

Special Edition
"Sexual Health for All"

Editorial

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Intimate Partner Violence: Long-Term Health Consequences

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A woman presents to the emergency department with facial bruises and severe abdominal pain. She is asked how her injuries occurred, and she responds by saying she fell down a flight of stairs. Her male partner stands at the door with a stern look on his face as she responds. Violence is a common health problem of tremendous magnitude. Intimate partner violence is a crime and a lot more common than one would imagine. Nearly one in every three women and one in every seven men experience violence at the hands of their domestic partners according to the Centers for Disease Control and Prevention (CDC).¹ Violence within families is a pervasive problem, although it was not considered as such until recently. It affects millions of women, men, and children, even though the exact count of the numbers of victims is not known. Even if we do not know the exact numbers; look around you, you will see it!

By definition, "intimate partner violence (IPV) is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic power and control perpetrated by one intimate partner against another."² It includes physical violence, sexual violence, psychological violence, and emotional abuse.³ Intimate partner violence is an epidemic affecting individuals in every community, regardless of age, economic status, sexual orientation, educational background, gender, race, religion, or nationality. It can result in physical injury, psychologic trauma, post-traumatic stress disorder (PTSD) and frequent deaths. The long-term health consequences can cross generations and last a lifetime.

More than one in three women in the United States will experience rape, physical violence, or stalking by an intimate partner in their lifetime.⁴ Globally, as many as 38% of women murdered are by a male intimate partner.⁵ However, the true prevalence of IPV is unknown because many victims are afraid to disclose their personal experiences of violence to law enforcement authorities or to the healthcare professionals.⁴ IPV is a serious, preventable public health epidemic that affects millions of people. Examples of intimate partners include current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners. IPV can vary in frequency and severity.¹

There are four main types of IPV: *physical violence, sexual violence, stalking, and psychologic aggression.* *Physical violence* is the intentional use of physical force that may cause injury, disability or death. Examples of physical violence include scratching, pushing, shoving, throwing, grabbing, shaking, biting, aggressive hair pulling, slapping, punching, hitting, burning, use of a weapon and use of restraints.¹ Every nine seconds, a woman is beaten/abused in the United States.⁶

Sexual violence is any sexual act that occurs without the victim's freely given consent to the other person. These acts include rape or penetration of the victim, victim made to penetrate someone else, non-physically pressured unwanted penetration (verbal pressurization), unwanted sexual contact *via* touching without the victim's consent, and non-contact unwanted sexual experiences such as pornography, unwanted filming or verbal or sexual harassment.

Stalking is a pattern of repeated, unwanted attention and contact that causes fear or concern for one's own safety. Some examples include repeated phone calls, emails, texting; leaving cards, letters, flowers, or other items when the victim doesn't want them; spying, sneak-

ing into the victims home or car; damaging the victim's personal property; and making threats to harm a family member or the victim's pet.¹

Psychologic aggression is the use of verbal and nonverbal communication with the intent to harm another person mentally or emotionally. This may include name-calling, limiting access to travel, money, friends and family, family planning methods, and exploiting the victim by playing mind games to discredit them in front of others.¹ Long time exposure to such violence can negatively affect women's mental, physical, sexual and reproductive health in the years to come.

Factors associated with increased risk of violence include past history of violence, low self-esteem, young age, unemployment, low education level, maltreatment in childhood or exposure to violence in the family, misuse of alcohol, attitudes of accepting of violence and gender inequality, chronic conflict or war-torn areas, antisocial personality, marital discord and dissatisfaction, and weak legal sanctions for sexual violence and laws not being enforced.⁵

Violence is a daily occurrence for more than one billion children throughout the world.⁷ They may experience it directly or indirectly, as the intended targets or as witnesses, in their homes, their schools, their neighborhoods, through the media, or in the context of war. Children living in a violent environment are at risk for a variety of emotional, cognitive, and behavioral difficulties such as behavioral problems at school, risks for injury, HIV, sexually transmitted infections, experience feeling of guilt for not being able to stop the abuse, depression, anxiety, substance misuse, cardiovascular disease, cancer, chronic lung disease, mental health problems and health issues that can linger for years to come.⁸

Health consequences secondary to intimate partner violence have serious short- and long-term impact, which lead to enormous social and economic costs. These consequences can have a rippling effect throughout society. Women may suffer isolation, inability to work or hold a stable job, loss of wages, lack of participation in regular activities of daily living, and experience limited ability to care for themselves or their children after being violated. Violence against women can also have fatal outcomes like homicide or suicide. Sexual violence can lead to unintended pregnancies, injury, chronic pain, gastrointestinal disorders, induced abortions, gynecologic problems and sexually transmitted infections (STIs). Intimate partner violence occurs in 3 to 13% of pregnancies and can increase the risk of miscarriage, stillbirth, preterm birth and low birth weight newborns.⁹

The social impact of violence towards women can lead to depression, PTSD, anxiety disorders, sleep difficulties, eating disorders, and suicide attempts. In addition, alcoholism, drug misuse and a poorer overall health status are typical in such cases. Women with PTSD can experience significant functional impairments and quality of life (QoL) deficits without receiving mental health care to address it.¹⁰

Because of the high rates of intimate partner violence combined with the resulting significant health consequences, all clients should be screened for past and present IPV by all healthcare providers in every healthcare setting. Because IPV isn't generally viewed as a socially-desirable experience, many clients will under-report it and are hesitant to reveal it when asked. Areas to assess with victims should include the nature of the violence, the social support available to the victim, the coping strategies that are currently being used, and the client's plans for safety. The client's safety must be the primary consideration. Help link the client to available community resources when she is willing and ready to leave the abuser.

Prevention efforts should be focused on primary prevention – stop it from happening in the first place; however, the solutions are as complex as the problem. Prevention efforts should target promoting healthy, respectful, nonviolent relationships. Healthy relationships can be promoted by addressing behavioral change at all levels – individual, relationship, community, and society.¹ Everyone can help in this fight against violence by learning about it, acknowledge it when it occurs, and becoming an advocate for the victims.

The following organizations address family violence issues and offer education, support and resources to victims: American Bar Association Commission on Domestic Violence; Asista; Battered Women's Justice Project; The Center on Domestic Violence; The Center for Survivor Agency and Justice; Community United Against Violence; Corporate Alliance to End Partner Violence; Faith Trust Institute; Futures Without Violence; Gay Men's Domestic Violence Project; National Center for Children Exposed to Violence; National Center on Domestic and Sexual Violence; National Center on Elder Abuse; and National Domestic Violence Hotline.

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