Fact Sheet

Intimate Partner Violence and Healthy People 2010 Fact Sheet

INTRODUCTION

The Healthy People 2010 Leading Health Indicators are:

Physical Activity

Overweight and Obesity

Tobacco Use

Substance Abuse

Responsible Sexual Behavior

Mental Health

Injury and Violence

Environmental Quality

Immunization

Access to Health Care

The indicators in bold are connected to IPV

DEFINITION AND BACKGROUND

Nearly one-third of American women will experience intimate partner violence (IPV).¹ As the leading cause of female homicides and injury-related deaths during pregnancy², IPV also accounts for a significant proportion of injuries and emergency room visits for women.³ 4 5 6 Looking beyond the immediate and often severe health consequences of IPV, a growing body of research has linked IPV to many of the leading health indicators defined in the federal Healthy People 2010 Initiative.

Healthy People 2010 is a prevention agenda for the nation designed to identify the most significant preventable threats to health in the United States. Developed by The Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, Healthy People 2010 has identified ten Leading Health Indicators (LHIs) that measure the health and wellbeing of the nation for the decade.

Studies have demonstrated a connection between IPV and eight out of ten of the LHIs for Healthy People 2010. IPV has emerged as a significant risk factor for many chronic health problems and health risk behaviors as we learn more about the long-term impact of abuse. Women who have been victimized by an intimate partner and children raised in violent households are more likely to experience a wide array of physical and mental health conditions including frequent headaches, gastrointestinal problems, depression, anxiety, sleep problems and Post Traumatic Stress Disorder (PTSD).^{7 8 9 10} IPV is a leading determinant of health that must be integrated into health care as we advance our prevention agenda for the 21st century.¹¹ For this reason, the FVPF has chosen to broaden its scope to look at the health impact of multiple forms of abuse over the span of one's lifetime.

The Family Violence Prevention Fund (FVPF) defines Intimate Partner Violence (IPV) as a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.¹²

The latest United States Bureau of Justice Statistics report on intimate violence found that 85 percent of victims are female.¹³ Women are five to eight times more likely than men to be victimized by an intimate partner.¹⁴ Most of the research that has been conducted has measured the prevalence and impact of abuse on women and children; the references in this fact sheet are reflective of that body of research. For the purposes of this fact sheet, some of the studies include child abuse, childhood exposure to IPV, teen dating violence and sexual assault in addition to IPV.

It is important to note that IPV also occurs in lesbian, gay, bisexual and transgender (LGBT) relationships. There is a lack of research specific to IPV and LGBT communities. In a recent survey of men in same sex relationships, the lifetime prevalence of IPV was 39.2% and 22% of men reported physical abuse in the last five years. Men can also be victimized by their heterosexual partners. Research about the health impact of IPV on men in heterosexual and homosexual relationships, as well as the impact of IPV on the LGBT community in general is urgently needed.





Leading Health Indicators and IPV: The Facts

Overweight and Obesity

Preliminary data from a pilot project conducted by the FVPF suggests a significant trend between IPV and obesity. The studies below have examined the connection between violence against women, morbid obesity and disturbed eating behaviors. There is an urgent need for more studies examining these links.

Lifetime History of Abuse

Patients who were morbidly obese were significantly more likely to report a history of child-hood sexual abuse and childhood nonsexual abuse compared to adults without a history of weight problems.¹⁶

Among morbidly obese patients who lost more than 100 pounds on a very low-caloried diet, patients with a history of childhood sexual abuse were more likely to regain the lost weight after treatment.¹⁷

A study of 390 university women found a strong correlation between sexual assault and disturbed eating behaviors. 18

Tobacco

Women who experience IPV are more likely than non-abused women to use tobacco.

