



Health Care and Intimate Partner Violence: The Facts

Intimate partner violence (IPV)* is a health care problem of epidemic proportions. In addition to the immediate trauma caused by abuse, IPV contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted infections, and often limits survivors' ability to manage other illnesses like diabetes. Cultivating partnerships between health care providers and domestic violence advocates to promote survivor's health and safety is key. Health care providers, in partnership with domestic violence agencies, have an unprecedented opportunity to provide universal education on healthy relationships, assess patients for IPV, and intervene if abuse is identified. This can help improve health and decrease risk for violence.

Please visit www.ipvhealth.org and www.ipvhealthpartners.org for more information about building partnerships between health care settings and domestic violence agencies, how to address violence in health settings using a universal education approach, and how to support survivor health in domestic violence settings.

Prevalence

Research from the Center for Disease Control (CDC) surveying over 40,000 individuals, published in 2017ⁱ, found that:

- Nearly 1 in 4 women has experienced severe physical violence from an intimate partner in their lifetime. The same is true for 1 in 7 men.
- 1 in 5 women in the U.S. has been raped at some time in her life, and half of those women reported being raped by an intimate partner.
- LGBTQ individuals are disproportionately affected by IPV. 44% of lesbian women and 26% of gay men experienced rape, physical violence, and/or stalking by an intimate partner. Of transgender individuals, 34.6% reported lifetime physical abuse by a partner and 64% reported experiencing sexual assault.

Health Consequences of Intimate Partner Violence

- Multiple nationwide studies have shown that IPV can contribute to a number of health conditions, including circulatory conditions, cardiovascular disease, central nervous system disorders, gastrointestinal disorders, joint disease, and fibromyalgia.ⁱⁱ
- According to a CDC study of over 70,000 respondents nationwide, the reporting of health conditions (including asthma, arthritis, high cholesterol,

*Futures Without Violence is committed to using terminology that respects and honors the individuals to whom 1 this research is concerned. While no single term is universally used by all peoples in the U.S., the terms "domestic violence, intimate-partner violence, and sexual violence," are used for data reporting purposes only, and appear in the form the terminology was originally published. It is not meant to minimize, exclude, or generalize the individuals involved nor endorse one form of terminology over the other.

strokes, heart disease) and risk behaviors (including smoking and binge drinking) was significantly higher among women who had experienced IPV during their lifetimes compared with women who had not.ⁱⁱⁱ

- In one study of nearly 14,000 women in the US, women disclosing physical abuse were 3 times more likely to have an STI.^{iv}
- Over half of US women living with HIV have experienced domestic or sexual violence, according to a meta-analysis of nearly 10,000 research articles.^v
- In one US study of 900 women of African descent, between 40-91% of women experiencing IPV have incurred a traumatic brain injury due to physical assault.^{vi}

Behavioral Health and Intimate Partner Violence

- According to research from the CDC published in 2017, surveying over 20,000 women, 52% of women who had experienced abuse reported experiencing at least one symptom of post-traumatic stress disorder (PTSD).^{vii}
- In a US study of nearly 7,000 women, IPV was associated with higher risks of depressive symptoms, substance use, and chronic mental illness.^{viii}
- In a 2009 study of 3,333 women in the Pacific Northwest, mental health utilization was significantly higher for women with physical or non-physical abuse, compared with never-abused women.^{ix}
- In a 2008 study from the World Health Organization (WHO) of over 24,000 women in 10 countries, women who had ever experienced IPV reported significantly higher levels of emotional distress and were more likely to have thought of suicide, and to have attempted suicide, than women who had never experienced partner violence.^x
- 27% of over 3,000 callers to the National Domestic Violence Hotline reported that they were pressured or forced to use alcohol or other drugs by their partner or ex-partner, according to a 2014 study from the National Center for Domestic Violence, Trauma, and Mental Health and the National Domestic Violence Hotline.^{xi}
- In a U.S. meta-analysis published in 2012 using data from the National Epidemiologic Survey on Alcohol and Related Conditions, opioid use disorders were strongly associated with IPV victimization.^{xii}

