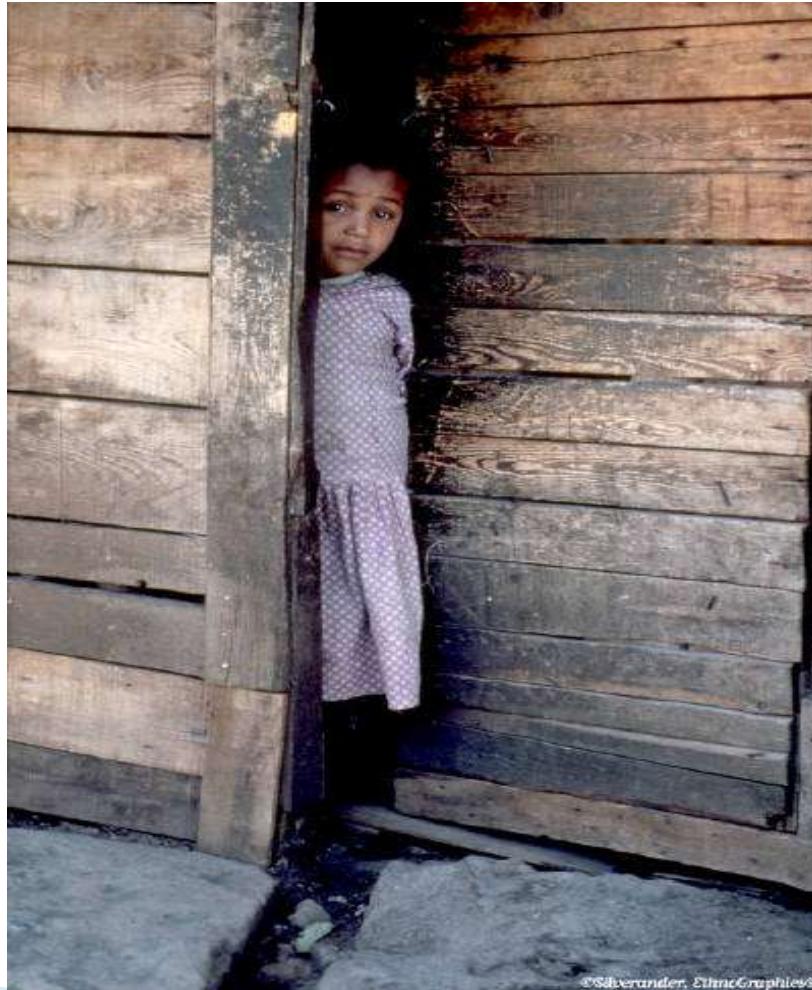


ZA SKRINING I PREVENCIJU NASILJA U PORODICI TIM PORODIČNE MEDICINE TREBA ODGOVARAJUĆU EDUKACIJU

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Definicija nasilja u porodici



Definicija nasilja u porodici

- ▶ Fizičko, seksualno, emocionalno, psihičko ili ekonomsko zlostavljanje osobe od drugog člana porodice.



Prevalenca nasilja u porodici

- ▶ 25% ženske populacije bude zlostavljano tokom života.
- ▶ Preko 35% žena i 22% muškaraca koji dolaze u odjeljenja urgentne medicine iskusila su nasilje u porodici.
- ▶ U cijelom svijetu više od milijarde žena trpe nasilje.
- ▶ U Europi 7 žena umire svaki dan od posljedica nasilja.

Prevalenca nasilja u porodici

Tačnu incidenciju nasilja u porodici teško je utvrditi zbog:

- ▶ To je “tiha” epidemija neprepoznata i ne registrovana
- ▶ Nema slaganja šta treba uključiti u definiciju nasilja u porodici.
- ▶ Neprepozнат у друштву као врло значајан јавно здравствени проблем

Nasilje u porodici i zdravstveni sistem

- ▶ Prvi kontakti osoba koja trpe nasilje u zdravstvenom sistemu dogadjaju se u porodičnoj medicini.
- ▶ Porodična medicina po svom konceptu je prva i najvažnija tačka u postupku skrininga, prevencije i prvih procedura registracije i zaštite žrtve nasilja.

Uzroci za neprepoznavanje problema

- ▶ Žrtve ne traže bilo koju pomoć dugo vremena !
- ▶ Djeca nemaju priliku



Uzroci za neprepoznavanje problema

- ▶ Tim por. medicine
- ▶ Žrtva nasilja



- ▶ Strah da otvori "Pandorinu kutiju", da uvrijedi pacijenta i nedostatak edukacije
- ▶ Strah da kaže istinu

Domestic violence and health care system

- ▶ Only 10% of primary care doctors routinely screen for domestic violence.
- ▶ 92% of women who were physically abused by their partners did not discuss these incidents with their doctors, but studies show they would like their health care providers to ask about abuse.

Domestic violence and health care system

- ▶ Emergency department (ED) screening rates for domestic violence are also very low.
- ▶ Only 13% of patients presenting with injuries were screened.
- ▶ ED screening rates are of great concern since 44% of women murdered by an intimate partner had a previous ED visit within 2 years before the homicide and 93% had at least one prior contact with emergency personnel for an injury.

