Intimate Partner Violence Increases the Risk of Women Developing Healthcare Problems

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A Review of the Negative Effects of Intimate Partner Violence on Women’s Health

Intimate partner violence (IPV) as defined by Gottlieb (2008) “…is a pattern of coercive behaviors that may include repeated battering and injury, psychological or emotional abuse, sexual assault, progressive social isolation, economic deprivation, intimidation and stalking” (p. 529). According to the National Center for Injury Prevention Control, a department within the CDC, “…women experience about 4.8 million intimate partner-related physical assaults and rapes every year…” and fewer than 20% seek medical attention (Fact sheet, para 1). This is a significant number and leads to the question: Are women who experience intimate partner violence at an increased risk of developing health care problems?

Research will show that evidence exists to support a distinctive correlation between IPV and an increased prevalence of women with health problems. By identifying this link the researcher can identify the existence of IPV; the extent of the problem; and eventually identify ways healthcare professionals can intervene and protect women subjected to IPV from developing long term health problems. As stated by Svavarsdottis & Orlygsdottir (2009), “Interventions designed to decrease health risk behaviors, treat chronic health conditions/illnesses and offer best practice first response to women who are victims of intimate partner violence can be offered to reduce the short and long term affects of violence in their physical and psychological health” (p. 1452).

Literature Review

In searching for evidence-based research the team decided to search independently using FLITE and more specifically EBSCO, as well as Pubmed, and CINAHL when looking for articles related to the PICO question. Each member of the research team classified the articles using the EBNP Evidence Summary Worksheet used by Holland Hospital’s evidence-based
nursing research team (Holland Hospital, 2007). This sheet asks that the researcher identify the following: Author, date, title, journal, quality rating, evidence type, sample size, characteristics of the sample size, results, recommendations, limitations, clinical implications, and whether the article is key to the decision making process of the researcher (Ibid).

All in all, ten articles were chosen and voted on by the team as to which articles best met the criteria of the research. This was based on results of the EBNP Evidence Worksheet and if the article addressed the PICO question.

Starting with the articles that were not chosen but met the top 10 category, here is the evaluation of those articles. The first article titled “Intimate Partner Violence: A Clinical Review of Screening and Intervention”, was well presented and classified as a level 1 article that did address the PICO question and had excellent data and was difficult to eliminate from the top 5 (Gottleib, 2008). The study focused on women who presented to various health care facilities in one large American city and included four community hospitals, three tertiary hospitals, and one free-standing gynecology clinic (p. 529). The researchers used quantitative data and determined that women who experienced IPV are at a greater risk to develop physical and mental health problems. The article went on to identify the importance of a nursing assessment to identify women at risk of health problems due to IPV. The reason for not choosing this article was based on the article being a review of studies completed by others. There were no limitations identified by the author.

The article titled, “Intimate Partner Violence: Last Year Prevalence and Association with Social-economic Factors Among Women in Madrid, Spain” (Zorrilla, et al., 2010, p. 169). The article is well written and included a large population of women between the ages of 18-70 living in Madrid, Spain who had contact with a partner or ex-partner within the year prior to the study.
The study used two different modules to evaluate the participants: these included “…the Spanish version of psychological and sexual violence module of the French National Survey on Violence” and the “Physical Violence Module of the Conflict Tactics Scale” (Ibid). The research identified an increased amount of IPV occurring among women going through a separation or a divorce. The researchers concluded that women in Madrid experience IPV at a similar rate as women in other industrialized countries and identified a relationship between mental illness, physical health and social economic problems, and that these participants suffered from IPV.

The limitation of this study was the lack of evidence that supports women suffering from mental illness and physical health as being directly related to IPV.

The article written by Ersoy & Yildiz (2011) and titled “Reproductive Health Problems and Depression Levels of Women Living in Sanctuary Houses as a Result of Husband Violence” was based on 65 married participants living in Sanctuary Housing. The researchers concluded that many of the women began experiencing IPV within a few days of marriage not only by their husbands but also by their in-laws. The women in this study sought help from various sanctuaries due to the participant’s lack of support from their families and the participant’s lack of economic stability to support themselves. The data identified that women living in Turkey, having experienced IPV, and living in sanctuary housing reported problems with reproductive health such as sexual problems, premenstrual syndrome, abnormal uterine bleeding, preterm births, and frequent genital infections (p. 802).

Researchers identified limitations as related to the lack of healthcare available to women in Turkey which may impact the reproductive health of these women. The article also concluded
that the lack of training among healthcare providers in identifying the effects of IPV as another reason for the prevalence of reproductive health problems.

McFarlane, et al., completed the research article titled “Intimate Partner Sexual Assault Against Women: Frequency, Health Consequences, and Treatment Outcomes” (McFarlane, et al., 2004). This article focused on the sexual assault of women within specific racial and ethnic groups as well as comparing it to similar groups of women who have experienced sexual assault. The researchers concluded that many women who experience sexual assault may suffer from Post Traumatic Disorder (PTSD); however, they did not tie the sexual assault to IPV or clearly separate IPV victims from childhood victims of sexual assault. This article was also outdated in terms of the requirements for this study as it was completed in 2004.

