



4-2007

The Health Implications of Violence Against Women: Untangling the Complexities of Acute and Chronic Effects: Part One

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Recommended Citation

Jordan, C.E. (2007). The health implications of violence against women: Untangling the complexities of acute and chronic effects: Part One. *Trauma, Violence and Abuse: A Review Journal*, 8(2), 87 – 89.

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Notes/Citation Information

Published in *Trauma, Violence, & Abuse: A Review Journal*, v. 8, no. 2, p. 87-89.

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Digital Object Identifier (DOI)

<http://dx.doi.org/10.1177/1524838007301159>

THE HEALTH IMPLICATIONS OF VIOLENCE AGAINST WOMEN

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

In 2002, the University of Kentucky Center for Research on Violence Against Women was created and undertook as part of its mission contributing to the national research agenda on violence against women. Toward that end, a scientific meeting was held in June 2006 to explore the extant literature on the health implications of violence against women and to generate recommendations for future empirical study. Eighteen papers were commissioned from top researchers covering the broad areas of obstetrics, gynecological health, acute injury patterns and mortality, stress-related somatic syndromes, clinical practice issues, and cultural considerations. Among those scholars were clinician scientists and researchers from the fields of medicine, nursing, epidemiology, psychology, social work, and other disciplines. In addition to papers from those researchers, advocates representing the National Network to End Domestic Violence, the National Sexual Violence Resource Center, the National Center for Victims of Crime, and local advocates from Kentucky also participated with critical input and perspective. The commissioned papers are collected in this two-part special issue.

Although many of the solicited papers addressed the critical, causal associations between violence and women's health (e.g., acute injury patterns associated with intimate partner violence or pregnancy following partner rape), an attempt was also made to extend beyond causal links to explore other complex,

chronic, and cumulative effects that emerge over the life span of a woman. It is a theme of this special issue that advancing the study of health and violence necessarily means broadening our view to incorporate more subtle and complex associations and, importantly, to move past mere associations to begin to identify those specific mechanisms by which intimate partner violence and rape leave their mark on the health of a woman.

The articles within this special issue cover a wide berth of literature and are written by authors from disparate disciplines. Several common themes still emerge across the manuscripts, however, including robust support for universally screening women in health care settings. Whether in a sexual- or reproductive-health context, when addressing chronic health concerns in acute trauma settings or in pediatric clinics, these reviews argue the case for reaching survivors through universal screening for current or historic victimization. Beyond initial screening, however, many of the articles in this issue pursue the next step by recommending enhanced physician training, public policy support for effective treatments and interventions, and the need for better data collection in the form of more complete record keeping and culturally sensitive screening tools. All of these recommendations outline important areas for researchers, advocates, and policy makers to maximize the effectiveness of universal screening protocols.

Many of the articles in this special issue also call for more complete, standardized definitions for describing violence against women. Establishing operationalized definitions is arguably an integral part of the research process that can focus efforts to understand the acute and lifetime health consequences of intimate partner violence and rape. Furthermore, standardized definitions are a crucial part of health care that can increase the effectiveness of screening for violent victimization, as evidenced in this issue's reviews of injury patterns, intimate partner homicides, and studies seeking causal relationships between intimate partner violence and chronic health problems. Collectively, the articles in this issue provide strong justification for using standardized definitions across clinical and research settings to establish meaningful, causal linkages between violence against women and health disparities.

In Part 1 of this special issue, Tricia Bent-Goodley addresses the cultural and societal influences that impact health and health disparities among women survivors of intimate partner violence, particularly articulating the experience of women of color. Also in Part 1, four articles address the impact that intimate partner violence and rape have on pregnancy. Phyllis Sharps, Kathryn Laughon, and Sandra Giangrande offer a look at perinatal outcomes for mothers and infants. Kathleen Kendall-Tackett focuses on violence during the perinatal period and its later effects in the postpartum period. Judith McFarlane discusses the unacceptable gap in the literature on pregnancy following rape, and the literature on pregnancy associated violent deaths is explored by Sandra Martin, Rebecca Macy, Kristen Sullivan, and Melissa Magee.

The second section within Part 1 focuses on gynecologic and sexual health, beginning with a systematic review by Ann Coker that explores sexual health indicators that suggest a causal association and identifies gaps in the literature for which additional careful research is needed to explain mechanisms for these associations. The intersection of HIV/AIDS and intimate partner violence is explored by Andrea Gielen, Reem Ghandour, Jessica Burke, Patricia Mahoney, Karen McDonnell, and Patricia O'Campo. Their review finds the existing body

of literature almost exclusively focused on descriptive, cross-sectional studies of high-risk groups of women, leading them to argue for studies that examine the causal pathways and cumulative effects of the syndemic issues of violence, HIV, and substance abuse in women's health and for interventions that target women victims of violence who are at risk for HIV as well as HIV-positive women who may be experiencing intimate partner violence.

In the final section of Part 1, clinical practice issues are addressed in Mary Beth Phelan's article on screening for intimate partner violence in medical settings. Kevin Hamberger speaks to physician training in his review of medical school and residency-based curricula. Finally, Stacey Plichta speaks to the intersection that women suffering intimate partner violence have with the health care system, focusing attention on rates of health care utilization and the barriers that women encounter when seeking aid from the health care system.

In Part 2 of this special issue, a series of articles on acute injury patterns and mortality will be offered by Jacquelyn Campbell and her colleagues at Johns Hopkins University; Marilyn Sommers; Daniel Sheridan and Katherine Nash; and Martha Banks. Articles on stress-related somatic syndromes will be presented by Leslie Crofford; Mary Meagher and her colleagues at Texas A&M University; Jane Leserman and Douglas Drossman; and Kathleen Kendall-Tackett.

Many scholars, advocates and policy makers contributed to the completion of this special issue, and any contribution it makes is linked to those names. This particularly includes the anonymous reviewers who dedicated enormous time and expertise to the peer-review process. The quality of the issue is also attributed in part to the active participation of Jon Conte whose collegiality is among the guest editor's most valued. Finally, special thanks go to Adam Pritchard and Danielle Duckett-Pritchard, graduate research assistants who are a constant source of optimism regarding the next generation of research scholars.

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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.