

Developing Research Ideas for Domestic Violence

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Agenda

- Epidemiology
- Physical & psychological impact
- Comprehensive Management
 - Identification
 - Assessment
 - Intervention
 - Quality assurance
- Remaining questions
- Methodology



Definition

- "Pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person's misuse of power, control, and authority"

Epidemiology

- Estimated that 1 in 3 women will experience at least one physical assault by a partner during their adult years.
- In the United States, 4 million women experience a serious assault by an intimate partner during an average 12 month period
- Almost 2000 women are killed each year by their partners

Epidemiology

- According to a large scale nationally representative survey
 - over 50% of the female survey respondents reported being physically assaulted during their lifetime
 - 25% reported being physically assaulted or raped by their current or former intimate partner

(Tjaden & Theonnes, 1998)

Epidemiology

- Male victims- unclear
 - 16% spouse abuse
 - 14% intimate partner abuse
- Similar rates in gay/lesbian relationships
- Crosses all racial, ethnic, cultural, age, orientation, SES groups
- Particularly common during pregnancy

Types of Abuse

Physical

- May begin in physically nonviolent way (with neglect)
- When it becomes overt, often begins with relatively minor assaults
 - For example, painful pinching or squeezing
- Grows more violent and becomes more targeted as it is repeated

Types of Abuse

Emotional

- Always accompanies, and in most cases precedes, physical battering
- Can severely affect victim's sense of self and of reality

Types of Abuse

Verbal

- Many categories of verbal abuse that encompass a variety of behaviors
 - Withholding
 - Degrading Jokes
 - Trivializing
 - Judging and Criticizing
 - Blocking and Diverting

Types of Abuse

Sexual

- Sexual acts may be committed through physical force, threats of force (against victim or 3rd person), or implied harm
- Victim is faced with a betrayal of trust and intimacy in addition to a violation of his/her body

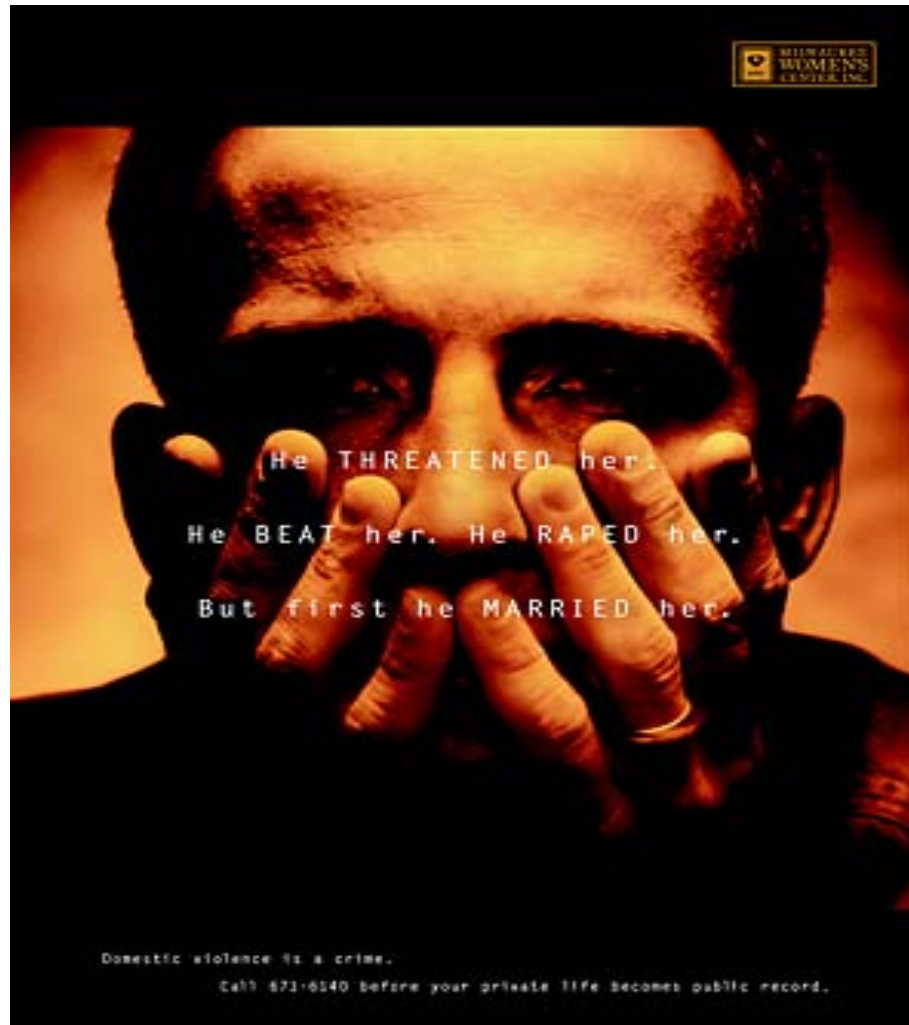


Cycle of Violence

- Tension building
- The acute battering incident
- Loving contrition (aka "the honeymoon period")



Impact of Domestic Violence



Impact of DV

- Many personal negative consequences of DV
 - Acute physical injury
 - Long-term physical health problems
 - Depression
 - Intimacy/sexuality
 - Posttraumatic stress disorder (PTSD)
 - Substance abuse
 - Social phobia
 - Parenting

(e.g. APA, 2000, Zoellner, Goodwin, & Foa, 2000)

Impact

- 56% of women who experienced partner violence were diagnosed with a psychiatric disorder
- 29% of all women who attempt suicide were battered
- 37% of battered women have symptoms of depression
- 46% have symptoms of anxiety disorder
- 45% experience post-traumatic stress disorder

Coker, A., Smith, P., Bethea, L., King, M., McKeown, R., "Physical Health Consequences of Physical and Psychological Intimate Partner Violence," Archives of Family Medicine, Vol. 9, May 2000.

