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Intimate Partner Violence (IPV): Both a Social and a Medical Phenomenon: Part I

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Abstract: Intimate Partner Violence (IPV) is a type of abuse that occurs between two people who are involved in a close relationship. Many times emotional abuse is the first sign followed by the others. This is a well-known phenomenon reported in psychology for abusive behaviour often leads to physical or sexual assaults.

Key words: Abuse, violence, physical, psychological maltreatment, intimate partner, behaviour

INTRODUCTION

Intimate Partner Violence (IPV) is a dark phenomenon that exists for many years and tortures many families in the society. It refers to the expression of violence in the domestic boundaries and can occur between spouses, former spouses or non-married intimate partners (Thompson *et al.*, 2006).

When in a couple either a heterosexual one or a homosexual, one of the two parties acts violently and assaults the other causing physical and psychological damage then legal measures should be taken and professional intervention must be asked from the victim or his/her environment.

This syndrome makes no discriminations and anyone could become a possible victim since social, financial and educative status is irrelevant to IPV. It is an obvious and not an unexpected fact that almost all victims of IPV are females of all ages and the tragedy is that the sufferers are in denial and refuse help. This pathetic behaviour by the victims encourages and fortifies the abusers and the canker is spread further more.

Several researches show that IPV has many ways of appearing in a relationship and has certain phases as it escalates and reaches levels of severe physical and psychological violence. This problem when is left unattended or even ignored, affects a lot of aspects in the victim's life and if there are children involved or present in the violent environment, they are considered to be in grave danger both physical and psychological for their normal growth (Jaffe-Gill *et al.*, 2010; Stavrianos *et al.*,

2007; Thompson *et al.*, 2006; Wolf, 2002). Usually intimate partner violence affects women because they are more vulnerable to abuse by their own nature (Tjaden and Thoennes, 2000). It is a fact though that in the societies after the historical movements for the support of women rights and equality, it is not unusual for a woman to act violently and abusively in her relationships to men (Coker *et al.*, 2000; Goodman, 2006).

EXPRESSIONS OF IPV

Intimate partner violence includes (Krug et al., 2002):

- 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

Social studies reveal that the phenomenon of IPV has a pattern on how it is expressed. There are many theories that try to explain IPV. The cycle theory, advocates that IPV has 3 phases as it is a progressive behaviour. Firstly, in the so called tension-building phase, hostility appears amongst the couple after a long period of tension caused by alcohol, drug and jealousy and the victim acts with more love and tenderness towards the abuser in order to keep the peace (Katerndahl *et al.*, 2010). The second stage, the explosion contains the maltreatment and the

direct violence against the victim were the abuser needs to have full control over his partner or as they very commonly say teach them a lesson. It lasts for a few hours and the time of onset is unpredictable, triggered by an external factor. The victim is persuaded that she is the one to blame for her battering so she denies getting help. Finally the abuser makes an abrupt turn and treats the victim with love and care only because he is afraid of loosing her (Katerndahl *et al.*, 2010; Herschaft *et al.*, 2006). According to another theory, the systems theory, the phenomenon of IPV is resistent to change as the first violent act leads to the next and so forth (Katerndahl *et al.*, 2010).

There are numerous expressions of the IPV syndrome but in most cases all ways of abuse finally appear at some point as the problem remains unsolved and left to expand at enormous dimensions. It may start with irritation and nervous behaviour by the intimate partner towards the victim and this is manifested by yelling being rude and abrupt throwing out insults and uttering threats.

Attitudes of this kind bring to the victim a low self-esteem sensation and guilds concerning his/her partner's unhappiness and end up feeling responsible and blaming themselves for everything unpleasant and any misfortune. This is the psychological part of abuse where the victim's emotions and character are shred and shattered. If the victim does not react to defend then the message given to the abuser is to continue using crueller means against the partner at his/her effort to manipulate and downgrade him/her. At this stage of pathetic attitude on behalf of the victim the torturer uses physical actions of violence like, pushing, poking, shoving, sloping and hitting. There are some situations of extreme behaviour that could cause the death of the victim. These brutal atrocities are punching, kicking, biting, usage of weapon and raping (mostly in cases of female victims) (Coker et al., 2000; Young et al., 1997). Psychological abuse can be verbal or nonverbal. It has an aim which leaves scars in the souls of the victims, deep inside their hearts. This aim is to chip away the victim's feelings about self-esteem, self-worth and independence. The victim becomes fragile and he/she is feeling really worthless without the presence of the abuser.

