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WOMEN'S HEALTH

Domestic violence: Physicians a link to prevention

Mary E. Guinan, MD, PhD



Domestic violence may result in more injuries and fatalities for women than automobile crashes, muggings, and rapes combined, but according to a recent editorial, physicians largely ignore the problem.¹

Evidence showed that a majority of women treated at an emergency facility for injuries resulting from violent acts of spouses or other persons known to the victims were discharged without any arrangement being made for their future safety. Physicians rarely inquired about an injury victim's past sexual or physical abuse, living arrangements, or future prospects of safety.

Intimate violence (between persons who are related, share a household, or are otherwise intimate) is a leading cause of injuries in the United States and is a serious and widespread public health problem, especially for women. In a new study in Atlanta,² women were the victims in 52% of fatal and 73% of nonfatal intimate assaults. In more than half of the assaults the perpetrator was a spouse or nonspousal partner and in 20% the perpetrator was an estranged or divorced partner. More than 30% of the victims had had one or more prior assaults by a spouse or partner. Estimates of the annual rate of nonfatal intimate assaults against women ranged from 968 to 1,376 per 100,000 population in the Atlanta study. The painful truth is that these assaults are very rarely reported to authorities, therefore the estimates are exceedingly low. Experts estimate that each year millions of women are injured by intimate assaults.¹

One recent grisly scene gave a chilling picture of the reality of the

problem. An Atlanta area woman was fatally shot by her former husband in her front yard while her three-year-old child watched. Her ex-spouse had been given a 24-hour furlough from jail where he was serving time for previous assaults against her. She was never informed by authorities that her ex-husband had been released.

What is the physician's role in preventing this toll of injuries? Physicians are not trained to detect physical and emotional abuse. Violent behavior is considered to be a social not a "medical" problem, and social problems have not been the traditional province of physicians. According to behavioral scientist Carole Warshaw, MD, of Chicago's Cook County Hospital, this medical model reinforces detachment that protects physicians from recognizing their own or the patient's feelings.¹ Anne Flitcraft, MD, co-director of the New Haven Domestic Violence Training Project, believes that by ignoring the underlying cause of the woman's injuries, a physician increases the victim's isolation and misses an important opportunity to counsel the patient about domestic violence and the community resources available to assist her.

Victims of assaults often seek medical help, but medical records rarely contain information on the relationship of victims and perpetrators. According to one study, medical personnel identified women as victims of intimate assaults only 5% of the time.¹ Many physicians are unaware of the repetitive nature of domestic violence and the continuing risk in such situations. We must begin to document in the medical record who inflicted the injuries and their relationships to victims. Only then will we be able to assess the immediate safety of the patient's environment and help her to find appropriate safer situations. Also, it is important to keep such records in order to accurately assess the magnitude of the problem.

Physicians are primarily concerned with giving medical treatment to those who are injured. Drs. Warshaw and Flitcraft both state that physicians side-step the uncomfortable issue of domestic violence by prescribing pain medication for the injuries, thus fulfilling their medical obligations. In fact, they believe that physicians can assess the future safety of the victim merely by asking about the extent of the violence and what the patient can do to protect herself and her family. Just asking "Are you safe?" may be the opening the patient needs to discuss her situation.

Physicians, especially those working in emergency care facilities, are often frustrated by the lack of community services or shelters for abused women. Victims often cover up for their perpetrators and refuse to leave the abusive relationship. In order to reduce injuries and deaths to women from domestic violence, physicians must play a role in prevention. How can physicians help? We can:

1. Increase our awareness of the signs and symptoms of abuse.
2. Ensure that we take a proper history of injury victims asking specifically about domestic violence and documenting it in the medical record.
3. Learn about the community resources and referral agencies for battered women in our areas.
4. Counsel the victim and advise her not to return to an unsafe situation.
5. Help patients connect to the assistance available in our communities.

References

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