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Identification, disclosure and education support of domestic violence and sexual abuse (DVSA) victims

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Abstract

Aim: Supporting Domestic violence and sexual abuse (DVSA) victims at education paradigm.

Objective: To find practical methods of disclosing, identifying, and supporting DVSA victims in the education paradigm.

Methodology: A phenomenological descriptive literature review study explores what is known from different authors about identification, influence, disclosure tools and support of DVSA victims to clarify the phenomenon, approaches of disclosure tools and victims' support at education paradigm.

Conclusion: Improving factual knowledge and awareness among students and teachers.

National policies are mandating the teaching of violence prevention in the national curricula, allocation of budgets, and resources.

The need for more comprehensive studies on this subject, educating educators about this paradigm, structuring effective practical disclosure aids, and raising funds and professionals for highly flexible individualised methods of victim's support.

Recommendations

- Tools chosen should consider the target population, screeners' skills and experience, and the evaluation's objective and context.
- Educators and healthcare providers must ensure that adequate referral and follow-up are provided to those identified through screening to ensure the efficacy of DVSA interventions.
- Teacher's lack of confidence, conviction, and expertise could jeopardise the intended message; educator's training is recommended.

To establish DVSA forum at educational institutes, starting with the "digital generation" at tertiary education or secondary and lower educational levels. Students can write, discuss, share, and disclose at this forum anonymously. The details are accessed by a specialised individual who can implement policies and communicate with students who disclosed the information or are suspected of DVSA.

Keywords: DVSA and academic performance; DVSA Screening tools; DVSA identification and influences; DVSA reporting

Introduction

Domestic violence is a worldwide phenomenon, as reported by the World Health Organization (WHO), that impacts anyone regardless of gender, race, age, culture, or religion (mostly towards women and children). The violence may include emotional abuse, psychological violence, neglect, physical assault, witnessing (exposure to) physical violence, and sexual assault. Victims are left with a sense of vulnerability, hopelessness, psychological disorders, and emotional threats that significantly impacted their academic lives and learning process^[1-3].

To date, there are no specific data worldwide, with 35% of women experienced DVSA in their lifetime^[4]. In the United States, 1 in 7 children experienced child abuse and neglect in 2015^[5]. In 2015, data from 96 countries estimated that at least 1 in 2 children ages 2-17 years experienced violence^[6]. A survey in Atlanta/U.S. in 2010 showed that 1 in 5 women and 1 in 71 men would experience sexual abuse while attending college^[7]. Between 2014 and 2017, a total of 15,617 cases were reported in Malaysia. "Over 5,700 cases reported in 2017"^[8].

Rationale: Due to DVSA high prevalence worldwide, there must be an influence on victim's education. Therefore, the research team attempts to spotlight these influences, identification of victims, causes of non-disclosure, disclosure tools, how to support victims at education

paradigm, and possible dimensions on how to expand DVSA disclosure.

The aim: Supporting DVSA victims at education paradigm.

The objective: To find practical methods of disclosure, identification, and support of DVSA victims in the education paradigm.

Research questions

1. How to identify DVSA victims?
2. What are the educational influences on DVSA victims?
3. What are the causes of non-disclosure of DVSA?
4. What are the best disclosure screening tools?
5. How to support DVSA victims in the education paradigm?

Methodology

This phenomenological descriptive literature review explores what is known from different authors about identification, influence, disclosure tools, and DVSA victims' support to understand the phenomenon, approaches of disclosure tools, and victims support at education paradigm.

The research team reviewed sixty-two [62] articles obtained from Google and Google scholar databases. The related literature identified in this review is based on specific domestic violence keywords and title searches and were published between 1998 to 2018. Other secondary sources included in the review are book publications and medical websites.

The papers selected for review are relevant to the study's aims and research questions. They are analysed to identify previous authors' views on providing sufficient and appropriate support to DVSA victims in the educational paradigm.

Results and Discussion

The findings were categorised under the following themes:

1. Influence and identification of victims of domestic violence.
2. Reasons for non-disclosure.
3. Screening Tools.
4. Support DVSA victims in the education paradigm.

Influence and identification of victims of domestic violence

The notable behaviour changes among victims are aggressiveness, bullying, fighting, loss of empathy, problems with peers, criminal behaviour, immature behaviour, substance abuse, juvenile pregnancy, and suicidal tendencies. The victims are also vulnerable to depression, irritability, emotional distress, and social isolation. They might find difficulties making friends, experience low self-esteem, sleep problems, post-traumatic stress disorder (PTSD) and psychosomatic illnesses [9-18].

Younger victims tend to experience learning difficulties. The issues linked to these victims are dropping out of school, absent or late or changing schools, losing interest in education and poor academic performance. According to 19, 44% of the victims did not graduate from college, compared to the 15% non-victimised individuals, whereas 20% of these victims have considered leaving education [10].

