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Presentation

"Reducing health care disparities in primary care settings: Interventions for domestic violence revictimization and posttraumatic stress"
• Case Studies and usual care from a primary care perspective

• Study design and results

• Translation of knowledge into an impactful program in OBGYN
Case 1

- LH is a 76 year old female who has been my patient for ten years. She is a former hotel worker who was born in Jamaica.

- At age 14 she was sexually and physically abused by her uncle.

- I was the first person she ever told.
Case 1 implications

- The problem exists and is unreported
- The pain persisted with the event clear in her mind 62 years after the occurrence
- Trust is hard to come by because these women often are violated by people whom they should be able to trust.
My options

• Do you think behavioral health needs to help you address unresolved issues? (Answer was no)

• What do you need me to do? (Answer: nothing)
My question for her

• Do you think your life would have been different if you believed something could have been done when you were 14?

(answer yes: I would have pursued my education, probably had a different job, may have married and probably would have had children)
Case 2

• DR is a 24 year old African American who was hit in the back and side with a baseball bat by her boyfriend.

• She has been with him for 2 years and it is the first time she was hit with a bat.

• This is her second abusive relationship.

• She is hopeful he will change
Case 2 implications

- Patient with an acute injury.

- This is a reportable offense.

- Often there is forgiveness and hope for change.
My Options

• Offered to call police and have charges filed, etc. (Declined by patient)

• Offered to have evaluation in Behavioral Health with counselor. (Declined by patient)

• Offered usual care including contact instructions to police and our health care system. (Accepted by not accessed)
Case 2 gaps

• Patients come in, need help and then decline offers.

• Safety net is porous and follow up may be non-existent or impossible to track
Rationale for the Study

• Approached with request for collaborative study

• Clear appreciation for the need to narrow gaps in care for this vulnerable population

• Ability to study impact of an intervention