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Author	Dr Nena Kopcavar Gucek
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FAMILY VIOLENCE IN FAMILY PRACTICE: CAN WE ADEQUATELY SCREEN AND ADDRESS IT?

Introduction: Due to its epidemic dimensions, family violence has evoked the interest of public health authorities. Screening, early detection and adequate addressing the problem can save unnecessary referrals, examinations and treatments due to undefined health problems, related to violence. Asking for violence in the family practice and obtaining a positive response identifies an opportunity for prevention of physical and psychological sequelae. Besides, it gives the physician insight into etiology of health problems. However, barriers to screening most frequently expressed by family physicians include inadequate training, time constraints, wide variability of personal attitude towards violence and lack of resources and guidelines.

Aim: The aim of our pilot study was to estimate the frequency of violence by random screening the patients in family practice. Based on the results, the needs and future activities could be suggested.

Methods: In May, 2006, 27 family practitioners were asked to screen every 5th patient visiting their practice. Two standardized screening questions were asked, medical records were checked and the doctor's opinion on the patient was recorded. Specific complaints/symptoms according to the check-list were looked for. Results were analysed and accordingly interpreted.

UEMO – PRESIDENCY

c/o Portuguese Medical Association, Av. Almirante Gago Coutinho, 151, 1749-084 Lisboa
Tel: +351 21 842 71 12, Fax +351 21 842 71 99, E-mail: info@uemo.org

Results: 1103 individuals were interviewed. 141 (12,7%) reported experiencing violence, 65 of those (5,9% of all) were physically abused. 78 (7,1% of all and 55,3% in the exposed-to violence group) sought medical help for the consequences of violence. 47 out of 141 required support and consultation only, 12 received medical treatment, 34 were referred to psychiatrist, to 7 antidepressants were prescribed, in 16 cases police or social care were notified. 31 required or desired no intervention. 58,76% of male participants reported no exposure to violence while only 34,48% females reported likewise.

Conclusions:

The level of violence detected in our study corresponds to the data in literature. According to our results, several barriers could be overcome to properly and adequately address the problem. Lack of skills and knowledge for detecting and providing answers to family violence, inadequate time and setting resources, non-existing guidelines and algorithms, lack of coordination between various health, social, governmental and non-governmental services, and low level of awareness are just a few of the issues to be addressed.