

Alcohol Involvement in Violence

A Study from a Danish Community*

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Summary. All cases of assaults with violence ($n = 1639$) from a well defined area were registered for 1 year. A positive alcoholmeter test ($\text{‰} > 0.2$) was registered in 488 cases (29%). A further 216 patients (13%) were found under the influence of alcohol according to a simple clinical judgement. In nine of ten manslaughter and murder cases alcohol was involved. Young men, 19–29 years of age, comprised the majority of victims. Of the episodes of violence 66% took place during the weekend. In 250 cases the alcohol concentration surpassed 1.5‰. Almost 50% of the violence episodically took place in or around restaurants. Blunt violence was concerned in 73% of the episodes. Gunshot was registered in five cases, stabbings in two cases.

Key words: Alcohol and violence – Violence, influence of alcohol

Zusammenfassung. Über einen Zeitraum von 1 Jahr wurden alle Fälle von Gewalttätigkeit ($n = 1639$) in einem genau definierten Gebiet registriert. In 488 Fällen (29%) wurden positive Alkoholtests ($\text{‰} > 0,2$) festgestellt. Weitere 216 Patienten (13%) standen nach klinischer Beurteilung unter Alkoholeinfluß. In neun von zehn Fällen von Totschlag und Mord war Alkoholeinfluß festzustellen. Junge Männer im Alter von 19–29 Jahren bildeten einen hohen Anteil unter den Opfern. Sechshundsechzig Prozent der Gewalttätigkeiten ereigneten sich am Wochenende. In 250 Fällen lag die Alkoholkonzentration über 1,5‰. Fünfzig Prozent der Fälle von Gewaltanwendung geschahen in oder in der Nähe von Gaststätten. Stumpfe Gewalt betraf 73% der Fälle. Schußwaffengebrauch war in fünf und scharfe Gewalt in zwei Fällen festzustellen.

Schlüsselwörter: Alkoholeinfluß und Gewaltkriminalität – Wochenendkriminalität

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Introduction

The relationship of alcohol abuse to crimes of violence is well known. To elucidate the extent of this problem in a Danish community a prospective study was performed over a period of 12 months.

Material and Methods

The investigation comprises all patients who during the course of 1 year (March 1981–March 1982) following an episode of physical violence visited the two open casualty departments of Aarhus County Hospital and Aarhus Municipal Hospital or the Institute of Forensic Medicine, University of Aarhus. The casualty departments cover a well defined area with 275,000 inhabitants. In the present study an episode of physical violence was defined as an act of violence resulting in body injury or death. The patients were asked to participate in an interview which was carried out by the casualty physician on duty. All patients participating in the interview were finally asked to undergo a breath-alcohol analysis (alcolmeter test). The alcolmeter test was not carried out in all cases as some patients refused to participate. In some cases a simple clinical judgement concerning the influence of alcohol was performed. In a few patients a blood sample was withdrawn. The blood analyses were carried out at the Institute of Forensic Medicine, University of Aarhus using the ADH method. The severity of the injury was evaluated by means of the abbreviated injury scale (AIS) [1]. In manslaughter and murder cases the blood alcohol concentration (BAC) was also determined of the perpetrator if known.

Results

A total of 1639 persons were registered during the period under study corresponding to 3.4% of all patients attending the two casualty wards during the period. An alcolmeter test was performed in 838 cases. BAC was performed in a few cases only. A positive alcolmeter test ($\% > 0.2$, BAC-positive) was registered in 488 cases (58%). Among patients not subjected to the alcolmeter test, 290 (18%) were subjected to a simple clinical judgement resulting in 216 alcohol-positive cases.

In ten manslaughter and murder cases alcohol was involved with certainty in nine cases, possible in all of them. In seven of these cases both the perpetrator and the victim were under the influence of alcohol at the time of the episode.

A total of 704 patients or 43% of the total number of participants were found under the influence of alcohol. The age and sex distribution is shown in Fig. 1.

