



RESEARCH BRIEF:

Identifying and Responding to Intimate Partner Violence Against Women

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What We Know

- Intimate partner violence (IPV) against women results in short- and long-term physical and psychological harm for women and their children (Stewart et al., 2013; Wathen, 2012). In Canada:
 - past 5 year IPV is estimated at 6-7% (Stats Can, 2011), and lifetime IPV at 30% (Rodgers, 1994); self and official reports underestimate IPV, and rates will vary according to where and how women are asked (e.g., rates in health settings generally higher);
 - almost 40% of all female homicides are IPV-related, and women are about 9 times more likely to be murdered by a partner than are men (Stockl et al., 2013).
- IPV is a public health issue and is associated with significant health risk behaviours, including alcohol and drug abuse, smoking, unsafe sexual behaviour and physical inactivity (Crane et al., 2013; WHO, 2005). Exposure to trauma, including IPV, is also significantly related to health inequities.
- IPV has significant impacts on families, communities and society more broadly, including financial costs estimated at over \$7 billion dollars per year in Canada alone. While most of these costs are borne by women and families, many are paid for by government services (e.g., health care and criminal justice costs) and by the private sector, through losses to employers (e.g., lower productivity) and due to the negative impact on the expected future earnings of adolescents and children exposed to IPV (Adams et al. 2013; Zhang et al., 2012; Varcoe et al., 2011).

Identification of exposure to IPV

- Both universal screening and clinical case-finding can identify women exposed to IPV, and many tools exist to identify IPV. Women generally support being asked about abuse (Nelson et al., 2012).
- Two RCTs (Klebens et al., 2012; MacMillan et al., 2009) indicate that simply screening women and providing passive referrals (information cards or print-outs) does not result in improvements in life quality and mental health, or lead to reductions in violence. This conclusion is supported in a recent Cochrane systematic review (Taft et al., 2013). While existing practice guidelines conflict in terms of specific guidance to health care providers regarding universal screening (Wathen & MacMillan, 2012); World Health Organization recommendations (WHO, 2013; Feder et al., 2013), which include evidence from both screening trials and numerous systematic reviews, recommend that all health care providers be prepared to ask women when they present with clinical signs and symptoms (see below) and provide first-line support when IPV is disclosed, including:
 - understanding, ideally through specific training, the issue of violence against women and the high prevalence of mental health conditions such as depression or post-traumatic stress disorder (PTSD) associated with IPV, and that evidence-based interventions exist for these conditions;
 - emphasizing confidentiality, but also its limits (for example, where there is mandatory reporting of children exposed to IPV); and ensuring privacy;
 - being non-judgmental, supportive and validating that it is not acceptable for anyone to experience violence;

Types of evidence: this Brief includes evidence of intervention effectiveness obtained through high-quality studies of appropriate design, primarily randomized controlled trials (RCTs), Systematic Reviews (SR) or Meta-Analyses (MA), which synthesize multiple studies that meet quality criteria, and provide the best level of evidence.

- allowing women to “progress at their own therapeutic pace” (Feder et al., 2006);
- assisting the woman to increase safety for herself and her children, where needed;
- helping the woman access information about resources and provide or mobilize social support, or be able to refer her to someone who can do so;
- ensuring, to the extent possible, that the response to disclosure of IPV does not result in harm, including avoiding attitudes and behaviors such as judging, pitying, blaming and trivializing, or pressuring women to disclose information, leave the relationship or pursue charges (Feder et al., 2006; 2013).
- Many studies have identified clinical indicators of abuse that could be used by health care providers in a process of clinical case-finding or diagnostic assessment; these include :
 - being depressed or having symptoms of post-traumatic stress disorder (PTSD)
 - reporting somatic symptoms
 - having a male partner employed less than part-time, or who has a drug or alcohol problem

Interventions for IPV (health care and community-based services)

