

SEEING Beyond Abuse

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Pennsylvania Optometric Association's 2010 Young Optometrist of the Year

Many may think that visiting an eye doctor would be the last place for an abuse victim to go. After reading this article, you may disagree. One day, a 49 year-old woman came to see me for a routine eye examination. Her vision was getting a little worse and she thought, "Maybe I need a new pair of glasses." During the examination, I noticed a tear in the iris of her right eye. Upon checking her eye pressure I found that it was elevated in her right eye. I asked the woman if she had ever sustained any injuries to her eyes. She confirmed that she had in fact been hit many times in her eyes and face years ago by a former boyfriend. I explained how the trauma had damaged her eye and the increased eye pressure could lead to optic nerve damage and vision loss if left untreated. We decided to begin medicated eye drops to lower the eye pressure. So far the drops are successfully keeping the pressure down, reducing her chances of vision loss. This woman very well may have lost her eyesight had she not happened to come for a regular eye exam.

Physical assault resulting in trauma to the eye can have both immediate and lasting effects. If trauma to the eye occurs, urgent medical attention should be sought to treat any immediate damage. Visiting an eye doctor is prudent for anyone who has ever sustained trauma to the eye at any time. This is because a form of glaucoma, called traumatic or angle recession glaucoma, can occur months or even years after an eye injury.

Glaucoma is the second leading cause of blindness in the United States. But what is glaucoma? The eye contains fluid, which is constantly being produced and drained. This fluid creates a pressure inside the eye (intraocular pressure) and helps the eye keep its shape. If this pressure becomes too high, it can damage the nerve inside the eye (the optic nerve), which can result in permanent vision loss. This is glaucoma.

When the eye undergoes trauma, the damage that occurs can lead to glaucoma. The fluid in the eye is drained where the cornea (the front clear window of the eye) meets the iris (the colored part of the eye); this is called the angle. This drainage angle can be damaged during a traumatic event such as a strike to the eye. When the angle is damaged, the fluid may not drain properly, which can cause the eye pressure to increase and can then lead to glaucoma. This is a special type of glaucoma: angle recession, or traumatic glaucoma.

In the United States, over 1 million Americans experience eye injuries each year. Blunt eye injuries account for over 60% of these injuries, and over 10% of all eye traumas are due to assault¹. Damage to the eye angle (called angle recession) is one of the most common complications after a strike to the eye². Though infrequent, damage to the eye angle can lead to angle recession glaucoma. This can occur weeks, months, or even many years after the trauma to the eye has occurred. As with most other forms of glaucoma, symptoms of vision loss are not noticed until the glaucoma is advanced and the damage is extensive. In fact, glaucoma is often called the “sneak thief of sight”. Since traumatic glaucoma can occur long after the eye has been injured, it is very important not only have an initial eye examination, but also regular visits to an eye doctor.

At the first visit to an eye doctor, it is necessary to mention any previous eye or head trauma so the eye can be properly evaluated for angle recession and glaucoma. The doctor will check the eye angle with a special lens, measure the eye pressure, and evaluate the optic nerves for any signs of damage. If angle recession is found, regular follow-up visits will be needed to monitor the eye for angle recession glaucoma. If glaucoma is detected, the doctor will likely start prescription eye drops to lower the eye pressure and try to prevent further damage to the optic nerve.

The Centers for Disease Control and Prevention estimate that 1.3 million women are victims of physical assault by an intimate partner each year. One in every four women will experience domestic violence in her lifetime. Domestic violence is a serious problem and a common cause of injury.

I urge anyone who has ever sustained an eye injury, especially victims of domestic violence or child abuse, to schedule an examination with an eye doctor. Please mention your history of eye trauma so the eyes can be properly evaluated.

I encourage my fellow eye care providers to develop the appropriate skills and communication techniques for recognition, intervention, and referral of domestic violence cases.

There are a number of warning signs of domestic violence of which we should be aware. Be alert for chronic, vague complaints that have no obvious physical cause, injuries that do not match the explanation of how they occurred, delays between injuries and seeking treatment, or a partner who is overly attentive, controlling, or unwilling to leave the patient’s side³. When signs such as these are present, eye care providers should ask about possible abuse in an empathetic and respectful way. Ask in private, with no family members present. You can ask indirectly: “Your symptoms may be related to stress. Do you and your partner tend to fight a lot? Have you ever gotten hurt?” or directly: “Sometimes when I see an injury like yours, it’s because somebody hit

them. Did that happen to you?” Too often, healthcare providers accept the statement of fearful victims that their injuries are a result of an accident or a fall. When a patient presents with a black eye or a facial injury, we must ask if they were hit.

If a patient says they are a victim of domestic violence, respond appropriately and offer supportive, nonjudgmental care. Listen to the patient and document their story in their medical record. Acknowledge their feelings and acknowledge the injustice: the patient needs to know they are not alone and that the violence perpetrated against them is wrong. Know the resources available to domestic violence victims in your community and provide this information to the patient. Counseling, shelters, and many other services are available in most communities. A 24 hour, toll-free domestic violence hotline is available nationwide (1-800-799-SAFE). Realize that some patients may not be ready to leave their abusive partners or to report abusive partners to authorities. You can still help plan for future safety: ask if the patient has a safe place to go if they need to escape³.

Most importantly, do not ignore the red flags of domestic violence and do not hesitate to ask when suspicions arise. Even though some patients may deny domestic abuse at first, the question itself can open the door so that the patient knows that they can come to you. Then, not only can you treat the physical injuries, but you can help lead them to a safer life.

¹ American Academy of Ophthalmology. 2009 Eye Injury Snapshot Project Results.
http://www.aao.org/practice_mgmt/eyesmart/snapshot_2009_results.cfm

² Sullivan, Brian R. Angle Recession Glaucoma.
http://www.emedicinehealth.com/angle_recession_glaucoma/article_em.htm

³What Health Care Providers Can Do About Domestic Violence.
<http://safespaceonline.org/healthcarepro.pdf>