PTSD

- Although men are more likely to experience traumatic events, women who experience trauma, including domestic violence, are twice as likely to develop PTSD

(Kessler, et al., 1995)

Posttraumatic Stress Disorder

- Trauma +
 - Re-experiencing
 - Must have one symptom
 - Avoidance
 - Must have 3 symptoms
 - Hyperarousal
 - Must have 2 symptoms
- Significant distress/impairment in functioning
- Symptoms occur longer than one month

PTSD

- Acute
 - Symptoms present less than three months
- Chronic
 - Symptoms present more than three months
- Delayed Onset
 - At least six months after trauma

Course of PTSD

- Most improvement occurs in first three months
- Over 30% of individuals still meet criteria for PTSD after 10 years (chronic PTSD)
- Treatment is associated with a shorter duration of PTSD

PTSD and DV

- Judith Herman has argued that there is a more complex form of PTSD for battered women
 - It is unlike PTSD that is related to war, hostage taking, or terrorism experiences
 - (Campbell, 1993; Warshaw, 1993).

PTSD and DV

- 31 – 84%
- The broad range of prevalence is based on several factors:
 - method of diagnosis
 - standardized instruments
 - open-ended clinical evaluations
 - location
 - outpatient facility
 - domestic violence shelter
 - National representative samples

(Astin, Lawrence, & Foy, 1993; Jones et al., 2001).

Predictors of Chronic Problems

- Severity of exposure
- Intensity of initial distress
- Gender
- Pre-trauma symptomatology
- Fewer resources
- Less social support
- Prior trauma

Physical health impact

- Acute injury
- Altered immune functioning
- Poorer overall health
- Increased symptoms for all body systems except eye and skin
- Chronic pain
- Greatest impact – gynecological symptoms
- Mental health problems masked as physical problems



