

**Pinn Point on Women's Health  
"Domestic Violence"**

September 17, 2008

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Guest Speaker:  
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ANNOUNCER: From the National Institutes of Health (NIH) in Bethesda, MD, America's premier medical research agency, this is Pinn Point on Women's Health with Dr. Vivian Pinn, Director of the Office of Research on Women's Health.

Now here's Dr. Pinn.

DR. PINN: Welcome to another episode of Pinn Point on Women's Health. Each month on this podcast, we take a look at some of the latest developments in the area of women's health and the medical research that affects our lives.

For our podcast today, I am delighted to welcome Dr. Valerie Maholmes, who is Director of the Social and Affective Development/Child Maltreatment and Violence

program at the Eunice Kennedy Shriver National Institute of Child Health and Human Development here at NIH, and she is going to talk to us about domestic violence and intimate partner violence.

We will be back to her in just a few minutes, but first, some hot flashes from the world of women's health research, coming up in just 60 seconds when we continue with Pinn Point on Women's Health.

[Commercial break.]

DR. PINN: Welcome back to Pinn Point on Women's Health.

As promised, it is time to take a look at some of the hot flashes in the news regarding women's health research. Well, we are speaking to you from the National Institutes of Health, where we are in the business of promoting biomedical and behavioral research, and I want to just mention a couple of major research initiatives that are just getting underway. So, while we don't have the results of those studies, hopefully you will be encouraged to learn that these are some major topics affecting women's health that are about to undergo increased study.

One of them has to do with the role of obesity,

and we have had lots of discussion about obesity in past podcasts. But NIH has recently funded a major study looking at the role of obesity in preeclampsia, and this study is being funded at the University of Pittsburgh.

Recall that preeclampsia is a dangerous condition that is characterized by increased blood pressure and proteinuria. That means protein in the urine. Preeclampsia affects about 5 percent of first pregnancies, and women with preeclampsia are more likely to suffer the disorder in subsequent pregnancies. So, preeclampsia can be a major threat to women in their pregnancies and is something that we know that we need to learn more about.

So I am very encouraged to be able to report to you that this new study is underway at the University of Pittsburgh-affiliated McGee-Women's Research Institute, and they are going to be taking a specific look at what role obesity may play in preeclampsia. So, we will look forward to hearing the results of that research over the coming years.

Another major study that NIH has just funded has to do with scleroderma. Scleroderma is one of the conditions that primarily affects women for which we really don't have

a good understanding of what causes it, except that we know that it is a field where now that we have new technologies available, we may learn more about it. It is a chronic, often progressive autoimmune disease, and it is most often characterized by a thickening of the skin, a hardening of the skin.

Scleroderma is a condition, since it is more prevalent in women, one we need to learn more about, and I am delighted to report that NIH has just awarded a \$6-million grant to the University of Texas Medical School in Houston to study, through the genome studies actually, gene regions that may influence a patient's susceptibility to the form of scleroderma that is known as systemic sclerosis.

So, again, we don't have the results, but hopefully, this will be encouraging to you, just as examples of some major initiatives that NIH is funding in women's health.

Now, I was going to announce to you—and in fact, I will announce to you—that NIH is also launching some new efforts in the study of urologic chronic pelvic pain disorders. These studies are being undertaken by the

National Institute of Diabetes and Digestive and Kidney Diseases, another component of NIH, and they have just awarded awards to eight academic research centers to conduct collaborative studies of urologic, chronic pelvic pain disorders by looking for clues outside of just the bladder and the prostate.

Now, this is important because we know that women also have issues related to their bladders that maybe have not gotten as much focus in previous years. For example, interstitial cystitis is something that we really don't know much about, and there are other pain conditions, like fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, and pelvic floor disorders, that all fit into this area.

So we are very excited about this translational research effort that has just been funded to the tune of \$37.5 million, that hopefully will help us learn much more about urologic, meaning from the kidneys, the ureters, the bladder, and all of those areas related to the pelvic area in women, so we will have some of the answers that can be translated into clinical practice.

