



Paper Accepted*

ISSN Online 2406-0895

Editorial / Уводник

Slobodan Nikolić[†],

Homo homini lupus est.

Institute of Forensic Medicine “Milovan Milovanović”, Belgrade, Serbia
Faculty of Medicine, University of Belgrade, Belgrade, Serbia

Received: April 2, 2017

Accepted: April 3, 2017

Online First: April 21, 2017

DOI: <https://doi.org/10.2298/SARH170402104N>

* **Accepted papers** are articles in press that have gone through due peer review process and have been accepted for publication by the Editorial Board of the *Serbian Archives of Medicine*. They have not yet been copy edited and/or formatted in the publication house style, and the text may be changed before the final publication.

Although accepted papers do not yet have all the accompanying bibliographic details available, they can already be cited using the year of online publication and the DOI, as follows: the author’s last name and initial of the first name, article title, journal title, online first publication month and year, and the DOI; e.g.: Petrović P, Jovanović J. The title of the article. Srp Arh Celok Lek. Online First, February 2017.

When the final article is assigned to volumes/issues of the journal, the Article in Press version will be removed and the final version will appear in the associated published volumes/issues of the journal. The date the article was made available online first will be carried over.

[†] **Correspondence to:**

Prof. Slobodan NIKOLIĆ

Institute of Forensic Medicine “Milovan Milovanović”,
Deligradska 31a, 11000 Belgrade, Serbia

Homo homini lupus est.

Man's inhumanity to man in all kinds, has been well documented throughout each era of recorded time [1]. Modern era and time of transition, we live in, brought new ways of inhumanity. In contemporary time, living in Serbia, we are exposed to many kinds of violence. Acts of violence may originate from the state authorities via laws against particular group or by single perpetrators using intimidation, physical assault or mobbing [2]. Some vulnerable social groups are particularly exposed to violence and they need special legal protection.

Ambroise Auguste Tardieu in 1860, provided the first description of *child abuse* in the modern medical literature when he reported 32 cases of cruelty to children. With specific reference to abusive head injury to children, John Caffey in 1946 described six infants with multiple fractures in the long bones, who additionally had chronic subdural hematoma and no history of injury [2]. Child abuse is non-random physical and/or mental damage inflicted on a child, either willfully or through neglect, within the family or institutions, which causes injury and/or impaired development and which, in individual cases, may cause death [3]. The boundary between acceptable violence in the context of so-called necessary educational measures by parents or as part of accepted tradition, and unacceptable violence leading to death or severe injury is not always clear [3]. Although the term *battered child* is often used to describe physical child abuse, the recent literature refers to *non-accidental injury* and *abusive* or *inflicted injury* [3]. There are many factors to consider when trying to distinguish accidental from non-accidental injury. Clinical findings and radiologic imaging studies not in keeping with the history and injuries of different ages, are key indicators of inflicted trauma, especially in infants. The age and stage of development of the child, the timeliness of seeking treatment, other injuries of different ages, child's state of nutrition and cleanliness should be taken into consideration when separating inflicted from non-inflicted injuries [4]. Handicapped children are in particular danger [2]. Another factor that influences recognition of abusive injuries includes a physician's experience with child abuse and family violence [1].

The terms *intimate partner violence*, *intimate partner abuse* or *domestic abuse* describe physical, sexual or psychological harm originating from a current or former intimate partner or spouse and may happen among heterosexual and same-sex couples [2]. *Stalking* and nowadays *cyber-stalking* are often included among different types of intimate partner violence [2]. Older abused women face additional challenges while grown up and married during a time when domestic abuse was tolerated or ignored, having lived with abuse for many years which can lead to problems such as poor self-esteem, feeling the duty to take care of an ageing partner, or feeling afraid of living alone after being with someone for many years [2].

But we have not to forget the *school violence*: *school bullying* is primarily used to describe repeated harassment behavior in schools, and a new type of violent behavior among school children – *cyber mobbing* using mobile telephones, computers, the internet and social networks such as

Facebook [2]. Or *violence against homosexuals* – originate from the state authorities by laws, or by single perpetrators tolerated by state authorities. Or *violence against the patients in mental hospitals* – originate from the medical staff, in cases when monitoring of personnel in these institutions is poor. Or *violence against the elderly* as domestic violence or violence in nursing centers – including physical, sexual and psychological abuse, neglect, but financial exploitation and violation of civil rights, as well [2].

Hurrying to catch European Union, we adopted modern European legislation easy, but we do not apply these new laws consistently: now there is a great gap between actual reality and copied European legal norms.

There is a German saying: *Ohne Daten, keine Taten*. To act, one needs facts. The very first and key step in protection against violence, is recognition of its existence in society, and after that diagnosis, which rests upon multidisciplinary efforts among clinicians [5, 6], social workers, medicolegal death investigators and law enforcement agencies [2]. Collaborative efforts and funding by governmental and private sources support ongoing research to establish evidence-based markers for accurate diagnosis [2]. Finally, last steps are protection of the abused persons, adequate punishment of perpetrators, and continuing education and prevention.

Sensational headlines in the tabloids are not the way to solve these social and medical problems. Each of us could be abused in certain time of life. We need true action by government and the virtuous political authority. We need to act.

REFERENCES:

1. Spitz WU, Spitz DJ, eds. Spitz and Fisher's Medicolegal Investigation of Death: Guidelines for the Application of Pathology to Crime Investigation. 4th ed. Springfield, IL: Charles C Thomas; 2006.
2. Madea B, ed. Handbook of forensic medicine; Chichester: Wiley Blackwell; 2014.
3. Dettmeyer RB. Forensic histopathology – fundamentals and perspectives. Berlin: Springer; 2011.
4. Byard RW. Sudden death in the young. 3rd ed. Cambridge: Cambridge University Press; 2010.
5. Antović A, Stojanović J. Medico Legal Characteristics of Domestic Violence. Srp Arh Celok Lek. 2017; OnLine-First: January 30, 2107; (00): 25–25. [DOI: <https://doi.org/10.2298/SARH160217025A>]
6. Đuričić G, Milošević Z, Alempijević Đ, Radlović V, Medović R, Dučić S, et al. Social, clinical and radiological characteristics of physical abuse of children up to 3 years of age hospitalized in a tertiary health institution. Srp Arh Celok Lek. 2017; OnLine-First: March 21, 2107; (00): 83–83. [DOI: <https://doi.org/10.2298/SARH160927083D>]