Pandora’s Box: Open it and Pass it on!
Victim Advocates can Bring Relief to Busy Physicians

Julie A. Owens, BA*

It is clear that physicians and other healthcare providers are becoming increasingly concerned about the short and long term health effects of domestic violence. Unfortunately, it is equally clear that most battered patients, especially those with no visible injuries, still fail to be properly diagnosed and referred to the abuse experts who can offer them safety and support. Discussing partner abuse with patients is frequently compared with “opening Pandora’s Box” and is sometimes avoided by even the most concerned providers due to the time-consuming and complex issues involved. Regular abuse screening with on-the-spot support for identified victims must become routine procedure for physicians.

The well documented, potentially life-threatening effects of ongoing abuse create a responsibility on the part of all physicians to become thoroughly familiar with assessment techniques and with community agencies that can begin helping identified victims before they leave the medical setting. Domestic violence programs offer a variety of specialized services which health care professionals typically cannot provide, such as comprehensive safety planning, protective shelter, restraining order advocacy, group support, supervised child visitations and legal assistance.

In this real world of back-to-back patients and little, if any, formal education on the topic, it is unrealistic and unreasonable to expect physicians to do it all. Nevertheless, it is imperative that individual doctors pursue basic domestic violence training. Physicians can easily learn to routinely assess for signs of psychological, sexual, and physical abuse, to interview victims sensitively, to thoroughly document injuries and symptoms, and to preserve evidence for legal purposes. But the most important role of the health care provider in terms of actual patient safety and support is in making appropriate follow-up referrals.

Contrary to what many physicians may fear, a major time commitment is usually not required to effectively address abuse with a patient and discuss the resources. “Quicker than you can put on a Band-Aid,” says physician Anne Flitcraft of the University of Connecticut, “you can acknowledge the violence, you can assert that this is illegal, not her fault, and that a lot of women are in her situation. You can educate her about the community-based resources available to her, and ask ‘Are you safe?’”

Lyn Lee, a Hawaii abuse survivor and a social worker, has helped train medical students by sharing her experiences and her professional expertise. “For years I encountered medical professionals who were not informed about the issues that affected my health. More importantly, they did not know how to give me referrals. Doctors seemed reluctant to even discuss abuse. Fortunately, my present physician is very aware of the dynamics of domestic violence and has served as a significant support in my continuing healing process.” Survivors routinely report that the best “medicine” ever prescribed for them was a referral to a support group where they met other battered women and were educated on the dynamics of abuse.

Any time abuse is suspected by a health care provider, the patient should be offered the opportunity to speak with a victim advocate. If she agrees, then the Pandora’s Box of issues can be turned over to experts who are trained to address each of her multiple safety, support, and legal considerations. Working with abuse victims, whether they are still in a relationship with their abuser or are being stalked or threatened by an ex-partner, is tricky at best. Safety and confidentiality can easily and inadvertently be jeopardized. When this happens, providers may lose the only opportunity they will ever have to help.

Advocates can encourage a patient to confidentially talk at length in an unpressured atmosphere, whereas health care providers are usually limited by time constraints. Because advocates are not mandated to involve the police or others, a victim can also speak freely without fear of retaliation from an abuser who might punish her severely for disclosing. The advocate will help the patient design a comprehensive, personalized safety plan. The victim will learn about her legal rights and what battered women can and cannot expect from the criminal justice system. Finally, her options will be discussed.

On Oahu, a system is available to provide immediate on-the-spot crisis counseling for battered women in health care settings. Dr. Lisa Hendrickson, an Emergency Department physician with Kapiolani Medical Center at Pali Momi, has been an ardent supporter of the crisis team. “Sometimes I just don’t have time to deal with the cases,” she says. “For example, one night just recently I had three battered women show up in one hour. One had been beaten, sexually assaulted, held hostage for 24 hours and had children who had been left at the scene. Another was a sixteen year old whose boyfriend had knocked out some of her teeth for the second time. The third one claimed she had been assaulted by a stranger while jogging at 11:00 pm. She was pregnant. Of course, it was domestic violence. I couldn’t possibly handle every detail of cases like these without outside support. Even if I could,” she explains, “the victims are much more likely to listen and relate to someone else, especially a

*HOPE Domestic Violence Consultants
Executive Director
Pacific Center for PTSD, Project Director
Trauma Survivors Project
Hospitality House Transitional Shelter for Battered Women and Children, Manager

Continued on Page 168
BENZAMYCIN® Topical Gel
(3% erythromycin, 5% benzoyl peroxide)

Description: Each gram of Benzamycin® Topical Gel contains, as dispensed, 30 mg (3%) active erythromycin and 50 mg (5%) benzoyl peroxide in a gel vehicle of purified water, cocomer 940, alcohol 20%, isopropanol, benzyl alcohol, sodium hydroxide, docusate sodium and fragrance.

