

Violence Against Women: A Case Report

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Abstract: Violence against women often have signs of injury that are readily visible to dentists. Dentists have a moral and legal obligation to recognize and report suspected abuse and illustrations. The purpose of this study is to present a case of Battered Woman Syndrome (BWS), assist in diagnosing abuse and ensure that we give the criminal-justice system the tools it needs so that women's rights are turned into reality.

Key words: Battered Women Syndrome (BWS), adult women, domestic violence, maxillofacial injuries, Forensic Odontology

INTRODUCTION

Violence against women knows no boundaries; it is an appalling human rights violation. Worldwide one in three women is beaten coerced into sex or otherwise abused during her lifetime. Violence against women and girls is one of many causes of poverty. It is a human rights violation and barrier to solving global challenges like HIV and AIDS and conflict said Dr. Helene Gayle, president and CEO of CARE, an international poverty-fighting organization that helps empower marginalized women and girls are repeatedly abused and subjected to violence (Delahunt *et al.*, 2010). According to Denise Brown sister of Nicole Brown Simpson who was found murdered along with her husband, O.J. Simpson was accused of murder but was not found guilty and acquitted, nobody believes that domestic violence kills and nobody believes it is detrimental to children. This world has got to wake up. If there is domestic violence, if there children see it or hear it that to me is detrimental. Battered should not have the rights to children. According to CARE (founded in 1945) a humanitarian organization fighting global poverty and violence against women and girls is a prevalent fixture in many developing countries. It can take many forms ranging from abuse in the home, schools and the community to the use of rape and sexual violence as a tool of war and conflict (Delahunt *et al.*, 2010).

The BWS (Battered Women Syndrome) was first introduced to the public by While Walker in the mid

1970's. Women who have been physically, emotionally or sexually battered for many years may lose all self confidence and self-respect. Walker observes the presence of a battering cycle, this concept of cyclical behavior consists of three parts: In the first part of this cycle women sense the negative reactions of their spouses during frustrations, they have little episodes of violence which are quickly covered. During the second period, the acute battering incidents are impossible to predict exactly how long the first period of tension building will take place before the explosion occurs. Some women report fairly constant time periods before the acute battering incidents while other women state that other situational factors interfere with any regularity. The third face is the self-deception part during which the man is observed to be forgiving loving and generous to his spouse.

Worldwide at least one in three women is beaten, coerced into sex or otherwise abused during her lifetime, reaching 70% in some countries. A recent report by the government of Kenya reveals >12,500 reported cases of girls being sexually abused by teachers over a 5 years period and such numbers may actually obscure the magnitude of the problem due to under-reporting. In Saudi Arabia domestic violence is not regarded as a crime (Enotes.com, 2011). In the USA, (West Virginia), 88% of sexual-assault victims already know their attacker. Alicia McCormick, an advocate for a domestic-violence shelter at the YMCA was killed in her home by a man doing handiwork in her apartment complex. That one of my greatest advocates could fall victim to something she

fought against her whole life was a tragedy that moved me to action. Domestic-violence includes all language and actions which inflict suffering on one family member from another. Domestic-violence also includes behaviors which force someone to do things they do not want to or prevent them from doing activities that they do want to do (Gelles, 1987; McDowell *et al.*, 1992). A growing body of research has revealed that many children are affected by exposure to adult domestic violence. Indeed, there are more children victims of family violence than adult victims. In home where violence occurs, children are at high risk of suffering not only physical abuse but also emotional abuse, sexual abuse and neglect. In many domestic-violence situations there are children who witness the fighting and the assaults. Even when they do not observe the violence, children are usually aware of what is going on. They are aware of the obvious tension, fear and distress. Their home instead of being a place of security is characterized by cruelty and fear. Domestic violence can happen to any family. One in three women may suffer from abuse and violence in her lifetime (Garbarino *et al.*, 1991; Zuckerman *et al.*, 1995; US Department of Justice, 1997). Cases of family violence are difficult to deal with because we know they are not the result of some disease or accident. Instead, we know that these injuries are deliberate and preventable. About 65% of child abuse injuries involve head, neck or mouth areas. So, dental personnel may be in a good position to note abuse. As dentists, we are likely to be in contact with children who have been exposed to domestic-violence the head and face are often easy targets of the abuse (Stavrianos *et al.*, 2007).

CASE REPORT

In this case report we present a 67 years old woman, victim of domestic violence, hospitalized in Thessaloniki who has been exposed to physical and verbal abuse by her husband (Fig. 1). The woman was a mother of 3 children and had long term difference of opinion and severe conflict with her husband. The victim claimed that her husband repeatedly attacked her and attempted to commit strangulation. The clinical examination revealed multiple facial injuries with ecchymoses in the periorbital region and lips area. Additionally, ecchymosis was present in the neck with characteristic details due to the collective pressure of the fingers. Also, it was found haematoma in the scalp probably caused by violent pull of the victim's hair. Multiple scratches and abrasions were noted in both forearms. In this case the photographic capture of the facial injuries was done without the use of a metric scale, an A.B.F.O. scale N°2 which is fundamental



Fig. 1: About 67 year's old woman, victim of domestic violence with multiple facial and neck injuries

in Forensic Odontology investigation for the estimation of the physical size of the injuries. The woman was referred to the local authority social services for the investigation of the incident.

DISCUSSION

The battered women syndrome was originated in the mid 1970's battered woman's syndrome describes a pattern of psychological and behavioral symptoms found in women in battering relationships. There are four general characteristics of the syndrome: the battered woman believes the violence is her fault she has an inability to place the responsibility for the violence elsewhere the battered woman fears for her life/or her children's lives and the woman has an irrational belief that the abuser is omnipresent and omniscient. It is also a fact that the longer the abuse, the more serious it affects the victim (Enotes.com, 2011).

