



Online Professional Education for
Physiotherapists on Domestic Violence

OPEP-DV LITERATURE REVIEW

**This publication was prepared in the framework of the project
Online Professional Education for Physiotherapists and other healthcare professionals
on Domestic Violence (Opep)**

AGREEMENT NUMBER 2021-KA220-VET-07

PROJECT NUMBER 2021-1-EE01-KA220-VET-000029791

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



OPEP-DV literature review

Domestic violence is a world-wide issue that physiotherapists face in their everyday practice. Given the high prevalence of intimate partner and domestic violence in the population (European Institute for Gender Equality), it is important that health workers are aware of how to identify and correctly respond to the cases of domestic violence. Domestic violence is a complex issue since it may include physical and sexual injuries as well as emotional abuse. The latter component is especially difficult to detect since it requires from medical staff to be trained in psychology and ethics (Hegarty, Roberts 1998).

Previous studies show that there is a lack of knowledge among physiotherapists on identifying and monitoring domestic violence cases (Chapin et al., 2011; Madden et al., 2015 et al.; Sivagurunathan et al., 2019; Pinto Dias et al. 2020). Systematic screening mechanisms are also not available, only in Walton et al. (2017) intimate partner violence screening tool has been suggested for physiotherapists to simplify screening of domestic violence. At the same time the role of physiotherapists is crucial since they have frequent and long-lasting contacts with their patients which allow establishing trustworthy relationship (Hayden et al. 2014; Sivagurunathan et al. 2019).

Physiotherapists are in a good position to identify and help victims of domestic violence, “as victims often talk about their experiences of violence when asked about them in a non-judgmental, empathic and direct way” (Alshammari et al. 2018). Despite this, several studies indicate that in most medical departments, patients are not asked about intimate partner violence (Clark, et al., 2016; Ballan et al. 2017).

The definition of “intimate partner violence” (IPV) and “domestic violence” (DV) is also not uniformly applicable across literature sources. Current research assumes that terms “intimate partner violence” and “domestic violence” are interchangeable and defend importance of not only physical, but also emotional and psychological component of domestic violence which cannot be easily identified by physiotherapists.

McCloskey et al. (2007) referring to American Medical Association define IPV as “repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation”. Intimate partner violence may include any physical, psychological, or sexual abuse by a partner (Walton et al. 2015). Carlson, Pollitz Worden (2005) argue that domestic violence includes “a broader range of abusive behaviours” than only physical aggression. Depression, anxiety, feelings of helplessness and lack of social support are consequences of this behaviour. These consequences are found to be common among victims of domestic violence (Catallo et al. 2013; Walton et al. 2015; Downie et al. 2019; Pinto Dias et al. 2020).

Among common barriers to identify and support victims of intimate partner violence physiotherapists name (Vasey 1990; Campbell et al. 2002; Ramsay et al. 2002; Alvarez et al. 2016; Walton et al. 2017; Sivagurunathan et al. 2019):

- hesitation to ask sensitive questions from patients
- lack of time
- lack of knowledge about correct referrals
- lack of experience or education about screening
- patients own perception of “violence” and “abuse”
- not clearly specified roles and responsibilities
- fear to endanger patients
- feeling of discomfort of physiotherapists.

Health care workers in different medical specialisations such as physicians (Rhodes, Levinson 2003), obstetrics and gynecology (Machtinger et al. 2015), rheumatology (Ruiz-Pérez et al. 2009) and other health-care professionals (Haag et al. 2022) experience similar barriers and constraints. They also pay sufficient attention to identifying cases of intimate partner violence to correctly refer their patients.

To overcome above mentioned barriers, educational materials and trainings on domestic and intimate partner violence have been developed for specific healthcare providers mainly in Canada and the United States. However, this gap is still needed to be fulfilled in the EU countries (see Table 1).

In addition, there is a scarcity of literature devoted to understanding attitudes and believes of physiotherapists in regard to intimate partner violence. Sivagurunathan et al. (2019) aims to fill in this gap as well as to find out whether such factors as gender, country of practice, experience with IPV, professional training and other factors predict those believes and attitudes. The study examined 189 physiotherapists from Canada and the US and reported 66% of previous experience of physical therapists and occupational therapists with intimate partner violence. The study did not confirm lack of time as a factor hindering identification of intimate partner violence which can be a signal that hand therapy is a good channel to screen for intimate partner violence. The study also recommends appropriate educational trainings to increase awareness of IPV and improve service provision to targeted clients.