With that in mind, I should just say that coming

up in one of our future podcasts, we will be taking a look specifically at pelvic floor disorders. So, stay tuned. Come back to join us for attention to pelvic floor disorders.

Well, we will have more updates in the next podcast, and coming up next, I will visit with our guest today for a discussion about intimate partner violence. We will be right back with Pinn Point on Women's Health.

[Commercial break.]

DR. PINN: Welcome back to Pinn Point on Women's Health.

October not only is known for being Breast Health Month, but also is known for being Domestic Violence Month. Well, whether it is October or any other time of the year, we think that violence is an important issue that we need to consider, both violence that affects women and violence in situations in which women may find themselves.

So, we are delighted today to have an expert to talk to us about intimate partner violence and, perhaps, explain how that relates to what we commonly refer to as "domestic violence."

Dr. Valerie Maholmes is currently the Program Director for the Social and Affective Development/Child

Maltreatment and Violence research program in the Child Development and Behavior Branch at the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) here at NIH.

Before joining NICHD, she was a faculty member at the Yale Child Study Center, where she served in numerous capacities, and I should point out that prior to our coming to the NIH, she was named the Irving B. Harris Assistant Professor of Child Psychiatry, which was an endowed Professorial Chair for Child Development and Social Policy. So, in addition to all of the other awards she has held, we also like to recognize academic achievement, and certainly, holding an endowed chair in such an important area is a tribute to what you have been able to achieve in academia, as well as in terms of your research efforts.

So, without going through all the rest of your bio, hopefully that makes some of the major points about your accomplishments, and we are really fortunate to have you with us today.

DR. MAHOLMES: Thank you, and I am delighted to be here. Thank you for inviting me.

DR. PINN: I want to ask you some questions, so

that you can really shed light for us and for our listeners on issues related to domestic violence and intimate partner violence.

So, could we start by asking you to tell us what, today, does the term "domestic violence" mean, and how does that relate to or is it related to intimate partner violence?

DR. MAHOLMES: That is a very good question, and often you hear the terms used interchangeably. But domestic violence includes intimate partner violence, and domestic violence encompasses the violence that occurs within the context of the family. So, you hear a lot about the violence between parents, the interparental violence, the abuse that might be exacted upon a child or elder abuse. The violence that occurs within a family typically falls under the auspices of domestic violence.

Intimate partner violence occurs between intimate partners, current or former spouses. It doesn't have to happen within the context of the home, but with current or former spouses, current or former boyfriends or girlfriends, and same-sex relations, and as such, we see intimate partner violence happening on a number of different dimensions when

you take out that focus specifically on the home, on the home context.

DR. PINN: Well, with that in mind, tell us, how prevalent is intimate partner violence? Is it something that affects just a few people? Does it just affect the poor or working class, or does it affect anyone? Why should we be concerned about intimate partner violence?

DR. MAHOLMES: Well, it is a significant public health issue, and one of the challenges with domestic violence and intimate partner violence is that it is very difficult to have precise estimates because people don't report it. It is a very personal act of violence against an individual, and people don't often disclose that they have been in an abusive relationship.

So, intimate partner violence includes the exacting of physical abuse or sexual abuse, psychological or emotional abuse. It is coercive controlling, the use of words or gestures, or threats of weapons, and certainly, expressions of intent to harm, and people don't often want to disclose that they are experiencing those kinds of actions in their home environment or with an intimate partner.

So it is difficult to give a precise estimate, but according to the CDC [Centers for Disease Control and Prevention], approximately 1.3 million women and over 800,000 men are physically assaulted by intimate partner violence annually in the U.S. Women experience about 4.8 million intimate partner-related physical assaults and rapes.

DR. PINN: Give us those figures again. Those are quite impressive, the number of women, the number of men, and the number of assaults. Give us those again.

