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Family Matters: Domestic Violence

Heed warning signs and get help to prevent tragedy

By Dr. Eric Caine, Readers; Catherine Cerulli, Guest Essayists

As part of our work at the University of Rochester Medical Center, we spend much of our time seeking to prevent deaths from domestic violence, along with other forms of intimate violence and suicide, which share many of the same risk factors. Nationally, the estimated cost for medical care, mental health services, lost time from work due to injury and death due to domestic violence is \$8.3 billion annually. This excludes costs to the court systems.

Many of these cases are preventable using a public health approach to violence reduction as well as the more traditional case-by-case method that occurs once a violent act has taken place.

First, we should clear up some myths:

- “Such cases only happen in poor neighborhoods or broken families, or involve unbalanced (severely mentally ill) individuals.” Many homicides occur outside the city in “normal” families and are perpetrated by individuals where neighbors were shocked by what took place. Indeed, it is apparent from national studies that families living in multifamily homes are at less risk for family and spousal violence.
- “There was no warning.” Just the opposite is true most often. Experience in Monroe County and elsewhere reveals that when one backtracks on domestic homicides, in which most often a man kills his wife or partner, there is a trail of contacts with physicians, emergency rooms, the police, the courts, governmental and voluntary social service agencies and supportive organizations such as churches. It is clear that if someone had suspected that a murder would be committed, there would have been action.

But prevention doesn't work that way. There is no foolproof method for separating the “just bad” from the “really bad.” One must act when seeing the little things.

There are a variety of these “little things” that can serve as telltale warning signs of domestic violence. They include: suicidal ideation and attempts, drug abuse, depression, problems or unexplained absences at work, missed or canceled appointments, and a host of communications among family relatives, co-workers and friends.

Beyond preventing unnecessary deaths, intervening earlier rather than at the jailhouse door serves to promote a healthier community. Prevention doesn't mean waiting for the police to arrive at the door to break up a loud domestic dispute. What can we do together to make sure that responsible professionals ask the right questions, that friends don't turn away from embarrassing issues, and that we see one another as having a responsibility for promoting a collective sense of community caring?

The adage that "domestic violence is everybody's business" remains true. We all must keep our eyes open for those families who may reach out for help, and be available wherever and whenever they ask.

Low-cost approaches that have the potential for high yields might include focused public awareness campaigns, and routine screening for domestic distress and violence in doctors' offices, emergency departments of hospitals, social service agencies, or pastoral settings when individuals seek guidance. When someone has warning signs or endorses a screening question, a public health approach argues for rapid and assured referral to experts knowledgeable in developing plans for safety and ongoing assistance. All of these options require continuing vigilance and commitment, and an understanding that waiting until there is blood or bruises is waiting too long.

Such approaches can save lives and money. Together we owe it to our community and our families.

Caine is chairman of the department of psychiatry, University of Rochester School of Medicine and Dentistry. Cerulli is director of the Laboratory of Interpersonal Violence and Victimization at the University of Rochester School of Medicine and Dentistry.

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