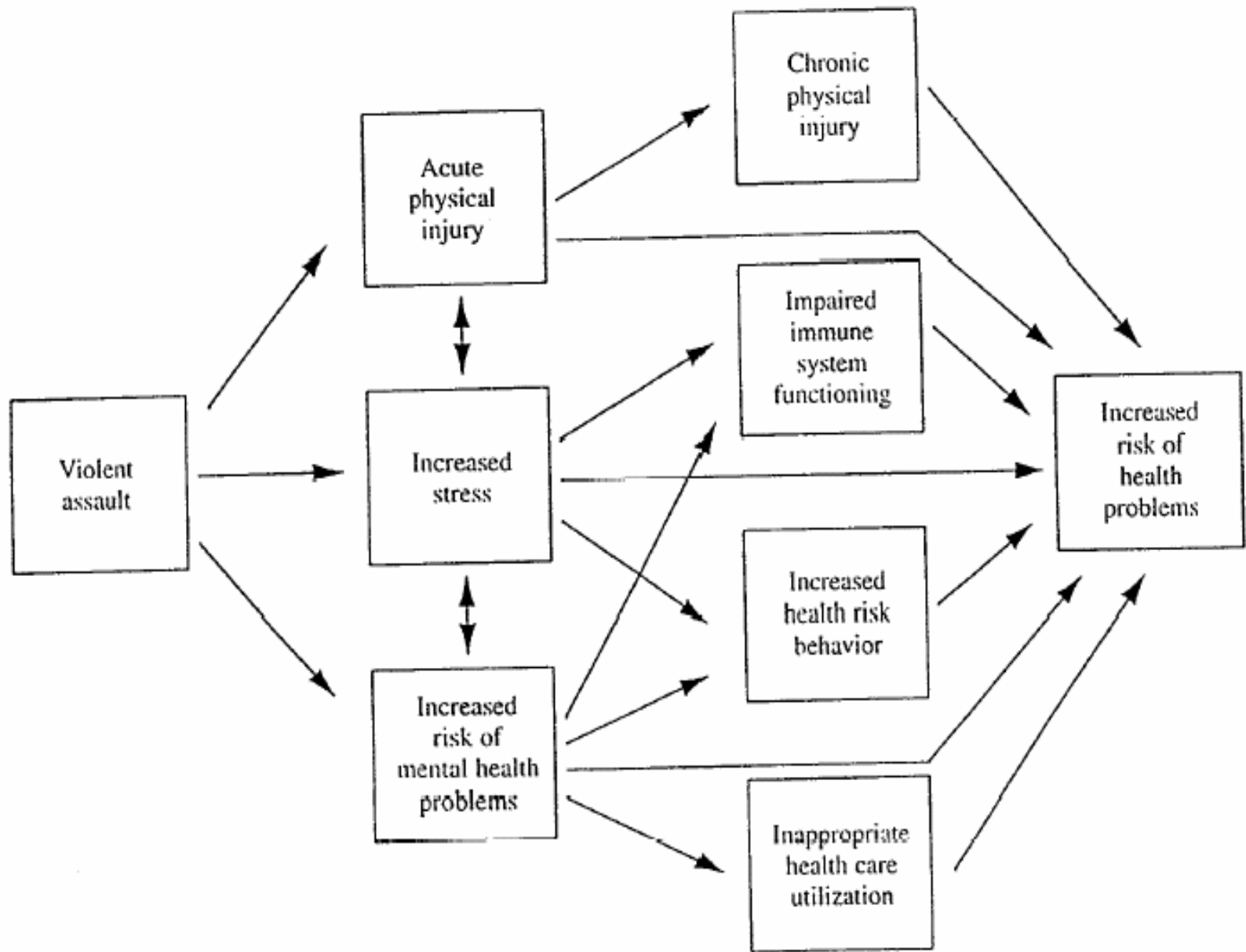
INCIDENCE

- The level of injury resulting from domestic violence is often severe
 - 28% required hospital admission
 - 13% required major medical treatment
 - 40% had previously required treatment for the abuse

Berrios, D.C. and Grady, D. Domestic Violence: Risk Factors and Outcome. *The Western Journal of Medicine*, Vol. 155(2), August 1991.

Prevalence in Health Care Settings

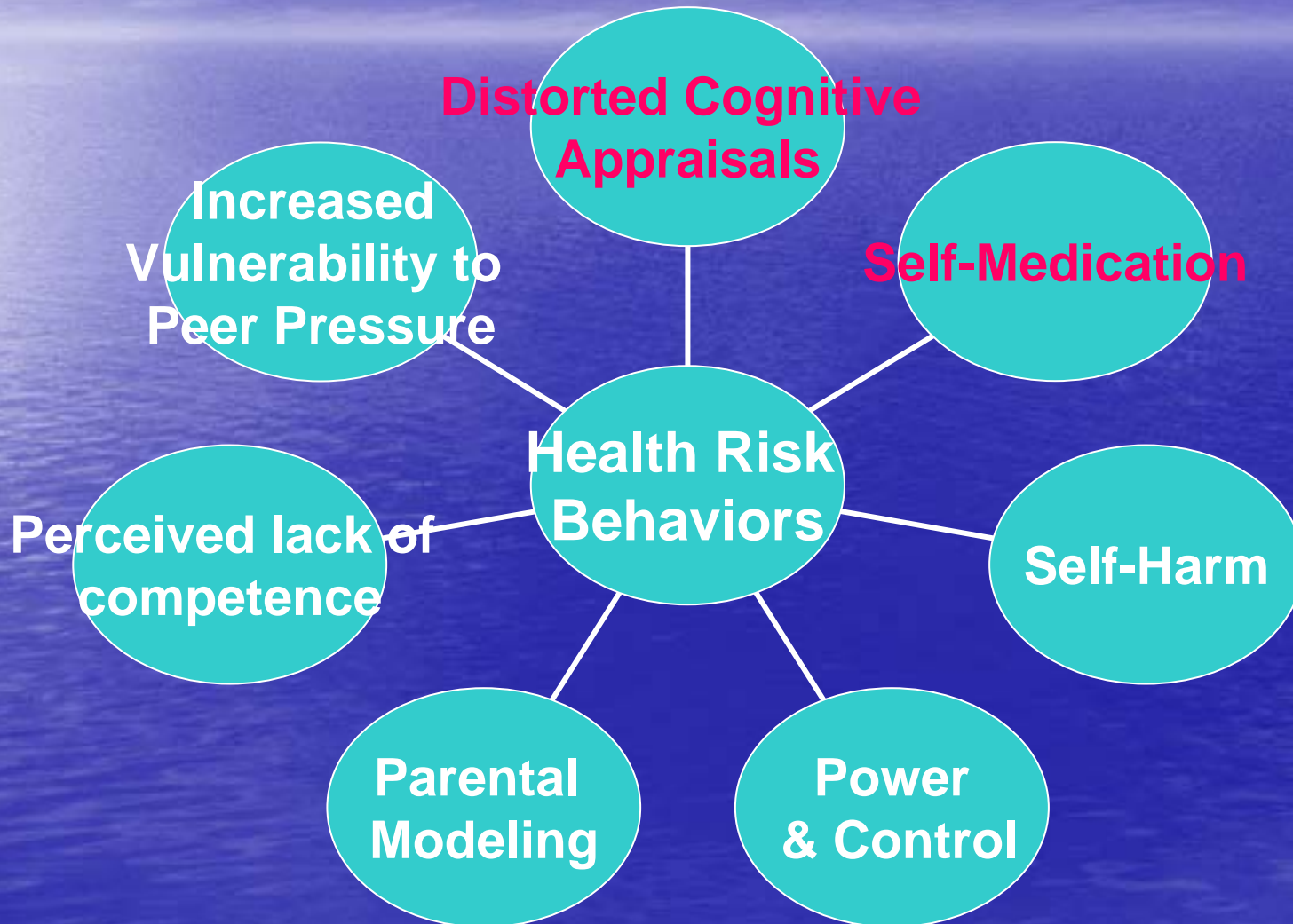
- Emergency Medicine:
 - ¼ seeking care
 - 37% seeking care for violent injury
- Obstetrics and Gynecology
 - 1 in 6 abused during pregnancy
- Primary care
 - 1 in 4 abused in her lifetime
 - 1 in 7 abused in previous 12 months
- Psychiatry
 - 1 in 4 who attempt suicide
 - 1 in 4 who are treated for psychiatric symptoms
- Pediatrics
 - 50-70% of mothers of abused children