DR. MAHOLMES: About 1.3 million women and over 800,000 men annually are physically assaulted by an intimate partner. Those are just the physical assaults, and again, we don't have the precise numbers to even know about the emotional abuse or the other kinds of violence that might be exacted against an individual who is engaged in that kind of a relationship. But each year, women experience about 4.8 [million] intimate partner-related physical assaults and rapes. Men are victims of about 2.9 million partner-related physical assaults.

Interestingly, 1 in 11 adolescents report being a victim of dating violence, according to the CDC, and this is

**Comment [K1]:** Was not sure if you wanted me to incorporate this into the script or leave it as an insertion. Same with spelling out CDC in the previous paragraph.

a phenomenon where we really need further study and more attention because adolescents often believe that these relationships are the norm, that these emotionally abusive relationships or that relationships where there is physical violence might be the norm because they see these unhealthy and unrealistic relationships on television, through the videos that they watch, or maybe even the models of relationships in their home show these kinds of violence.

So we have these kinds of problems developing and emerging among adolescents, and we are concerned about this because adolescents in these kinds of abusive relationships may carry these unhealthy notions about relationships and patterns of violence and patterns of behavior into future relationships and into adulthood, thereby creating the cycle of violence where we really have to intervene to both ameliorate the effects of that kind of violence and stop it, prevent it, and treat it altogether.

DR. PINN: Either based on the research that you know about or based upon your own experiences, what are some of the ways of having intimate partner violence and these patterns that develop early on? And I am thinking in terms of middle school and high school, before you even get to

the, quote/unquote, "adult adolescents" at college level, to have it identified where you have got so many factors, including school personnel control. You have got family parental control. You have got everybody controlling everything. So, I would tend to think that probably some of the greater areas of not being able to talk about or to recognize this kind of violence might come into play. Am I correct in that, or am I mistaken?

DR. MAHOLMES: Yes. Teenagers, as they grow into this developmental period, one of the characteristics of adolescence, of course, is that they are individuating away from their parents and challenging adult authority and developing and strengthening their peer relationships. So, they place a lot of value on their friends and friendships and peers.

So, they may not tell a parent, they may not tell a teacher that they are experiencing these kinds of abusive—having these kinds of abusive relationships, but in fact, these are the kinds of things that would protect against that kind of abuse if they had a trust of friend or a teacher or a parent that they can trust to tell that they are experiencing abuse in this relationship.

Teenagers don't talk about this because, as I mentioned, they may think this is the norm. These may be the kinds of models that they see around them among their friends and their peers, and certainly, if they have experienced violence in their home, these may be the kinds of things that they might think are the norm.

DR. PINN: Well, you have already described how this can occur in almost any population. I think all we have to do is watch TV news or the cable news shows and just recognize among people that we as individuals know that it is not just something that can affect children, adolescents, and young adults, but that it can affect some of the more senior and some of the better known and "more secure," quote/unquote, women and perhaps men in our society.

So, maybe just say a few words about high society, if you will, in terms of intimate partner violence.

DR. MAHOLMES: Well, again, I think it is important to underscore the whole notion of intimate partner and the fact that often individuals don't disclose that they might be experiencing these kinds of difficulties in their relationships.

One of the things that we are beginning to learn

is that older women are at an increased risk for experiencing intimate partner violence. They may have been in a relationship for a long period of time and have grown up at a time when it was not acceptable to leave a relationship or to get a divorce or those kinds of things, and they may stay in a relationship because that is what they know. That is part of their cultural orientation to stay in a relationship where they may be getting battered or be experiencing even emotional abuse.

One of the things that I think is really important to underscore is that there is a lot of shame and guilt associated with this. So, that often, people feel, especially women might feel, like it is their fault. If there is a lot of emotional abuse and manipulating, denigrating of a person's sense of self-worth, women may feel like it is their fault or that somehow they are inadequate or that they are not doing what they should be doing in the home, especially those women who grew up in that era where there were those kinds of expectations that women would have in a relationship. They may feel like it is their fault or that they weren't being adequate enough in that relationship. So, they may be experiencing it and may

feel a certain sense of shame and guilt for being in this kind of relationship and keep trying to do whatever they think they can do to make it better.