- A number of systematic evidence reviews (Wathen & MacMillan, 2003; Ramsay et al., 2009; Nelson et al., 2012; Jahanfar et al., 2013; Taft et al., 2013, Van Parys et al., 2014) have concluded that the evidence supporting specific interventions for abused women is generally lacking, especially interventions provided in health care settings, or those to which health care providers could refer women.
- There is emerging evidence regarding specific types of personal counseling, including pre- and peri-natal counseling, to reduce IPV and improve outcomes such as safety planning (Tiwari et al., 2005; 2012; McFarlane et al., 2006; Kiely et al., 2010), however findings are mixed (Bair-Merritt et al., 2014; Van Parys et al., 2014) and do not extend to all outcomes (Tiwari et al., 2010) or all kinds of health care settings (Hegarty et al., 2013).
- One review concluded that advocacy-based interventions can assist women on a number of important outcomes, especially those who decide to disclose abuse or who seek help from shelters. Success varies by the type and intensity of the intervention. Coordination of services (“one-stop-shopping”) and taking into account women’s help-seeking strategies and abuse experiences may improve service effectiveness (Feder et al., 2009).
- The evidence for batterer treatment is mixed, with the better-designed studies generally indicating no benefit, or potential harm (i.e., increased recidivism) (Babcock et al., 2004; Feder & Wilson, 2005). In an RCT, adding an alcohol abuse intervention to batterer treatment was shown to initially reduce drinking and self-reported aggression, but the effect faded after 3 months (Stuart et al., 2013).
- The evidence for couple therapy is mixed, with RCT level evidence indicating no benefit in a military sample (Dunford, 2000). Most authors caution that these types of approaches are not safe for many abused women, particularly those experiencing “intimate terrorism”.
- Permanent, but not temporary, civil protection orders may be effective in reducing future violence (Holt et al., 2002).
- The effectiveness of shelter services in reducing violence and improving other outcomes for women remains understudied. The existing literature is characterized by methodological weaknesses (Wathen et al., in press).
- There is qualitative research evidence regarding the importance of culturally-appropriate and -specific interventions, and trauma-informed health care more generally.



Practice & Policy Implications of Current Best Evidence

- Based on currently available evidence, health care providers and settings should:
 - Develop and implement protocols for referral of abused women, according to their needs, to local services.
 - Be alert to the signs and symptoms associated with intimate partner violence exposure and ask questions about abuse when these indicators are present (clinical case finding);
 - Ensure that women are asked about violence in sensitive, safe and appropriate ways that lead to discussion to determine women’s needs, safety concerns, etc.
- Education of health care providers and settings is urgently required in both key health and social service university and college-level programs as well as in continuing professional education modules for health care providers already in practice (WHO, 2013; Wathen et al., 2009).
- Those providing service to abused women should be aware of the significant mental health co-morbidities associated with current and past violence exposures.

What We Don’t Know – Research Gaps

- Research evaluating the effectiveness of specific services and interventions for abused women remains a key priority (Wathen et al., 2012). Development of, and research on, new and promising interventions, as well as evaluation of existing services (including shelter services), is urgently required. Research should take gender and sex-based analytic and lifespan approaches, since there is evidence that exposures to violence in earlier life stages can result in different outcomes at later stages (Cook et al., 2011; 2013), and that men and women in intimate relationships use violence for different reasons and with different results (Bair-Merritt et al., 2010).
- Promising interventions include those based on advocacy models, including coordinated service provision, case management and “system navigation”. Two recent systematic reviews indicate promising evidence regarding IPV primary prevention initiatives for youth (DeKoker et al., 2014; Leen et al., 2013).
- Further research is required on treatment for those who commit abuse (mainly men), as well as couples therapy for specific types of intimate relationship violence. Research and programs with perpetrators should focus on ameliorating program attrition through understanding and integration of factors correlated with non-completion (Olver et al., 2011). Primary prevention research should focus on known and modifiable risk factors for abuse (Capaldi et al., 2012).
- Further research regarding identification of violence exposure in health care settings (including routine screening) should only be conducted when explicitly linked to a specific intervention or intervention(s), and this should form part of the evaluation.
- There remain large research gaps in understanding how best to address and ameliorate community-level factors related to IPV, especially outside of urban, developed areas (VanderEnde et al., 2012), and in all forms of IPV research in developing countries.