Health Risk Behaviors

- Substance Use
- Sexual Behaviors
- Eating Behaviors
- Self Harming Behaviors
- Lack of Positive Health Behaviors
- Aggressive Behaviors

Links between Trauma and Health Risk Behaviors



Cost of Domestic Violence

- CDC estimates
 - Direct medical and mental health costs = \$4.1 billion annually
 - Indirect health related costs = 5.8 billion annually
- Approximately 1/3 of time of police and emergency department personnel is responding to domestic violence
- Frustration

“If she tried to leave
me, I’d kill her.”



Attempts to leave...

- 73% of battered women seek emergency medical services after separation (Stark, 1981)
- Up to 75% of domestic assaults reported to police are made after separation (US Dept. of Justice, 1995)
- Women are most likely to be killed when attempting to report abuse or leave the abuser (Sonkin, 1985)
- Approximately one-half of males who kill their wives, do so after separation (Hart, 1992)

Reasons for staying

Fear

Hope

Isolation

Love

Kids [fear of losing
them]

Spiritual beliefs

System obstacles

Dependence

Self-blame

Learned

helplessness

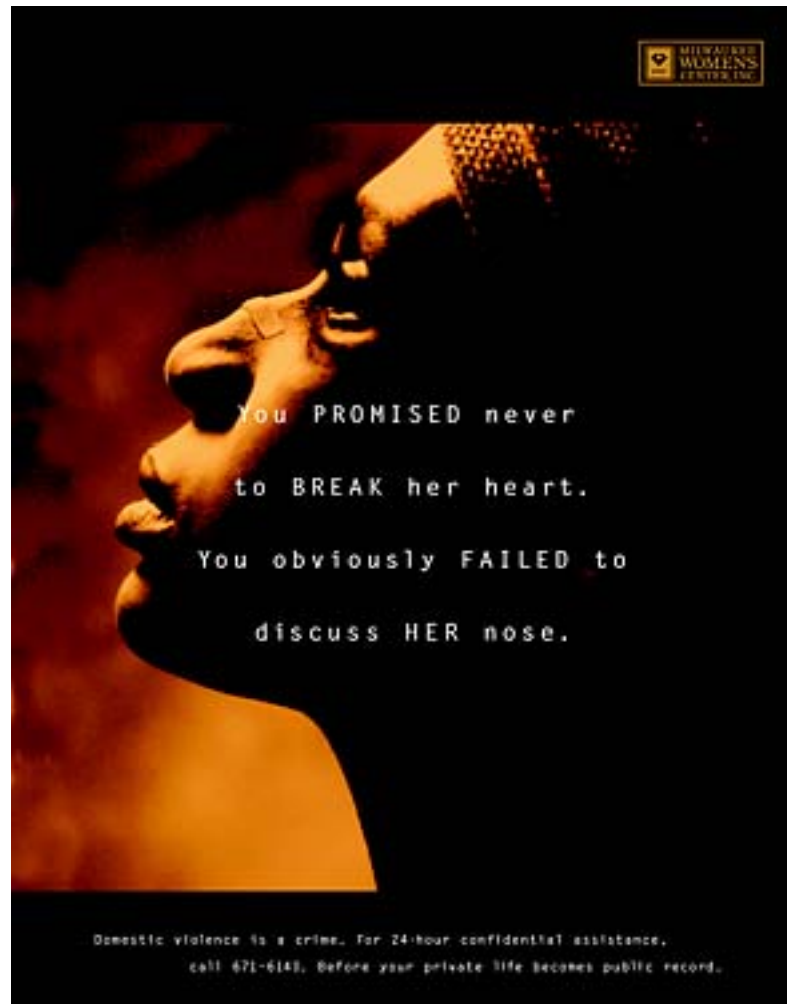
No Money

Shame

No job

No support

Comprehensive Management of Domestic Violence



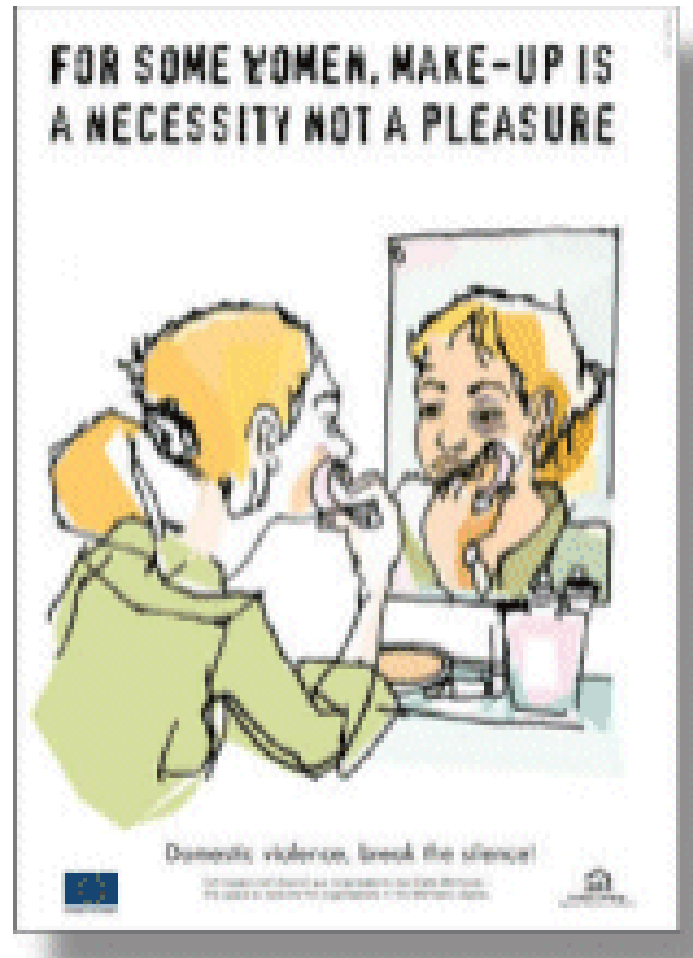
Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)