But this cuts across. It knows no socioeconomic boundaries. We have a lot of research that suggests that women, and certainly men as well, who are in the most lower socioeconomic strata might experience it more than other women or other men, but it does cut across.

I think one of the things that is important to point out is the effect of poverty and the conditions that are associated with poverty that bring about stress and distress, the lack of resources, the lack of accessibility to family and to services that might help where these kinds of things might exacerbate an intimate partner relationship.

Among women who have resources, they may have the wherewithal to get out and get support or to talk to someone if they were so inclined, if they didn't feel the sense of shame and guilt associated with this, that they might have more resources to get help than a woman who might live in a community that is under-resourced and where she might not have the accessibility to these services.

DR. PINN: Are there specific risk factors for

intimate partner violence?

DR. MAHOLMES: Again, one of the things that the research points out is that women who have relationships with men who abuse substances, especially alcohol, might be at greater risk, women who are in lower socioeconomic conditions and who might be living in conditions of poverty. You are dealing with the confluence of all of these factors, and one of the things that is important to be aware of is that these kinds of violence don't act in isolation.

So, you don't have a home where there might be domestic violence or a relationship where there is intimate partner violence. There might be other things that are going on as well. So we have to look at the broader context within which this violence occurs, and often you see it in these areas where there are these concentrations of poverty or where there is under-education, under-employment, those kinds of things that bring on stress that might be a foundation for these kinds of violent relationships to occur.

DR. PINN: Well, for children who grow up in the environment where they are exposed to domestic violence or themselves suffer the consequences of early life, intimate

partner violence, what do we know about the long-term effects of such situations on children's lives as they mature?

DR. MAHOLMES: Well, this is an area where I have particular passion because children are so vulnerable, and they rely on us as adults to protect them and to care for them, and to help promote optimal development. And where children grow up in homes where there is domestic violence occurring, whether it is elder abuse or whether it is interparental violence, where they grow up in a home where they don't see parents resolving conflict other than through physical violence or emotional abuse and insults and those kinds of threats, for girls, girls tend to internalize or to exhibit internalizing behaviors where they might experience depression and challenges to their sense of self-worth, and research is beginning to show the long-term effects of these and that these girls might find themselves as adolescents, and certainly as adults, in relationships where they are victims of intimate partner violence.

Boys tend to exhibit externalizing behaviors where they might be more aggressive and may find themselves as adolescents or as adults being the perpetrators of violence

themselves.

There is more research that we need to do on the long-term effects, but we certainly know that there are behavioral consequences. There are cognitive consequences. We see that often there are challenges with children persisting and staying in school, being able to concentrate and focus on academics. There may be challenges academically in their abilities to pay attention and to perform well in school. The dropout rate may be higher among kids who have this kind of distress and experience these kinds of distress at home.

What we really need to know is, how is it that children who are experiencing these environments in the home, how is it that some of them are resilient to these kinds of experiences and are able to engage in relatively healthy relationships as adolescents and as adults and how other children might find themselves being subjected to victimization?

So, there is a lot more work that we need to do in this area to fully understand the long-term consequences.

DR. PINN: Obviously, an important area of research that I assume is underway. What other areas of research are

underway in relationship to intimate partner violence, or what are some of the areas that we really do need to focus on for more studies?

DR. MAHOLMES: A few years ago, NICHD took the lead in collaboration with the National Institute of Mental Health in drug abuse and alcohol abuse and alcoholism, took the lead in focusing on, calling for research on children exposed to violence, and we funded about 15 studies, research projects on this topic, some of which are looking at family violence and looking at the intergenerational transmission of violence.

These studies are really important because we want to know, again, how it is that children are experiencing these events and these traumatic events in their home, what the impact is on them immediately, and then, what the impact is long term and what it is that gets transmitted from generation to generation, and how we tease out the effects, for example, of poverty, looking at health disparities and what role that might have to play, and how we look at what those children are actually experiencing. So, we have studies that are looking at family violence over the long term and looking at all the factors that might influence

family violence.

