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”

American Psychological Association, 1996
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

Bureau of Justice, 2005; Alpert, 1995
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
POWER AND CONTROL

PHYSICAL VIOLENCE

USING COERCION AND THREATS
Making and/or carrying out threats to do something to hurt her, threatening to leave her, to commit suicide, to report her to welfare, making her drop charges, making her do illegal things.

USING ECONOMIC ABUSE
Preventing her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money, not letting her know about or have access to family income.

USING MALE PRIVILEGE
Treating her like a servant, making all the big decisions, acting like the "master of the castle," being the one to define men's and women's roles.

USING CHILDREN
Making her feel guilty about the children, using the children to relay messages, using visitation to harass her, threatening to take the children away.

USING ISOLATION
Controlling what she does, who she sees, and talks to, what she reads, where she goes, limiting her outside involvement, using jealousy to justify actions.

MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her concerns about it seriously, saying the abuse didn't happen, shifting responsibility for abusive behavior, saying she caused it.

USING EMOTIONAL ABUSE
Putting her down, making her feel bad about herself, calling her names, making her think she's crazy, playing mind games, humiliating her, making her feel guilty.

USING INTIMIDATION
Making her afraid by using looks, actions, gestures, smashing things, destroying her property, abusing pets, displaying weapons.

SEXUAL VIOLENCE
Cycle of Violence

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

http://www.ranchcreek.com/advocates/domestic_violence.htm
Impact of Domestic Violence

He THREATENED her.
He BEAT her. He RAPED her.
But first he MARRIED her.

Domestic violence is a crime.
Call 673-0140 before your private life becomes public record.
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

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
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

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

Eisenstat & Bancroft, 1999
Resnick et al, 1997
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

- Distorted Cognitive Appraisals
- Increased Vulnerability to Peer Pressure
- Perceived lack of competence
- Parental Modeling
- Power & Control
- Self-Harm
- Self-Medication
- 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)
<table>
<thead>
<tr>
<th>Reasons for staying</th>
<th>Dependence</th>
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</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Self-blame</td>
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<tr>
<td>Hope</td>
<td>Learned helplessness</td>
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<tr>
<td>Isolation</td>
<td>No Money</td>
</tr>
<tr>
<td>Love</td>
<td>Shame</td>
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<tr>
<td>Kids [fear of losing them]</td>
<td>No job</td>
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<tr>
<td>Spiritual beliefs</td>
<td>No support</td>
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<tr>
<td>System obstacles</td>
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</table>
Comprehensive Management of Domestic Violence

You PROMISED never to BREAK her heart. You obviously FAILED to discuss HER nose.

Domestic violence is a crime. For 24-hour confidential assistance, call 671-6143. Before your private life becomes public record.
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://getwell.org/abuse/JCAHO.htm
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

Steiner, Vansickle, Lippman, 1996
http://www.ahrq.gov/research/domesticviol/
Identification and Assessment of Domestic Violence

FOR SOME WOMEN, MAKE-UP IS A NECESSITY NOT A PLEASURE
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.

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
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 if 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?
Violent assault occurs

Victim must perceive event and label as assault

Yes
Victim must encode assault in memory

Clinician must inquire about assault using label similar to victim's

Yes

Clinician inquiry must cue victim memory about event

Yes

Victim must be willing/able to disclose that assault has occurred

Yes

Victim must be able to safely disclose that assault has occurred

Yes

Clinician must define disclosed event as assault

No

Case identification success

Case identification failure
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

http://www.ptophelp.org/education/resources/little/Little_files/frame.htm
Assessment Resources

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

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?

http://www.aafp.org/afp/20040515/poc.html
<table>
<thead>
<tr>
<th><strong>Target Assessment Domains for Victims of Violence</strong></th>
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<tbody>
<tr>
<td><strong>Assault Characteristics</strong></td>
</tr>
<tr>
<td>Number and type of assaults</td>
</tr>
<tr>
<td>Characteristics, such as life threat, degree of physical injury, relation to perpetrator, age of time of assault(s)</td>
</tr>
<tr>
<td><strong>Mental health problems</strong></td>
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<tr>
<td>PTSD</td>
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<tr>
<td>Alcohol use/abuse/dependence</td>
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<tr>
<td>Illicit drug use/abuse/dependence</td>
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<tr>
<td>Depression and suicidal ideation</td>
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<tr>
<td>Panic and other anxiety disorders</td>
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<tr>
<td>Sexual dysfunction</td>
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<tr>
<td>Eating disorders</td>
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<tr>
<td><strong>General Stress</strong></td>
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<tr>
<td>Perceived stress</td>
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<tr>
<td>Stress-related physical symptoms (e.g., muscle tension, hyperventilation, chronic pain, fatigue)</td>
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<tr>
<td><strong>Risky behaviors</strong></td>
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<tr>
<td>Poor diet</td>
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<tr>
<td>Lack of exercise</td>
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<tr>
<td>Tobacco use</td>
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<tr>
<td>Poor sleep hygiene</td>
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<td>Drunk driving</td>
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<td>Unprotected sex</td>
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<tr>
<td>Lack of social support</td>
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<tr>
<td><strong>Inappropriate healthcare utilization</strong></td>
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<tr>
<td>Lack of proper care</td>
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<tr>
<td>Overuse of healthcare services</td>
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<tr>
<td>Specific health problems and illnesses</td>
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</tbody>
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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 to 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


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**

<table>
<thead>
<tr>
<th>DESCRIPTIVE</th>
<th>EXPLANATORY</th>
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<tbody>
<tr>
<td>Document and communicate experience: share ideas, programs, treatments, unusual events and observations</td>
<td>Examine etiology, cause, efficacy using the strategy of comparisons</td>
</tr>
<tr>
<td>Begin search for explanations</td>
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**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

**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