

# VIOLENCE IN PRIMARY CARE:

## IDENTIFICATION AND TRAINING, DOES IT WORK?

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**Background:** Primary care physicians underestimate domestic violence and community violence. Therefore victims are at risk of further episodes of violence with psychological and physical consequences.

**Objective:** The aim of the study is i) to assess the impact of an educational program for internal and family physician trainees to identify violence among Swiss natives and foreigners, ii) to evaluate by a follow-up study the consequences of the interview for positive patients.

**Design:** Pre/post-interventional study with a follow-up for physicians and for positive cases

**Setting:** academic general internal medicine clinic in Switzerland

**Participants:** 20 residents and 214 consecutive patients for the pre-interventional phase and 232 consecutive patients for the post-interventional phase

**Intervention:** A 3 hour training program consisting of an interactive lecture, case presentations, videotaped-role plays and handouts summarizing the key points of the presentation.

**Measurements:** Questionnaires presented in the main foreign languages spoken by our patients. They addressed socio-demographics, questions on present and past violence, the feeling of security experienced by victims of violence, patient's own violence, and whether they were asked about violence during the current visit and what was said and proposed. The physicians – not informed about the aim of the study – were questioned on the different medical problems brought up during the consultation and the recommended solutions. Between 3 and 6 months after the first interview, we did a follow-up of all patients who had reported domestic violence in the last year and of the doctors who took part in the study.

**Results:** Prior to intervention, 22/178 (12.4%) of the patients included in the study reported being victims of physical violence during the last year (19/178 (10.7%) of psychological violence) versus 7.4% after (8% of psychological violence). Physicians identified only 13% of the patients victims of violence prior to the educational program, versus 16% after ( $p=ns$ ). Prior to the training, 6.5% of the patients seen after the consultation said that their doctor had asked them about violence, versus 7.1% of the patients after ( $p=ns$ ). Of 29, 22 patients who reported being victims of domestic violence were found in the follow-up. The frequency of violence either diminished (4/22) or ceased (17/22).

**Conclusion:** Prevalence of violence in the last year is relatively high and is often neglected by doctors. A low intensity educational program for doctors does not improve the identification of violence. However, patients in a current violent relationship stated that participating in the study helped and that violence decreased or ceased a few months later.

## DISCUSSION

### *Training and its limits*

We found that detection by physicians is low. A low intensity training program was not able to increase the detection of violence by physicians. The effectiveness of a training intervention on domestic violence was tested by an exit interview of the patients before and after the intervention, and by a tool measuring attitudes and beliefs of the physicians on domestic violence. No statistically significant difference was found in the attitudes and beliefs of the physicians between the pre-test and the post-test evaluation. This study, using a

screening and counselling program, showed that the increase in identification of battered women at one year post-intervention had returned to baseline 8 years later. Nevertheless most programs for students showed an improvement in attitudes and knowledge on domestic violence and several of the clinically based interventions, mostly based on medical record reviews, higher rates of detection of domestic violence. We have introduced our training program on domestic violence in the continued medical education we offer to the internal and family physician trainees of our clinic.

One reason for the low detection of violence by physicians could be that we asked them what were the different medical problems of their patients. They may not consider violence as a medical problem. Furthermore patients were free to participate so we probably missed some who have a problem of violence.

### *Prevalence*

The originality of this study is that we chose to include consecutive patients consulting for an emergency visit, which means that we had women and men, Swiss and foreign patients who took part in the study. We found similar rates of violence in other studies (5-7). Our results show that there is more community violence for men and more domestic violence for women which is not very surprising. Doctors should not only have domestic violence in mind but also community violence when consulting with a patient. We did not find a statistically significant difference in the responses of Swiss and foreign patients. Not many researches compare rates of violence among women and men or natives and foreigners.

A Swiss survey on the health of the population showed that 9% of the persons asked (8% of women and 10% of men) said that they had been victim of at least one form of violence (verbal violence, physical violence, offence against property) in the last 12 months. More than half of them suffered verbal violence (5%), 1.5% physical violence and 3.7% an offence on property. In the case of physical violence and more specifically of sexual violence, women are more at risk than men to be victims.

We noted that domestic violence diminished or ceased on follow-up for the majority of the patients we contacted. Victims and perpetrators did not differ in their responses, except that perpetrators tend to have more difficulty in talking about their violent behavior to people, than the victims about what happened to them. It seems that the combined effect of the interview by the psychologist and the consultation with a physician, whose confidence dealing with violence increased, made it possible for the patients to initiate changes in their family life, resulting in a decrease of violence.