- Written domestic violence protocols specifying the scope and conduct of patient care (including objective criteria for identifying and assessing possible victims of abuse, and policies and procedures that define the hospital's responsibility for collecting, retaining, and safeguarding information and evidentiary material);
- A plan for educating staff about domestic violence identification, treatment, and documentation; and
- A list of private and public community agencies that provide help for abuse victims.
- <http://endabuse.org/programs/healthcare/files/Consensus.pdf>

Comprehensive Management of Domestic Violence

- Training all medical personnel
- Establishing a hospital task force or team
- Establishing specific policies and procedures
- Establishing on-site victim service center
- Establish program modeled on SANE
- Screening for victimization/ Recognition of abuse
- Familiarity with reporting procedures
- Modifying environments
- Enhancing intervention services
- Appropriate referrals
- Follow-up

Identification and Assessment of Domestic Violence

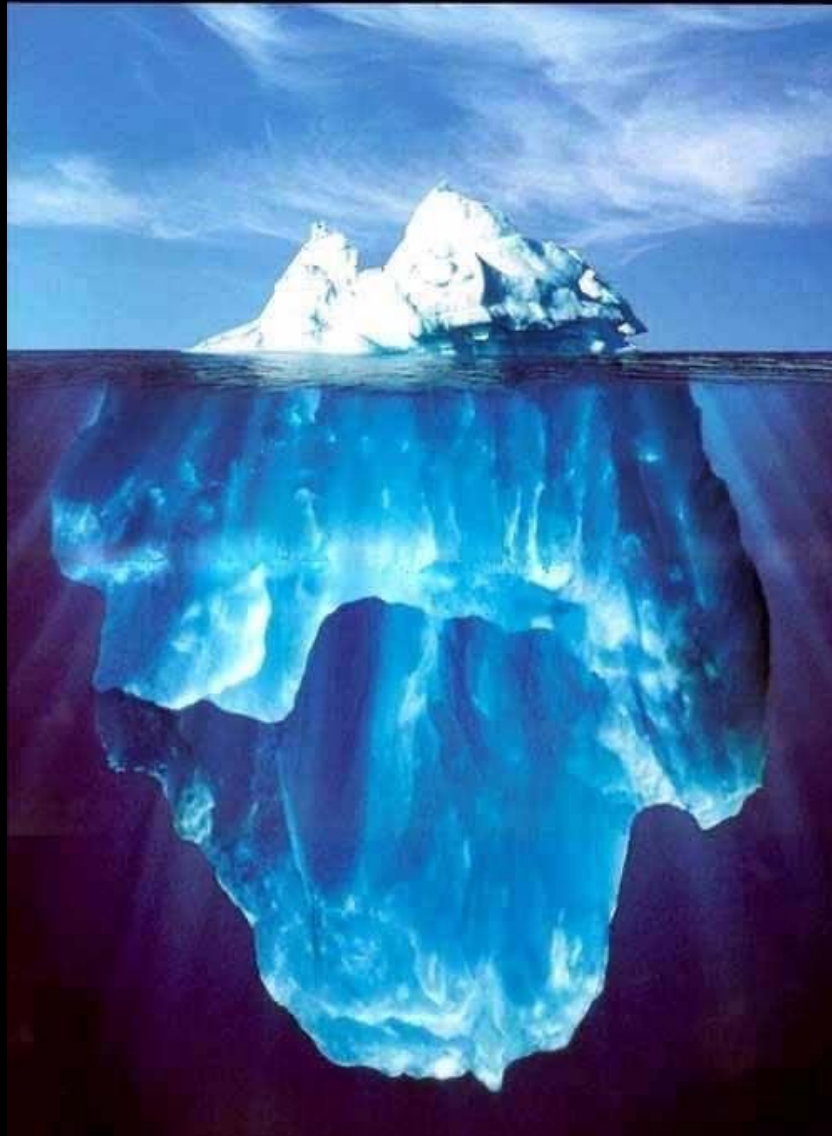


Identification

- 92% of women polled said they do not reveal abuse to their primary care physicians.
- Only 10% of physicians routinely screen new patients for abuse, and only 9% screen returning patients.

