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FOREWORD

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Jeffery C. Cruz 4/15/97
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Introduction:

The purpose of this study is to research the prevalence of physical, emotional, and sexual intimate partner abuse (battering) of military and civilian women. Battering (intimate partner abuse) is defined as repeated physical and/or sexual assault from an intimate partner within a context of coercive control. It is a risk factor for a variety of physical and mental health problems frequently treated in outpatient, primary care settings. Civilian battered women and their children have been found to use HMO's 6-8 times more often than did a non-abused control sample^{1,2,3,4}. It is reasonable to assume that abused military women, whose medical care is provided by the military, would likewise have increased medical care needs and utilization patterns.

There are no data to indicate that the prevalence of battering by an intimate partner is any less for military women than for those in civilian life, although no comparisons have been undertaken. Military families even may be at additional risk because of the stress associated with frequent transfers and isolation, extended time away from family, and possible institutionalization of aggression.^{5,6} The incidence of reported intimate partner abuse among American women has been estimated to be at least 12-15%,⁷ which for the almost 350,000 women in the military, translates to as many as 52,500 currently abused women in this population.

The purposes of the investigation are to: 1) determine and compare the lifetime and annual prevalence of intimate partner abuse of active duty military women and civilian women, 2) investigate women's perceptions of mandatory reporting of abuse and the impact on disclosure, and 3) investigate the medical sequelae and costs of treatment associated with abuse over time. The overall goal of this research is to develop a more comprehensive understanding of the physical and mental health consequences and associated medical costs of intimate partner abuse against women, using population based data from a sample of military women and a comparable sample of HMO enrollees. Such information is necessary to plan effective health care policies and interventions in military and civilian health installations to reduce the human suffering and medical costs associated with intimate partner abuse.

Experimental Methods:

Stark and Flitcraft⁸ have developed markers for a four-level scale useful during medical record review to assess the probability that an illness or injury was caused by abuse. Many published studies have used this method to determine if health care staff missed the diagnosis of intimate partner abuse and its association with subsequent health system encounters. However, the abuse was inferred rather than verified independently. This study improves upon that methodology by using patient self-report of abuse and directly linking the patient interview to the medical record. Another limitation of prior studies of medical care related to abuse is that they have not been population based. Biased samples were created by using clinic, ED or shelter populations. We will be sampling from the entire population of military women and HMO enrollees and thus improve the representativeness and generalizability of the findings.

Study participants will be randomly selected from two populations; 1) HMO enrollees registered at two large Kaiser Permanente medical facilities, and 2) active duty military women who receive their annual pap smear as part of Tri-Sciences Health Care. The sampling frame will include all women between the ages of 18 - 52 years old who have been in the military (or enrolled with Kaiser) for at least three years. Johns Hopkins will send letters of introduction to 6,000 Kaiser members and 5500 military women. We anticipate a final sample of 2,000 women from each population. Based on previous research^{1,7,9,10}, we estimate that 10% of the population will report abuse to yield a sample size of 200 cases from the military sample and 200 cases from the HMO sample. For comparison purposes, we plan to randomly sample 200 military women and 200 HMO women who have never experienced physical abuse.

The two main components of data collection for this study are; 1) telephone survey, and 2) medical records review. The telephone survey will be used to estimate prevalence of abuse in the population samples, to identify cases and controls, and to collect detailed information from the cases and controls on their medical and mental health symptoms (Appendix 1, Statement of Work, Technical Objective # 1). Medical records of all cases and controls will be reviewed to document medical conditions, utilization of health care services, and health care costs incurred from 1994 through 1996 (Technical Objective #2-#5). Cases constitute women who answer "yes" to having been physically or sexually abused by a partner within five years prior to 1994. Control designated women answer "no" to all abuse questions and report having never experienced emotional, physical, or sexual abuse.

