

EDITOR'S COMMENTS

By Linda Chamberlain PhD, MPH

Changing priorities and practices in busy, often over-burdened clinical settings is a supreme challenge. Even in the evolving world of evidence-based medicine, rigorous research and national recommendations have not influenced many providers' practices. While a number of professionals working in the field of intimate partner violence (IPV), including myself, have focused considerable effort on training health care professionals, the evidence that IPV training leads to measurable, sustainable changes in providers' practices is equivocal at best.

In this issue, Winkle and Nicolaidis describe the many challenges of recruiting community-based primary care practices to participate in a domestic violence training program. In a short report by Elliott, Haller, and Peterson, also featured in this issue, increases in some screening and intervention practices were reported at 20 months following targeted IPV education, but only one-quarter of the health care providers who were offered the training actually participated. Winkle and Nicolaidis recommend incorporating IPV education into undergraduate and graduate professional training programs. A brief report by Dr. Robert Block at the University of Oklahoma College of Medicine describes an innovative, comprehensive model curriculum on family violence for medical students that goes beyond textbook learning and offers learning experiences through partnerships with community-based organizations. An evaluation of health care-based domestic violence programs is also reported in this issue. Using a consensus-driven quality assessment tool, Coben and Fisher measured nine different domains to evaluate program implementation and performance over time at 34 different health care facilities, many with state-of-the-art domestic violence programs.

Having just returned from a meeting on "Building Consensus Around Strategic Research Priorities on Family Violence Interventions in Health Care Settings" that was co-sponsored by the Family Violence Prevention Fund and the American Medical Association, I am acutely aware of the need for more rigorous studies, collaborative research efforts, and evaluation. As we work together to build a stronger chain of evidence to support screening and intervention for IPV in the health care setting, I will continue my efforts to educate providers on what we are learning and what we can do to help victims. IPV education, in and of itself, may not lead directly to increased screening or reduced morbidity and mortality, but awareness is the first crucial step towards initiating change. As we strive to reach the "tipping point" for health care systems to prioritize IPV as a leading health issue, it is my belief that increasing knowledge about the health effects of IPV and promising practices will help us to get there.