The majority of cases belonged to the age group of 19–29 years as compared to the background population. Next to this group was the age group of 15–18 years. In both of these age groups men were four to six times more frequent than women. Four of six killed men (31, 37, 38, and 78 years old) and all killed women were under the influence of alcohol. Nearly 66% of the episodes of violence took place during the weekend from Friday 6 p.m. to Monday 6 a.m. (Fig. 2).

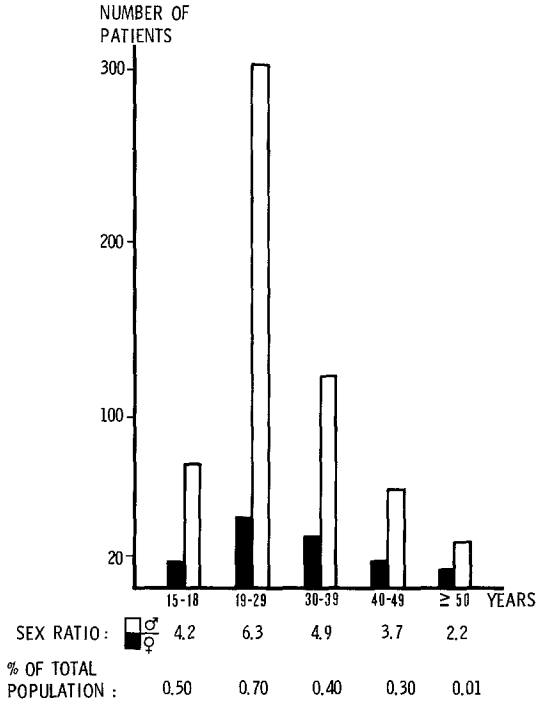


Fig. 1. Age and sex distribution

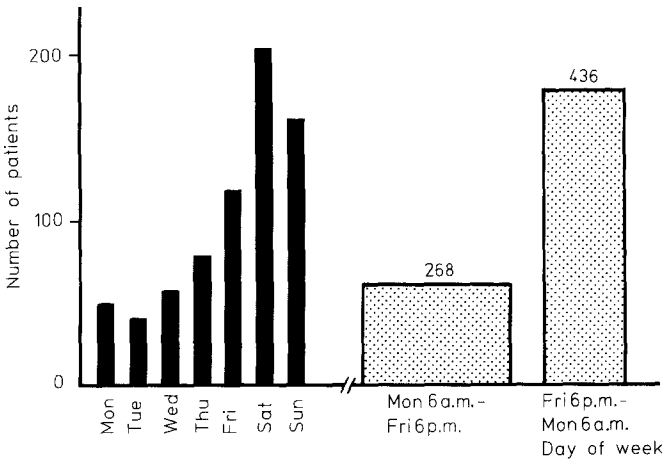


Fig. 2. Weekday variation

Alcohol-test values (Alc.‰) are shown in Fig. 3. In 250 cases alcohol concentration surpassed 1.5‰. Among the deceased persons an average of 1.14‰ was found.

Almost 50% of violence episodes took place in bars or discotheques. Five homicides took place in private homes and four in or around bars or discotheques (Fig. 4). Blunt violence was concerned in 511 cases (73%), fist blow-

