Intimate Partner Violence

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Intimate partner violence (IPV) is a form of domestic violence in which the perpetrator is involved (or wishes to be involved) in an intimate or dating relationship with an adult or adolescent. It can involve psychological abuse, sexual assault, physical injury, stalking, threats and intimidation, deprivation, and social isolation. There are significant health consequences as a result of IPV resulting in a greater burden of disease and increased costs of medical care.

According to the National Intimate Partner and Sexual Violence Survey, more than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) have experienced rape, physical violence and/or stalking by an intimate partner in their lifetime. Approximated 25% of women and 14% of men have experienced severe physical violence resulting in an injury. Nearly half of all men and women have experienced severe psychological aggression by an intimate partner in their lifetime.

Intimate partner violence is associated with significant adverse health effects. Survivors of intimate partner violence report higher rates of chronic pain, headaches, sleep disturbances, and mental health problems compared with patients that have not suffered abuse. Women exposed to IPV have higher rates of lethal injury, sexually transmitted infections, poor pregnancy outcomes, and elective abortions. Children living in households with IPV are more likely to suffer adverse physical and mental health even if they were not directly abused. The risk for these children is higher for depression, violence toward peers, substance abuse and risky sexual behavior. Mental health problems are common in survivors of IPV and include depression, PTSD, anxiety disorders and substance abuse. Victims of abuse are more likely to be homeless and have few financial resources. In the United States alone, the economic burden for direct medical and mental health services

is greater than $4.1 billion annually. The overall cost of intimate partner violence exceeds $5.8 billion each year.\textsuperscript{6}

Most adult survivors of IPV experienced some form of intimate partner violence for the first time before the age of 25.\textsuperscript{1} Many adolescents do not recognize abuse in romantic relationships as abnormal, possibly due to inexperience. Dating violence encompasses psychological, physical and sexual abuse. About 10\% of teens report being physically hurt by a dating partner in the last year, with an even higher number reporting psychological abuse.\textsuperscript{7} Intimidation and threats through the use of text messages and other electronic media is becoming more widespread in adolescents and can represent a significant risk to mental health. Victims of teen dating violence have lower academic performance and higher rates of substance abuse, depression, eating disorders and suicide attempts.\textsuperscript{8,9} A recent study found that most high schools don’t provide training or guidelines on dating violence for counselors.\textsuperscript{10}

Family physicians must be aware of the prevalence of IPV in their practices before they can recognize current or past abuse. Twelve to 23\% of adult female patients in a primary care office report they have experienced IPV within the last year.\textsuperscript{11} While most patients will not voluntarily disclose a history of abuse, questions are welcomed by patients when done in a nonjudgmental and respectful manner.\textsuperscript{12} Identification of patients with a history of abuse can be accomplished through screening or discussions about conditions frequently seen in survivors of abuse. In a consensus report on preventive services for women published in July 2011, the IOM recommended screening and counseling for all women and adolescent girls for interpersonal and domestic violence in a culturally sensitive and supportive manner.\textsuperscript{13} Family physicians are in a unique position to offer comprehensive care to victims of intimate partner violence because of the continuity of the doctor-patient relationship and to potentially help break the cycle of violence in families.

\textbf{Resources for Clinicians & Patients}

\textsuperscript{6} Costs of Intimate Partner Violence Against Women in the United States. Atlanta, GA. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2003.
\textsuperscript{13} Consensus Report. IOM Clinical Preventive Services for Women: Closing the Gaps. July 2011.
CDC Intimate Partner Violence
http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/

National Domestic Violence Hotline
1-800-799-SAFE (7233)
www.ndvh.org

National Sexual Assault Hotline
1-800-656-HOPE (4673)

Florida Coalition Against Domestic Violence
http://www.fcadv.org/

National Coalition Against Domestic Violence
www.ncadv.org

National Sexual Violence Resource Center
www.nsvrc.org

Futures Without Violence
www.futureswithoutviolence.org/

VetoViolence
www.vetoviolence.org

CDC Facebook Page of Violence Prevention
www.facebook.com/vetoviolence

Additional References:
