Rachel Lee

Asking the important questions

It is nearly a decade since the World Health Organization declared violence to be a major public health problem,[1] yet for many of us violence remains someone else's territory – an issue for lawyers, police and government – not something for general practices or primary care providers to grapple with. Certainly violence is a concern for government and other agencies; in 2009 the Australian government launched the National Plan to Reduced Violence against Women and their Children[2] and the Centers for Disease Control in the United States of America has an entire division devoted to violence prevention.[3]

However, violence is our problem and we need to take real responsibility for it, just as we do for more readily measurable health problems such as diabetes and other preventive activities, like ensuring women have regular Pap tests. In general practice we deal with violence and the effects of violence each and every day. Violence permeates our world and impacts enormously on the health and wellbeing of our patients, affects office staff and at times has direct impact on ourselves. While some violence is overt and cannot be ignored, so much of the violence we encounter is hidden, unspoken, and therefore, untreated. We neglect to ask, patients choose not to tell. Acknowledging that violence is a major problem in the primary healthcare setting at least gives us the opportunity to take action and 'combat' violence and the silence that fuels it.

The World Health Organization defines violence as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood or resulting in injury, death, psychological harm, maldevelopment or deprivation'.[1] This definition is broad and frightening. The statistics are equally so.

The focus articles in this issue of *Australian Family Physician* address different aspects of violence in general practice. Hegarty and O'Doherty[4] write on the all-too-common problem of intimate partner violence. They provide useful suggestions for GPs to sensitively ask about intimate partner violence, tools to confidently assess risk, and provide a reminder to tailor support to each patient's needs. Sim et al[5] focus on the problem of aggression and violence directed toward practice staff by patients. They outline how aggression and violence in general practice rarely arises 'out of the blue' and provide practical suggestions for how it can be anticipated, prevented and managed at the practice level.

Jones et al[6] weigh the evidence for the controversial link between benzodiazepines and violence – an important consideration given the extent of benzodiazepine prescription in Australian primary care.

As a mother, the most difficult article for me to read in this issue of *AFP* is the article by Anne Smith,[7] which outlines which injuries and situations are suspicious of nonaccidental injury. This is essential knowledge for our role in health surveillance of young children. In another article in this issue, Smith dispels myths about the prepubertal hymen, explains what the range of normal is and lists uncommon findings that may be suggestive of penetrative abuse.[8] When sexual abuse is suspected, expert forensic examination is required; this article provides practical advice for situations when GPs need to examine for other reasons such as itch or pain after a fall astride.

I know that many of my patients are directly affected by violence. Reading the articles in this issue of *AFP* has made me realise this is just the tip of the iceberg. I wonder now about the submerged violence related pathology I have been unaware of; how much of the depression, unexplained somatic symptoms, anxiety and social difficulties I see have actually been due to unacknowledged violence. I return from maternity leave to clinical practice in early 2012 and I am determined to find out. I hope that the articles in this issue of *AFP* encourage you to think about violence in your practice, to ask the important questions, and to help your patients whose lives are marred by violence.

Author

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