That is why it is a fact that emotional abuse can many times be worse than physical abuse though it doesn't send the victim right to the hospital. It usually worsens over time and makes it really difficult for the victim to stand up for its rights. Emotional abuse is squatting the human rights of the victim, gradually squeezing its life away (Nixon et al., 2004). Another form of abuse between intimate partners is financial abuse. In the opinion it is the commonest of all. Unfortunately, women suffered from economic abuse even in ancient times. The abusive partner has had absurd demands in this field. Men

demanded property from the father of the bride or else they refused to get married. The estate given to the future bride by her family was then used by the husband and the poor wife had no rights at all upon her own fortune. Now a days economic abuse is still common among married couples (Goodman, 2006; Herschaft *et al.*, 2006). An abusive partner aims to hurt his/her other half. So he/she doesn't hesitate to use financial abuse which includes (Smith and Segal, 2010):

- Controlling the finances
- · Withholding money or credit cards
- Stealing or taking money
- Withholding basic necessities
- Preventing his/her partner from choosing his/her own career
- Exploiting the victim's assets for personal gain
- Sabotaging the victim in her/his job so as to be forced to quit

As a matter of fact, abuse is all about control. It is about controlling the victim either subtly or openly. The abusive partner aims at controlling the victim's time, control behaviour by gestures and body language by defining his/her reality, by making her/him responsible for everything, by diminishing him/her and by assigning status. Controlling behaviours leads to other forms of abuse and seeps out the life from the victim. This can be observed even in teenage relationships and sometimes it reaches the point of dating abuse. Unfortunately the only way to change things is for the abuser to understand the harm he/she is causing to his/her loved one and start to see things in another point of view. The truth is that no one can make a person change, unless he/she wants it by his/her own free will. It is quite difficult to be done because the abuser must want to change more than he/she wants to control. This means that he/she has to put aside not only his/her abusive behaviour but also his/her bad habits. Sometimes the abuser becomes the person he/she is due to habitual circumstances.

In order to learn how to love, he/she must be able to kick the habits out of his/her life (Herschaft *et al.*, 2006; Thompson *et al.*, 2006). According to the above, intimate 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).

CASE REPORTS

Patients (Fig. 1) were referred to the Department of Oral and Maxillofacial Surgery of the General Hospital Papanikolaou for the treatment of lesions that resulted from assaults and batteries of their husbands. The first case is a female patient 53 year old, married and has two



Fig. 1: Injuries and lesions on the chin (left). Bilateral periorbital ecchymoses, lesions and scratches of the skin and fractured nasal bone (right)

children with injuries and lesions on the chin, facial ecchymoses resulting from intrafamiliar violence. Reason of the violence: anger management, jealousy and psychological disorders. The second case is a female 48 year old, married and has one child with facial injuries, bone fractures and severe brain injuries. She has also multiple ecchymosis on the various parts of the body caused by generalised physical trauma. Reason of the violence: Long term difference of opinion and financial differences. The time that she was exposed to violence was just after the proceeding of the divorce in court.

It is important to stress that the doctors involved with cases as the above should take photographs with and without a scale. Unfortunately the above presented cases were photographed without the utilization of metric photography which is quite important in forensic

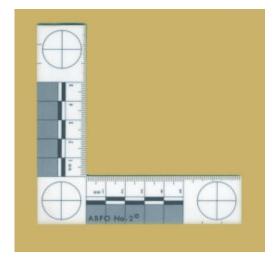


Fig. 2: ABFO #2 scale

dentistry. In this incidence no metric photographing was made with the use of millimeter scale A.B.F.O. N°2 (Fig. 2) that is imposed by the Forensic dentistry so that the evaluation of the natural size of the traumatic damages is possible. This right-angled scale was developed by a photogrammetrist and a forensic dentist for the purpose of minimizing photographic distortion and assuring accuracy in measurement. It has a black, white and gray scale for color correctness as well as three perfect circles and metric scales. The photographer should retain the original scale used in the photograph in the event enlargement to life-size reproductions becomes necessary (Wright and Golden, 1997; Hyzer and Krauss, 1998). If this scale is not available, a ruler or an object of a consistent known size such as a coin could be used.

DISCUSSION

Domestic violence involves a serious threat against intently of both family and victim. The most known form of the domestic violence is the one against women while violence towards children and elderly follow this. However, it must not forget that violence is a common practise against human beings of any age, sex and cultural state. Men are generally exposed to violence outside by strangers and violence against males inside the house is generally described as self defence during violence against women. The Office of Prime Minister 2008 survey shows that women in Turkey were under attack 39% physical, 15% sexual, 44% psychological and 23% economical violence (Gundogdu et al., 2009). Intimate Partner Violence (IPV) is increasingly seen as a public health problem. In 48 population-based surveys from around the world, 10-69% of women reported being physically assaulted by an intimate male partner at some point in their lives. Physical violence in intimate

relationships is often accompanied by sexual violence (a third to over a half of cases). Intimate Partner Violence (IPV) accounts for a significant number of deaths among women. Studies from a range of countries indicate that 40-70% of female murder victims were killed by their husband or boyfriend. Murder can be the last step in an abusive relationship. Most of the times it is done in such a horrible way and appears in news everywhere, shocking each and every one of us. Between 6 and 47% of adult women worldwide report being sexually assaulted by intimate partners in their lifetime. Between 7 and 48% of girls and young women age 10-24 years report their first sexual encounter as coerced (WHO, 2002; Garcia-Moreno and Watts, 2000; Herschaft et al., 2006). Some statistical data found from surveys in hospital environment are the following 20-30% of women have been physically/sexually abused in a relationship.