The effects on adolescents are more severe due to the cumulative effects of prolonged violence [13]. The victims'

future is affected by the pattern and duration of victimisation [20]. Victims may enter violent and abusive relationships when they grow up (perpetrators or victims), and the cycle of violence will continue to the next generation [9, 21, 22].

Reasons for non-disclosure

Various reasons behind incidences of non-disclosure are identified in the reviewed literature. According to 23, victims might not make any reports, and children suffer in silence. Other reasons could be related to ignorance about support services [24] or educators and professionals underreport suspected cases [25], or lack of cooperation between professionals outside and inside schools, hence failing to protect victims [26, 27].

Non-disclosure could be due to:

- Emotional barriers (feeling of responsibility for the abuse in 62%, concerns of causing shame and trouble in the family in 85% are afraid of potential threats from their abusers or family members, low self-esteem and powerless, fear of disbelieve, they may hope that the violence will stop or unable to trust others to disclose [28-30].
- Relationship with abusers (less disclosure in intra-familial abuse or might believe the abuse is a normal and part of relationships) [28, 31-34].
- Gender (both almost alike, maybe less disclosure among males) [35, 36].
- Age (younger children are less likely to disclose, adolescents are challenging) [37, 38].
- 39 stated that the victims felt that they lack the opportunity for disclosure (85.6% of victims did not disclose their abuse due to inactivity of services despite being aware of such services). Some reported that they did not disclose as it was difficult to find situations that provide the privacy they need [30].

Screening Tools

WHO only advocates screening for high-risk DVSA candidates [40]. Universal screening increases the identification of victims [41]. However, there is a lack of evidence that screening leads to improved outcomes [41, 42].

Currently, no tool is considered the "gold standard" in screening. Practices vary widely across different environments; for example, HITS screening (Hurt, Insult, Threaten, and Scream) has a sensitivity of 30%–100% and specificity of 86%–99% (appendix 1), while WAST (Woman Abuse Screening Tool) has a sensitivity of 47% and specificity of 96% (appendix 2). Other screening tools like the PVS (Partner Violence Screen) has a sensitivity of 35%–71% (appendix 3), and specificity of 80%–94%; and the AAS (Abuse Assessment Screen) has a sensitivity of 93%–94% and specificity of 55%–99% (appendix 4) [43].

Although variable degrees of reliability, validity and predictive values for these screening methods were detected, there is no specific screening tool that has well-established psychometric properties [43], though among the tools HITS (Hurt, Insulted, Threatened, screamed at) and WAST (Woman Abuse Screening Tool) are the highest specificity and sensitivity [43, 45]. Both are reliable and valid, with High Sensitivity and Specificity [41]. Most screening focuses on women of reproductive age [46]; other tools may be considered in younger populations to cover the entire educational spectrum [46].

Support DVSA victims at education paradigm

[47-49] opined a direct relationship between prevention education, raising awareness on DVSA and increasing disclosure rates; it increases the trust of victims in the professionals. There is a need for consistent, trusting relationships for disclosure, emphasising confidentiality, communication, and support delivery [50, 51].

Adolescence is a unique opportunity to provide education about intervention and support for victims. They are more open to considering new ideas, learning gender roles, and engaging in intimate relationships [52]. School or university provides prolonged and personal contact to create trust relationships necessary for disclosure and intervention [53]. Introduction of relationships and sex education (R & D) in schools, the presence of designated senior lead for mental health in every school and college, and activation of school nursing are recommended [54].

[41, 42] recommended that A ‘universal’ approach to programmes is challenging due to differences in contexts of culture, society, ability, experiences, and interest. However, a multi-agency approach is advised upon disclosure, involving schools, community level, parents, local healthcare agencies, and the police [40, 41]. 49 also posited that mutual commitment of agencies “co-operate, improve communication, take appropriate action, and monitor the outcomes” is adequate. Working in partnership and collaboration of external facilitators and teachers provides and develops professional learning and implementation confidence [55].

Generally, the reviewed literature suggested that those responsible should listen calmly, reassure the victim, dispel any guilt, ensure that their situation would be taken seriously. It is also recommended that any forms of confrontation with the abuser should be avoided. According to [54, 56], the responsible personnel should explain what is going to happen to the victim, then report the incident to protection services, social support services or other external support services.

Further measures recommended are adopting prevention programmes in school policies and practices rather than single-component programs or individual teachers. [49, 57] recommended a gender approach as a way to help the victims. Early intervention strategies could adopt a holistic, child-centred approach to provide tailored support to meet

students’ individual needs regarding their learning and social and emotional development [58].

Conclusion

To conclude, DVSA factual knowledge and awareness must be spread among teachers and students. 39 and 49 suggested that long-term programmes, initiatives, and repetition of ideas in different settings could help reinforce and sustain attitudes among students and decrease violence.