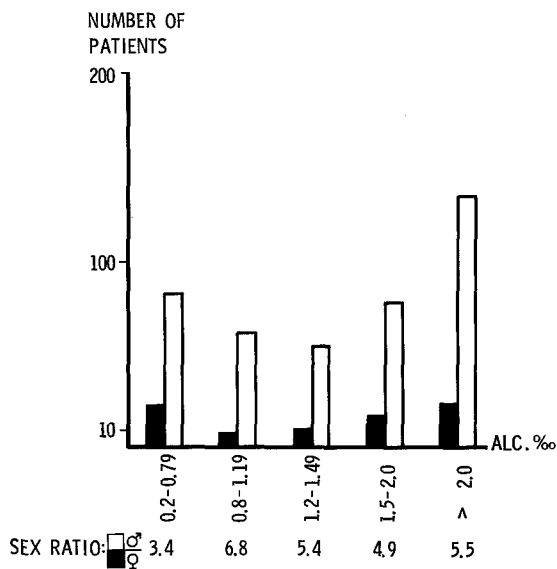


Fig. 3. Alcohol concentration (‰) and sex distribution within the ‰ groups

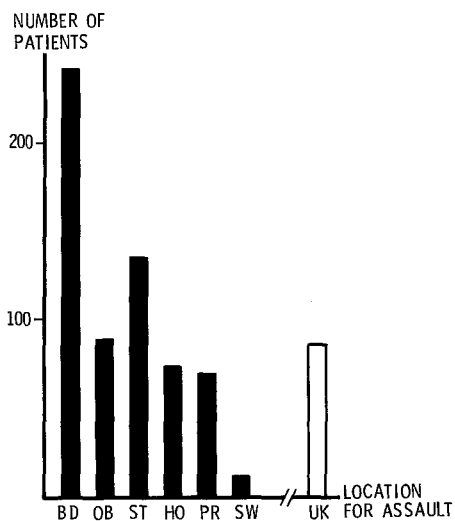


Fig. 4. Location for assaults of violence. *BD* Bars and discotheques; *OB* Outside of bars; *ST* Street; *HO* Private homes; *PR* Private, outside of home; *SW* School and work; *UK* Unknown

ing being the most frequent act (Fig. 5). Gunshot lesions were seen in five cases of which three were lethal. Two homicides were stabbings.

Types of injury according to the severity (AIS) are shown in Table 1. The majority of lesions were classified as minor injuries. However, as described earlier nine homicides took place evidently under the influence of alcohol.

Discussion

The results of the present investigation indicate that alcoholic intoxication plays a major role as a contributory cause in episodes of physical violence. It is not

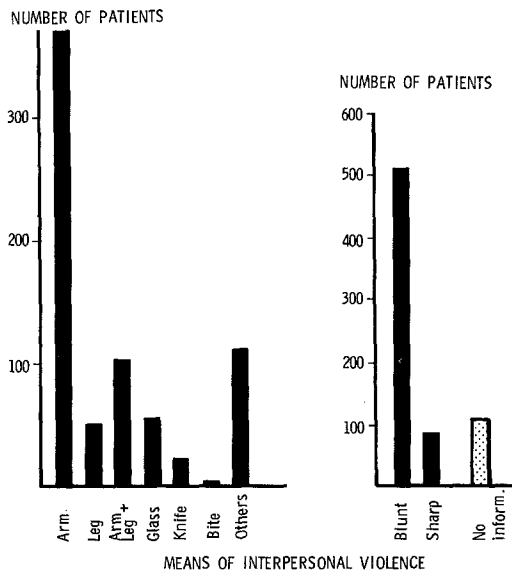


Fig. 5. Means of interpersonal violence

Table 1. Severity of lesions according to AIS (Abbreviated injury scale [1])

No injury	9
Minor	623
Moderate	59
Serious	3
Severe	0
Critical	1 ^a
Maximal	0
Dead	9
	704

^a Later on dead

easy to evaluate the cause-effect relationship between drinking and violent acts. Goodwin [2] confirmed the numerical association between alcohol and homicide but stressed that hardly anything is known about the nature of the share of alcohol in homicidal acts. He refers to “disinhibiting” properties of alcohol.

Interpersonal disturbances culminate with leisure and gathering, reflected in weekend violence and violent crimes during the evening and night. These findings closely coincide with the observations of previous studies [3].

The risk of becoming a victim of violent assault differs considerably between age groups, with a pronounced maximum for young people between 19 and 29 years of age. Males were consistently more at risk of victimization than females. This observation is supported by the results of other studies [4].

The severity of lesions seems to increase with the influence of alcohol. For instance, nine of ten homicide cases were alcohol-involved. In contrast to the other Scandinavian countries there are only a few restrictions on the sale and service of alcohol in Denmark as any person above the age of 18 years can legally buy alcoholics. Despite this liberal standpoint the rate of assaults with violence is lowest in Denmark as compared to Finland and Sweden [5].

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