

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 Concerns	
Internal Barriers to Asking IPV/Reproductive Concern Screening Questions	
<ul style="list-style-type: none"> • Awkwardness: Sometimes there it may seem awkward. I think it 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 like I did something to suggest that I was the type of person who would ask questions about intimate partner violence. • Difficulty finding appropriate time to screen during the visit: If I am going to ask questions about intimate partner violence, I usually contact the physician and/or the patient in a different way beforehand. I feel if the physician is already contacting the patient to ask for a report and see the question in a different way it's something we've got to make sure the physician is aware of. • Concern about how the patient will react if they thought the history and the patient doesn't have the medical history: I usually contact the physician and/or the patient in a different way beforehand. I feel if they thought the history and the patient doesn't have the medical history, it would be better to just say "I'm sorry, I forgot to ask you this question." • Concern about asking was not necessary: I personally try not to ask this. I think my own bias of how I was taught to do it is, I didn't even cross my mind that there could be a problem with asking this question. I think it's important to ask this question because it is of value and makes it more appropriate. I think it's important to ask this question because it's important to know if they've got pregnant after being exposed to IPV. • Concern about difference between IPV and reproductive concerns: I asked about IPV and the patient said he/she had been very supportive and never hit her. I did not believe it was also important to ask about reproductive concerns. I think it's important to ask about reproductive concerns because in this case I asked about IPV, and the patient said she was not experiencing IPV, so I think it's sort of ruled out reproductive concerns. I think it's important to ask about reproductive concerns because it's important to know if they've got pregnant after being exposed to IPV. • Concern about breaking report when screening: This is a concern that I have to remember to do since I don't have any experience doing this yet. Maybe encouraging using these questions in our small histories is yields 1 and 2 would help. • Concern about offering the patient choices: I think it's important to offer the patient choices if they're being asked a question that they're not comfortable with. I think it's important to offer the patient choices if they're not comfortable with the question that they're being asked. • Concern about offending the patient: I think it's important to offend the patient by asking the question I am concerned about by asking something that doesn't apply to most people. I will give the impression that I have connected with the patient or gotten to understand them by asking a question that applies to most people. I think it's important to offend the patient by asking something that applies to most people. • Concern about how to manage patients who answer affirmatively to screening questions: I have the belief that perhaps being uncomfortable to what the answer might be. To whom should I turn, say, will always have the thought that I'm going to offend the patient. I think it's important to know how to manage patients who answer affirmatively to screening questions. 	
Concern Regarding Management of the Patient's Response	
<ul style="list-style-type: none"> • Concern about patient's reaction to screening questions: Sometimes it can come on as a surprise to the patient, and sometimes it feels like it's going to happen. I think it's important for those who do experience this to be prepared for it. I think it's important to be prepared for the patient's reaction to screening questions. • Concern about how to respond to patient's reaction: I think it's important to respond to the patient's reaction. I think it's important to respond to the patient's reaction by addressing the patient's needs and addressing the patient's concerns. • Concern about breaking report when screening: I think that the biggest barrier is in getting the patient to open up to you. This is a very delicate matter and you have to be careful with the patient and not judge them or make them feel insecure. • Concern about offending the patient: I think it's important to offend the patient by asking the question that I am concerned about by asking something that doesn't apply to most people. I will give the impression that I have connected with the patient or gotten to understand them by asking a question that applies to most people. • Concern about how to manage patients who answer affirmatively to screening questions: I have the belief that perhaps being uncomfortable to what the answer might be. To whom should I turn, say, will always have the thought that I'm going to offend the patient. I think it's important to know how to manage patients who answer affirmatively to screening questions. 	

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Great Britain -- Religion -- 17th century

Church and state -- England -- Early works to 1800

Medical personnel -- Training of -- United States

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Notes: Includes bibliographical references (p. 161-190) and index
This edition was published in 2002



Filesize: 32.16 MB

Tags: #Summary #of #Evaluation #Studies #on #Training #of #Health #Care #Professionals #on #Intimate #Partner #Violence

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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