About 7.5% of men have been physically/sexually abused in a relationship. About 33% of female homicides are the result of domestic disputes. About 94% of the victims of IPV have neck and head traumas. About 81% of the victims had maxillofacial traumas. About 67% of the victims were struck with fist. About 69% of the victims presented middle third of the face traumas.

Left-sided facial injuries out-numbered the right ones (Herschaft *et al.*, 2006). Intimate partner violence is an action which does not comport with the human honour, gives damages to structure of both family and society. When the violence victim refers to doctor regardless of physical and psychiatric effects must be evaluated together and the medical report must be prepared in the light of these evidences. Doctors and dentists are a crucial link in discovering and identifying Intimate Partner Violence (IPV) because during examinations are required to search for signs and symptoms of potential abuse and if they find any they are required to report them to the police. Visual examinations are only the first step in diagnosing abuse. Communication with the potential victim plays a really important part.

CONCLUSION

Several types of IPV can occur simultaneously. Unfortunately, IPV causes a lot of health problems both physically and mentally to the victim. The longer the abuse goes on the more serious it affects the victim. The purpose of this study is the presentation of two cases IPV and to present all the expressions of IPV.

REFERENCES

Coker, A.L., P.H. Smith, L. Bethea, M.R. King and R.E. Mckeown, 2000. Physical health consequences of physical and psychological intimate partner violence. Arch. Fam Med., 9: 451-457.

- Garcia-Moreno, C. and C. Watts, 2000. Violence against women: Its importance for HIV/AIDS. AIDS, 14: S253-S265.
- Goodman, P.E., 2006. The relationship between intimate partner violence and other forms of family and societal violence. Emergency Med. Clin. North Am., 24: 889-903.
- Gundogdu, Y.P., E.Y. Dokudan, B. Tuzun and S. Sozen, 2009. Violence against woman: Case report. Proceedings of the 6th Annual Meeting of Balkan Academy of Forensic Sciences, Kavala, Greece.
- Herschaft, E., M. Alder, D. Ord, R. Rawson and E. Smith, 2006. Manual of Forensic Odontology. ASFO, Impress Printing and Graphics Inc., New York, pp: 210-240.
- Hyzer, W.G. and T.C. Krauss, 1988. The bite mark standard reference scale-ABFO No. 2. J. Forensic Sci., 33: 498-506.
- Jaffe-Gill, E., T. de Benedictis and J. Segal, 2010. Elder abuse and neglect: Warning signs, risk factors, prevention and help. http://www.helpguide.org/mental/elder_abuse_physical_emotional_sexua 1 neglect.htm.
- Katerndahl, D.A., S.K. Burge, R.L. Ferrer, J. Becho and R. Wood, 2010. Complex dynamics in intimate partner violence: A time series study of 16 women. Prim Care Companion J. Clin. Psychiatry, 12: e1-e12.
- Krug, E.G., L.L. Dahlberg, J.A. Mercy, A.B. Zwi and R. Lozano, 2002. World Report on Violence and Health. World Health Organization, Geneva.
- Nixon, R.D., P.A. Resick and P. Nishith, 2004. An exploration of comorbid depression among female victims of intimate partner violence with posttraumatic stress disorder. J. Affective Disorder, 82: 315-320.
- Smith, M. and J. Segal, 2010. Domestic Violence and Abuse: Signs and symptoms of abusive relationships. http://www.helpguide.org/mental/domestic_violence_abuse_types_signs_causes_ef fects.htm.
- Stavrianos, C., L. Zouloumis, O. Karaiskou and I. Stavrianou, 2007. Family violence and child abuse. Balkan J. Stomatol., 11: 13-20.
- Thompson, R.S., A.E. Bonomi, M. Anderson, R.J. Reid, J.A. Dimer, D. Carrell and F.P. Rivara, 2006. Intimate partner violence: Prevalence, types and chronicity in adult women. Am. J. Prev. Med., 30: 447-457.
- Tjaden, P. and N. Thoennes, 2000. Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey. National Institute of Justice, Washington DC USA.

- WHO, 2002. Active Ageing, A policy Framework. World Health Organization, Geneva.
- Wolf, R., 2002. Elder Abuse and Neglect: History and Concepts. In: Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America, Bonnie, R.J. and R.B. Wallace (Eds.). The National Academies Press, USA., pp. 238-246.
- Wright, D.F. and S.G. Golden, 1997. Forensic Photography. In: Forensic Dentistry, Stimson, G.P. and A.C. Mertz (Eds.). CRC Press, Boca Raton, FL. USA., pp. 105-106.
- Young, M.E., M.A. Nosek, C. Howland, G. Chanpong and D.H. Rintala, 1997. Prevalence of abuse of women with physical disabilities. Arch. Phys. Med. Rehabil., 78: 34-38.