

# Barriers to health care for violence victims

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Violence is a serious health concern and is one of the leading causes of death for adults under the age of 45 in the United States. Among those who are injured during a violent crime, only half of those who need medical treatment use health care services. Penn State researchers are exploring violence victims' barriers to care.

According to Keith Hullenaar, doctoral candidate in sociology and criminology, victims who know their offenders, who are sexually victimized, and who have been victims previously are less likely than their counterparts to seek health care, even when their injuries are serious.

"Previous research in this area is limited, typically focusing on small samples and partner or sexual [violence](#). With this project, I wanted to expand the field's scope and look at all violence victims, compare important differences, and discover what predicts their [health care utilization](#)," said Hullenaar, who previously interned in a victim [service](#) agency.

The researchers, including Michelle Frisco, associate professor of sociology and demography, analyzed 25 years of violent victimization cases collected by the National Crime Victimization Survey from 1993 to 2017. It is the largest source

of self-reported victimization data among people ages 12 and older.

The researchers wanted to determine if the decision to seek health care depended on important aspects of violence including the victim's relationship to the attacker, sexual attacks, and whether it was part of repeated pattern of violence against the victim.

"Examining these issues is critical for understanding the precarious position of violence victims as they decide whether to seek formal health services," Hullenaar said. "This problem is especially critical now in the middle of a pandemic that many fear is increasing rates of domestic violence," Frisco added.

For violence victims, receiving health care can decrease the odds of physical complications, reinjury, and death due to injuries. Victims also receive other benefits, including referrals to social and mental health services and formal documentation of injuries for court proceedings and police investigations.

There are many services available to violence victims, including intervention programs and traumainformed medical care, but they may have limited impact if they are underutilized. "If services aren't being used, victims can't get the help they need and deserve, and the cycle of violence may continue," said Hullenaar. "Our goal in this study was to produce knowledge that could be used by researchers and practitioners to target vulnerable populations and increase utilization of health care services among victims."

While the researchers claimed that much of the results were consistent with theory in criminology and medical sociology, they admitted being surprised by some of the patterns they uncovered.

"We found that victims of [sexual violence](#) in general were not likely to seek health care. In addition, if the victim intimately knew their offender, they were

also less likely to seek care," Hullenaar said.

"Interestingly, this pattern held even for victims who experienced serious injuries, such as broken bones, penetrating wounds from guns and knives, and injuries resulting from rape."

"We were surprised to find that even in the wake of serious injuries, the barriers to getting care for the victims seemed too great to overcome," said Frisco, who is also a Social Science Research Institute cofunded faculty member.

The researchers believe that [health care providers](#) can play an important role in encouraging victims to use [health](#) and social services by giving victims more control. Victims can be fearful of using these services for many reasons, including fear of retaliation by the person who victimized them and fear of getting the loved one who injured them in legal trouble.

"Providers can discuss the types of care that are available to victims, give victims more control over their options, and be supportive of victims' decisions," said Hullenaar. "If victims learn to see [health care](#) as an enabling resource, instead of an institution that forces them to make more tough choices, they may be more willing to seek care."

The work appears in the *Journal of Health and Social Behavior* and was supported in part by Hullenaar's American Society of Criminology Division of Victimology's Fellowship (Larry J. Siegel Fellowship for Victimology Studies).

**More information:** Keith L. Hullenaar et al. Understanding the Barriers of Violence Victims' Health Care Use, *Journal of Health and Social Behavior* (2020). [DOI: 10.1177/0022146520961481](https://doi.org/10.1177/0022146520961481)

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