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.

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
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 violence is a health care issue, with 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. 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.

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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, \( P < 0.001 \)).

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.

**References**


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