We have studies that are looking at the developmental ages; for example, for children who are exposed to violence at a very early age, what might be their outcomes versus children who are exposed to violence at later ages and emerging adolescence and early adulthood?

We believe, at this point, that children who are exposed to violence at an early age are at greater risk for victimization later on, as opposed to children who are exposed later on and perhaps might be able to cognitively understand and rationalize what the nature of those relationship dynamics are in the home. They may also have friendships established. They may have a social network established that might be a buffer or a protective factor against what they might experience.

DR. PINN: Well, you said a bit about what we have learned and how we can approach intimate partner violence, especially in looking at adolescence. What are the current ways that intimate partner violence is approached and is treated?

DR. MAHOLMES: Well, one of the things that I think is important is for women, to the extent that they can, to

have therapy, to get counseling, and that may not always occur, but having an individual to talk to about their experiences, about their abuse.

And I would like to say that there is no shame and no blame, and that if a woman would not feel that she can't talk to someone about this problem, I think that is the first step, recognizing that you are not in this alone and that you can talk to someone. You can call a crisis hotline if you are experiencing domestic violence. There is a domestic violence hotline. There is a hotline for young women who are experiencing teen dating violence. But that is the first thing, to just recognize that you are not in this alone, that you can talk about it, and don't try to hide this, but to seek help, especially when you feel that you are at greatest risk. We want you to seek help, but especially when you feel that you are at greatest risk.

There are lots of, also, intervention programs that are available through the communities, through hospitals and clinics that women can take advantage of. There are support groups that individuals can take advantages of, and through these hotlines, they can be guided or led to a shelter if they need to get out of their

home environment or a particular situation urgently. So, there are ways to get those kinds of support.

The other thing that is important is that as women get treatment for reproductive care or prenatal care, it is important for healthcare providers to do screening for intimate partner violence, and this is important because often these healthcare providers are only looking for whatever it is with respect to their reproductive health that they might be treating a woman for, but it is also important for them to ask questions that might give them some insight into a woman's state of mind and emotional health, so that they can really get the full picture of what might be going on.

DR. PINN: I can recall a number of years ago when we were having discussions about domestic violence in a health professional symposium, and it was pointed out that probably those who see patients in the dental office may be some of the first to pick up signs of domestic violence and because of bruising jaws being out of place, etc.

And at that time—now, this was a number of years ago—what we heard from many was that often they suspected that there may be some domestic violence in the home, but

they didn't ask about it because they didn't know what to do if they discovered that, truly, violence was taking place.

So, it seems to me that while this is hopefully improved over the years and we have a better understanding of both health and community services, what do we need to do in terms of outreach to help professionals, those who are conducting more of the reproductive-type examinations and those who are seeing more external examinations or those who are dealing with children of families or from families where this may be taking place, so that we don't lose the pickup early of these problems because people don't know what to do if they discover this is happening?

DR. MAHOLMES: Absolutely. I think education is the key. We often talk about the victims of domestic violence or intimate partner violence, getting the education and understanding, the risk factors, understanding what the characteristics and qualities of a batterer might be, so that they can protect themselves, but it is also important for the healthcare providers to be educated as well, to understand these patterns of bruising and lacerations and head injuries, somatic complaints, and things of that nature, not to look at those in isolation but to ask those

questions that might reveal something more than what it might appear to be on the surface.

So, the more education healthcare providers have, the more they talk to each other. I think that systems work and collaborate with each other and coordinate with each other, so that fewer women and children slip through the cracks. It is really quite crucial.

So that with respect to children, for example, if a school nurse might see unusual bruising or they might see a pattern of absenteeism or a pattern of lethargy or other kinds of things that might give rise to some notions about domestic violence or experiencing or being exposed to it, that there are places where they might be able to collaborate with a social service agency to get help for this child, so that the child doesn't slip through the cracks.

