

2010

The Role of Occupational Therapy with Domestic Violence Survivors

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Recommended Citation

Syron, Carla, "The Role of Occupational Therapy with Domestic Violence Survivors" (2010). *Emerging Practice CATs*. Paper 2.
<http://commons.pacificu.edu/emerge/2>

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The Role of Occupational Therapy with Domestic Violence Survivors

Disciplines

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The Role of Occupational Therapy with Domestic Violence Survivors.

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Date: December 6, 2010

CLINICAL SCENARIO:

According to the American Medical Association (1992) domestic violence has been defined as “a pattern of coercive control which may include repeated physical battering, psychological abuse, sexual assault, isolation, deprivation, and intimidation by a person who is either currently or was formerly intimately involved with the victim.”

Occupational therapists work with individuals involved with many diagnoses, labels and life circumstances; because of this it is important to be able to address the population of domestic violence survivors. Survivors of domestic violence may be referred to occupational therapy for issues related to domestic violence, with no clear relationship identified. With this population it is important for health care providers to initiate the conversation about abuse since many survivors do not address the violence history without prior questioning.

FOCUSSED CLINICAL QUESTION:

What is the role of occupational therapy with domestic violence survivors?

SUMMARY of Search, ‘Best’ Evidence appraised, and Key Findings:

- This Critically Appraised Topic summarizes 5 articles pertaining to domestic violence.
- When searching for occupational therapy based interventions with domestic violence survivors the results were limited to one study that was from 1995.
- The best evidence article is by Johnston, Adams & Helfrich (2001). This article was chosen because it looked into what occupational therapists know about domestic abuse. This article was based on a non-experimental, non-parametric, quantitative study with a randomly generated surveyed population generated by AOTA.
- Gorde, Helfrich, & Finalayson’s (2004) study examines trauma symptomology and self-identified life skills needs through the use of a comprehensive domestic violence

agency in Chicago.

- Helfrich and Beer (2007) evaluated the FirstSTeP screening tool as a way to monitor the development of children experiencing homelessness, domestic abuse and were in a Head Start program.
- Javaherian, Underwood, & DeLany (2007) examine the current services available to violence survivors with a focus towards occupational therapy.
- In the study conducted by Thomas and Hall (2008) the effects of childhood maltreatment (CM) are examined, along with strengths and strategies for successful living after CM.

CLINICAL BOTTOM LINE:

There is an identifiable need for occupational therapists to be trained to work with domestic violence survivors. According to the American Medical Association (1992) at least 2 million women have experienced domestic abuse by their partners, which results in health care costs of approximately \$44,393,700 annually. In comparison to violence against women by men, there is little research surrounding violence against men by women. One statistic from Oregon Counselling states that out of 100 domestic violence cases, 40 cases are of women committing violence against men. For same-gender relationships the rates of domestic violence are roughly the same as the rates of domestic violence against heterosexual women.

Johnston, Adams & Helfrich (2001) state, “it is likely that any occupational therapy practitioner who treats women will treat someone who is or was abused.” Domestic violence survivors have experienced a loss of empowerment and self-esteem. This loss may be seen in its impact on their ability to be successful with the occupations in their lives. While in abusive relationships “skills which may have been adaptive while in the abusive relationship, such as compliance, may not be adaptive if the woman chooses to leave the relationship” (Gleason, 1993). Occupational therapy intervention is instrumental in creating new roles, routines and a sense of self that was previously lost by facilitating adaptive skills.

Limitation of this CAT: This critically appraised paper has been prepared by a MOT2 graduate student, with individual comparisons to past student written critically appraised papers. This is not an exhaustive literature review. This paper has been reviewed by a faculty member, but has not been externally peer-reviewed.

SEARCH STRATEGY:

Terms used to guide Search Strategy:

- **P**atient/Client Group: Domestic violence survivor, spouse abuse, victim, adults, and children.
- **I**ntervention (or Assessment): Occupational therapy
- **C**omparison: No occupational therapy intervention.
- **O**utcome(s): Not included in the search

Databases and sites searched	Search Terms	Limits used	Articles Found
Medline – OVID 09/2010 10/2010	Occupational therapy + domestic violence Occupational therapy + domestic abuse survivor Occupational therapy + abuse survivor Occupational therapy + abuse victim	Studies written in English Full-text only	12 0 0 0
Medline - OVID 10/2010	Occupational therapy + childhood maltreatment Occupational therapy + child abuse	Studies written in English Full-text only	0 9
Medline - OVID 10/2010	Occupational therapy + wife abuse Occupational therapy intervention + domestic violence	Studies written in English Full-text only	0 1
CINAL 11/2010	Domestic violence against men	Studies written in English Full-text only	19

INCLUSION and EXCLUSION CRITERIA

- Inclusion:
 - Inclusion criteria included studies that examined heterosexual spousal abuse.
 - Inclusion criteria included studies that examined wife violence/abuse.
 - Inclusion criteria included studies that examined childhood maltreatment and abuse.
 - Studies conducted in variable settings were included.
- Exclusion:
 - Articles not written in English were not included.
 - Domestic violence within homosexual relationships was not included.