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For more information

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References

- Adams AE, Greeson MR, Kennedy AC, Tolman RM. The effects of adolescent intimate partner violence on women's educational attainment and earnings. *J Interpers Violence* 2013;28(17):3283-300.
- Babcock JC, Green CE, Robie C. Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clin Psychol Rev* 2004;23(8):1023-53.
- Bair-Merritt MH, Crowne SS, Thompson DA, Sibinga E, Trent M, Campbell J. Why do women use intimate partner violence? A systematic review of women's motivations. *Trauma Violence Abuse* 2010;11(4):178-89.
- Bair-Merritt MH, Lewis-O'Connor A, Goel S, Amato P, Ismailji T, Jelley M, et al. Primary care-based interventions for intimate partner violence: A systematic review. *Am J Prev Med* 2014;46(2):188-94.
- Capaldi DM, Knoble NB, Shortt JW, Kim HK. A systematic review of risk factors for intimate partner violence. *Partner Abuse* 2012;3(2):231-80.
- Cook JM, Dinnen S, O'Donnell C. Older women survivors of physical and sexual violence: a systematic review of the quantitative literature. *J Womens Health (Larchmt)* 2011;20(7):1075-81.
- Cook JM, Pilver C, Dinnen S, Schnurr PP, Hoff R. Prevalence of physical and sexual assault and mental health disorders in older women: findings from a nationally representative sample. *Am J Geriatr Psychiatry* 2013 21(9):877-86.
- Crane CA, Hawes SW, Weinberger AH. Intimate partner violence victimization and cigarette smoking: A meta-analytic review. *Trauma Violence Abuse* 2013;14(4):305-315
- De Koker P, Mathews C, Zuch M, Bastien S, Mason-Jones AJ. A systematic review of interventions for preventing adolescent intimate partner violence. *J Adolesc Health* 2014;54(1):3-13.
- Dunford FW. The San Diego Navy experiment: an assessment of interventions for men who assault their wives. *J Consult Clin Psychol* 2000;68(3):468-76.
- Feder GS, Hutson M, Ramsay J, Tackett AR. Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. *Arch Intern Med* 2006;166(1):22-37.
- Feder G, Ramsay J, Dunne D, Rose M, Arsene C, Norman R, et al. How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technol Assess* 2009;13(16).
- Feder G, Wathen CN, MacMillan HL. An evidence-based response to intimate partner violence: WHO guidelines. *JAMA* 2013;310(5):479-80.
- Feder L, Wilson DB. A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *J Exper Criminol* 2005;1:239-62.
- Hegarty K, O'Doherty L, Taft A, Chondros P, Brown S, Valpied J, et al. Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial. *Lancet* 2013;382(9888):249-58.
- Holt VL, Kernic MA, Lumley T, Wolf ME, Rivara FP. Civil protection orders and risk of subsequent police-reported violence. *JAMA* 2002;288(5):589-94.
- Jahanfar S, Janssen PA, Howard LM, Dowswell T. Interventions for preventing or reducing domestic violence against pregnant women. *Cochrane DB Syst Rev* 2013, Issue 2. Art. No.: CD009414.
- Kiely M, El-Mohandes AA, El-Khorazaty MN, Gantz MG. An integrated intervention to reduce intimate partner violence in pregnancy: a randomized controlled trial. *Obstet Gynecol* 2010;115(2 Pt 1):273-83.
- Klevens J, Kee R, Trick W, Garcia D, Angulo FR, Jones R, Sadowski LS. Effect of screening for partner violence on women's quality of life: a randomized controlled trial. *JAMA* 2012;308(7):681-9.
- Leen E, Sorbring E, Mawer M, Holdsworth E, Helsing B, Bowen E. Prevalence, dynamic risk factors and the efficacy of primary interventions for adolescent dating violence: An international review. *Aggression and Violent Behavior* 2013;18(1):159-74.
- MacMillan HL, Wathen CN, Jamieson E, Boyle M, Shannon HS, Ford-Gilboe M, et al. Screening for intimate partner violence in health care settings: a randomized trial. *JAMA* 2009;302(5):493-501.
- McFarlane JM, Groff JY, O'Brien JA, Watson K. Secondary prevention of intimate partner violence: a randomized controlled trial. *Nurs Res* 2006;55(1):52-61.