The findings of Sivagurunathan et al. (2019) are supported by Madden et al. (2015) and Chapin et al. (2011). The authors conclude that professional training for physiotherapists lead to better ability to identify intimate partner violence, and IPV education should be included into training programs for physiotherapists. In addition, mental health skills should also be included into the physiotherapy curriculum (McGrath et al. 2022).

Macpherson et al. (2022) has revealed that physiotherapy curriculum has some shortcomings in ethics competences and knowledge of psychology. Physiotherapy students would rather rely on consultation with psychologists than approaching domestic violence victims in personal conversation as an initial step. Physiotherapists are quite often lacking confidence to investigate cases although they suspect that injuries are the results of domestic violence (Howard 2008). Thus, current research is aimed at addressing the skills gap of physiotherapists so that they can provide a better service and improve treatment of patients.

Table 1. Summary of the literature review on domestic violence and physiotherapy

Topic	Methods	Author	Country
Believes and attitudes of hand therapists about IPV	Survey questionnaire, descriptive statistics plus Mann-Whitney U analysis	Sivagurunathan et al. (2019)	Canada and the United States
Physiotherapy training	Qualitative research approach	McGrath et al. (2022)	-
Physiotherapy training	Survey analysis	Chapin et al. (2011)	USA
Knowledge, attitudes, and practices of IPV, training	Survey questionnaire	Madden et al. (2015)	Canada
Domestic violence identification and education	Survey questionnaire	Clark, McKenna, Jewell (1996)	USA
Violence against old people	Scope review	Pinto Dias et al. (2020)	-
IPV screening	Literature review	Walton et al. (2015)	-
IPV awareness	Survey questionnaire	Downie et al. (2019)	UK
Ethical and psychological preparedness of physiotherapists to deal with DV victims	Survey questionnaire and statistical analysis	Macpherson et al. (2022)	Europe
Domestic violence screening and training	Questionnaire and interviews	Howard (2008)	Australia
Screening women for DV	Literature review	Ramsay et al. (2002)	-
IPV screening tool	Survey and expert review	Walton et al. (2017)	USA

Source: compiled by the authors.

References:

- Alshammari, K. F., McGarry, J., Awoko Higginbottom, G. M. (2018). Nurse education and understanding related to domestic violence and abuse against women: An integrative review of the literature. *Nursing Open*: 1-17.
- Alvarez, C., Fedock, G., Trister Grace, K., Campbell, J. (2016). Provider Screening and Counseling for Intimate Partner Violence: A Systematic Review of Practices and Influencing Factors. *Trauma, Violence, & Abuse*, 18(5): 479-495.
- Ballan, M. S., Freyer, M. B., Powledge, L. (2017). Intimate Partner Violence Among Men with Disabilities: The Role of Health Care Providers. *American Journal of Men's Health*, 11(5): 1436-1443.
- Campbell, J., Snow Jones, A., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., Gielen, A. C., Wynne, C. (2002). Intimate Partner Violence and Physical Health Consequences. *Arch Intern Med.*, 162(10): 1157–1163.
- Carlson, B. E., Pollitz Worden, A. (2005). Attitudes and Beliefs About Domestic Violence: Results of a Public Opinion Survey. *Journal of Interpersonal Violence*, 20(10): 1197-1218.
- Catallo, C., Jack, S. M., Ciliska, D., Macmillan, H. L. (2013). Minimizing the risk of intrusion: A grounded theory of intimate partner violence disclosure in emergency departments. *Journal of Advanced Nursing*, 69(6): 1366–1376.
- Chapin, J. R., Coleman, G., Varner, E. (2011). Yes we can! Improving medical screening for intimate partner violence through self-efficacy. *Injury & Violence*, 3(1): 19-23.
- Clark, C. J., Alonso, A., Everson-Rose, S. A., Spencer, R.A., Brady, S. S., Resnick, M. D., Borowsky, I. W., Connett, J. E., Krueger, R. F., Nguyen-Feng, V. N. (2016). Intimate partner violence in late adolescence and young adulthood and subsequent cardiovascular risk in adulthood. *Preventive Medicine*, 87: 132-137.
- Clark, T. J., McKenna, L. S., Jewell, M.J. (1996). Physical therapists' recognition of battered women in clinical settings. *Physical Therapy*, 76(1): 12-18.
- Downie, S., Madden K., Bhandari, M., Jariwala, A. C. (2019). A prospective questionnaire-based study on staff awareness of intimate partner violence (IPV) in orthopaedic trauma patients. *Surgeon*, 17(4): 207-214.
- European Institute for Gender Equality. Gender-based violence: <https://eige.europa.eu/gender-based-violence>
- Haag, H.L., Jones, D., Joseph, T., Colantonio, A. (2022). Battered and Brain Injured: Traumatic Brain Injury Among Women Survivors of Intimate Partner Violence-A Scoping Review. *Trauma Violence Abuse*, 23(4): 1270-1287.
- Hayden, A., Gelsthorpe, L., Morris, A. (2014). *A Restorative Approach to Family Violence. Changing Tack*. Routledge.
- Hegarty, K., Roberts, G. (1998). How common is domestic violence against women? The definition of partner abuse in prevalence studies. *Australian and New Zealand Journal of Public Health*, 22(1): 49-54.
- Howard, J. (2008). Domestic Violence Screening: Findings of a Pilot Project Conducted by Allied Health Staff in Community Health. *Australian Journal of Primary Health*, 14(1): 43 – 51.
- McCloskey, L. A., Williams, C. M., Lichter, E., Gerber, M., Ganz, M. L., Sege, R. (2007). Abused women disclose partner interference with health care: An unrecognized form of battering. *Journal of General Internal Medicine*, 22(8): 1067–1072.
- Madden, K., Sprague, S., Petrisor, B. A., Farrokhyar, F., Ghert, M. A., Kirmani, M., Bhandari, M. (2015). Orthopaedic Trainees Retain Knowledge After a Partner Abuse Course: An Education Study. *Clinical Orthopaedics and Related Research*, 473: 2415-2422.

