

The consequences of violence for health : a struggle to demonstrate the obvious?

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Osnabruck - September 24, 2004



Outline

- *The dark times of prejudice: violence is invisible or harmless*
- *Establishing facts: violence affects health*
- *Open questions on methods and theory*
- *Conclusions*



Violence is invisible or harmless

Historically,

Violence, mostly male, against women and children has been concealed, denied or minimized; the responsibilities have been blurred

⇒ *The consequences on health have been denied or minimized*



Violence is invisible or harmless

Child sexual abuse/"incest"

Freudian tradition : the incest has not actually happened, it is a fantasy

⇒ *children/girls fantasize or lie, they are the actual seducers, there is no violence (psychoanalyst Dolto, 1984)*

⇒ *"incest" is a rare event : 1 case out a million (psychiatrist and psychoanalyst Henderson, 1975)*



Violence is invisible or harmless

Adult-child sex is harmless

- ⇒ " why a child should be disturbed at having its genitalia touched, or at even more specific sexual contacts ... the emotional reactions of the parents, police officers, and other adults, may disturb the child more seriously than the sexual contacts themselves" (sexologist Kinsey, 1953; *self-defined "paedophiles"*)
- ⇒ adult-child sex is benefic and functional to evolutionary fitness(*psychiatrist and psychoanalyst Gardner, 1992*)



Violence is invisible or harmless

Rape

- ⇒ Women desire to be ravished and taken by force (*psychoanalysts Deutsch, 1945; Dolto, 1984*)
- ⇒ Women eventually relax and enjoy it (*rapists, pornographers*)



Violence is invisible or harmless

The socio-biological tradition ⇒ rape is functional to evolutionary fitness

- ⇒ Rape victims suffer less emotional distress :
- ⇒ when they are subjected to more violence
 - ⇒ when rape does not end with female's impregnation
 - ⇒ when victims are children or past menopause women
(*evolutionary psychologists Thornhill & Palmer, 2000*)



Violence is invisible or harmless

Italian textbook of psychiatry (1996)

Risk factors :

- Mother : Hyper-protective
- Mother : Schizophrenogenic
- Menopause: "Syndrome of the empty nest"

No mention of:

- Rape
- Sexual aggression
- Incest
- Child abuse
- Battering
- Maltreatment
- Violence



Violence is invisible or harmless

The dark times of prejudice

Male violence against women and children

Much ado for nothing



Violence is no longer invisible or considered harmless

Thanks to feminist analyses and activism

- ⇒ *Violence against women and children has been re-"discovered" and made visible (around 1970)*
 - **Consciousness raising groups**
 - **Self-help groups**
 - **Rape lines, "anti-violence centers", shelters for battered women**

- ⇒ *first-hand knowledge about violence and its consequences*
- ⇒ *a social context in which scientific research was possible*



Establishing facts: violence affects health

*Research data
show that violence affects health*

And also

- Further victimization
- Unhealthy coping strategies (alcohol, legal and illegal drugs)
- Often social and financial outcomes

The most extreme consequence is death



Establishing facts: violence affects health

Overall, violence affect health

- Various kinds of violence: physical, sexual, psychological
- Various health indicators
- Various timing : childhood, adulthood, older age ...
- Various perpetrators
- Various kinds of victims



Establishing facts: violence affects health

Studies conducted with various methodologies and instruments

- retrospective and prospective
- clinical and epidemiological
- self-reported indicators, or use of more objective measures,



Establishing facts: violence affects health

Virtually every health problem has been directly or indirectly associated to having experienced violence

- | | |
|---|----------------------------------|
| Injuries | Sexual problems |
| Depression | Gynecological problems |
| Anxiety | Digestive problems |
| Post traumatic stress disorder | Surgical interventions |
| Suicide | Chronic health conditions |
| Eating disorders | Premature death |
| Drugs and alcohol consumption | |
| Chronic pain, headache, backache | |



Establishing facts: violence affects health

Methodological and theoretical problems

How to disentangle the effects of violence from the effects of:

- Other types of co-occurring violence
- The context in which violence occurred
- The social reactions to violence
- The consequences of violence (further victimization; loss of job; financial problems...)

Can we isolate the effects of violence? should we isolate them?



Establishing facts: violence affects health

Some results



Establishing facts: violence affects health

ENVEFF study, France, 2001

National sample of women 20-59 years old (N=6970)

Cross-sectional and retrospective study

(Jaspard et al., 2003)

Does violence still affect women's health after controlling for demographic and social characteristics?



Establishing facts: violence affects health

ENVEFF study, France, 2001

Health indicators

Depression

Symptoms of PTSD

Attempted suicide

Use of health services

Psychotropic drugs

Alcohol

Illegal drug use

Smoking

Results

After controlling for women's social and demographic characteristics, recent violence is strongly associated with all health indicators



Establishing facts: violence affects health

ENVEFF study, France, 2001

<u>Violence, 12 months</u>	<u>Depress.</u>	<u>Ptsd</u>	<u>Att. suicide</u>
<i>Repeated physical violence</i>	<i>6,4</i>	<i>6,0</i>	<i>19,0</i>
<i>Sexual violence</i>	<i>3,4</i>	<i>2,6</i>	<i>26,0</i>

⇒ Women who had experienced violence as children showed more psychological distress ⇒ Psychological abuse alone was also associated with increased psychological distress



Establishing facts: violence affects health

Patients of family doctors study, Belluno, Italy, 2001
Convenience sample of women patients, all ages (N=426)
Cross-sectional study (Romito et al., 2004)

Are older women also concerned by partner violence?
Is violence related to health also among older women?