Rodriguez, M., Bauer, H., McLoughlin, E., Grumbach, K., (1999). Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians. *The Journal of the American Medical Association*, 282, No. 5, August 4, 1999.

The Iceberg Problem



Why physicians do not ask patients about domestic violence

10% report routinely asking about DV

- Not enough time -71%
- Fear of offending the patient-55%
- Powerlessness to intervene -50%
- No control over patient behavior -42%
- Too close for comfort -39%
- Also....
 - Unclear about mandatory reporting – and concern about its impact on patient's situation
 - Unclear institutional policies
 - Lack of training

Why patients do not disclose abuse

15% of women report being asked about DV by a physician

- Shame
- Fear of retaliation
- Humiliation
- Fear of being blamed
- Denial
- Concern about confidentiality
- Perception that physicians do not have the time/are not interested in discussing abuse

Routine Screening

- Debate on whether or not to routinely screen for DV
- Majority of studies suggest it is good practice
- Potential for harm?

When to ask about violence

- Routine part of primary care
- All emergency care patients
- All patients who present with injuries
- All pregnant women

Screening

- There are several aspects to the DV screening, but the whole process takes less than 5 minutes.
- Look for Red Flags
- Ask the Right Questions
- Make a Referral
- Send a Positive Message

Historical Clues to Domestic Violence

- Delay in requesting care
- History inconsistent with injury
- Vague or nonspecific complaints
- Multiple physician visits
- ED visits at odd times for chronic complaints
- Injuries during pregnancy

Behavioral Clues to Domestic Violence

- Overly protective or controlling partner
- Evasive patient reluctant to speak in front of partner
- Inappropriately unconcerned patient with obvious problems

Physical Clues to Domestic Violence

- Multiple injuries
- Injuries of different ages
- Central distribution of injuries
- Injuries suggesting a defensive posture:
forearm bruises or fractures
- Sexual assault

The Red Flags

- Depressed/Suicidal
- Chronic Pain
- Multiple injuries
- Patterns of injury
- Multiple unwanted pregnancies/poor contraceptive history
- Missed appointments
- Poor self-care
- Bites or bruising in sensitive areas
- Anxiety and/or fear is apparent
- Partner acts in an overprotective way or won't let patient be alone with you
- Weight gain/loss
- Substance abuse



How to ask about violence....

- Set the stage
- Find a safe space
- Address:
 - confidentiality
 - privacy
 - child safety

Framing Tools

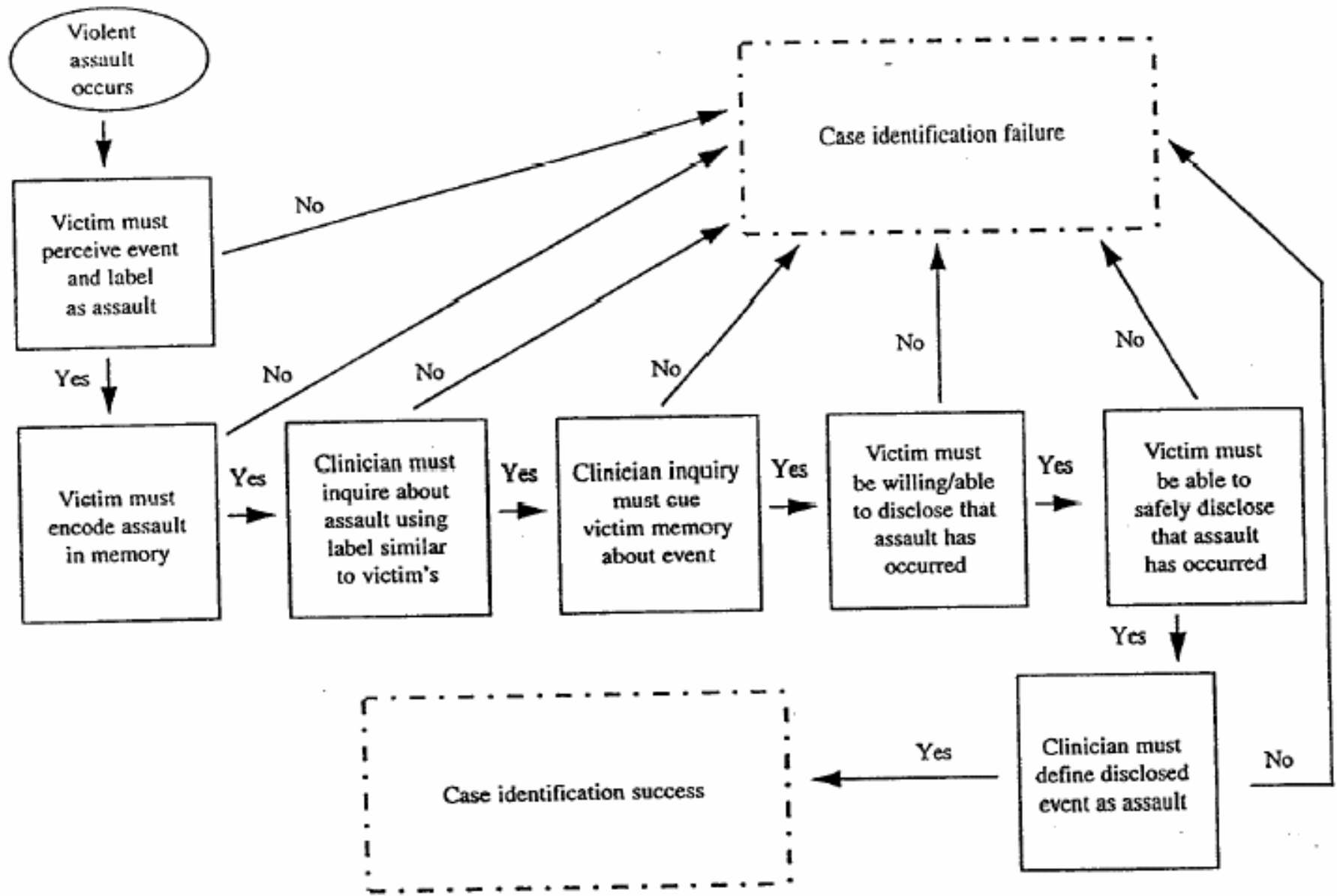
- I'm concerned about the prevalence of family violence, so I now ask all my patients about it.
- I don't know if this is a problem for you, but many of my female patients are in abusive relationships. Since they are often uncomfortable talking about it, I've started asking.
- Some of the lesbian and gay patients I see here have been hurt by their partners. Has your partner ever tried to hurt you?
- I'm concerned that some of your symptoms may be caused by someone hurting you. Is there something I could do to help you?