EBM Recommendations for the best practice in management of domestic violence

- ▶ Routine screening
- ▶ Introduce educational module and training

Ramsay J, Richardson J, Carter Y, Davidson L, Feder G. Should health professionals screen women for domestic violence? Systematic review. BMJ 2002;325:314-318.

Screening for domestic violence management

- ▶ Family medicine team should routinely screen women for domestic violence .
- ▶ questions about physical abuse may be easily made.
- ▶ the low cost and low risk of screening.

Management of domestic violence (EBM)

- ▶ Inconsistent explanation of injuries or delay in seeking treatment
- ▶ Somatic complaints
- ▶ Psychiatric illness
- ▶ Frequent visits to the emergency room
- ▶ Injuries, especially to head and neck
- ▶ Low birth weight

Screening for domestic violence

First step: Differ Domestic Violence Vs Illness Based Violence

Illness

- ▶ Organic brain disease
- ▶ Target is whoever is present
- ▶ Changes in speech, gait,
- ▶ May be psychosis
- ▶ PTSD
- ▶ Progression with disease

Domestic Violence

- ▶ Learned
- ▶ Target intimate partner
- ▶ Coercive
- ▶ PTSD ?

Screening for domestic violence

The HITS screen

- ▶ **Hurt**

How often does your partner physically hurt you?

- ▶ **Insult**

How often does your partner insult or talk down to you?

- ▶ **Threaten**

How often does your partner threaten you with physical harm?

- ▶ **Scream**

How often does your partner scream or curse at you?

Each question is answered on a 5-point scale: 1 = never, 2 = rarely, 3 = sometimes, 4 = fairly often, 5 = frequently. The score ranges from 4 to a maximum of 20. A score of 10 is considered diagnostic of abuse.

Screening for domestic violence

WAST test

- ▶ The Woman Abuse Screening Tool (WAST; available online at <http://www.jfponline.com>)

Brown JB, Lent B, Brett PJ, et al. Development of the woman abuse screening tool for use in family practice. Fam Med 1996;28:422-428.

Screening for domestic violence

- ▶ The first 2 questions of the WAST screen make up the **WAST-short** questions:
- ▶ In general, how would you describe your relationship? (A lot of tension; some tension; no tension)
- ▶ Do you and your partner work out arguments with...? (great difficulty; some difficulty; no difficulty)

Evidence supporting interventions for domestic violence

- ▶ A Community-based advocacy intervention programs
- ▶ B Safety intervention protocols
- ▶ B Civil protection order
- ▶ B Telling or confiding in someone
- ▶ B Contact with community resources on domestic violence

Wathen CN, MacMillan HL. Interventions for violence against women: scientific review. JAMA 2003;289:589–600

Ako žena kaže DA –

Pet pitanja za postaviti:

- ▶ Da li biste željeli govoriti o tome?
- ▶ Kada se to desilo?
- ▶ Da li ste razgovarali s bilo kim o ovome?
- ▶ Kako se nosite s tim?
- ▶ Šta vam sada treba?

Uloga zdravstvenih radnika

1. Skrining/Identifikacija
2. Procjena/pregled.
3. Pružiti odgovarajuću njegu
4. Dokumentirati.
5. Planiranje sigurnosti.
6. Uputa.

Znaci zlostavljanja:

- ▶ Povrede su često dvostrane.
- ▶ Oznake povreda.
- ▶ Unutrašnji (skriveni) prije nego vanjski (dojka, leđa, abdomen, genitalije).
- ▶ Višestruke povrede, različiti stepeni zacjeljivanja.
- ▶ Neurološke, povrede leđa i kičme.
- ▶ Davljenje/gušenje i rezultirajuće modrice.
- ▶ Povrede ruku – nadlaktica, lakanne frakture.
- ▶ Opekotine – cigarete, pribori, opekotine nastale od trenja.
- ▶ Povrede glave – periorbitalni hematom, frakture nosa, probušena bubna opna, razderotine, kontuzije, frakturna vilice, oštećenje zuba.

Uobičajeni efekti zlostavljanja:

- ▶ Depresija i akutna anksioznost.
- ▶ Suicidalne misli.
- ▶ Samo-zlostavljuće ponašanje.
- ▶ Poremećaji ishrane.
- ▶ Seksualni poremećaj.
- ▶ Hronični gastrointestinalni bol/nelagoda.
- ▶ Sindrom nadraženih crijeva.
- ▶ Hipertenzija.
- ▶ Hronične glavobolje.

Conclusion

- ▶ Domestic violence is epidemic and chronic life-threatening condition that we can treat.
- ▶ Victims and family without treatment have serious effects to health and potentially life-threatening consequences.
- ▶ If we identify victims by screening and offer information including safety plans and referrals to advocacy services, the prognosis is improved (quality of life and fewer violence-related injuries).
- ▶ Family medicine team can play the key role in prevention of domestic violence and related injuries!!

Take home message
Save victim before it happens

