Women who experience domestic violence and women survivors of childhood sexual abuse: a survey of health professionals' attitudes and clinical practice

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SUMMARY
Health professionals do not wish to routinely screen women for a history of domestic violence or childhood sexual abuse. However, over 80% believe that these are significant health care issues. Routine screening should not be prioritised until evidence of benefit has been established.
Keywords: *women; domestic violence; childhood sexual abuse; health care screening.*

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Submitted 16 March 2000; Editor's response: 28 June 2000; final acceptance: 1 December 2000.

©*British Journal of General Practice*, 2001, **51**, 468-470.

Introduction

DOMESTIC violence against women is a common problem with major health and social consequences.[1] Although it affects around one-quarter of women it is frequently not identified by health professionals. Recent government advice states that health professionals should consider routinely screening women for domestic violence, to try and increase rates of identification.[2] However, it is not clear whether identification results in improved outcomes for women and their families. In addition, little is known about how health professionals address the issue of domestic violence generally.

Childhood sexual abuse also has a serious impact in adult life and may lead to psychological problems. It has been suggested that routine inquiry into histories of both childhood and adult sexual victimisation might benefit patients.[3]

We decided to investigate these topics together as they represent the commonest manifestations of 'family violence' and their prevalence is linked. In addition, both are emotionally charged issues that pose similar problems of identification and management for clinicians.

Our study aimed to:

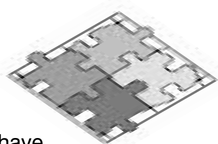
- describe attitudes and current practice of health professionals with respect to domestic violence against women and women survivors of childhood sexual abuse, in particular with regard to routine questioning;
- assess the extent of training and the desire for training about these issues; and
- identify characteristics of professionals and the practices in which they work that influence attitudes to routine questioning, the perception of domestic violence or the adult sequelae of childhood sexual abuse as a health care issue, and the desire for training.

Method

The study was based on an anonymous questionnaire survey of all 380 general practitioners, 180 practice nurses, and 140 health visitors who were identified as working in East London and the City Health Authority (ELCHA) in 1998.

To identify practitioner characteristics that were significantly related to the probability of agreeing with a particular statement when other predictor variables were allowed for, backwards stepwise logistic regression was applied to the responses with the characteristics of age, profession, previous training, and trainer status as predictor variables. Comparisons between occupations were made, with health visitors as the base category. Additional predictor variables

HOW THIS FITS IN



What do we know?
Both domestic violence and sexual abuse as a child have major health consequences for women. Proposals have been amde to screen women for a history of these abusive experiences.

What do we know?
General practitioners, health visitors, and practice nurses believe that domestic violence against women and the adult sequence of childhood sexual abuse are health care issues, but do not want to screen women for either of these.

included in an analysis restricted to general practitioners (GPs) were membership of the Royal College of General Practitioners, partnership size, and sex. Odds ratios reported here are those estimated from the logistic regression models.

Results

The overall response rate was 57% (401/700). There was a higher proportion of trainers among all groups of responders than those in the ELCHA area, as well as a higher proportion of women GPs, principals from larger practices, and members of the Royal College of General Practitioners.

Eighty-four per cent of the sample agreed that domestic

Table 1. Health professionals' attitudes and practices in caring for women patients with experience of domestic violence (DV) or past childhood sexual abuse (CSA); percentage response frequencies for GPs, practice nurses, health visitors, and the three groups combined.

Variable	GPs (*n* = 195)		Practice nurses (*n* = 112)		Health visitors (*n* = 94)		All health professionals (*n* = 401)	
	DV (%)	CSA (%)	DV (%)	CSA (%)	DV (%)	CSA (%)	DV (%)	CSA (%)
DV/CSA is a health care issue								
Agree	76	88	89	65	93	83	84	81
Uncertain	16	7	7	17	2	10	10	10
Disagree	8	5	4	19	5	7	6	9
DV/CSA is not a problem for women in my practice population								
Agree	3	4	3	3	7	4	4	4
Uncertain	6	13	15	22	3	15	8	16
Disagree	91	83	82	75	90	81	88	80
Practice nurses should routinely ask all women patients about DV/CSA								
Agree	15	3	7	3	25	6	15	3
Uncertain	41	31	24	15	40	19	36	24
Disagree	44	66	69	82	35	75	49	73
Health visitors should routinely ask all women patients about DV/CSA								
Agree	38	8	22	4	29	6	32	6
Uncertain	34	33	34	22	30	19	33	27
Disagree	28	59	44	74	41	75	35	67
GPs should routinely ask all women patients about DV/CSA								
Agree	10	3	8	5	32	9	14	5
Uncertain	37	28	38	20	30	25	36	25
Disagree	53	69	54	75	38	66	50	70
I would like specific training on DV/CSA								
Agree	52	57	76	69	86	84	67	67
Uncertain	27	25	17	20	7	12	19	20
Disagree	21	18	7	11	7	4	14	13
I am put off talking about DV/CSA because it takes too much time								
Agree	22	22	23	20	6	11	18	19
Uncertain	17	14	13	23	13	7	15	15
Disagree	61	64	64	57	81	82	67	66
I routinely ask all women patients about DV/CSA								
Yes	1	1	4	5	3	4	2	3
No	99	99	96	95	97	96	98	97
When DV/CSA identified, I give written information about help available								
Always/usually	45	32	74	64	84	69	62	49
Sometimes	27	33	18	22	14	23	22	28
Rarely/never	28	35	8	14	2	8	16	23

