

Health & Science

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to stem HIV infection rates

Resistant bacteria still 42
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minority men

Intimate partner violence is a continuing and perplexing public health problem. But physicians are being offered more resources and more insights for addressing it.

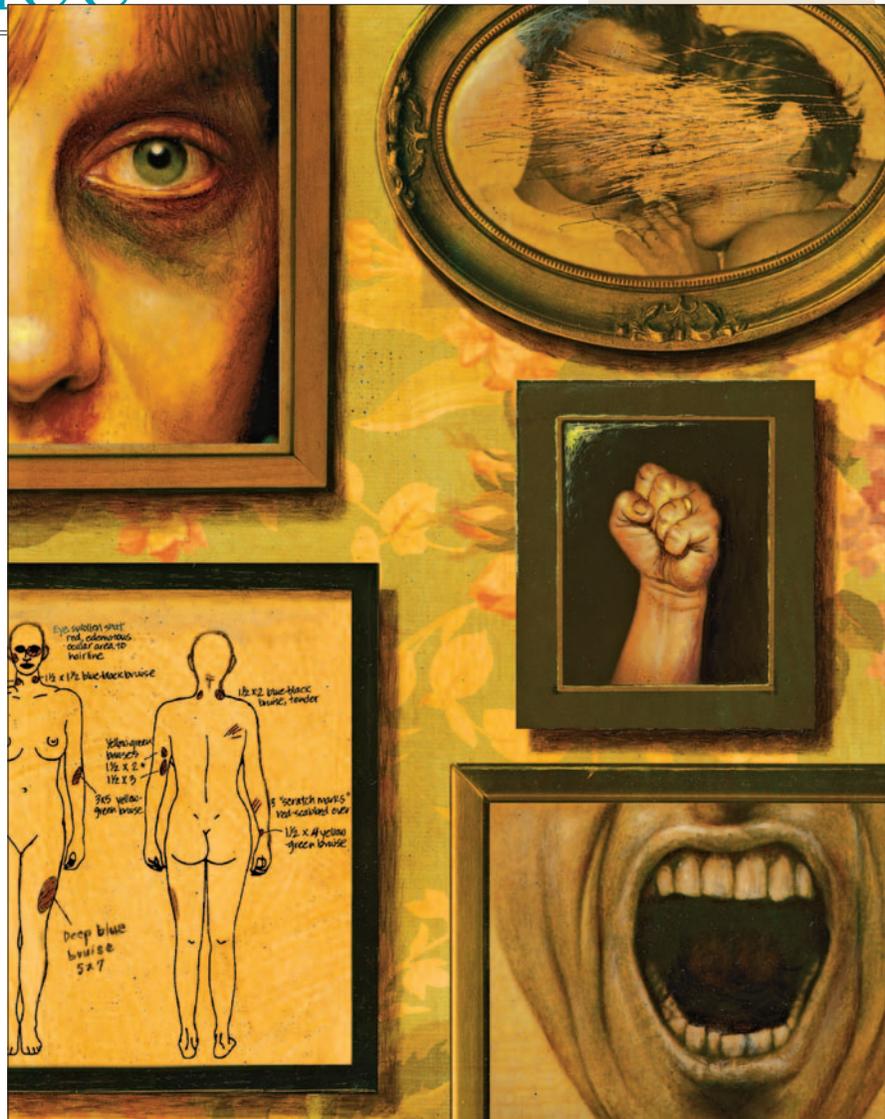
THE WOMAN HAD UNCONTROLLED ASTHMA. It appeared she was noncompliant, her gasping, wheezing emergency department visits growing more and more frequent. Her doctor was frustrated. But on a gut instinct, he made one last-ditch effort to help. He phoned the hospital's family violence program. "I don't know why I'm even calling you," he said. "I know the husband. They're a lovely couple. But just talk to her about things at home."

It turned out that things weren't so good. The husband wasn't punching or slapping the woman. But when she needed her asthma medication, he'd hold it over her head, just out of reach. "Jump," he'd say, over and over. Fear triggered her attacks. Shame kept her silent. And the doctor's decision to intervene saved her.

"I use this case to help physicians understand," says Kerrin Darkow, director of Mercy Hospital's Family Violence Response Program in Baltimore. "This was a major intervention. This was abuse. He didn't hit her, but he could have killed her."

And this isn't an isolated example. One in four American families has experienced some form of domestic violence. Beyond the immeasurable human toll, it's estimated that this abuse consumes nearly \$67 billion a year in health care and government dollars. Accounting for more than 39,000 physician visits annually, its ramifications go far beyond closed doors. According to the American Academy of Family Physicians, it affects at least one-third of the patients cared for by family doctors, with violence against women the most frequently seen. Each year in the United States, 2 million to 4 million women are abused by an intimate partner; of those, nearly 4,000 die. Affluence, education or profession affords no immuni-

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HIDDEN VIOLENCE HARROWING CHOICES

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