Screening Tools

- Include questions about past abuse and threats of violence.
- Ask directly about forced sexual activity in the past.
- Use specific descriptions to indicate that types of abuse that may have occurred.
- Allow patients to mark on a body map any areas where a partner has ever hurt them.
- Ask them about the number of times that they have sought medical care for injuries.
- Ask them if the abuser is the one who brought them to the office and if they feel safe talking now.

Direct Questions

- Has your partner ever threatened or hurt you?
- Did someone cause these injuries? Can you tell me who?
- Does your partner try to control or isolate you?
- Do you feel afraid of your partner? Are you afraid now?
- Has your partner ever threatened or hurt your child/pets?
- Has your partner ever forced you to have sex? Has your partner ever refused to practice safe sex?
- Is it safe for you to go home? Can I give some information about organizations that can help?



RADAR

- R: remember to ask about violence and victimization in the course of the routine patient encounter
- A: Ask directly
- D: Document findings in the medical record
- A: Assess safety
- R: Review options and refer as appropriate

Assessment Resources

- Burnett & Adler (2004): e-medicine
 - Very comprehensive discussion of DV assessment
 - many examples of ways to frame the discussion

<http://www.emedicine.com/emerg/topic153.htm>

American Academy of Family Physicians Screening Questions

Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?

Do you feel safe in your current relationship?

Is there a partner from a previous relationship who is making you feel unsafe now?

Target Assessment Domains for Victims of Violence

Assault Characteristics

Number and type of assaults
Characteristics, such as life threat, degree of physical injury, relation to perpetrator, age of time of assault(s)

Mental health problems

PTSD
Alcohol use/abuse/dependence
Illicit drug use/abuse/dependence
Depression and suicidal ideation
Panic and other anxiety disorders
Sexual dysfunction
Eating disorders

General Stress

Perceived stress
Stress-related physical symptoms (e.g., muscle tension, hyperventilation, chronic pain, fatigue)

Risky behaviors

Poor diet
Lack of exercise
Tobacco use
Poor sleep hygiene
Drunk driving
Unprotected sex
Lack of social support

Inappropriate healthcare utilization

Lack of proper care
Overuse of healthcare services
Specific health problems and illnesses

Confidentiality Issues

- Problem with addressing issues with or in front of the perpetrator
- When DV is suspected, be careful talking to family – may include the perpetrator or those who support the perpetrator
- Don't put it on insurance documentation – will go the employer

What do I do if s/he says, "Yes?"



Intervention



Send a Positive Message

- Validate the patient's feelings and express your support for their situation.
- Reassure patients that they have done nothing wrong.
- Reinforce that no one deserves to be hurt and that they have right to live without fear.

Assess Immediate Risk

- Find out if they will be safe returning home
- Has the violence increased in frequency or severity recently?
- Has the perpetrator threatened death to you or children?
- Are there weapons in the house?