National policies are mandating the teaching of violence prevention in the national curricula, allocating budgets and resources toward supporting the implementation of interventive actions to involve all levels of the education system [39, 49].

The conclusion of this descriptive literature review highlights the need for more exhaustive studies on this subject, educating educators about this paradigm, structuring effective practical disclosure aids, and raising funds and professionals for highly flexible individualised methods of victim’s support.

Recommendations

- Tools chosen should consider the target population, the screeners’ skills and experience and the objective and context of the evaluation.
- Educators and healthcare providers must ensure that adequate referral and follow-up are provided to those identified through screening to ensure DVSA interventions’ efficacy.
- Teacher’s lack of confidence, conviction, and expertise in the area could jeopardise the intended message, educator’s training is recommended.

To establish DVSA forum at educational institutes, starting with this “digital generation” at tertiary education or even secondary education and lower educational levels subsequently, students can write, discuss, share, and disclose at this forum anonymously, accessed by a specialised person in the institute who can communicate with students that disclose or suspected DVSA and can implement policies

Appendices

Appendix 1: Domestic Violence Screening Tool (59, 60)

**Hurt, Insulted, Threatened with Harm and Screamed (HITS)
Domestic Violence Screening Tool**

Please read each of the following activities and place a check mark in the box that best indicates the frequency with which your partner acts in the way depicted.

Date: _____

Age: _____

Sex: Male _____ Female _____

Ethnicity: Caucasian _____ Hispanic _____ African American _____ Asian _____ Indian _____

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					
	1	2	3	4	5
Total Score:					

HITS Questionnaire

- 4 Questions scored on a 5-point scale
- Scores above a set **cut-off point of 10**, indicative of increased risk of DVSA.
- Validated for use in males and females of reproductive age.

Answers were summed to form an interval scale of the total HITS score, ranging from 4 to 20. A cut-off score of 10.5 was used to indicate domestic violence exposure. HITS accurately classified 91% of nonvictims and 96% of victims. Previously the authors found that HITS had a sensitivity of 86% and a specificity of 99% compared with the Index of Spouse Abuse-Physical Scale

Appendix 2

Woman Abuse Screening Tool (WAST) (60)

WAST-Short

1. In general, how would you describe your relationship?
 - A lot of tension
 - Some tension
 - No tension
2. Do you and your partner work out arguments with:
 - Great difficulty
 - Some difficulty
 - No difficulty

The remaining 6 items of WAST asked in the post-screening survey.

3. Do arguments ever result in you feeling down or bad about yourself?
4. Do arguments ever result in hitting, kicking, or pushing?
5. Do you ever feel frightened by what your partner says or does?
6. Has your partner ever abused you physically?
7. Has your partner ever abused you emotionally?
8. Has your partner ever abused you sexually?

Answers to items 3-8 of WAST

- Often
- Sometimes
- Never

Women met the criteria for domestic violence exposure if they answered: “a lot of tension/great difficulty” to either question. In a previous study, WAST-Short correctly classified 92% of victims and 100% of nonvictims. Another study reported a sensitivity of 47% and a specificity of 96% compared with the Composite Abuse Scale.

Appendix 3: Partner Violence Screen (61)

<p>During the past 12 months, has your husband/partner:</p> <ul style="list-style-type: none"> • Item 1: done things to scare or intimidate you on purpose? • Item 2: threatened to hurt you or someone you care about? • Item 3: hit you, slapped you, or thrown something at you that could hurt you? • Item 4: forced you or pressured you to have sexual intercourse when you did not want to? <p>During your present pregnancy, has your husband/partner:</p> <ul style="list-style-type: none"> • Item 5: done things to scare or intimidate you on purpose? • Item 6: threatened to hurt you or someone you care about? • Item 7: hit you, slapped you, or thrown something at you that could hurt you? • Item 8: forced you or pressured you to have sexual intercourse when you did not want to?

Appendix 4

Abuse Assessment Screen (AAS) (6)

1. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO
2. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone? YES NO If YES, who? (Circle all that apply) Husband Ex-Husband Boyfriend Stranger Other Multiple Total # of times: _____
3. Since you have been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone? YES NO If YES, who? (Circle all that apply) Husband Ex-Husband Boyfriend Stranger Other Multiple

Mark the area of injury on the body map. Score each incident according to the following scale:

- 1 = Threats of abuse including use of weapon _____
- 2 = Slapping, pushing; no injuries and/or lasting pain _____
- 3 = Punching, kicking, bruises, cuts and/or continuing pain _____
- 4 = Beating up, severe contusions, burns broken bones _____
- 5 = Head injury, internal injury, permanent Injury _____
- 6 = Use of weapon; wound from weapon _____

4. Within the last year, has anyone forced you to have sexual activities? YES NO

If YES, who? (Circle all that apply)
 Husband Ex-Husband Boyfriend Stranger Other Multiple
 Total # of times _____

5. Are you afraid of your partner or anyone listed above? YES NO

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