Progress to date:

The research project has been in progress for six months. The investigation team attended a training session on the military violence protocol and procedures held by Nancy Petit, MD, LCDR of the National Naval Medical Center on November 6, 1995. Meeting regularly every other week, the team is proceeding on schedule with the timetable of tasks as outlined in the Statement of Work (Appendix 1). The Project Director was hired on December 1 and is now fully trained and in charge of day to day operations. Internal Review Board applications have been submitted and approved by the Departments of the Army and Navy, Kaiser Permanente, and Johns Hopkins University. Certificate of Confidentiality was obtained by the Department of Health and Human Services. The Bureau of Navy personnel approved our request to conduct the survey.

Currently, we are developing and piloting the telephone survey protocol and finalizing operational definitions. We have begun preparations for the first phase of data collection (Technical Objective #1, Tasks #1-#5). Communication has been established with Kaiser Permanente to select enrollee women according to the study's eligibility criteria (Technical Objectives #1, Tasks #2, #3). We have been in close contact with Quantech, the professional civilian survey firm, to make preparations for the telephone interviews. Preparations include adaptation of the questionnaire to their computerized interview system, a random selection procedure for the control women, and a manual for training (Technical Objective #1, Task #4). Telephone interviewing is scheduled to begin in August (Technical Objective # 1, Task #5).

References:

1. Gelles RJ, Straus MA, The medical and psychological costs of family violence. In M Straus, RJ Gelles (eds) Physical violence in American families: risk factors and adaptations to violence in 8,145 families. New Brunswick: Transaction Publishers; 1990.
2. Gleason WJ. Mental disorders in battered women: an empirical study. *Violence and Victims* 1993; 8:53-68
3. Bergman B, Brismar B, Nordin C. Utilization of medical care by abused women. *British Med J* 1992; 305:27-28
4. Rath GD, Jaratt LG, Leonardson G. Rates of domestic violence against adult women by men partners. *J Amer Bd Fam Prac* 1989; 227:227-233
5. Neidig PH, Friedman DH, Collins BS. Attitudinal characteristics of males who engaged in spouse abuse. *J Fam Viol* 1986;1:223-233
6. Magruder C, Croutharmel, MS, Mays R, Sheliga V, Norwood A, Vawter A. Characteristics of spouse abuse in the U.S. Army. Unpublished; 115.
7. Straus MA, Gelles RJ (eds). Physical violence in American families: risk factors and adaptations to violence in 8,145 families. New Brunswick: Transaction Publishers; 1990.
8. Stark E, Flitcraft A, Franzier W. Medicine and patriarchal violence: the social construction of a private event. *Intl J Hlth Svcs* 1979;9:461-491.
9. Friedman L, Samet J, Roberts M, Hodlen M, Harmes P. Inquiry about victimization experiences. *Arch Int Med* 1992;152:1186-1190.
10. Gin NE, Rucker L, Frayne S, Cygan R, Hubbell AF. Prevalence of domestic violence among patients in three ambulatory care internal medicine clinics. *J Gen Intern Med* 1991;6:317-322.

STATEMENT OF WORK

Technical Objective #1. To determine and compare the life time and annual prevalence of intimate partner abuse against women, including emotional, sexual and physical abuse, in a sample of military women and HMO enrollees and the relationship of this victimization to selected demographic characteristics.

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocols.
Task 2:	Jan - May/97	Obtain sample HMO enrollee women.
Task 3:	Mar - July/97	Finalize sample and accrue additions as needed.
Task 4:	Mar - July/97	Design sampling, manual, and train interviewers
Task 5:	Aug - Sept/97	Conduct screening and in depth interviews.
Task 6:	Oct/97	Deliver annual report Year 1
Task 7:	Oct - Nov/97	Analyze HMO data for prevalence and by demographic characteristics.
Task 8:	Oct/97-Jan/98	Obtain sample military women.
Task 9:	Dec/97-Mar/98	Submit manuscript- Journal of Family Violence.
Task 10:	Feb - Apr/98	Finalize sample and accrue additions as needed.
Task 11:	Feb - Apr/98	Design sampling, manual and train interviewers
Task 12:	May - July/98	Conduct screening and in-depth interviews
Task 13:	Aug - Sept/98	Analyze Military data for prevalence and by demographic characteristics.
Task 14:	Oct/98	Deliver annual report Year 2
Task 15:	Oct/98-Jan/99	Submit manuscript to - Military Medicine Publish article Military Hospital News Paper
Task 16:	July/99	Present paper at NNFAWI Annual Meeting
Task 17:	Oct/99	Deliver Year 3 Annual Report
Task 18:	3/2000	Destroy Codebook

