

INFORMATION BRIEFING – NO. 2

The impact of domestic abuse on women's health

Introduction

Domestic abuse is a pervasive social problem that compromises the health and safety of thousands of women each year. In 2007/08, 14 women were killed in Scotland by a male partner or ex-partner (Scottish Government, 2009). This figure represented 61% of all female homicides in Scotland that same year. With homicide as an extreme consequence of domestic abuse, women of all ages, religious and ethnic groups, and socio-economic levels suffer a range of acute and chronic physical, mental and reproductive health issues on a day-by-day basis because of a partner or ex-partner's determination to maintain power and control in the relationship.

For the past 30 years researchers and practitioners have explored the impact of domestic abuse on women's health. Their findings demonstrate a strong link between abuse and acute and chronic health problems; women who experience domestic abuse have more physical, mental, and sexual health problems than women who haven't experienced domestic abuse. The World Health Organisation has outlined three consistent themes from research about the health consequences of domestic abuse:

- The more severe the abuse, the greater its impact on a woman's physical and mental health.
- The impact of different types of abuse and of multiple episodes of abuse appears to be cumulative.
- The influence of abuse can persist long after the abuse itself has stopped.

(World Health Organisation, 2002)

This information briefing gives a brief overview of the health consequences of domestic abuse.

Physical Health

Domestic abuse has immediate and long-term impacts on women's physical health.

Injuries are the most visible and immediate consequences of abuse and range from black eyes, bruises and broken bones to serious head trauma, stab wounds, and strangulation ligatures. In many cases, the injuries are permanently damaging, life threatening, or both (Sheridan and Nash, 2007).

Women who experience domestic abuse are more likely to suffer long-term health problems than women who haven't experienced domestic abuse. They endure a greater number and range of physical health symptoms such as fatigue, headaches, chest pains, digestion problems, and respiratory illness. They're also more likely to have chronic health conditions such as arthritis, chronic pain, gastro-intestinal illness, and asthma.

Key Findings:

- The head, neck and face (HNF) are the most common sites of injuries reported to health care practitioners, ranging in frequency from 50% to 80% of domestic abuse related injuries (CDC, 2005).
- Blunt force trauma (caused by crushing impact and/or by a strike with a blunt object) is the most common type of injury inflicted by an abusive partner (Sheridan and Nash, 2007).
- Women who experience domestic abuse are at twice the risk of having poor physical health compared to women who don't experience domestic abuse, regardless of their socioeconomic status (Plichta, 2004).

Mental Health

Domestic abuse may be the most common single background factor for female patients in mental health settings (Stark and Flitcraft, 1988).

Women who experience domestic abuse are more likely to suffer severe depression and anxiety than women who haven't experienced domestic abuse. Many endure symptoms of psychological stress such as post traumatic stress disorder, eating and sleeping disorders, psychosomatic disorders, phobias and panic disorder. They are also more likely to have feelings of guilt, shame, low self-esteem and self-worth and for some, more likely to develop high-risk coping mechanisms such as alcohol and drug misuse, smoking, self-harming and suicide.

Key findings:

- In a review of 17 studies that examined the link between domestic abuse and depression, Golding (1999) found an average prevalence rate of depression amongst women who experienced domestic abuse of 47.6%.
- In a comparison study, 51.4% of women living in shelters (refuges) were found to have major depression, compared to 2.4% of a general U.S. population sample. More than 45% also said they had mental or emotional problems that interfered with their ability to function at work or school – compared to 26% nationally (Helfrich et al., 2008).

Reproductive and Sexual Health

Abusive partners compromise women's reproductive and sexual health in several different ways; through physical and emotional abuse during pregnancy, high-risk sexual activity (interfering with women's ability to use contraceptives or to protect themselves from sexually transmitted diseases), and sexual assaults or rape. As with other physical and mental health consequences, the impacts on women's sexual and reproductive health range in severity and can be immediate as well as long-term in duration.

Abuse during pregnancy

Many women report physical and sexual abuse starting or escalating during pregnancy. If pregnant during her partner's assault, a woman is most likely to be beaten in the breast, abdominal, and genital areas. The violence has consequences for the women's health but also for the developing foetus. It's been associated with high rates of miscarriages, stillbirths, premature labour and birth, foetal injury, and low birth weight. Women who experience domestic abuse are less likely to get the pre- and post-natal care they need for early detection and treatment of any health problems.

High-risk sexual activity

Some abusive partners assert their power and control by dictating women's use of contraceptives, including condoms. They may also engage in high-risk sexual activity with others but not share that information with their partners. This behaviour restricts women's ability to protect themselves and places them at greater risk of unwanted pregnancies, forced abortions and sexually transmitted diseases.

Sexual assault and rape

Globally, between six and 47% of women report experiencing sexual abuse by an intimate partner or ex-partner (WHO, 2004). Coerced or forced sexual activity by an abusive partner has been associated with a range of gynaecological symptoms such as pelvic pain and menstrual problems. It also places women at greater risk for developing chronic health problems such as pelvic inflammatory disease, sexual dysfunction, and infertility.

Key Findings:

- Forced or coercive sexual intercourse with an HIV-infected partner is one of the most common routes of transmission of HIV and other sexually transmitted diseases (WHO, 2004).
- A national violence against women survey found that a woman's risk of injury during a sexual assault increases significantly when the perpetrator is a current or ex-partner (Tjaden, P. and Thoennes, N., 2000).
- In a comparative study, sexual assault by a current partner was a much stronger predictor of PTSD, stress, and dissociation than sexual assault by a former or non-intimate partner (Temple, Weston, Rodriguez, and Marshall, 2007).

Broader implications

When we talk about the health consequences of domestic abuse, we often think about the injuries women sustain and the potential long-term health problems that could arise from repeated or severe assaults. These injuries have been found to predispose women to a range of long-term debilitating health problems. For example, broken bones, torn ligaments, lacerations, and head trauma have been linked to health problems such as chronic pain, hearing and vision loss, epilepsy, and arthritis (Sheridan and Nash, 2007).

The stress of surviving a partner or ex-partner's abuse also undermines women's health and well-being. Previous research indicates that abuse-related stress goes beyond what a woman suffers physically. It affects her financial security; her relationships with neighbours, family, and friends; her housing situation; and her ability to secure employment. These additional stressors place women at greater risk of developing enduring mental and physical health problems (Sutherland et al 2002, Eby, 1998).

The social ramifications of domestic abuse extend beyond individual pain and suffering. Health problems may impede daily functioning thereby reducing women's productivity as well as increasing health care costs. If visible, the injuries alone may prevent a woman from going to work, attending courses, or socialising with friends because they might attract attention and humiliation. Even if they're not visible, they may interfere with her ability to perform job-related tasks or to concentrate on her work. Other health problems associated with abuse, such as chronic illnesses, various health symptoms, and depression, can strain a woman's relationship with her employer, co-workers, family members, friends, and service providers. In effect, a partner's violence places her in double jeopardy; once because of the health problems she suffers and again because of the impact her health problems have on her livelihood.

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