DR. PINN: Well, if you happen to be a woman or, for that matter, a man who is listening to this podcast and you are in an abusive situation or violent situation, whether you are the abuser or the receiver of the abuse, what advice do you have for those individuals? What should they do? What should they be aware of? What should their

next step be? As soon as this podcast is over, they should do what?

DR. MAHOLMES: Well, as soon as the podcast is over, I think that women and men who are in an abusive relationship, think they are in an abusive relationship, are not sure if they are in an abusive relationship but they are feeling uncomfortable about the nature of the relationship, they should tell someone what their concerns are.

Part of one of the reasons that we talked about earlier, about not being able to get precise estimates is because people don't disclose those challenges, and part of the reason that they don't disclose it is because sometimes they may not be exactly sure how to define it or how to characterize what they may be experiencing, so tell someone that they feel uncomfortable.

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And while intimate partner violence doesn't always result in physical abuse, the emotional abuse has enduring, enduring impacts and outcomes, and so it is really important for them to have a friend or have someone that they can trust, where they can say, "I am in this relationship, and I keep having these experiences. Tell me if I am wrong. Tell me if you think that this is an abusive relationship. Tell

me if this is normal. Is this the way relationships across the board occur? Am I in an abusive relationship?" so just to talk to someone.

For those people who are batterers or abusers, I think it is the same thing. They have to get help, especially if they recognize this pattern of aggressive behavior, and they need to get help as well. They need to talk to someone, to talk to a counselor, so that they can get help and stop this pattern of abuse and violence.

DR. PINN: Well, we have covered quite a bit about domestic violence and intimate partner violence, most of which I have directed questions toward you about, but as we bring this podcast to a close, what are some of the points about this topic that maybe I haven't asked you about that you want to talk about or some of the summarizing points you would want to make to reemphasize the most important things that we should all take away from this discussion?

DR. MAHOLMES: Well, I think the important thing is to, again, recognize that it does occur across the socioeconomic conditions. Intimate partner violence happens to men and to women. It is prevalent among adolescents, and that no one deserves to be battered or physically assaulted

or emotionally abused, no matter what they do or say or cook or not cook or wear, that no one deserves to be hurt in that way.

So, again, no shame and no blame, just recognize that you are a valuable individual, and that as a valuable individual with something to contribute to society, you deserve to live a life free of that kind of abuse and the stressors that come along with living in that environment.

So, we also want to put forward that there is so much more that we need to know about how this occurs and the context within which this occurs, and that we encourage investigators to begin focusing their studies on answering some of these questions, so that we can look at how these intimate partner violence and domestic violence and teen dating violence, and all of those sorts of things, what the antecedents and consequences are, and how these are transmitted across generations.

To healthcare providers, we want them to be cognizant of the totality of a person's being when they are in their examining room and to ask the question, to screen for intimate partner violence or domestic violence, so that we can begin to support women as they are getting care, and

that we can have them be safe and protected, and for women who are experiencing abuse, to know that there is help, that they can call a domestic violence hotline. Young women can call a hotline to get help and counseling if they are experiencing teen dating violence, and there is help there, and we are ready and willing and able to provide that.

DR. PINN: Is there a specific hotline number we can give our listeners now, so they can write it down and have it at their fingertips if they need it?

DR. MAHOLMES: Yes. They can call the National Domestic Violence Hotline, 24 hours a day, 7 days a week, for counseling or to be directed to a shelter, and that number is 1-800-799-SAFE. That is 1-800-799-S-A-F-E.

DR. PINN: Well, this has been a very exciting discussion. I would say depressing, except that it is not really depressing because, hopefully, the message we brought has been one that we are learning more about these kinds of situations, and that we have more hope to offer as we learn about them and as we get the message out to women and men, young or old, who may be involved in these situations.

So, I would like to thank you, Dr. Maholmes, for a very learned and very informing discussion of domestic

violence and intimate partner violence.

DR. MAHOLMES: Thank you very much.

