WHEREAS, nearly one-third of American women (31%) report being physically or sexually abused by a husband or boyfriend as some point in their lives; 1
and
WHEREAS, the level of injury resulting from domestic violence is severe: of 218 women presenting at a metropolitan emergency department with injuries due to domestic violence, 28% required hospital admission, and 13% required major medical treatment; forty percent has previously required medical care for abuse; 2 and
WHEREAS, domestic and sexual violence have major consequences in Vermont: in 1999, according to the Vermont Department of Public Safety, there were 16 homicides and of those fatalities, 7 met the Domestic Violence Fatality Review Commission's definition of domestic violence related fatalities; in the same year, 1,276 domestic assault offenses were reported; 3 and
WHEREAS, in addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical and mental health effects including arthritis, chronic neck or back pain, migraine and frequent headaches, sexually transmitted diseases, chronic pelvic pain, stomach ulcers, pregnancy complications, substance abuse, depression, anxiety and post-traumatic stress disorder; 4, 5, 6, 7, 8, 9 and
WHEREAS, ninety-two percent of women who were physically abused by their partners did not discuss these incidents with their physicians and 57% did not discuss the incidents with anyone; 10 and
WHEREAS, in four different studies of survivors of abuse, 70-81% of the patients reported that they would like their healthcare providers to ask them privately about intimate partner violence; 11, 12, 13, 14 and
WHEREAS, physicians are uniquely positioned to help victims by routinely screening for domestic and sexual violence and offering appropriate referrals and interventions; and
WHEREAS, physicians may not be aware of current screening tools for domestic and sexual violence and local options for referral and intervention; therefore be it
RESOLVED, that the Vermont Medical Society (VMS) reaffirms its 1983 policy urging the Governor and the Vermont State Legislature to give high priority to social programs addressing domestic and sexual violence against members of all vulnerable segments of our society - its prevention, and interventions for victims and perpetrators; be it further
RESOLVED, that the VMS work with the Health Care and Domestic Violence Leadership Team, a state-wide coalition led by the Vermont Department of Health and the Vermont Network Against Domestic Violence and Sexual Assault, to make an action plan to improve the healthcare response to domestic violence in Vermont, including educational and policy initiatives; be it further
RESOLVED, that the VMS collaborate with the Leadership Team to create and disseminate a domestic violence curriculum and toolkit for physicians; and be it further
RESOLVED, that the Vermont Medical Society create a task force of physicians who will review the curriculum, help plan how to implement the curriculum, and discuss longer-range responses to domestic and sexual violence.


