

Dermatologist Role in Detecting Gender-Based Violence

Introduction

Gender-Based Violence (GBV) is a pervasive issue with severe consequences on the mental and physical well-being of survivors. Dermatologists, as medical professionals, play a crucial role in recognizing and addressing abuse cases through dermatological examinations. By identifying specific signs and patterns, dermatologists can contribute to the early detection and intervention of GBV. This article aims to highlight the significance of dermatologists in detecting GBV and provide guidance on collaboration, referral, confidentiality, and documentation [1].

What is GBV?

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty [2].

Sex

Refers to the biological and physical characteristics that define men and women. This includes reproductive systems (women have breasts and internal reproductive organs capable of gestating children, men have external reproductive organs, etc.)

Gender

Refers to the social differences between males and females that are learned. Though deeply rooted in every culture, social differences can change over time, and have wide variations both within and between cultures.

GBV-related Skin Manifestations

Gender-Based Violence (GBV) can manifest in various skin-related signs and symptoms. While it's important to note that these manifestations are not exclusive to GBV and can have other causes, dermatologists can recognize certain patterns or combinations of findings that raise suspicion of abuse

Short Communication

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1. Bruises: Bruises may appear in various stages of healing, ranging from fresh red or purple discoloration to yellow or greenish hues. The presence of bruises in atypical locations or in patterns suggestive of deliberate harm can be indicative of abuse.
2. Burns: Burn injuries may result from contact with hot objects, scalding liquids, or intentional acts like cigarette burns. The shapes and distribution of burns may raise concerns about abuse.
3. Lacerations or cuts: These injuries may present as irregular or linear wounds, often associated with sharp objects. Their location, shape, and presence of multiple injuries may suggest intentional harm.
4. Scar patterns: Scars can offer insights into past incidents of violence. They may vary in shape, size, and location, indicating a history of deliberate injury or self-harm.
5. Bite marks: Human bite marks can leave distinctive imprints on the skin. Dermatologists can identify these bite marks and assess their characteristics to determine if they are related to GBV.

6. **Patterned injuries:** Certain injuries may exhibit distinctive patterns, such as marks from restraints, ligatures, or objects used in physical abuse. Dermatologists can recognize these patterns and consider them as potential indicators of abuse.
7. **Psychogenic excoriations:** These refer to self-inflicted skin lesions resulting from scratching or picking. Dermatologists can identify such excoriations and consider them in the context of emotional distress or self-harm associated with GBV.
8. **Hair-related manifestations:** GBV can lead to hair loss conditions like alopecia areata, trichotillomania (hair pulling disorder), or stress-related hair loss (telogen effluvium). Dermatologists can assess the scalp and hair for signs of these conditions and consider their association with GBV.
9. **Neglect-related skin conditions:** GBV may involve neglect or inadequate care, leading to poor hygiene, skin infections, or malnutrition-related skin changes. Dermatologists can identify these conditions and evaluate whether they are suggestive of abuse or neglect [3,4].

Signs of Emotional and Psychological Abuse

Anxiety and depression: Dermatologists may observe signs of chronic anxiety or depression in patients, such as constant worry, restlessness, sadness, changes in appetite or sleep patterns, or a lack of interest in previously enjoyed activities. **Low self-esteem and self-worth:** Individuals who have experienced emotional abuse often have a diminished sense of self-esteem and self-worth. Dermatologists may notice signs of self-doubt, excessive self-criticism, or expressions of feeling worthless or undeserving. **Post-Traumatic Stress Disorder (PTSD) symptoms:** Survivors of emotional abuse may exhibit symptoms commonly associated with PTSD, such as flashbacks, nightmares, hypervigilance, or heightened emotional reactivity. Dermatologists may notice signs of emotional distress that could be indicative of a traumatic experience [5].

Psychosomatic dermatological conditions: Emotional and psychological stress can trigger or worsen certain dermatological conditions like eczema, psoriasis, or

dermatitis. Dermatologists may notice an exacerbation of these conditions in patients who have experienced emotional abuse. **Somatization:** Emotional abuse can sometimes manifest as physical symptoms without an underlying medical cause. Dermatologists may encounter patients who frequently report unexplained physical complaints such as headaches, stomachaches, or other somatic symptoms associated with emotional distress [6].

Collaboration and Referral

Referral networks: Dermatologists should be aware of local and regional GBV support services, including shelters, counseling centers, legal aid organizations, and helplines. They can provide survivors with information on these resources and make appropriate referrals based on the individual's needs and preferences. **Multidisciplinary team meetings:** Regular meetings or case conferences involving dermatologists, GBV responders, social workers, psychologists, and other relevant professionals can be beneficial. These meetings allow for comprehensive assessments, collaborative decision-making, and sharing of expertise to develop tailored care plans for survivors [7].

Confidentiality and Documentation

Dermatologists and GBV responders have a professional duty to maintain the confidentiality of the information shared by survivors. Confidentiality helps build trust and ensures that survivors feel safe when disclosing their experiences and seeking assistance. **Informed consent:** Professionals should explain the limits of confidentiality to survivors, including situations where they may be legally obligated to disclose information, such as when there is an immediate risk to the survivor or others. Obtaining informed consent allows survivors to make informed decisions about sharing their information [8].

Conclusion

- Dermatology, as a medical specialty, plays a crucial role in recognizing and addressing abuse cases and differentiate them from other similar-looking skin pathologies. As skin lesions can be the most visible sign of gender violence. Bruising, burns, lacerations, traumatic alopecia, or external genital injuries can be indicators of abuse, and can be easily identified by routine dermatologic examination.

- Collaboration and referral between dermatologists and GBV responders are essential for comprehensive care.
- Knowledge of local GBV support services enables appropriate referrals based on survivor needs.
- Training and education improve awareness and recognition of signs of abuse in dermatological settings.
- Confidentiality must be maintained to establish trust and protect survivor privacy.
- By prioritizing survivor well-being and privacy, professionals support survivors on their healing journey.

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