Current IPV

In a 1998 study of 2,043 women aged 18 to 59, approximately one-half of women who reported IPV in the past year were current smokers. By comparison, only 23.5% of women who did not disclose abuse were current smokers.¹⁹

Lifetime History of IPV

In a study of 557 women, 42% of women who reported a history of lifetime IPV currently smoked cigarettes, compared to 26.2% of women who did not disclose IPV.²⁰

Adolescent girls who witnessed IPV were 2.3 times more likely to use tobacco and marijuana than those who do not witness IPV.²¹

Teen Dating Violence

In a 1997 sample of 5,414 public high school students, 52.8% of students who reported severe dating violence (SDV) self-identified as current smokers, compared to 34.2% of students who did not disclose SDV.²²

Substance Abuse

Spousal abuse has been identified as a predictor of developing a substance abuse problem. Additionally, women in abusive relationships have often reported being coerced into using alcohol by their partners.²³ Substance abuse and high-risk alcohol use are more prevalent among women who experience IPV compared to women who have not experienced IPV.

Current IPV

In a study of 1,600 women, women who experienced physical, sexual, or psychological abuse by an intimate partner in the past 12 months were more likely to consume on average three or more alcoholic drinks per occasion at least one time per week in the previous year compared to women who did not disclose IPV.²⁴

Lifetime History of IPV

In a study of 557 women, women who reported having experienced lifetime IPV were three times more likely to binge drink (5+ drinks per day) compared to women who reported no instances of violence.²⁵

Teen Dating Violence

In a 1997 sample of 5,414 public high school students, 34.2% of students who reported severe dating violence (SDV) admitted use of illegal drugs (excluding marijuana), compared to 17.8% of students who reported no SDV. ²⁶

Girls who reported that they had been sexually or physically abused were more than twice as likely as non-abused girls to report drinking (22 percent versus 12 percent) and using illicit drugs (30 percent versus 13 percent).²⁷

Abuse During Pregnancy

In a study of more than 2,000 prenatal patients in North Carolina, victims of violence were significantly more likely to use multiple substances before and during pregnancy than women who had not experienced IPV.²⁸

Responsible Sexual Behavior

Women and adolescents in abusive relationships are often forced or coerced into unwanted sexual activity.²⁹ This can impact their ability to care for their reproductive health. Teens who have experienced violence in a relationship may not believe that they can control what happens to their bodies and may have difficulty making choices that prevent them from exposure to further abuse or unintended sexual consequences.³⁰ Studies below indicate that women with a history of IPV are at high risk for engaging in sexual activity that can lead to unintended health outcomes.

Lifetime History of IPV

In a study of 486 women seeking an abortion, 39.5% reported abuse.³¹ In a similar study on the lifetime prevalence of IPV among women seeking gynecological care, 27.3% of those seeking an abortion reported a history of abuse, compared to 8.2% of self-reporting women who were not seeking an abortion.³²

In a study of 310 HIV positive women, 68% had experienced physical abuse as adults, 32% had experienced sexual abuse as adults and 45% experienced abuse after being diagnosed with HIV.³³

In a 1999 study, it was found that 40% of women with a history of physical, sexual and/or emotional abuse had been diagnosed with one or more sexually transmitted infection (STI). In comparison, 18% of non-abused women had been diagnosed with one or more STIs.³⁴

Women with a history of IPV are more likely to experience pelvic inflammatory disease,³⁵ invasive cervical cancer and preinvasive cervical neoplasia.³⁶

Teen Dating Violence

In sample of 5,414 public high school students, grades 9 through 12, who responded to the 1997 self-administered South Carolina Youth Risk Behavior Survey, 28% of those reporting severe dating violence (SDV) reported having ever been pregnant or caused a pregnancy compared to 12.9% of those who reported no SDV.³⁷

A 1996-1999 study of 522 single African American females ages 14-18 found that adolescents with a history of dating violence were 2.8 times more likely to have a sexually transmitted disease, 2.8 times more likely to have non-monogamous male partners, and half as likely to use condoms consistently.³⁸

In a study of young mothers on public assistance, half (51 percent) reported experiencing birth control sabotage by a dating partner.³⁹

Violence Around the Time of Pregnancy

A 1998 Massachusetts Behavioral Risk Factor Surveillance System studying 2,043 pregnant women aged 18 to 59 years old found that among women who had experienced IPV in the past 5 years, nearly 40% reported that the pregnancy was unwanted, compared to 8% of those who did not experience IPV.⁴⁰

Mental Health

Female survivors of IPV are at increased risk for suffering serious mental health problems that can continue years after the abuse has ended.

