Recognizing domestic violence

Your feature articles on domestic violence in the August issue of *Canadian Family Physician* were very informative. As a board-certified family practice and emergency victimized medicine physician, I treat many victimized patients daily. Indeed, domestic violence in the United States has emerged as one of the most serious health problems of our time, with many acknowledging intimate assault as endemic within American society. Although the frequency of abuse is similar to hypertension and even exceeds other conditions, such as breast cancer or gestational diabetes, the diagnosis is commonly missed by physicians.[1]

Statistics in the United States indicate that domestic violence against women results in more injuries requiring medical treatment than does rape, auto accidents, and muggings combined.[2-4] According to the US Department of Justice, 90% to 95% of domestic violence occurs by men against women, with approximately 3 million to 4 million battered each year and at least 8 million considered at risk.[5-7] Total lifetime prevalence rates range from 11% to 54%, depending on how domestic violence is defined.[8,9] The evidence is clear: domestic violence affects a large percentage of the American population, and although many of these victims seek help from medical providers, the cause of their injuries frequently goes unrecognized.

The authors of "Physicians' perceptions of and approaches to woman abuse"[10] present many reasons medical professionals are not very effective in diagnosing this problem. It is not surprising that victims themselves were implicated in the three top reasons for low detection ratings. This reflects physicians' fears and insecurities in addressing domestic violence in their practices.

Respondents to similar surveys in the United States offered the same reasons for not recognizing abuse, emphasizing that the Canadian problem is not unique. Recognition of elder abuse in the United States has become an even greater problem. The American Medical Association (AMA) recommends screening all geriatric patients, particularly those identified as high risk. The shared experiences between abused elderly women has yet to be fully revealed, although it is clear that many suffer health problems and are dependent on their caregivers (husband or family members) for daily living activities.

Education is a key element in correct assessment and treatment of abuse, not only in the United States and Canada, but also globally. Training must include continuing medical education classes for practising clinicians and, more importantly, domestic violence education in medical schools and residency. The American Association of Medical Colleges (AAMC) has emphasized including family violence within the core curriculum for all medical students.[11] Several schools already incorporate domestic violence and victim behaviour assessment within first- and second-year behavioural science courses. Others have instituted a prevention-oriented approach to intimate abuse, incorporating questions about current and past exposure to violence with other queries about smoking, seat belt use, exercise, diet, alcohol, and sexual practices. This style of information gathering is stressed during the students' introductory course on how to take a good medical history. The objective is to increase awareness and the likelihood that students will inquire about intimate violence during patient encounters.

During family practice residency, training should include how and when to ask about domestic violence, clinical manifestations frequently associated with abuse,

and recovery and empowerment counseling to victims. Some programs include on-site patient involvement at safe houses and shelters, participation in the hospital's domestic violence task force, or involvement in the interdisciplinary abuse response team. Studies in the United States have shown that this type of experience is critical in changing how physicians respond to assault patients. Exposing the myths and stereotypes associated with domestic violence and encouraging medical students and physicians-in-training to discuss their feelings about this difficult topic will further decrease barriers associated with abuse identification in everyday practice.

Family physicians do not have to be psychosocial experts or have extensive counseling skills in order to manage crisis patients effectively. Intervention, however, must be multidisciplinary and include an effective strategy for support and follow-up care. Physicians must emphasize to patients that the violence is not their fault and that they do not deserve to be abused. Patients must be taught that violence is a learned behaviour usually acquired over time and is generally unlearned over a period of years (if ever). It is characterized as a pattern of coercion, including repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation.[3]

The different phases of the violence cycle along with the power and control dynamics that define abusive relationships can be an effective educational tool during treatment.[12,13] I hope that, as family physicians receive more training in this area, they will begin to see that treating such patients is not beyond their level of expertise. Indeed, if primary care physicians are not involved in the care of domestic violence patients, then who will be, and if they are not trained even as medical students, then when should this education begin?

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Amateur or professional?

At the Centennial Olympics in Atlanta, Ga, amateur athletes competed with each other after years of relentless and steadfast training. These dedicated men and women vied for top honours and world recognition from their peers, coaches, and spectators as well as promoters and sponsors.

What separates amateur athletes who compete in the Olympic Games from professional athletes recently graduated from the Olympics? Perhaps the difference lies in the word itself. Professional: pertaining to one's profession or occupation, one who is a specialist in a particular field or occupation. If one is a professional, one professes to do something well.

The Olympics are the utmost training grounds for future professional athletes. Being involved in the Olympics reminds us of the history of sport and competition and the achievements of past competitors. In our modern era, there