DR. PINN: Next, a few final thoughts for this month when Pinn Point on Women's Health continues.

[Commercial break.]

DR. PINN: And now a few final thoughts. We have had a fantastic discussion with Dr. Valerie Maholmes, who is Director of Social and Affective Development/Child Maltreatment and Violence programs in the Eunice Kennedy Shriver National Institute of Child Health and Human Development here at NIH, talking about domestic violence and then specifically about intimate partner violence.

We have learned that it can affect any fraction of the population. The prevalence was just astounding when we hear how many women and even how many men are affected by intimate partner violence in this country every year, and in addition, the numbers of assaults that women experience, and also that adolescents are affected. As we talk about life span issues, it really is a life span issue, but this is a life span issue that we want to overcome and eliminate, but most importantly, to have women, young and old, or even men know what to do if they are in such a situation.

I think the basic message that we should take away from what Dr. Maholmes has presented is no shame and no blame. Those who are experiencing intimate partner violence have got to have self-confidence and think enough of themselves to not feel guilty and to not be shamed by being in such a situation, regardless of how that situation came about, and be willing to do something about it because they think enough of themselves to want to rectify the situation.

So I think we will carry away that "no shame, no blame" and the rest of that, as she has stressed, talking with someone; going to crisis hotlines; understanding what the research shows, what health providers should know and, of course, should do; and of course, reminders to those who are healthcare providers, regardless of their discipline or field, that you have to take that added responsibility to get the confidence of the patients you are seeing, so that they feel comfortable talking to you about such issues and can help make you aware if they are in such situations; and then, to have the responsibility yourselves of knowing what to do when you get that information and whom to refer these women or men, young people or older people to, to alleviate the situation and rectify it.

So, that is our discussion for today on intimate partner violence, but I want to mention a workshop that is coming up that is actually a conference dealing with another type of trauma, and that is specifically trauma such as the type we most often see in terms of the military.

There will be a conference held at the National Conference Center on the NIH campus on October 1<sup>st</sup> through 2<sup>nd</sup> to discuss what is known and what needs to be learned about the role of gender, race, and other sociodemographic factors in the identification and treatment of traumatic stress and traumatic brain injury, and related conditions for adjustment.

We really need to close the knowledge gaps in many of these areas, and NIH is working with the Department of Defense and the Veterans Administration, the VA Office of Research and Development, and many others to really bring about a full and comprehensive discussion of these issues.

In this time when we have so many women as well as men returning home from war and looking at the effects of some of these military experiences on the lives of these young men and women and their families, we feel that focusing on trauma spectrum disorders and understanding the

role of gender, race, and other factors is an extremely important topic, and we are delighted to be collaborating with the Department of Defense in bringing this about, along with, of course, the Veterans Administration and along with other institutes here at NIH, such as the National Institute of Neurological Disorders and Stroke, National Institute of Mental Health, and of course, the Eunice Kennedy Shriver National Institute of Child Health and Human Development for this conference also.

We hope in some future podcast to bring you results from this conference to let you know what the outcomes are, what the recommendations are, and hopefully what will be some worthwhile accomplishments from that workshop.

In a moment, the announcer will tell you where to send your comments and suggestions for future episodes, and we do like to hear from you about topics you would like to hear us discuss. But let me thank you for joining us on this segment of Pinn Point on Women's Health. We hope to welcome you back again.

I am Dr. Vivian Pinn, Director of the Office of Research on Women's Health here at the National Institutes

of Health in Bethesda, MD.

Thank you for listening.

ANNOUNCER: You can e-mail your comments and suggestions concerning this podcast to Marshall Love at [lovem@od.nih.gov](mailto:lovem@od.nih.gov).

Pinn Point on Women's Health comes from the Office of Research on Women's Health and is a production of the NIH Radio News Service, News Media Branch, Office of Communications and Public Liaison at the Office of the Director, National Institutes of Health, Bethesda, MD, an agency of the U.S. Department of Health and Human Services.

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