RESULTS OF SEARCH

Four relevant studies and a statement article were located and categorised as shown in Table 1 (based on Levels of Evidence, Centre for Evidence Based Medicine, 1998)

Table 1: Summary of Study Designs of Articles retrieved

Study Design/ Methodology of Articles Retrieved	Level	Number Located	Author (Year)
Phenomenology (Qualitative Study)	III	1	Journal of Interpersonal Violence. Gorde, M., Helfrich, C., & Finlayson, M. (2004).
Cross sectional/group case study	III	1	Physical & Occupational Therapy in Pediatrics. Helfrich, C., & Beer, D. (2007).
Narrative Research (Qualitative Study)	III	1	Qualitative Health Research. Thomas, S. & Hall, J. (2008).
Cross-sectional (Non-experimental, Non-Parametric, Quantitative)	III	1	Occupational Therapy in Mental Health. Johnston, J., Adams, R. & Helfrich, C. (2001).
Background Information	V	1	American Journal of Occupational Therapy. Javaherian, H., Underwood, R., & DeLany, J. (2007).

BEST EVIDENCE

The following study/paper was identified as the 'best' evidence and selected for critical appraisal. Reasons for selecting this study were:

- This study looks at the role of occupational therapists when working with clients that are domestic violence survivors.
- Measures from the study indicate that domestic violence survivors want their occupational therapists to inquire about their history with violence.
- Occupational therapists report a need for greater education regarding working with domestic violence survivors.

SUMMARY OF BEST EVIDENCE

Table 2: Description and appraisal of Knowledge and Attitudes of Occupational Therapy Practitioners Regarding Wife Abuse by (Johnston, Adams, & Helfrich, 2001).

Aim/Objective of the Study/Systematic Review:

Study Design: (Eg, systematic review, cohort, randomised controlled trial, qualitative study, grounded theory. Includes information about study characteristics such as blinding and allocation concealment. When were outcomes measured, if relevant)

This study is a non-experimental, non-parametric, quantitative cross-sectional design used to identify and collect information regarding licensed occupational therapists' ability to identify and discuss domestic abuse with suspected victims, more specifically abused wives. No blinding of reviewers was done, nor was allocation concealment done. No intervention was implemented so no outcomes were measured regarding interventions.

Setting:

The setting where data was collected was not identified. The settings where surveyed occupational therapists practiced were not identified.

Participants:

A list of 350 names was randomly generated from AOTA's database of practitioners. Practitioners included in the study were occupational therapists and certified occupational therapy assistants that were members of AOTA and living within the United States. Of the 350 mailed questionnaires, 202 (58%) were included in the statistical analysis. The mode age range was 31 to 40 years (37%). 187 (93%) of respondents were female and 15 (7%) were male.

Intervention Investigated

Occupational therapists were sent questionnaires regarding their feelings and attitudes about domestic violence victims. No intervention was investigated. The primary investigation was conducted to see where education and additional training to health care providers regarding domestic violence.

Control:

There is no control group in this study.

Experimental:

The experimental group consisted of 202 subjects. No interventions were given to the experimental group. For the study, subjects were asked knowledge questions about domestic violence, questions about their attitudes towards wife abuse and its victims, and the role of occupational therapists in identification of wife abuse.

Outcome Measures

Questionnaires were mailed to subjects. General information inquiring age, gender, practice area, and years of experience were included in the questionnaire. Questions were described as being “self-designed questions based on current literature regarding wife abuse” (Johnston, Adams & Helfrich, 2001). All questions were written in a closed-ended format to ensure consistency with coding and analysis. Questionnaires consisted of 69 items and were broken down into three subsets of questions. Johnston et al. (2001) stated that “[s]everal questions were designed to assess the amount and type of education regarding wife abuse each respondent has received... respondents also were asked whether they feel adequately prepared to deal with suspected abuse”. The second subset of questions assessed knowledge of wife abuse. This included knowledge of risk factors, batterer characteristics, and common reasons for staying in abusive relationships. The third subset of questions “was conducted in a 5-point Likert scale format to allow measurement of the intensity of each belief or attitude presented” (Johnston et al. 2001).

Questionnaires were mailed to subjects; the randomly chosen subjects had their own choice of setting to fill out the questionnaire.

