلة، وذلك عن طريق عمل تحليل مقارن بأثر رجعي للتقارير الطبية الشرعية عن حالات العنف الأسري التي تم فحصها في منطقة الطب الشرعي في القاهرة والجيزة، وزارة العدل، مصر، خلال الفترة من يناير 2010 حتى ديسمبر 2013. **النتائج:** كان العدد الإجمالي لحالات العنف الأسري في محافظة القاهرة (160) حالة، في حين كان العدد الإجمالي محافظة الجيزة (171) حالة. وقد تحقق تشخيص حالات العنف الأسري عن طريق الفحص الطبي الشرعي لجميع حالات الاعتداء البدني المزعوم في كلا المحافظتين التي تمت فيهما الدراسة، كانت الإناث المتزوجات واللاتى تبلغ أعمارهن من 18-29 سنة ، وذوات المستوى الاجتماعي والاقتصادي المنخفض،هن الضحايا الأكثر شيوعا. كان الازواج هم الجناة الأكثر شيوعا. سجلت الكدمات في الوجه والرقبة، بواسطة اليدين والقدمين الإصابات الأكثر شيوعا ، مع الشفاء التام فى معظم الضحايا. **الخلاصة و التوصيات:** مشكلة العنف الأسري ليست حتمية و يمكن الوقاية منها. هناك تدني في الإحالة والإبلاغ عن حالات العنف الأسري. التشخيص الدقيق لنمط الإصابات في حالات العنف الأسري هو أمر في غاية الأهمية. التوثيق الطبي للإصابات في حالات العنف الأسري هو دور الطبيب الشرعي.