Technical Objective #2. To determine and compare the medical care utilization patterns and costs of care for adult military and civilian women who are abused (cases) relative to the same in non-abused women (controls) over a three year period.

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocol.
Task 2:	Nov/97-Mar/98	Design system, manuals, train and retrieve HMO medical utilization data.
Task 3:	Apr - May/98	Analyze HMO medical utilization data.
Task 4:	Jan - Apr/98	Identify HMO costing standards.
Task 5:	Oct/98	Year 2 Annual Report.
Task 6:	Jan - Mar/99	Design system, manuals, train and retrieve military medical utilization data.
Task 7:	Apr - July/99	Analyze military and comparative data.
Task 8:	July -Sept/99	Submit manuscript to Medical Care
Task 9:	June -Sept/99	Identify military costing standards.
Task 10:	Oct/99	Deliver Year 3 Annual Report.
Task 11:	Oct - Nov/99	Compute costs for HMO and Military
Task 12:	Dec/99-Mar/00	Submit manuscript to Nursing Economic\$
Task 13:	3/2000	Final Report & Destroy Codebook

Technical Objective #3. To determine to what extent a history of intimate partner abuse is a risk factor for other medical conditions and symptoms, including:[list of related conditions]

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocol.
Task 2:	Apr - May/98	Analyze HMO medical utilization data.
Task 3:	Apr - July/99	Analyze military and comparative medical utilization data.
Task 4:	Aug - Oct/99	Submit manuscript to Violence Against Women
Task 5:	3/2000	Deliver Final Report & Destroy Codebook

Technical Objective #4. To compare military and civilian women's reported medical conditions with those documented in the medical chart and examine the extent to which the correspondence between the two varies between cases and controls.

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocol.
Task 2:	Apr - May/98	Analyze HMO reported and documented medical conditions by cases and controls.
Task 3:	Apr - July/99	Analyze military and combined reported and documented medical conditions.
Task 4:	Aug - Oct/99	Submit manuscript to medical journal.
Task 5:	3/2000	Deliver Final Report & Destroy Codebook

Technical Objective #5. To determine the percentage of military women not disclosing abuse to health care providers because of mandatory reporting regulations in health care settings and to compare health outcomes including (trauma) for those abused military women who disclosed abuse and those who did not.

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocol.
Task 2:	July-Sept/98	Analyze military women's disclosure and outcomes data.
Task 3:	Oct/98	Deliver Year 2 Annual Report.
Task 4:	Nov/98-Jan/99	Submit manuscript to Military Medicine.
Task 5:	Oct/99	Deliver Year 3 Annual Report.
Task 6:	3/2000	Destroy codebook

Technical Objective #6. To assess and compare abused and not abused military and civilian women's preferences for, experiences with and concerns about health care provider policies on domestic violence screening and reporting.

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocols.
Task 2:	Aug - Nov/98	Analyze policy responses by group and selected demographic factors.
Task 3:	Jan/99	Present at APHA
Task 4:	Dec/98-Mar/99	Submit to health policy journal.
Task 5:	Oct/99	Deliver Year 3 Annual Report.
Task 6:	3/2000	Destroy Codebook

Technical Objective #7. To provide workshops for military and civilian primary care personnel including identification and interventions for intimate partner abuse and dissemination of study results.

Task 1:	Oct - Dec/96	Hire & train personnel. Develop communication protocols.
Task 2:	Oct/99-Apr/00	Develop and present workshops/grand rounds
Task 3:	3/2000	Deliver Final Report & Destroy Codebook