Main Findings:

Questionnaires Mailed		Coded		
350		202 (58%)		
Respondents	Occupational Therapists (OTs)		Certified Occupational Therapists (COTAs)	
	78%		22%	
Race/Ethnicity	Caucasian		White, not Hispanic	
	90%		87%	
Education	Baccalaureate Level			
	57%			
Work Setting Population	Physical Disabilities		Older Adults	
	44%		51%	
Personal experiences of abuse	Abuse by a male partner	Experienced abuse as a child	Personally knowing one woman abused by a male partner	Personally knowing two or more women abused by a male partner
	22%	12%	25%	53%

Knowledge Based Questions			
Average amount of correct answers		65%	
Score range		17%-91%	
Mode		69%	
Standard deviation		13%	
Likert-scale questions assessing OT practitioners' attitudes regarding wife abuse and victims were coded as "2," "1," "0," "-1," or "-2."			
Likert-scale range		-2.00 to 2.00	
Mean average		1.49	
Standard deviation		0.39	
Role Attitude Section			
Mean		0.53	
Standard deviation		0.83	
Knowledge scores & participants attitudes concerning domestic violence			
		$r = .182$	$p = .009$
Attitudes regarding wife abuse and attitudes about the role of OT in the identification process		$r = .275$	$p = .000$
Average knowledge scores and attitudes about the role of OT in the identification process		$r = .276$	$p = .000$
OT age and attitude about the role of OT in identifying cases		$F(4,197) = 5.62$	$p = .0003$
Female occupational therapists were more empathic towards wife abuse and victims than male OTs.		$t = 2.58$	$p = .021$
History of personal abuse as a child and the amount of knowledge one has about wife abuse		$F(2,198) = 3.90$	$p = .022$
OTs' attitude regarding OT role in identification of wife abuse and the amount of formal education received about wife abuse		$F(3,198) = 2.87$	$p = .038$
OTs' attitude regarding OT role in identification of wife abuse and the amount of clinical education about wife abuse		$F(3,197) = 3.74$	$p = .012$
Knowledge scores and participants' attitudes concerning domestic violence are positively correlated ($r = .182$, $p = .009$).			

Original Authors' Conclusions

The study concludes that occupational therapists that were surveyed didn't have adequate knowledge about wife abuse. On average, therapists had caring attitudes about wife abuse and their victims, but they did not have strong feelings about OTs role in identification of wife abuse. In that same chord, 20 percent of OTs surveyed "held a negative attitude about the role of the profession in identifying wife abuse victims," (50). From this study the authors found that the occupational therapy practitioners that were surveyed did not possess the ability to identify victims of wife abuse within their patients.

Critical Appraisal:

Validity

- Methods : non-experimental quantitative study. Cross sectional survey through a mailed questionnaire
- Rigour: A pilot study of 15 anonymous subjects was conducted prior to the final questionnaire being used. The pilot study was done to ensure ease of understanding of questions, format, and layout.
- Selection: Selection of subjects was done randomly from AOTA registrants
- Bias: Study participants may be biased due to the process of collecting participants. Although subjects were randomly drawn for the study they were chosen from a distinct group of occupational therapists that were part of AOTA. Individuals that chose to participate in the survey may have had personal reasons for engaging and were thus biased. Johnston et al. (2001) stated that "previous studies indicate that personal experiences with abuse may affect the response of professionals to such cases within their patient population", this may have affected the response rate to the mailed questionnaires.
- Other biases include that 87% of respondents were "White, Not Hispanic."

Interpretation of Results

Results from this study indicate that there is a greater need for education regarding domestic abuse and the role of occupational therapy professionals in its identification. Although I agree with the results of this study greater research into types of intervention for OT professionals to have and to provide is necessary. From the study and its descriptions of questions that were asked it appears that a possible way to gain insight into occupational therapy professionals thinking could have included a section of open ended questions regarding what they feel could be done to enhance and support further education regarding domestic abuse.

Summary/Conclusion:

Combine critical appraisal with summary/conclusion. Conclusion includes critique and what you should do with info/tx.

From this study it can be concluded that occupational therapy professionals want and need further education regarding domestic violence. Domestic violence education including characteristics of victims, characteristics of abusers, signs to look for, ways to initiate and have an engaged conversation about the future and intervention strategies with victims and the role of OT is needed. With this information further research and intervention may be conducted.

My opinion of this study is that it brings an important issue to the attention of OTs and COTAs. Even though the subjects that were examined may have had personal biases it demonstrates the need for education of domestic violence and OT roles. To strengthen this study subjects may be drawn using a different technique to be more similar to a randomized group so that a clear, generalizable result may be found. Limitations of this study are related to the generalizability of the results to all occupational therapists. Another limitation of this study is that it does not address the role of occupational therapists with domestic abuse within same-sex couples.

