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The Health Implications Of Violence Against Women

Untangling the Complexities of Acute and Chronic Effects: A Two-Part Special Issue

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THIS IS THE SECOND in a two-part special issue focusing on health and violence against women. The articles for this issue result from a June 2006 scientific meeting hosted by the University of Kentucky Center for Research on Violence Against Women that was designed to explore the extant literature on the health implications of violence against women and to generate recommendations for future research in this area. Eighteen articles were commissioned covering the broad areas of obstetrics, gynecological health, acute injury patterns and mortality, stress-related somatic syndromes, clinical practice issues, and cultural considerations. Advocates representing the National Sexual Violence Resource Center, National Network to End Domestic Violence, National Center for Victims of Crime, and local advocates from Kentucky also participated with critical input and perspective. The commissioned articles are collected in this two-part special issue.

In part one of this special issue, Tricia Bent-Goodley addressed the cultural and societal influences that affect health and health disparities among women survivors of intimate partner violence. Judith McFarlane, Kathleen Kendall-Tackett, Sandra Martin, Rebecca Macy

and their colleagues, and Phyllis Sharps and her colleagues offered four articles addressing the impact that intimate partner violence and rape have on pregnancy. The associations of gynecologic and sexual health were explored in an article by Ann Coker and one by Andrea Gielen and her colleagues. Universal screening, health care utilization, and physician education were also addressed in part one with articles from Mary Beth Phelan, Stacey Plichta, and Kevin Hamberger.

Building on the contributions found within part one, part two now focuses on two primary areas: acute injury associated with rape and intimate partner violence and chronic, stress-related syndromes. First, Jacquelyn Campbell, Nancy Glass, Phyllis Sharps, Kathryn Laughon, and Tina Bloom provide a review of the evidence identifying the major risk factors for intimate partner homicide in general, and for intimate partner homicide of women in particular, including prior violence, guns, estrangement, the presence of a stepchild in the home, forced sex, threats to kill, and nonfatal strangulation. Their review offers critical implications for the health care system, highlighted by research indicating that 42% of the femicide victims had been seen in

the health care system in the year preceding their murder. Marilyn Sommers shifts the focus to sexual assault in her article on defining patterns of genital injury resulting from this form of violence. Her review builds the case that the prevalence and location of genital injury provide only a partial description of the nature of genital trauma associated with sexual assault, leading her to propose a multidimensional definition of genital injury pattern. Sommers's review also identifies areas for new avenues of research that can lead to advancements in health care, forensic and criminal justice science, including refined measurement strategies for injury severity and skin color. Acute injury patterns are also explored by Daniel Sheridan and Katherine Nash in a review that examines the mechanisms associated with blunt trauma-related injuries and strangulation in cases of intimate partner violence. In a final investigation of acute injury patterns among women, Martha Banks highlights the critical need to advance research on traumatic brain injury in battered women. Her review describes practical domains of symptoms and a review of literature pertinent to culturally relevant rehabilitation for victims sustaining traumatic brain injuries.

The second focus of part two is on the complex, chronic, and historically overlooked associations of violence and women's health. Leslie Crofford's review furthers an understanding of the relationship between violence, stress, and somatic syndromes toward an end of clarifying the consequences of violence exposure to long-term health and health-related quality of life for women. Her review highlights the additional vulnerability women exposed to violence have for stress-related syndromes such as fibromyalgia, chronic fatigue syndrome, temporomandibular disorder, and irritable bowel syndrome. The negative effects of violence exposure are also explored in an article by Mary Meagher, Robin Johnson, Elisabeth Good, Erin Young, Shannon Copeland, and Jane Welsh. Their review illustrates how animal research can be used to elucidate the biobehavioral mechanisms underlying the adverse health effects of social conflict and is an example of an enlightening expansion beyond the traditional literature in the violence against women area that can advance our

understanding of the health effects for women suffering intimate partner violence and rape. Jane Leserman and Douglas Drossman offer a review of the evidence linking sexual and physical forms of intimate partner violence with functional gastrointestinal symptoms and disorders, and they explore physiological mechanisms that might mediate these health effects. Consistent with the findings of Crofford and Meagher and colleagues, their review shows a strong and consistent relationship of sexual and physical abuse history with functional gastrointestinal symptoms and disorders. The final article in this section is offered by Kathleen Kendall-Tackett who posits that three effects of violence against women (depression, hostility, and sleep disturbance) affect the risk of disease. Her review suggests that one possible mechanism by which these associations occur is the elevated levels of proinflammatory cytokines associated with chronic exposure to stress. She also offers specific focus in the relatively unexplored association of violence against women and cardiovascular disease and metabolic syndrome, the precursor to type 2 diabetes.

This two-volume special issue on the health implications of violence against women can only serve to reinforce in the mind of the reader how damaging the experience of violence can be on a woman, in the short and long term. It must also be a call to advance research in this area in three ways. First, we must improve the methodologies associated with the empirical study of violence and health through use of standardized definitions and by engaging in more longitudinal work. We must also advance research by extending the exploration to incorporate more subtle and complex associations of violence and health and by moving past mere associations to begin to identify the specific mechanisms by which intimate partner violence and rape are manifested in the health of women.

Finally, research will also be substantially enhanced by interdisciplinary research teams that link different disciplines and bring together clinical and research scientists with advocates and practitioners. These interfaces between disparate corners of the research world and those who work in the practice world offer a provocative clash of ideas, ideologies, and methodologies

that can transform our thinking and our body of knowledge, all to the benefit of the women on whose behalf all of us work.

Carol E. Jordan currently serves as director of the University of Kentucky Center for Research on Violence Against Women and holds faculty appointments in the Department of Psychology and the Department of Psychiatry. Her areas of writing and research interest include the nexus of mental health and criminal justice, particularly as it relates to the experience of women. She has authored or coauthored two books, three book chapters, and numerous articles on violence against

women, the mental health effects of victimization, the experience of women in the court of justice, and practice implications in forensic mental health. She presently serves as principal investigator on four research projects related to legal and health implications of violence against women and one U.S. Department of Justice-funded project addressing the translation of research to practice. She has 25 years of experience in public policy, legislative advocacy, and the development of programs addressing intimate partner violence, rape, and stalking. Before coming to the University, she served for 8 years as executive director of the Kentucky Governor's Office of Child Abuse and Domestic Violence Services.