Violence against women causes far more pain than the visible marks of bruises and scars. It is devastating to be abused by someone that you love and think he loves you in return. It is estimated that approximately 3 million incidents of domestic violence are reported each year in the United States. Domestic violence does not only happen to adults. The 40% of girl's age 14-17 report knowing someone their age who has been hit or beaten by a boy friend and approximately one in five female high school students reports being physically and/or sexually abused by a dating partner. Domestic violence includes

acts of physical aggression, psychological abuse, forced inter-course and other forms of sexual coercion, various controlling behaviours such as isolating a person from his family (Krug *et al.*, 2002; Goodman, 2006). Domestic violence partner violence may include quite forms such as emotional abuse but may also continue with physical assault, both aiming at controlling partner's behavior (Tjaden and Thoennes, 2000). Some statistical data found from surveys in hospital environment are the following: 20-30% of women have been physically/sexually abused in a relationship. The 7.5% of men have been physically/sexually abused in a relationship. The 33% of female homicides are the result of domestic disputes. The 94% of the victims of intimate partner violence have neck and head traumas. The 81% of the victims had maxillofacial traumas. The 67% of the victims were struck with first. The 69% of the victims presented middlethird of the face traumas. Left-sided facial injuries out-numbered the right ones (Le *et al.*, 2001; Herschaft *et al.*, 2006). International Violence Against Women Act (IVAWA) calls for a multi-sectoral strategy that will increase resources to provide legal, health and social support for survivors. It also includes programs that engage communities including men and boys to challenge social norms that fuel violence against women and girls. CARE has increased its programmatic work to combat violence against women and girls. In the Balkan region for example, CARE works with local advocacy and youth groups to influence norms, attitudes and behaviors among young men and boys. In Burundi, CARE has used Village Savings and Loan Associations to increase women's access to economic resources and provide a forum for dialogue and sensitization around issues of violence, gender and discrimination. CARE urges members of the House and Senate to support the IVAWA by signing on as co-sponsors and for the Congress to swiftly pass the legislation on which the well-being of millions of women around the world depend (Delahunt *et al.*, 2010).

Dentists as providers of primary health care have a moral as well as legal obligation to report cases of abuse to the proper authorities (Luntz, 1977). Dental professionals should be alert for indications of child, elderly or spousal abuse such as unusual oral injuries especially ones that are accompanied by head or body trauma. The possibility of abuse should be considered by a dentist in cases such as the following; fractured teeth, laceration of the labial or lingual frenum, missing or displaced teeth, fractures of the maxilla and mandible and bruised or scarred lips. Nasal bone and zygomatic arch fractures as well as blow-out traumas and periorbital injuries are the most frequent types of injuries after

incidents of domestic violence whereas mandible fractures are mostly related to assaults by an unknown. Suspicion is further aroused when the nature of the injuries is inconsistent with the patient's claims concerning their origin or time when they were caused (Luntz, 1977; Coker *et al.*, 2000; Le *et al.*, 2001; Avon, 2004; Mehra, 2004; Stavrianos *et al.*, 2011).

Further consideration is also in order when the injuries are multiple and have a repetitive nature. Finally, it is usual for this type of injury to appear in various stages of resolution (American Board of Forensic Odontology, 1986; Da Fonseca *et al.*, 1992). When dentists come across such instances, they should take proper action so that they will be able to support their report to the authorities or their testimony, if needed with evidence of the patient's condition. This evidence should consist of complete and precise records of the instance that include photographs of the injuries and radiographic studies. Unfortunately, the incidence of dentists reports of cases of abuse is low. One major reason for this fact is the ignorance about maltreatment and inability to recognize it. The lack of education on specific screening questions, the lack of time as well as patient nondisclosure and other patient-related factors may interfere with the process of abuse victim identification. A second reason can be the lack of awareness of legal mandates to report the case. Another crucial factor is the dentists reluctance to believe that parents (or others) could be abusive or neglectful or even their fear of dealing with an angry parent and possibly ending up losing patients and therefore income (Epstein and Scully, 1992; Avon, 2004; Mehra, 2004; Stavrianos *et al.*, 2011). Finally, it should be noted that a dentist's part in a case of an abused patient is by no means to resolve any personal conflicts or provide counseling to the victim but simply to take that action which will conclude in the interruption of the violence. This means that a dentist should be able to recognize the signs of abuse, privately discuss his or her concerns with the patient and of course knowing where to refer abuse victims for further assistance. Attempting to provide advice or therapeutic counselling for victims of violence is beyond the scope of dentistry and could in some situations result in more harm than benefit (Chiodo *et al.*, 1998; Avon, 2004).

CONCLUSION

There is a lot of controversy regarding the description of intimate partner violence. It becomes more and more evident that the term and the related discussion should include not only physical violence but also psychological, economical and sexual abuse of the

partner. Each form of BWS whether it is emotional abuse, physical assault or forced inter-course, aims at controlling partner's behavior. Women are more vulnerable in experiencing intimate partner violence due to their nature thus screenings should focus especially on them. Health authorities should provide education and possibilities for help seeking, in order to prevent from severe injuries. Screening for intimate partner violence remains a challenge for social institutions. It is of high importance to recognize injury pattern for it is documented that head, neck and facial injuries are the most prominent types of injury in cases of BWS. The management of the problem of BWS is not only based on the repair of injuries and fractures of the face for the assessment is far more difficult and complex and it should involve physicians, surgeons, emergency care specialists, psychologists and social workers. Social support helps in the identification of victimized persons and it is clearly demonstrated that it helps in minimizing some chronic unwanted consequences of BWS like depression (Stavrianos *et al.*, 2011).

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