Reporting Violence

- Mandatory for children, elderly, disabled
- OK Statutes Sec.10-7104 requires health care professional to report injuries resulting from criminal conduct.
 - New legislation requiring medical personnel to report IF the victim wants the incident reported and to NOT report if the victim does not want it reported
- At present time, there is no mandatory training for physicians in Oklahoma on domestic violence or mandatory screening for domestic violence

Make a Referral

- Leave the door open
- Letting patients know that they are not alone is critical.
- Have literature and phone numbers on hand and in unobtrusive formats that can be taken home.
- Remember never to pressure patients, but encourage them even if they deny that there is a problem.
- Discuss the options available, including support groups, hotline calls, emergency shelter, and legal advocacy.

Referral for Psychological Treatment

- Prolonged Exposure
- Stress Inoculation Training
- Cognitive Behavioral Therapy
- Multiple Channel Exposure Therapy
- Cognitive Processing Therapy
- Eye Movement Desensitization Reprocessing
- Biofeedback
- Relaxation training

Treatments and Targets

- Seeking Safety: Substance Abuse and PTSD
- Multiple Channel Exposure Therapy: Panic Disorder and PTSD
- CBT for Trauma-Related Nightmares
- CBT for Chronic Pain [in combination with medical treatment]

Follow-up

- Need to talk to patient about a safe way to follow up

Intervening with Perpetrators

- Antiviolence message
- Referral for treatment
 - Anger management
 - Substance abuse
 - Depression

Remaining Questions

Research Directions

- Almost all information is on women
- Some information on impact on kids
- Little information on same-sex relationships
- Health risk behavior interventions
- Health conditions
- Multiple source data of health problems

Research Directions

- Impact of routine screening
- Impact of trauma education provision
- Impact on health care costs of increasing preventative/routine medical care as opposed to inappropriate service use
- Collaborative relationships between medical and mental health trauma specialists in same setting

Research Directions

- Collaboration to determine impact on physical health of mental health interventions
 - Pennebaker's study
 - TU study – physiological indicators of nightmare-related distress
- Most effective means of training residents
- Special considerations/interventions for rural areas

Research Directions

- Determine guidelines and screening processes
- Establish, implement, evaluate program for domestic violence nurse specialists
- Issues related to discharge
- Enhanced initial interventions
- Little information available for perpetrators

Resources

- Children:
 - Child Abuse Network: 619-4550
 - The Justice Center
 - Family and Children's Services: 587-9471
 - Parent Child Center: 599-7999
- Adults:
 - Domestic Violence Intervention Services/Call Rape: 585-3143
 - The Family Safety Center [coming soon]
 - National Coalition Against Domestic Violence 1-800-799-7233

Resources

Physicians for a Violence-Free Society

National Coalition of Physicians
Against Family Violence

Nursing Network on Violence
Against Women International

National Conference on Health Care
and Domestic Violence

Health Cares About Domestic Violence
Day: October 12, 2005

<http://endabuse.org/hcadvd/>

National Health Resource Center
on Domestic Violence

International Society for
Traumatic Stress Studies



References

- Kendall-Tackett, K.A. (Ed). *Health consequences of abuse in the family: A clinical guide for evidence-based practice*. Washington DC: American Psychological Association
- P.P. Schnurr and B.L. Green, *Trauma and health: Physical health consequences of exposure to extreme stress*. Washington, DC: American Psychological Association.
- Alpert, E.J. (1995). Violence in intimate relationships and the practicing internist: New "disease" or new agenda? *Annals of Internal Medicine*, 10, 774-781.

Current Grant Opportunity

Title : FY 2005 Discretionary Grants for the Family Violence Prevention and Services Program - Demonstration of Enhanced Services to Children and Youth Who Have Been Exposed to Domestic Violence

- Due date: July 25
- Award level: 130,000

Methodology

Dimensions of Research Design (cont)

II. The Timeframe Under Investigation

Retrospective

Examines background of residents
who select primary care

Cross Sectional

A “one shot” survey measuring a variables(s)
at one point in time

Prospective

Begin in the present, then follow subjects forward in time

Basic Study Designs

DESCRIPTIVE

Document and communicate experience:
share ideas, programs, treatments,
unusual events and observations

Begin search for explanations

Examples:

Case report or series

- Rash developing while on drug
- Cluster of cases of vaginal cancer

Clinical series

- Treatment of 50 hernias by laparoscope technique

Population

- Diagnosis seen in family practice
- Community survey of needs of elderly

EXPLANATORY

Examine etiology, cause, efficacy
using the strategy of comparisons

EXPERIMENTAL

Evaluate efficacy of therapeutic,
educational, administrative
interventions.

Investigator controls allocation

Examples:

Clinical trial

- Compare two antidepressant drugs
- Surgical vs. medical management of angina

Educational intervention

- Self-Instruction vs. lecture on anemia

Health-care trial

- Nurse practitioner vs. physician care

OBSERVATIONAL

Seek causes, etiologies
predictors, better diagnosis

Investigator observes nature

Examples:

Case Control

- Diets of toxemic vs. nontoxemic patients

Follow-up

- Development of surgical complications of inguinal hernias

Cross-sectional

- Prevalence of dental caries in bottle fed children

Identification of Data Sources

- Computerized records
 - Encounter data for diagnoses or demographics
 - Computerized medical record data, if available
 - Laboratory data (download to spreadsheet)
- Chart review (*time consuming)
- Log books
- Patient and/or staff questionnaires
- Data already collected for another purpose