

# Abuse Against Women by Their Intimate Partners

In recent decades, society has become aware of the need to address both the causes and consequences of domestic violence against women.<sup>1</sup> Abuse of women has serious ramifications because of the prevalence, the greater potential for homicide, the effects on children in the household, and the long-term emotional and physical consequences for women and their families.

Up to 75 percent of lone-offender violence committed against women is perpetrated by someone known to the woman. Surveys reveal that intimate partners batter two million women and kill 1,500 annually.

Violence against women is a major social problem in the U.S., yet research on the determinants, prevention, and solutions is still in its early stage. Providers of health care, historically slow to both recognize and develop a response to domestic violence, now acknowledge violence against women as a major cause of premature mortality. A chapter of the National Objectives for the Year 2000 is devoted to violence, providing official recognition of the need for health professionals to address this issue.

## Trends in Fatal Violence

- In 1993, 1/3 of female homicide victims were murdered by their spouses, ex-spouses or boyfriends.<sup>1</sup>
- While the rate of homicide by an intimate partner has decreased for males over the last two decades, the rate for women has remained relatively stable at around 1.6 per 100,000 population.<sup>2</sup>
- 70% of all homicides are committed using firearms and the risk of homicide by a family member or intimate is almost eight times higher if a gun is kept in the home.<sup>3</sup>

## Trends in Non-Fatal Violence

Occurrences of non-fatal violence, which encompass physical, sexual, and psychological violence, are thought to be underreported, particularly in routine sources as opposed to research studies. Even so, the numbers of reported occurrences of physical violence range from 9 per 1,000 women to 220 per 1,000 women.<sup>1</sup>

- Attacks perpetrated by intimate partners on women result in a 50% injury rate, compared to an injury rate of only 20% for attacks on women by strangers.<sup>1</sup>
- Rape is one of the fastest growing forms of human abuse in the U.S.: the current rate is 7 per 1,000 women each year.<sup>4</sup>
- In one study, women with unwanted pregnancies had over four times the risk of experiencing violence by a partner than women with intended pregnancies.<sup>5</sup>
- At least 50 percent of abused women do not report the abuse to anyone.<sup>6</sup>

## Female Victims of Violence Between Intimates<sup>7</sup>

Year	Rate of Single Offender Victimizations by Intimates per 1,000 population	Percent of all Victimizations Committed by Intimates
1987	4.0	27.0
1988	5.5	26.6
1989	5.6	28.1
1990	5.0	26.9
1991	5.5	27.4
1992	5.5	27.4

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## Determinants and Risk Factors

A variety of factors have been identified as determinants of domestic violence:

- poverty, economic deprivation, and exposure to other stressors such as racial discrimination;
- educational and occupational status differences in which the woman holds the higher position;
- patriarchal social norms reinforcing male power over female partners;
- pathological personality characteristics of the perpetrator or poor coping skills; and
- substance abuse by the victim or perpetrator.

Several risk factors have also been identified, including young age, social isolation, pregnancy and the early postpartum period, and previous abusive relationships.

## Consequences

The consequences of physical and psychological violence are severe and often long-term and include: mortality, physical and psychological morbidity, lost productivity and income, and social isolation. The medical consequences of physical violence may be underreported, as most women do not disclose their abuse to health care providers.<sup>6</sup>

Pregnant women who experience abuse are at risk for spontaneous abortion, premature delivery, low birth weight infant, and depression.<sup>8-10</sup>

Although the economic consequences of domestic violence are difficult to accurately portray, estimates of both direct and indirect costs are considerable, ranging from \$5 to \$67 billion annually.<sup>11</sup>

## Interventions

Current activities utilized to prevent violence against women include:

- arrest of male perpetrators;
- mandatory reporting (varies state to state);
- counseling programs;
- state and federal statutes which limit access to handgun purchase; and
- provision of protective and social services for victims of abuse.

There are currently no primary prevention strategies aimed at alleviating risk before the onset of domestic violence. Rather, selected protective and support services are available for crisis intervention once women have experienced abuse.

Evaluations of interventions targeting batterers have been fraught with methodological problems.<sup>12</sup> To date, these programs have not proved effective in reducing violent behavior.<sup>13,14</sup>

Several strategies currently being employed may serve to decrease the incidence and stem the negative effects of domestic violence:

- The Family Violence Option, a provision of Temporary Assistance for Needy Families (implemented in 28 states), which exempts those women who have experienced domestic violence from the federal five-year lifetime limit of welfare benefits;
- Federal gun legislation laws prohibiting persons convicted of domestic violence by a jury trial from owning or possessing firearms;<sup>15</sup> and
- Formation of coalitions between women's and children's advocacy groups.

## Issues for Policy, Practice, and Research\*

- Health professionals have an opportunity at each well-woman check-up and prenatal care visit to screen and refer women for domestic violence, something they often fail to do due to such factors as embarrassment, time constraints and inadequate training.<sup>16</sup>
  - The threat of termination or denial of insurance for victims deters clinicians from recording abuse in medical records.<sup>1</sup>
  - Increased screening may increase the demand for protective and supportive services, which are already in short supply.<sup>17</sup>
  - Mandatory reporting laws are not universal and differ by state.<sup>18</sup>
  - Fragmentation in the legal system often complicates the preservation of the mother-child unit in cases of domestic violence; domestic violence and juvenile court judges are frequently unaware of overlapping cases and may hand down conflicting rulings.<sup>19</sup>
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- The causal determinants of partner-perpetrated violence, the effectiveness of protective and social support services, and the effectiveness of current prevention strategies for batterers remain unknown.
- Relatively little is known about pregnancy-related factors leading to the increased risk of abuse prenatally and the extent to which pregnancy is actually a result of abuse.
- Research on domestic violence is hampered by the difficulty of defining both psychological and physical violence. Currently, good measures of certain aspects of violence like physical harm and power of the partner over the woman are lacking.

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\* Given the formative nature of our research on this topic, this material does not reflect an exhaustive list of potential issues of concern. Rather, the material below reflects selected preliminary ideas generated to stimulate dialogue and further study. In addition, certain issues may have been intentionally omitted from this section in favor of their incorporation in other materials prepared as part of a broader initiative to review the state of the field of perinatal and women's health.

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This **Issue Summary** is one in a set of thirteen, prepared as part of an initiative -- Perinatal and Women's Health: Charting a Course for the Future -- sponsored by the Maternal and Child Health Bureau in partnership with the Women's and Children's Health Policy Center at the Johns Hopkins School of Public Health. The intent of this work is to highlight policy and program areas needing to be addressed to ensure the continuous improvement of health care and services related to perinatal and women's health over the coming decade.

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**1** The Social Context of Women's Health

**2** Women's Reproductive Health and Their Overall Well-being

**3** Women's Experience of Chronic Disease

**4** Depression in Women

**5** Abuse Against Women by Their Intimate Partners

**6** The Nutritional Status and Needs of Women of Reproductive Age

**7** Women's Physical Activity in Leisure, Occupational and Daily Living Activities

**8** Effects of Drug and Alcohol Use on Perinatal and Women's Health

**9** Effects of Smoking on Perinatal and Women's Health

**10** Pregnancy Planning and Unintended Pregnancy

**11** Issues in Pregnancy Care

**12** Health Care Services and Systems for Women of Reproductive Age

**13** Public Health Roles Promoting the Health and Well-being of Women

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This summary is based on a paper written by Patricia O'Campo, PhD, and Katherine M. Baldwin, MSW.

Development of this summary was supported in part by a Cooperative Agreement (MCU 249386) from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

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