

Partner abuse counseling for women insufficient

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Only about one in five central Pennsylvania women who have experienced intimate partner violence is asked or counseled by a health care provider about abuse, according to Penn State medicine and public health science researchers. Overall, approximately only one in nine women has received preventive counseling about violence and safety.

"Our research shows that we (as a healthcare community) haven't been doing a good job of identifying and counseling about [intimate partner violence](#)," said Jennifer S. McCall-Hosenfeld, primary care physician and assistant professor of medicine and public health sciences, Penn State College of Medicine. Of those women who participated in the Central Pennsylvania Women's Health Study, she said, "Only 20 percent who had been exposed to intimate [partner violence](#) received safety and violence counseling in the two years following the abuse, and only 11 percent of all women had discussed violence and safety at home with a [health care provider](#)."

McCall-Hosenfeld and colleagues Cynthia H. Chuang, associate professor of medicine and public health sciences, and Carol S. Weisman, Distinguished Professor of [Public Health](#) Sciences and Obstetrics and Gynecology, both at Penn State College of Medicine, examined [preventive healthcare](#) services for women of reproductive age and how exposure to intimate partner violence (IPV) was associated with relevant preventive healthcare services. The study focused on women who had reported experiencing IPV—specifically [physical violence](#), [sexual violence](#) and threats of either by a current or former partner or spouse.

More than a third of the women in the U.S. have experienced IPV, according to the National Intimate Partner and Sexual Violence Survey conducted by the [Centers for Disease Control and Prevention](#). The researchers point out that this abuse can lead to serious immediate and long-

term health problems, as a result of inadequate preventive health care services.

Between 2004 and 2007 McCall-Hosenfeld and colleagues surveyed 1,420 women of reproductive age who were participating in the Central Pennsylvania Women's Health Study. The women responded to questions regarding [intimate partner violence](#), healthcare access, socio-economic status and whether they had received preventive healthcare services. The researchers report their results in an article published in the March/April issue of *Women's Health Issues*.

In the first survey the researchers established whether women had recently been exposed to IPV by asking them to respond "yes" or "no" to a series of questions. Each question was preceded by, "In the past 12 months, has a spouse, partner or boyfriend..." and completed with statements including

"Threatened to hit you or throw something at you?" and "Pushed, grabbed, shoved or slapped you?"

Two years after the first survey the researchers followed up with the women, asking about any preventive health care services and preventive counseling they had received over the past 24 months. Again, the women surveyed were asked to respond "yes" or "no" to a series of questions, including

"Have you been tested for sexually transmitted infections or HIV?" and "Has a doctor or health professional asked you or talked to you about concerns about safety or violence in your home?"

According to the study the findings represent "a missed opportunity for health promotion among women exposed to IPV."

"Our data suggest that many women who have been exposed to IPV are not being appropriately

identified in health care settings and are not getting many of the [health care services](#) they need," said McCall-Hosenfeld.

In January 2013 the United States Preventive Services Task Force released a guideline recommending that clinicians screen all women of reproductive age for IPV and help provide intervention services when necessary.

"We have a long way to go for healthcare to be in compliance with this guideline," said McCall-Hosenfeld. "We'll need to have a culture shift in many settings so that healthcare providers are comfortable with asking patients about IPV, patients are comfortable with being asked and the [health care](#) systems work to ensure that all patients get the services they need."

This study does not specifically address how to improve preventive services for those who have experienced IPV, McCall-Hosenfeld noted, but the need is now documented. She plans to continue research along this thread.

Chuang is also associate director of research of the division of general internal medicine, Penn State College of Medicine, and research director of the Penn State Building Interdisciplinary Research Careers in Women's Health Program. Weisman is also principal investigator for the Central Pennsylvania [Women's](#) Health Study and associate dean for faculty affairs, Penn State College of Medicine.

Provided by Pennsylvania State University

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