violence in women is a health care issue. Over 80% of each professional group disagreed with the statement that there was nothing that any of the health professional groups could do to help women who have experienced domestic violence. Thirty-two per cent thought that health visitors should routinely ask about domestic violence, 15% thought this for practice nurses and 14% for GPs. Forty-four per cent had received some training on domestic violence. Sixty to 70% always or usually gave written information about help available to women experiencing domestic violence and refer to appropriate agencies.

Eighty-one per cent agreed that the adult sequelae of childhood sexual abuse are a health care issue. Over 80% of each professional group disagreed with the statement that there was nothing that any of the health professional groups could do to help women who have experienced childhood sexual abuse. Less than 10% of responders agreed that any of the three professional groups should routinely ask women about childhood sexual abuse. Twenty-eight per cent had received training on helping women survivors of childhood sexual abuse. Just under half always or usually gave relevant written information.

Findings are summarised in Table 1. (The total number of health professionals responding to each variable ranged from 363 to 396.)

Practice nurses were significantly less likely than health visitors (or GPs) to think that routine enquiry about domestic violence should take place (odds ratio (OR) = 0.46, 95% confidence interval (CI) = 0.27–0.77, P = 0.003). Other predictor variables had no significant effect. When sex was used as an additional predictor variable in the model for all professionals, women were more likely than men to agree that domestic violence was a health care issue (OR = 6.9, 95% CI = 2.5–19.2, $P<0.001$) General practitioners were the least likely to want training (adjusted OR compared with health visitors = 0.29, 95% CI = 0.17–0.46, $P<0.001$).

Profession was the most significant factor associated with the view that the adult sequelae of childhood sexual abuse are a health care issue, with practice nurses being much less likely to hold this view than health visitors (adjusted OR = 0.3, 95% CI = 0.18–0.54, $P<0.001$). When sex was added to the model, women and GPs were more likely to think it was a health care issue (adjusted OR = 3.2, 95% CI = 1.1–9.2, P = 0.032 and OR = 3.2, 95% CI = 1.1–9.6, P = 0.04 [women]). General practitioners and practice nurses were less likely to want training than health visitors (OR = 0.28, 95% CI = 0.14–0.54 [GPs] and OR = 0.46, 95% CI 0.22–0.94 [GPs] $P<0.001$, 0.032 [health visitors]).

Conclusion

A large majority of responders to this survey consider that domestic violence against women and the adult sequelae of childhood sexual abuse are health care issues. By contrast, most responders do not wish to screen women for a history of domestic violence and even fewer for a history of childhood sexual abuse. This concurs with a small study from the USA.[4] Most health professionals want to receive training about these issues. Women were more likely than men to agree that domestic violence against women and the adult sequelae of childhood sexual abuse are health care issues. There was no evidence of an effect of previous training, trainer status, age, partnership size or membership of the Royal College of General Practitioners on attitudes to routine questioning. Routine screening should not be prioritised until evidence of benefit has been established.

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Acknowledgements

The questionnaire on which part of this study this was based was devised in conjunction with Dr Fiona Bradley, Trinity College, Dublin.

We are very grateful for the contributions of Shayna Notshke, Anna Koenig, and Jean Ramsey to the project.

Jo Richardson received support from the East London and Essex Network of Researchers (ELENoR) to undertake training in statistical methods related to this project.

Sandra Eldridge is funded from December 2000 by an NHS Research and Development National Primary Care Researcher Development Award.