

Confronting chronic neglect - the education and training of health professionals on family violence

National Academy Press - Childhood Emotional Neglect: What It Is, and How It Can Affect You

Table 3. Representative Student Comments Supporting Identified Themes Related to Their Reported Barriers to Screening for Intimate Partner Violence and Reproductive Coercion

Internal Barriers to Asking IPV/Reproductive Coercion Screening Questions

- Antisocial topic**
Sometimes they may seem antisocial. I think I may give the patient the impression that I think they have issues in their personal life. My own experience being screened made me feel sort of that I did something to suggest that I was the type of person who would be subjected to IPV. I don't know the reason but you have to consider the ones screening other patients.
- Difficulty finding appropriate time to screen during the encounter**
If you're about the point during the encounter that the patient is out of place and makes it uncomfortable. I feel the pressure. I usually continue the interview and try to build rapport and ask the question in a different way towards the end of the encounter. I can be wary to ask the question too early if you're through the rest of the history and the patient doesn't have too much medical history.
- Antisocial screening was not necessary**
I remember being told to ask for the 10th time about the patient's history. I don't even know my mind that there could be someone else. I don't know how to know that this is a situation anyone can find themselves in. I only asked if you felt that she had a good support system and where to refer her to the possibility of why we get pregnant after being in IPV so that because I did not see any "red flags" on her answers for those questions I deemed asking about partner violence.
- Confusion about difference between IPV and reproductive coercion**
I asked about IPV and the patient said she was not experiencing it and I asked about reproductive coercion and she said she was not experiencing it. I don't believe it was also necessary to ask about reproductive coercion. I feel in this case asked about IPV and the patient said she was not experiencing it. I don't believe it was also necessary to ask about reproductive coercion in this case. I feel they are too similar topics.
- Lack of experience**
This will help me to remember to ask in a different way. I don't have any experience doing that yet. Maybe encouraging asking these questions in our actual histories in years 1 and 2 would help.
- Consistent report about it, repeated it with IPV and didn't distinguish it as separate from IPV. Barriers for me would be being too shy or scared to ask. I think in these questions will become more comfortable to ask.**

Concern Regarding Management of the Patient's Reaction

- Concern about patient's reaction to screening questions**
Sometimes I can come across as judgmental to the patient, and sometimes I feel like I'm prying particularly for those who do experience IPV. I think it's most important to have confidence. It's easy to forget if you have patients of how common IPV is among pregnant women.
- Concern about breaking rapport when screening**
I feel that the biggest barrier is establishing rapport with the patient and getting them to trust you. This is a very delicate matter and your patient needs to feel that you can go on and that you will not judge them or make them feel insecure.
- Concern about offending the patient**
Sometimes the patient might offend me by the question. I am concerned that asking something that doesn't apply to most patients will give the impression that I haven't connected with the patient or gotten to understand them by asking a question that seems irrelevant to them. I understand the importance of this line. However, I'm going to ask this to this patient who is in a high-risk situation.
- Uncertainty about how to manage patients who answer affirmatively to screening questions**
I have the feeling of perhaps being uncomfortable to ask the question. I think I should have said "I will share this with the doctor." I feel it is a social awkwardness for patients to answer. I'm recommending the patient take legal action. I learned long ago asking a question makes you responsible for the answer.

Description: -

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Great Britain -- Religion -- 17th century
Church and state -- England -- Early works to 1800
Medical personnel -- Training of -- United States
Family violence
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Preventing Child Abuse & Neglect

They can also help a child learn to cope with the issues they may already face. Some countries with laws against domestic violence may not enforce them and there are many countries that do not domestic violence. The Cochrane Database of Systematic Reviews.

Intimate Partner Violence Screening

Surprisingly, many assume that health professionals are deliberately turning a blind eye to this traumatic social problem.

What is family violence?

Family therapy If a child is being emotionally neglected at home, family therapy can help both the parents and the child.

Identification of Neglect

Abuse during pregnancy: A protocol for prevention and intervention. It was created through the Violence Against Women Act and is available online or by phone 1-800-799-SAFE in all 50 states, the Virgin Islands, and Puerto Rico, and in 170 languages.

Childhood Emotional Neglect: What It Is, and How It Can Affect You

As such, it can be an important window of opportunity to screen. How to ask the right questions and recognize abuse. For curriculum suggestions see Appendices.

Training and Professional Development

If the appropriate specific interventions outlined above are available, the child should receive them.

Confronting Violence: Education Other Resources

Some studies suggest that it may increase rates of disclosure after abuse has occurred, but the results are not definitive. Effects may include medical conditions and behavioral disorders, but many victims have no symptoms.

Intimate Partner Violence Screening

Break the Cycle provides comprehensive violence prevention programs exclusively for young people, champions effective laws and policies to fight dating abuse, and hosts public campaigns. Pulled from web site August 1999 American Academy of Physician Assistants AAPA AAPA Policies The AAPA shall support the development of educational programs concerning early prevention, recognition, reporting, and treatment of child abuse.

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