Table x: Characteristics of included studies

Study	Summary of the Research Study
<p>Gorde, M. W., Helfrich, C. A., & Finlayson, M. L. (2004). Trauma symptoms and life skill needs of domestic violence victims. <i>Journal of Interpersonal Violence, 19</i>(6), 691-708.</p>	<p>This study looks at the self-perceived needs of victims of domestic violence. Their needs relate to their perception of their occupational performance and the roles and activities they need and want to engage in.</p> <p>Methods: interviews and focus groups were used to collect data.</p> <p>Intervention – no intervention was used.</p> <p>Outcome measures were measured using the Trauma Symptom Inventory (TSI) and the Occupational Self Assessment (OSA).</p> <p>Findings: Mental health functioning and prioritization of needs differed depending on the level that domestic</p>

	violence services were delivered to them.
<p>Helfrich C.A., Beer D.W. (2007). Use of the firstSTEp screening tool with children exposed to domestic violence and homelessness: a group case study. <i>Physical & Occupational Therapy in Pediatrics</i>, 27(2), 63-76.</p>	<p>To address the range of health and social problems associated with children that experience domestic violence and homelessness. Increased knowledge of the needs and issues of children within this system enables therapists to screen the children and make appropriate referrals.</p> <p>Method: Cross sectional case study. Intervention: Use of the firstSTEp tool. Outcome measures: FirstSTEp screening tool. Finding: 68% of children demonstrated gains in social/emotional, adaptive behaviours, motor scores, and parent-teacher interaction score.</p>
<p>Javaherian, H., Underwood, R., & DeLany, J. (2007). Occupational therapy services for individuals who have experienced domestic violence (Statement). <i>The American Journal of Occupational Therapy</i>, 61(6), 704-9. Retrieved October 22, 2010, from ProQuest Nursing & Allied Health Source. (Document ID: 1387792201).</p>	<p>Statement article describing occupational therapy needs for domestic violence survivors.</p> <p>To define the role of occupational therapy and provide general information regarding domestic abuse and occupational therapy's influence on activity participation and performance post-abuse. The study also includes several case studies focused on cases of domestic abuse where survivors received occupational therapy assessments and interventions to facilitate and enable productive and satisfactory activity engagement.</p> <p>Method: case studies regarding various populations of domestic violence survivors. Intervention: various interventions were used due to the varied clients</p>

	<p>that were seen in the case studies.</p> <p>Outcome measures: Canadian Occupational Performance Measure (COPM), Test of Sensory Functions in Infants, Transdisciplinary Play Based Assessment, Quick Neurological Screening Test II (FQNST II), Sensory Profile.</p> <p>Findings: When doing interventions with domestic violence survivors the use of post-tests is important to document effectiveness of interventions.</p>
<p>Thomas, S. & Hall, J. (2008) Life trajectories of female child abuse survivors thriving in adulthood. <i>Qualitative Health Research</i>, 18(2), 149-167. Retrieved from http://qhr.sagepub.com/content/18/2/149.</p>	<p>This study was aimed at describing the effects of childhood abuse/maltreatment. It examined the supporting factors that enabled children to survive and thrive post-maltreatment. Childhood maltreatment (CM) is a severe trauma that is experienced by some. While there is literature about the long-term after effects of CM there is a small amount of “scholarly inquiry about the path to recovery and healing” that is sought after by survivors.</p> <p>Method: interviews Intervention: no intervention was implemented. Outcome measures: Interview transcripts and summary narrative assessment (SNA) forms. Finding: when working with survivors of childhood maltreatment “patience, gentleness, and sensitivity are required”. It is important to not apply pressure to remember the abuse that was experienced, and it is also not recommended to urge confrontation or forgiveness of their abusers if they don’t want to.</p>

IMPLICATIONS FOR PRACTICE, EDUCATION and FUTURE RESEARCH

Implications of the study for OT practice include increasing and/or implementing a formal education process for OT practitioners to engage in to further their knowledge of identifying abuse within their clients. Intervention could be provided by sending out a follow up questionnaire to the initial respondents about their likelihood to seek further education. Education opportunities could be provided to practitioners that choose to engage and a follow up questionnaire could be done after the intervention. This possible intervention could be used in practice. Therapists could use their education within their practice and they could use it as a jumping off point for discussion with their clients about abuse. Another more standardized implication for future practice is the creation and implementation of a course that involves working and identifying vulnerable populations that are likely to experience domestic abuse, violence or maltreatment. This intervention could be used and studied anywhere in the United States; since previous research was done using AOTA membership as the pool for subject retrieval the results from the study could be generalized for the US. Cost for the education of therapists may be as simple as a continuing education class cost or the cost of tuition for an addition class. When comparing the costs of an additional class versus the annual costs of healthcare related to domestic violence the monetary cost is worth the human value.

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