

Intimate Partner Violence and Healthcare Issues

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Health Disparities and IPV

- ▶ As mentioned earlier in this symposium, there are numerous factors that influence health disparities among women, including race and ethnicity, poverty, geographic location, and other barriers to health care.
- ▶ This presentation focuses specifically on IPV and its negative results on women's health (Brush, 2000; Cole, 2001; Hirsch, 2001; Tolman & Rosen, 2001; WHO 2005).

Negative Health Effects of IPV

▶ Immediate Physical Injury

- It has been known for some time that, worldwide, female victims of IPV suffer from multiple acute health problems as a direct result of physical/sexual assaults (Campbell, 2002; Campbell et al., 2000; Coker et. al., 2000; Coulthard & Warburton, 2007; Gallant et. al., 1997; Plichta, 2004; Sheridan & Nash, 2007; WHO, 2002, 2005), including:
 - Lacerations and infections throughout the body
 - Internal injury including broken bones and teeth, TBI, throat injuries, genital trauma, soft organ trauma, etc.
 - Complications/loss of pregnancy (miscarriage or induced abortions), or loss of fertility

Negative Health Effects of IPV (cont.)

▶ Long-Term Physical Sequelae

- In addition, after initial injury, chronic physical effects can also be a result (Campbell, 2002; Campbell et al., 2000; Huth-Bocks et. al., 2002; Plichta, 2004; WHO, 2005):
 - Cognitive compromise as result of TBI or strangulation
 - Chronic pain (headaches, back pain, etc.)
 - Functional damage to gynecological, gastrointestinal, and other internal organs
 - Sexually transmitted diseases (HIV, etc.)
 - Overall suppression of immune/hormonal system due to chronic stress, leading to multiple disease processes such as hypertension, heart disease, diabetes, and other systemic diagnoses

Negative Health Effects of IPV (cont.)

- ▶ The following is a short list of general physical symptoms that female IPV victims report to healthcare providers at higher levels than those who have not been victimized:

Digestive problems – diarrhea, spastic colon, constipation, nausea	Fibroids, hysterectomy
Loss of appetite, eating binges, purging	Headaches, migraines
Abdominal pain, stomach pain	Fainting, passing out
Bladder/kidney infection, pain, problems with urination	Seizures, convulsions
Vaginal infection, itching, bleeding	Back pain, chronic neck pain
Sexually transmitted disease, including HIV/AIDS	Influenza or cold, stuffy or runny nose
Pelvic pain, genital pain	Hypertension
Painful intercourse, sexual dysfunction	– <i>Campbell (2002), pg. 1334</i>

Negative Health Effects of IPV (cont.)

▶ Immediate Mental Health Impact

- It has also been known for some time that female victims of IPV suffer from multiple acute mental health problems as a direct result of physical/sexual assaults (Campbell, 2002; WHO, 2002, 2005), including:
 - Hypervigilance and fear
 - Dissociation (de-realization and de-personalization)
 - Rage
 - Crying easily
 - Fatigue and inability to enjoy life
 - Sleep disturbances and/or problems with memory
 - Anxiety and depressive symptoms
 - Self-blame and taking responsibility for own abuse
 - Use of substances as coping mechanism

Negative Health Effects of IPV (cont.)

▶ Long-Term Mental Health Impact

- In addition, with long-term IPV, chronic mental health effects can also result (Campbell, 2002; WHO, 2002, 2005):
 - Post-Traumatic Stress Disorder (PTSD)
 - (intrusion, avoidance, hyperarousal, etc.)
 - Anxiety Disorders, Agoraphobia, and Other Phobias
 - Obsessive-Compulsive Disorder
 - Dysthymia or Clinical Depression (with Suicidality)
 - Insomnia
 - Drug/Alcohol Abuse or Dependence

IPV and Barriers to Wellness and Healthcare

- ▶ It seems clear that women's health is disproportionately affected by the physical, sexual, and mental health sequelae resulting from IPV.
- ▶ Multiple barriers can be found in the environment that keep women from maximizing wellness and health:
 - Poverty, welfare policy, and the currently short-term assistance provided to needy families (e.g., TANF; Davis, 2009).
 - Racial/ethnic discrimination in employment and insurance coverage, as well as limited access to healthcare overall (Brush, 2000; Cole, 2001; Tolman & Rosen, 2001).
 - Criminal justice policies that unfairly affect victimized women (e.g., mandatory/dual arrest policies; Rajan & McCloskey, 2009).
 - Poor medical, dental, and mental health screening in emergency rooms and private offices (Coulthard & Warburton, 2007; Gutmanis et. al., 2007; McCloskey & Grigsby, 2005).