- McGrath, R. L., Parnell, T., Verdon, S., Pope, R. (2022). “People suffer and we see this”: a qualitative study of the forms of patient psychological distress encountered by physiotherapists. *An International Journal of Physical Therapy*.
- Machtinger, E. L., Cuca, Y. P., Khanna, N., Rose, C. D., & Kimberg, L. S. (2015). From treatment to healing: the promise of trauma-informed primary care. *Women’s Health Issues*, 25(3): 193–197.
- Macpherson, I., Roqué, M.V., Martín-Sánchez, J.C., Segarra, I. (2022). Analysis in the ethical decision-making of dental, nurse and physiotherapist students, through case-based learning. *European Journal of Dental Education*, 26(2): 277-287.
- Pinto Dias, A. L., de Almeida, A. M., Cabral Schweitzer, M., Queiroga Souto, R. (2020). Physiotherapeutic interventions aimed at old people in situations of violence: a scope review. *Revista Brasileira de Geriatria e Gerontologia*, 23(3): 1-15.
- Ramsay, J., Richardson, J., Carter, Y.H., Davidson, L.L., Feder, G. (2002). Should health professionals screen women for domestic violence? Systematic review. *British Medical Journal*, 325(10): 1-13.
- Rhodes, K., Levinson, W. (2003). Interventions for intimate partner violence against women. *Journal of the American Medical Association*, 89(5): 601-605.
- Ruiz-Pérez, I., Plazaola-Castaño, J., Cáliz-Cáliz, R., Rodríguez-Calvo, I., García-Sánchez, A., Ferrer-González, M.A., Guzmán-Úbeda, M., del Río-Lozano, M., López-Chicheri García, I. (2009). Risk factors for fibromyalgia: the role of violence against women. *Clinical Rheumatology*, 28: 777–786.
- Sivagurunathan, M., Packham, T., Dimopoulos, L., Murray, R., Madden, K., MacDermid, J. C. (2019). Hand therapists’ attitudes, environmental supports, and self-efficacy regarding intimate partner violence in their practice. *Journal of Hand Therapy*, 32(3): 353-360.
- Vasey, L. (1990). DNAs and DNCTs - Why Do Patients Fail to Begin or to Complete a Course of Physiotherapy Treatment? *Physiotherapy*, 76(9): 575-578.
- Walton, L. M., Aerts, F., Burkhart, H., Terry, T. (2015). Intimate Partner Violence Screening and Implications for Health Care Providers. *Online Journal of Health Ethics*, 11(1): <http://dx.doi.org/10.18785/ojhe.1101.05>.
- Walton, L.M, Schbley, B.H., Milliner, S.W., Muvati, F.T., Zaeed, N. (2017). Investigating the reliability and validity of an intimate partner violence screening tool for use in physical therapy practice. *International Physical Medicine & Rehabilitation Journal*, 1(4): 101-105.
- Wood, L. (2017). “I look across from me and I see me”: survivors as advocates in intimate partner violence agencies. *Violence Against Women*, 23(3): 309-329.