The final article eliminated for this study is titled “Abused African American Women’s Processes of Staying Healthy” (Laughon, 2007, p. 364). The focus of this study was on the incidence of sexually transmitted diseases (STI) and HIV among African American women living in abusive relationships. The study was limited to 15 African American Women with little to no education who experienced not only IPV but a lifetime of violence. These women lived in poverty, had poor access to health care, very little job skills, and frequently put themselves at risk for STIs and HIV (p.366).

This study was eliminated due to the low number of participants, its focus being more on STIs and HIV, and the lack of clear evidence suggesting IPV as the main cause of the women’s physical problems.

Based on the analysis of the top 10 articles, the team was able to narrow down selection of the top 5 articles based on the following: publication date being within the last 5 years, the
The hierarchy of the studies being a level I or II, the articles meeting the PICO question and the purpose of the study, and the implications for health care providers.

The first of these five articles but not necessarily the best or most important is titled “Physical Health Consequences of Intimate Partner Violence in Spanish Women” (Ruiz-Perez, Castano-Plazaola, & Rio-Lozano, 2007). This study included a large number of randomly selected women from 23 family practices and looked at the correlation between IPV and women’s health. Researchers concluded that the intensity of IPV can vary in the way it affects women’s health and the need for early detection and intervention to decrease health problems of women exposed to IPV.

The researchers identified the following limitations: the use of a convenience sample that may or may not be an accurate representation of the data gathered, the study excluded women who came to clinics with their partners, and excluded non-Spanish speaking women and illiterate women because they could not fill out the questionnaire (437).

The article titled, “Intimate Partner Violence and Women’s Physical and Mental Health in the WHO Multi-Country Study on Women’s Health and Domestic Violence: An Observational Study” involved the use of a standardized questionnaire that was interpreted into 14 languages to accommodate the diversity of the various populations (Ellsberg, et al., 2008). The questionnaire included questions about the type of violence and injuries sustained by the participants. The study compared women’s health of those who had experienced IPV to women’s health of women who had not experienced IPV. Researchers used statistical analyses including the odds ratio to determine the association between IPV and women’s health. The results of the study support the hypothesis that women who experience IPV are at a greater risk for developing health problems regardless “…of where she might live, her culture or racial
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background, or the extent to which violence might be tolerated or accepted in her society or by herself” (p. 1171).

Researchers identified limitations as not knowing if one certain type of physical or sexual violence is more apt to be responsible for certain health problems compared to another as the study used a “single composite variable” that represented experiences of physical or sexual, or both, to represent the violence (p. 1171).

Another article accepted for review was titled, “When Crises Collide: How intimate Partner Violence and Poverty Intersect to Shape Women’s Mental Health and Coping” (Goodman, Smyth, Borges, & Singer, 2009)? This article not only looked at the correlation between IPV and women’s health it also introduced the term “survival-focused coping” a term used to describe the use of negative coping skills such as smoking, alcohol, and excessive eating used by women as a coping mechanism to deal with IPV (p. 318). Researchers concluded that there is a significant relationship between IPV and a decline in women’s health. They found that poverty and mental illness were prevalent in women suffering from IPV.

Researchers recognized the limitations as having not clearly identified the various levels of poverty; as poverty exist among working households and the homeless. Also, the research did not take into account the women’s availability or lack of availability of a support system or that a women’s lifetime experiences such as the lack of healthcare as a child, may negatively affect women’s health in the future.

Scott-Storey, Wuest, & Ford-Gilboe (2009) wrote the article titled “Intimate Partner Violence and Cardiovascular risk: is there a link” (Scott-Storey, Wuest, & Ford-Gilboe, 2009)? The researchers’ purpose was to identify a correlation between stress related to IPV and cardiovascular disease (p. 2186). The research included women who had been or were
continuing to be abused over the past 3 years. The data was analyzed by using a bivariate test of association and a logistic regression analysis (Ibid). The research concluded that women who experience IPV are at a greater risk of developing cardiovascular disease.

The limitations of the study was in regards to the average age of the women (39) may have flawed the study as many women do not experience cardiovascular (CV) disease until much later in life. Researchers also concluded that more recent stressors such as “…financial strain, current relationship problems, child custody issues, relocation and loss of material goods and not past IPV, may be better predictors of CV” (p. 2192).

The final article in the top five is titled “Intimate Partner Abuse Factors Associated with Women’s health: A General Population Study” (Svaavarsdottir & Orlygsdottir, 2009). Researchers completed a study involving 2696 married Icelandic and 772 Icelandic women living with a partner and having experienced IPV (p. 1452). Researchers used statistical studies such as independent t-test and stepwise regression to analyze the data (Ibid). The researchers concluded that abused women participating in risky behaviors such as smoking, drinking alcohol, and/or suffering from chronic illness are at a greater risk of health care problems (Ibid).