Current IPV

Of 2,043 women aged 18 to 59 who participated in the 1998 Massachusetts Behavioral Risk Factor Surveillance System, women experiencing IPV were more than three times more likely than other women to have been depressed for over half of the past month and approximately twice as likely to have been anxious or not gotten enough sleep for over half of the past month compared to women without a history of IPV. 41

A study of 84 women diagnosed with depression who disclosed IPV revealed that 18.6% of abused women reported Post Traumatic Stress Disorder (PTSD), compared to 6.7% of non-abused women. The same study found that 53.5% of abused women reported sleeping problems/ nightmares, compared to 23.3% of non-abused women.⁴²

A cross-sectional survey of 1,152 women aged 18 to 65 conducted between 1997 and 1999 found that 36.8% of women who ever experienced IPV reported having considered suicide, compared to 25.9% for all the women in the sample. Likewise, 18.6% of those who ever experienced IPV reported having attempted suicide, compared to 11.8% for all the women in the sample.⁴³

Lifetime History of IPV

Fifty-six percent of women who experience any partner violence are diagnosed with a psychiatric disorder.⁴⁴ Twenty-nine percent of all women who attempt suicide were battered, ⁴⁵ 37% of battered women have symptoms of depression, ⁴⁶ 46% have symptoms of anxiety disorder, ⁴⁷ and 45% experience PTSD.⁴⁸

Teen Dating Violence

Suicide ideation and actual suicide attempts were approximately 6 to 9 times as common among adolescent girls who reported having been sexually or physically hurt by dating partners than those who reported no abuse.⁴⁹

Injury and Violence

IPV is a leading cause of injuries and homicide for women.

Current IPV

The U.S. Department of Justice reported that 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.⁵⁰

Among 218 women presenting in a metropolitan emergency department with injuries due to violence, 28% required hospital admission and 13% required major medical treatment.⁵¹

According to a study published by the Bureau of Justice in 2000, approximately one third of female murder victims were killed by an intimate partner.⁵²

Teen Dating Violence

Among female students between the ages of 15-20 who reported at least one violent act during a dating relationship, 24% reported experiencing extremely violent incidents such as rape or the use of weapons against them.⁵³

Abuse During Pregnancy

IPV is the leading cause of female homicides and injury-related deaths during pregnancy.⁵⁴

Immunization

Due to factors including lack of insurance and controlling partner behaviors, children of mothers experiencing abuse are less likely to complete immunizations compared to children whose mothers do not report abuse.

Current Abuse

A study of 148 pairs of mothers and children residing at five women's refuges found that 30% of the children failed to complete immunizations.⁵⁵

Data collected on preschool children of 130 women indicated that children of battered women were less likely to be up to date on their immunizations than children of non-battered women.⁵⁶

Access to Health Care

Female victims of IPV are generally less likely to access preventative and injury-related health care compared to non-abused women.

Current IPV

A 2002 study by the US Department of Justice found that most victims injured by intimate partner violence did not report seeking professional medical treatment for their injuries.⁵⁷

Lifetime History of IPV

In a 1998 survey of women aged 18 to 59, 33% of the 2,043 women who reported intimate partner violence in the past year had no health insurance in the past year, compared to 14.2% of women who did not disclose abuse.⁵⁸

Teen Dating Violence

According to the March of Dimes, 22% of battered teens began prenatal care in the third trimester of pregnancy, compared with 7.5% of non-battered teens.⁵⁹

Abuse During Pregnancy

A 1992 study of 691 black, Hispanic, and white pregnant women in public prenatal clinics in Houston, Texas; and Baltimore, Maryland found that abused women were twice as likely to begin prenatal care during the third trimester than women who did not disclose abuse. 60

Older women and women with more financial resources who reported physical violence were more likely to delay entry into prenatal care than younger or less affluent nonabused women.⁶¹

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