Establishing facts: violence affects health

Patients of family doctors study, Belluno, Italy, 2001

Results

6% of women 60 years or older currently married were experiencing partner violence

Also among older women, violence was associated with psychological distress



Establishing facts: violence affects health

Patients of family doctors study, Belluno, Italy, 2001

Multivariate analysis, controlling for age and other women's social and demographic characteristics

<u><i>Violence, 12 months</i></u>	<u><i>Depress.</i></u>	<u><i>Pills</i></u>	<u><i>Bad health</i></u>
<i>Any violence by a male partner or ex partner</i>	<i>O.R. 6,0</i>	<i>O.R. 3,9</i>	<i>O.R. 6,2</i>

⇒ Psychological abuse alone was also associated with increased psychological distress



Establishing facts: violence affects health

National Violence Against Women Survey, U.S.A., 1995-6
National sample of adult women and men (N=16.000)
Cross-sectional and retrospective study
(Tjaden & Thoennes, 2000; Pimlott-Kubiak & Cortina, 2003)

Is there a greater vulnerability to violence for female victims
?



Establishing facts: violence affects health

National Violence Against Women Survey, U.S.A., 1995-6

Measures

Types of violence

Childhood physical assault
Lifetime sexual violence
Adult physical assault
Adult emotional abuse
Stalking

Health problems

Depression
General health
Alcohol use
Prescription drug use
Illicit drug use



Establishing facts: violence affects health

National Violence Against Women Survey, U.S.A., 1995-6

Results

Cluster analysis ⇒ 7 different profiles of victimization histories ⇒ profiles of victimization are gendered

⇒ women, more sexual violence

⇒ men, more non-sexual violence

Overall, for both genders, exposure to more violence relates to more pathology



Establishing facts: violence affects health

National Violence Against Women Survey, U.S.A., 1995-6

Regardless of gender,
health indicators varied strongly by victimization history,
(except alcohol use, more common among men)

Female vulnerability or situational vulnerability?



Establishing facts: violence affects health

*The National Women Study, U.S.A.
National sample of adult women (N=3.006)
3-wave longitudinal study (2 years)
(Kilpatrick et al., 1997)*

*Alcohol or drug use/abuse leads to assault
or
assault leads to alcohol or drug use/abuse ?*



Establishing facts: violence affects health

The National Women Study, U.S.A.

Measures

Types of violence

**Rape, sexual assault
Physical assault**

Substance use

**Alcohol use
Illicit drugs use**



Establishing facts: violence affects health

The National Women Study, U.S.A.

Results

After a new assault ⇒ odds of both alcohol and drug use increased, even among women with no previous use or assault history



Establishing facts: violence affects health

There is no doubt that violence affects health

- ⇒ the possibility of present or past violence should be systematically investigated by health professionals
- ⇒ measures to protect women and children against violence and to keep them safe must be taken
- ⇒ today, violence is still invisible in most health and social services
- ⇒ health professionals should be trained to recognize violence and to respond to victims appropriately



Establishing facts: violence affects health

“ Domestic violence homicides : Emergency Department use before victimization ”

Sample : 34 cases of women murdered by a partner/ex, after years of documented domestic violence, in Kansas City, U.S.A

- 15 of them had visited repetitively the ED in the 2 years preceding the murder ⇒ total : 48 visits (injuries, panic attacks, attempted suicide etc.)

⇒ ED identified violence in only 2 cases

⇒ No measures had been taken

(Wadman & Muelleman, 1999)



Open questions on methods and theory

A word of caution

*Victims of violence are more often injured,
distressed, and suffer from various health and
social problems than non-victims*

But

*Not all the victims necessarily experience more of
these problems*



Open questions on methods and theory

*How is it that some victims of violence
don't end up
with more social and health problems?*



Open questions on methods and theory

We should look at :

- *The protective factors, not only the risk factors*
- *The strengths of people victims of violence, their surviving strategies, not only the vulnerabilities*
- *The social context not only the individuals*
- *The paths leading from violence to problems or to (relative) well-being ⇒ "life turning points", "second chance occasions" (Werner & Smith, 1992; Rutter & Rutter, 1992)*



Open questions on methods and theory

We need more research which is:

- ⇒ person centered*
- ⇒ longitudinal*
- ⇒ qualitative*
- ⇒ contextualized*



Open questions on methods and theory

In quantitative studies we must avoid:

- Reductionism & simplification*
- Blurring of responsibilities concerning the perpetrators*
- Euphemization (denial)*



Open questions on methods and theory

Another word of caution

*It is crucial to show the associations between
violence and health problems*

But

*Is there a "price for the ticket" ? (Gilfus, 1999)
What are the risks of the medicalization of violence ?*



Open questions on methods and theory

*Consider: Learned helplessness/the battered woman syndrome
or PTSD*

*The human reactions to violence become a -mostly female-
pathology ⇒ the problem is (inside) the woman ⇒ the
violence tends to disappear*

*Violence is not acknowledged in absence of the expected
health effects*



Conclusions

*Violence is a crime
Is unacceptable
Even without any consequences on health*



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