There were several limitations identified by the researchers such as the number of participants may not have been an accurate representation of the population due to the fact that many questionnaires (7523) were sent out but only a limited number were returned. The study also indicates “the design of the study was cross-sectional, which limits inferences about causality” (p. 1459).

Analysis of the Evidence
The articles chosen for analysis supported the hypothesis that IPV negatively affects women’s health and recognized the need for early intervention by healthcare providers to decrease health problems in women exposed to IPV.

The research was peer reviewed and met the hierarchy levels of I and II as the authors used statistical studies such as t-test, bivariate test, descriptive statistics, Chi square, odds ratio, logistic regression, and stepwise regression to analyze the data. The studies involved a random selection of women who have experienced IPV and concluded that these women were at greater risk of developing health problems than women who did not. Many of the women were at an economic disadvantage and varied by age, cultural and ethnic background.

While the main focus of Scott-Stovey et al. (2009) was on the effects of IPV on the health of women’s cardiovascular system, Svaavarsdottir et al. focused on women’s overall physical and mental health. However, it should be noted that they along with Goodman et al. (2009) focused on health risk behaviors or “survival-focused coping” which are identified as negative coping skills (smoking, ETOH use/abuse, and overeating); as they negatively affect women’s health (p. 318). Svaavarsdottir et al. (2009) states “Stepwise regression analysis indicated that women’s experiences of sleep disturbance, being depressed, misusing alcohol, and current experience of abuse by their husbands/partners, statistically significantly predicted their current physical health symptoms…” (p. 1459). In this respect, the more stressed a woman is the more likely she is to engage in negative coping skills which can be hazardous to her mental and physical health.

Goodman et al (2009) identified that a women suffering from IPV and poverty is at an increased risk of suffering from the long term effects of PTSD, depression, and emotional illnesses (p. 310). Though Ruiz et al. (2007) and Ellsberg et al. (2008) did not address the
negative effects of poverty as it relates to IPV they did identify the increased intensity of
physical and mental health symptoms and/or disease for women suffering from years of abuse.

The implications from these studies clearly indicate the need for early intervention by
health care providers to decrease the amount of physical and mental health problems suffered by
women who have experienced IPV.

**Application of Evidence**

Evidence based nursing practice for women at high risk for health related conditions
related to IPV can be implicated in most clinical settings where primary healthcare workers come
into frequent contact with the patients such as: community health nursing, the administrative
areas were policies are written, and in nursing research. According to Per Ruiz-Perez et al.
(2007) nurses in the clinical setting have the opportunity to identify, offer interventions, and to
educate women suffering from IPV. Svavarsdottir et al. (2009) stated that in the community
setting, public and community health nurses should be focused on preventative actions against
IPV (p. 1461). As administrators nurses have the opportunity to write policies to improve on the
detection and treatment of women suffering from IPV. Goodman et al. (2009) identified the
need for mental health practitioners and domestic violence advocates to work with other
disciplines to address the needs of victims of IPV as it relates to poverty and stress (p. 323).
Though, Ellsberg et al. (2008) recommends policies and programs are to be written to address
IPV in national and global health-sectors (p.1171). Research recommendations included adding
alcohol, substance abuse, or unemployment to the analysis of the current research (Ellsberg et al.,
2008, p.1171). Other research recommendations are IPV and the long-term effects on health
care expenditures, more studies that are aimed at the general population with a history of IPV,
and more studies that involve the women’s experiences and how a collaborative effort may be
needed to help them cope with IPV, poverty, and other health related issues (Ruiz-Perez et al., 2007, Ellsberg et al., 2008, Goodman at el., 2008).

**Summary**

Research supports the hypothesis that women who endure IPV are at greater risk of developing health care problems. There is an indication that healthcare providers should raise their level of awareness for intimate partner violence by becoming better trained in identifying and evaluating women experiencing IPV. This would include educating future and present generations of health care providers, having better tools for assessing and screening IPV, the need for health professionals to be sensitive when working with women affected by the negative symptoms of IPV, and the need for researchers to continue to evaluate and identify risk factors associated with IPV.

It is important that nurse’s be taught to clinically assess women for suspected IPV while completing physical and mental health exams in order to identify and treat women at risk. “Primary health care professionals are in a privileged position to identify women who suffer violence from their partners and provide them the support they need” (Ruiz-Perez, 2007). Once it has been determined that a patient is suffering from IPV it is important for the nurse to be empathetic and supportive towards the victim; not judgmental of women presenting with STI’s or substance abuse. When a nurse takes the time to listen and offer encouragement and security patients are more receptive to what is being offered.

According to Ellsberg et al, Goodman at al., Ruiz-Perez et al., Svavarsdottir et al., and Scott-Stovey et al. research recommendations for the future include adding alcohol, substance abuse, or unemployment to the analysis of current research; studies are needed to evaluate how a
collaborative effort by healthcare professionals throughout the world can reduce health problems for women affected by IPV; and the need to identify how best to help women of IPV.

In conclusion, research identifies IPV as a problem that affects women’s health throughout the world and when addressed early by healthcare providers it will decrease the severity of health care problems.
Works Cited