Pregnancy, Perinatal, and Reproductive Health

- A 2010 study revealed that 35% of the women who reported partner violence also reported either pregnancy coercion or birth control sabotage.^{xiii}
- A 2008 study of women who had been pregnant during the previous year found that 60% of the 30 women who miscarried had experienced sexual violence from an intimate partner during the past 12 months, compared to 27% of the 88 women who delivered live-born infants.^{xiv}
- A meta-analysis of 30 studies found that domestic violence was significantly associated with an increased risk of low infant birth weight, as well as an increased risk of preterm birth.^{xv}
- A 2014 study of 239 pregnancy women experiencing IPV found that experiences of IPV during pregnancy led to late entry into prenatal care.^{xvi}

- A 2009 study of over 400 women found that women with a controlling or threatening partner are 5 times more likely to experience persistent symptoms of postpartum maternal depression.^{xvii}

Adverse Childhood Experiences and Impacts on Adult Health

- Vince Felitti's 1998 study of over 13,000 adults found that adults who had experienced four or more categories of adverse childhood experiences (ACEs) had significantly increased risk for alcoholism, drug abuse, depression, suicide attempts, STIs, and obesity. Higher numbers of ACEs also increased the risk of adult diseases such as heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.^{xviii}
- A 2013 literature review found that individuals who experience maltreatment as children are more likely to develop mental health disorders and substance abuse disorders, and they are at increased risk of chronic physical complaints.^{xix}
- A 2007 study of survey data of 2,000 middle-aged men and women in the Wisconsin Longitudinal Study found that childhood physical abuse predicted a graded increase in depression, anxiety, anger, physical symptoms, and medical diagnoses.^{xx}

Health Care Costs of Intimate Partner Violence

- A 2003 CDC study of 8,000 women found that the costs of intimate partner violence exceeded \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health care services.^{xxi}
- A 2009 study of 3,333 women enrolled in a health insurance plan in metropolitan Columbus, Ohio found that total annual health care costs were significantly higher for abused women. Women experiencing on-going physical abuse had costs 42% higher than their non-abused peers, and women with recent non-physical abuse had annual costs that were 33% higher.^{xxii}
- A 2008 study of over 3,000 women found that women with a history of child abuse had higher annual health care use and costs compared to women without histories of abuse. Women who experienced both childhood physical and sexual abuse had annual health care costs that were 36% higher, 22% higher for women who experienced physical abuse only, and 16% higher for women who experienced sexual abuse only.^{xxiii}

Addressing Intimate Partner Violence in Health Care Settings

- According to a 2006 study of 132 women in metropolitan Boston, women who talked to their health care provider about experiencing abuse were four times more likely to use an intervention such as: advocacy, counseling, protection order, shelter, or other services.^{xxiv}
- A 2010 study of four Canadian nurse home visitation programs found that women were more likely to discuss experiences of violence when nurses initiated open-ended discussions focused on parenting, safety, or health

relationships. The authors concluded that the use of structured screening tools at enrollment does not promote disclosure or in-depth exploration of women's experiences of abuse.^{xxv}

- A 2011 study of 4 family planning clinics in Northern California found that there was a 71% reduction in the odds of pregnancy coercion among participants in intervention clinics compared to participants in the control clinics that provided standard of care. Women in the intervention arm were 60% more likely to report ending a relationship because the relationship was unhealthy or because they felt unsafe regardless of IPV status.^{xxvi}
- A 2015 randomized control trial of 11 school health centers found that following the implementation of a universal education approach to addressing IPV resulted in a significant decrease in textual harassment victimization: 65% to 22% in school health centers, and 26% to 7% in teen/young adult health centers. 84% of clients stated they would bring a friend to the health center if they were experiencing an unhealthy relationship.^{xxvii}

ⁱ Black MC et al, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. (2017). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Accessed 7 November 2019: <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

ⁱⁱ For more information on “Intimate Partner Violence: Consequences:”, visit the Centers for Disease Control and Prevention website: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>

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