- Nelson HD, Bougatsos C, Blazina I. Screening women for intimate partner violence: a systematic review to update the U.S. Preventive Services Task Force recommendation. *Ann Intern Med* 2012;5:156(11):796-808.
- Olver ME, Stockdale KC, Wormith JS. A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. *J Consult Clin Psychol* 2011;79(1):6-21.
- Ramsay J, Carter Y, Davidson L, Dunne D, Eldridge S, Feder G, Hegarty K, Rivas C, Taft A, Warburton A. Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane DB Syst Rev* 2009, Issue 3. Art. No.: CD005043.
- Rodgers, K. Wife assault: The findings of a national survey." *Juristat*. Cat. 85-002, 14(9). Canadian Centre for Justice Statistics. Statistics Canada. March 1994. Ottawa, Ontario.
- Statistics Canada (2011). *Family Violence in Canada: A Statistical Profile*. Canadian Centre for Justice Statistics. Accessed March 6, 2012 at: <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.htm>
- Stewart D, MacMillan H, Wathen CN. Intimate partner violence [Position paper]. *Can J Psychiatr* 2013;58(6):S1-17.
- Stockl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C, et al. The global prevalence of intimate partner homicide: A systematic review. *The Lancet* 2013;382(9895):859-65.
- Stuart GL, Shorey RC, Moore TM, Ramsey SE, Kahler CW, O'Farrell TJ, et al. Randomized clinical trial examining the incremental efficacy of a 90-minute motivational alcohol intervention as an adjunct to standard batterer intervention for men. *Addiction* 2013;108(8):1376-84.
- Taft A, O'Doherty L, Hegarty K, Ramsay J, Davidson L, Feder G. Screening women for intimate partner violence in healthcare settings. *Cochrane Database Syst Rev*. 2013 Apr 30;4:CD007007.
- Tiwari A, Fong DY, Wong JY, Yuen KH, Yuk H, Pang P et al. Safety-promoting behaviors of community-dwelling abused Chinese women after an advocacy intervention: a randomized controlled trial. *Int J Nurs Stud* 2012;49(6):645-55.
- Tiwari A, Fong DY, Yuen KH, Yuk H, Pang P, Humphreys J, Bullock L. Effect of an advocacy intervention on mental health in Chinese women survivors of intimate partner violence: a randomized controlled trial. *JAMA* 2010;304(5):536-43.
- Tiwari A, Leung WC, Leung TW, Humphreys J, Parker B, Ho PC. A randomised controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong. *BJOG* 2005;112(9):1249-56.
- Vanderende KE, Yount KM, Dynes MM, Sibley LM. Community-level correlates of intimate partner violence against women globally: a systematic review. *Soc Sci Med* 2012;75(7):1143-55.
- Van Parys AS, Verhamme A, Temmerman M, Verstraelen H. Intimate partner violence and pregnancy: a systematic review of interventions. *PLoS One* 2014;9(1):e85084.
- Varcoe C, Hankivsky O, Ford-Gilboe M, Wuest J, Wilk P, Hammerton J, et al. Attributing selected costs to intimate partner violence in a sample of women who have left abusive partners: a social determinants of health approach. *Can Public Policy* 2011;37(3):359-80.
- Wathen CN, Harris RM, Ford-Gilboe M, Hansen M. for the Ontario Shelter Research Project. What counts? A mixed-methods study to inform evaluation of shelters for abused women. *Violence Against Women* (in press).
- Wathen CN, MacGregor JC, Hammerton J, Coben JH, Herrman H, Stewart DE, MacMillan HL; PreVAiL Research Network. Priorities for research in child maltreatment, intimate partner violence and resilience to violence exposures: results of an international Delphi consensus development process. *BMC Public Health*. 2012;12:684.
- Wathen CN, MacMillan HL Interventions for violence against women: scientific review. *JAMA* 2003;289:589-600.
- Wathen CN, MacMillan HL. Health care's response to women exposed to partner violence: moving beyond universal screening. *JAMA* 2012;308:712-713.
- Wathen, CN. *Health impacts of violent victimization on women and their children*. Justice Canada, Ottawa May 2012.
- Wathen CN, Tanaka M, Catallo C, Lebner AC, Friedman MK, et al. Are clinicians being prepared to care for abused women? A survey of health professional education in Ontario, Canada. *BMC Med Educ* 2009;9:34.
- World Health Organization. *Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines*. Geneva; 2013.
- World Health Organization. *WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses*. Geneva: WHO. 2005
- Zhang, T, Hoddenbagh J, McDonald S, Scrim K. *An Estimation of the Economic Impact of Spousal Violence in Canada, 2009*. Department of Justice Canada, Research and Statistics Division: Ottawa 2012.