Erythromycin (C_{37}H_{67}N_{13}O_{13}) is produced by a strain of Streptomyces erythraeus and belongs to the macrolide group of antibiotics. Erythromycin has a molecular weight of 733.94 and is represented by the following structural formula:

\[
\text{CH}_3\text{C(OH)}\text{CH}_2\text{CH}_2\text{OH}
\]

Benzoyl peroxide (C_{12}H_{11}O_4) is an antibacterial and keratolytic agent. The structural formula is:

\[
\text{CH}_3\text{C}(-\text{O})\text{O}_2\text{H}
\]

Clinical Pharmacology: Erythromycin is a bacteriostatic macrolide antibiotic, but may be bactericidal in high concentrations. Although the mechanism by which erythromycin acts is not known, the drug is active against aerobic and anaerobic bacteria. Erythromycin is rapidly absorbed from the gastrointestinal tract and is distributed throughout the body. It is excreted in the urine, in bile, and to a lesser extent in breast milk. Benzoyl peroxide is a keratolytic agent that acts on the skin to release active oxygen and destroy bacteria present on the skin. Benzoyl peroxide is believed to be due to the release of active oxygen. Benzoyl peroxide has a keratolytic and desquamative effect which may also contribute to its efficacy. Benzoyl peroxide has been shown to be absorbed by the skin where it converts to benzoic acid.

Indications and Usage: Benzamycin® Topical Gel is indicated for the topical control of acne vulgaris. Benzamycin® Topical Gel is for external use only and is not for use in the eyes, nose or mouth.

Information for Patients—Patients using Benzamycin® Topical Gel should receive the following information and instructions:

1. Benzamycin® Topical Gel is for external use only. Avoid contact with the eyes and mucous membranes.
2. Benzamycin® Topical Gel is not to be used on any other area of the body except as directed by your physician.
3. Benzamycin® Topical Gel may bleach hair or colored fabric.
4. If excessive irritation or dryness occur, patient should discontinue medication and consult physician.
5. Discard product after 3 months and obtain fresh material.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential or the effect on fertility. Pregnancy Category C: Animal reproduction studies have not been conducted with Benzamycin® Topical Gel. It is also not known whether Benzamycin® Topical Gel can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Benzamycin® Topical Gel should be given to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Benzamycin® Topical Gel is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 have not been established.

Adverse Reactions: Adverse reactions which may occur include dryness, erythema and pruritus. Of a total of 153 patients treated with Benzamycin® Topical Gel during clinical trials, 4 patients experienced adverse reactions, of whom 3 experienced dryness and one an urticarial reaction which responded well to symptomatic treatment.

Dosage and Administration: Benzamycin® Topical Gel should be applied twice daily, morning and evening, or as directed by physician, to affected areas after the skin is thoroughly washed, rinsed with warm water and gently patted dry.

How Supplied and Compounding Directions:

<table>
<thead>
<tr>
<th>Size (Net weight)</th>
<th>NDC 0086-0000-0</th>
<th>Benzoyl Peroxide Gel</th>
<th>Active Erythromycin Powder (in Plastic Vial)</th>
<th>Ethyl Alcohol (70%) To Be Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.3 grams</td>
<td>910-23</td>
<td>20 grams</td>
<td>0.8 grams</td>
<td>3 mL</td>
</tr>
<tr>
<td>46.6 grams</td>
<td>910-46</td>
<td>40 grams</td>
<td>1.6 grams</td>
<td>6 mL</td>
</tr>
</tbody>
</table>

Prior to dispensing, top vial until all powder flows freely. Add the indicated amount of ethyl alcohol (70%) to vial (to the mark) and immediately shake to completely dissolve erythromycin. Add this solution to gel and stir until homogenous in appearance (1 to 11, minutes). Benzamycin® Topical Gel should then be stored under refrigeration. Do not freeze. Place a 3-month expiration date on the label.


Caution: Federal (U.S.A.) law prohibits dispensing without prescription.


Manufactured by Rhône-Poulenc Rorer Company, Manati, Puerto Rico.

For Dermik Laboratories, Inc.
A Rhône-Poulenc Rorer Company

Collegetown, PA 19023 549-8462

Reference:

Pandora's Box: Open it and Pass it on! Victim Advocates can Bring Relief to Busy Physicians

Continued on From Page 166

DOMESTIC VIOLENCE AWARENESS TRAINING

• Customized workshops for counselors and helping professionals
• 25-hour certificated counselor trainings
• Learn how to identify, assess, counsel, and refer victims.
You can make a difference!
Call (808) 259-8499 for more information.