Recommendations

- ▶ Use the knowledge we have to document the extremely negative health outcomes for women who are victims of IPV.
- ▶ Use such documentation to advocate for policy changes:
 - Welfare policies (e.g., enforce the present IPV exemptions)
 - Employment and insurance policies (remove any ability to designate IPV victimization as poor employment “risk” or “pre-existing” condition, etc.)
 - Criminal justice policies (enforce protection orders, curb dual-arrests, provide full sentences to perpetrators, etc.)
 - Physical, sexual, and mental health policies (require screening as routine assessment procedures, require IPV issues as training competencies, etc.)
 - Non-discrimination policies across all the above domains

References

- ▶ Brush, L.D. (2000). Poverty, battering, race, and welfare reform: Black-White differences in women's welfare-to-work transitions. *Journal of Poverty*, 5(1), 67-90.
- ▶ Campbell, J. (2002). Health consequences of intimate partner violence. *The Lancet*, 359, 1331-1336. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0140673602083368>
- ▶ Campbell, J. C., Woods, A. B., Chouaf, K. L. & Parker, B. (2000). Reproductive health consequences of intimate partner violence: A nursing research review. *Clinical Nursing Research*, 9(3), 217-237. Available at: <http://cnr.sagepub.com/cgi/content/abstract/9/3/217>
- ▶ Coker, A. L., Smith, P. H., Bethea, L., King, M. R. & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine*, 9, 451-457. Available at: <http://archfami.ama-assn.org/cgi/content/abstract/9/5/451>
- ▶ Cole, P. (2001). Impoverished women in violent partnerships: Designing services to fit their reality. *Violence Against Women*, 7(2), 222-239.
- ▶ Coulthard, P. & Warburton, A. L. (2007). The role of the dental team in responding to domestic violence. *British Dental Journal*, 203, 645-648.
- ▶ Davis, D.-A. (2009). Non-violent survival strategies in the face of IPV and economic discrimination. In K. McCloskey & M. Sitaker (Eds.), *Backs against the wall: Battered women's resistance strategies* (pp. 113-142). New York, NY: Routledge.
- ▶ Gallant, S. J., Keita, G. P., & Royak-Shaler, R. (1997). *Health care for women: Psychological, social, and behavioral influences*. Washington, DC: American Psychological Association.
- ▶ Gutmanis, I. et. al. (2007). Factors influencing identification of and response to IPV: A survey of physicians and nurses. *BioMed Central*, 7(12), 1-11.
- ▶ Hirsch, A. E. (2001). "The world was never a safe place for them:" Abuse, welfare reform, and women with drug convictions. *Violence Against Women*, 7(2), 159-175.
- ▶ Huth-Bocks, A. C., Levendosky, A. A. & Bogat, G. A. (2002). The effects of domestic violence during pregnancy on maternal and infant health. *Violence and Victims*, 17(2), 169-185. Available at: <http://www.ingentaconnect.com/content/springer/vav/2002/00000017/00000002/art00004>
- ▶ McCloskey, K., & Grigsby, N. (2005). The ubiquitous clinical problem of intimate partner violence: The need for routine assessment. *Professional Psychology: Research and Practice*, 36(6), 264-275.
- ▶ Plichta, S. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence*, 19(11), 1296-1323. Available at: <http://jiv.sagepub.com/cgi/content/abstract/19/11/1296>
- ▶ Rajan, M., & McCloskey, K. (2009). Victims of IPV: Arrest rates across recent studies. In K. McCloskey & M. Sitaker (Eds.), *Backs against the wall: Battered women's resistance strategies* (pp. 24-48). New York, NY: Routledge.
- ▶ Sheridan, D. J. & Nash, K. R. (2007). Acute injury patterns of domestic violence victims. *Trauma, Violence and Abuse*, 8(3), 281-289. Available at: <http://tva.sagepub.com/cgi/content/refs/8/3/281>
- ▶ Tolman, R., M., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being. *Violence Against Women*, 7(2), 141-158.
- ▶ World Health Organization (WHO, 2002). *First world report on violence and health*. Geneva, Switzerland: Author.
- ▶ World Health Organization (WHO, 2005). *WHO multi-country study on women's health and domestic violence against women*. Geneva, Switzerland: Author.