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Issue Story

From the February 2008 issue of Clinical Advisor

Commentary

Helping stop domestic violence

It is not a disease, but it is very painful and 25% of all women will experience it.

So will one in four teenagers—girls and boys. It costs the nation more than \$5.8 billion a year—most of it for medical and mental-health services. Even so, fewer than 10% of primary-care practitioners routinely screen for it during regular office visits.

It is domestic violence. And as members of the health-care community, physician assistants and nurse practitioners are in an excellent position to do something about it. Below we outline five steps that can go a long way toward ending this shameful epidemic.

1. Recognize it. Domestic violence is a pattern of deliberate and specific behavior with the sole purpose of establishing and maintaining control over another person in an intimate relationship. Domestic violence can include physical, sexual, verbal, and emotional abuse and violence. It is not an anger-management issue, and it is not about someone "losing his/her temper." Neither is it the result of stress, drinking, or drug use. Perpetuating domestic violence is a batterer's choice.

2. Understand it. Victims face harsh realities in deciding if and when to leave. They are often isolated from friends, family, and other support systems. They also may face severe economic obstacles. According to the National Woman Abuse Prevention Project, a woman with children who leaves home has a 50% chance that her standard of living will drop below the poverty level. And even if a victim does have access to the resources needed to establish a new life, leaving can be dangerous: most domestic violence-related deaths occur when the victim is either separated from the abuser or about to terminate the relationship.

3. Identify it. Unexplained trauma or injury; injuries in various stages of healing; frequent headaches; anxiety or depression; pregnancy complications, including miscarriage; psychosomatic complaints. None of these is a definitive indicator of domestic violence, but each can be a warning sign.

Behavioral indicators include evasiveness or guardedness, an unwillingness to make eye contact, and frequent visits to the emergency department. Other red flags include strong denials that abuse is happening despite signals to the contrary, minimizing injury, or providing inappropriate responses.

4. Screen for it. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that all patients be screened for domestic violence. Remember that domestic abuse and violence can happen to anyone, regardless of age, gender, ethnicity, race, socioeconomic status, faith, education level, and sexual orientation. Your facility should have a detailed screening and follow-up policy.

5. Respond to it. If a patient discloses domestic violence, be ready to respond immediately. Have resources on hand, including contact information for local domestic violence programs. If your facility has a domestic violence advocate on-call, ask the patient if she would like you to place the call. Patients may refuse help the first time it's offered—breaking through fear and isolation takes time.

Displaying awareness brochures, posters and other material lets patients know you care about domestic violence and are available to help. Train your staff. Your local domestic violence agency can help you set up staff training and obtain awareness material.

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