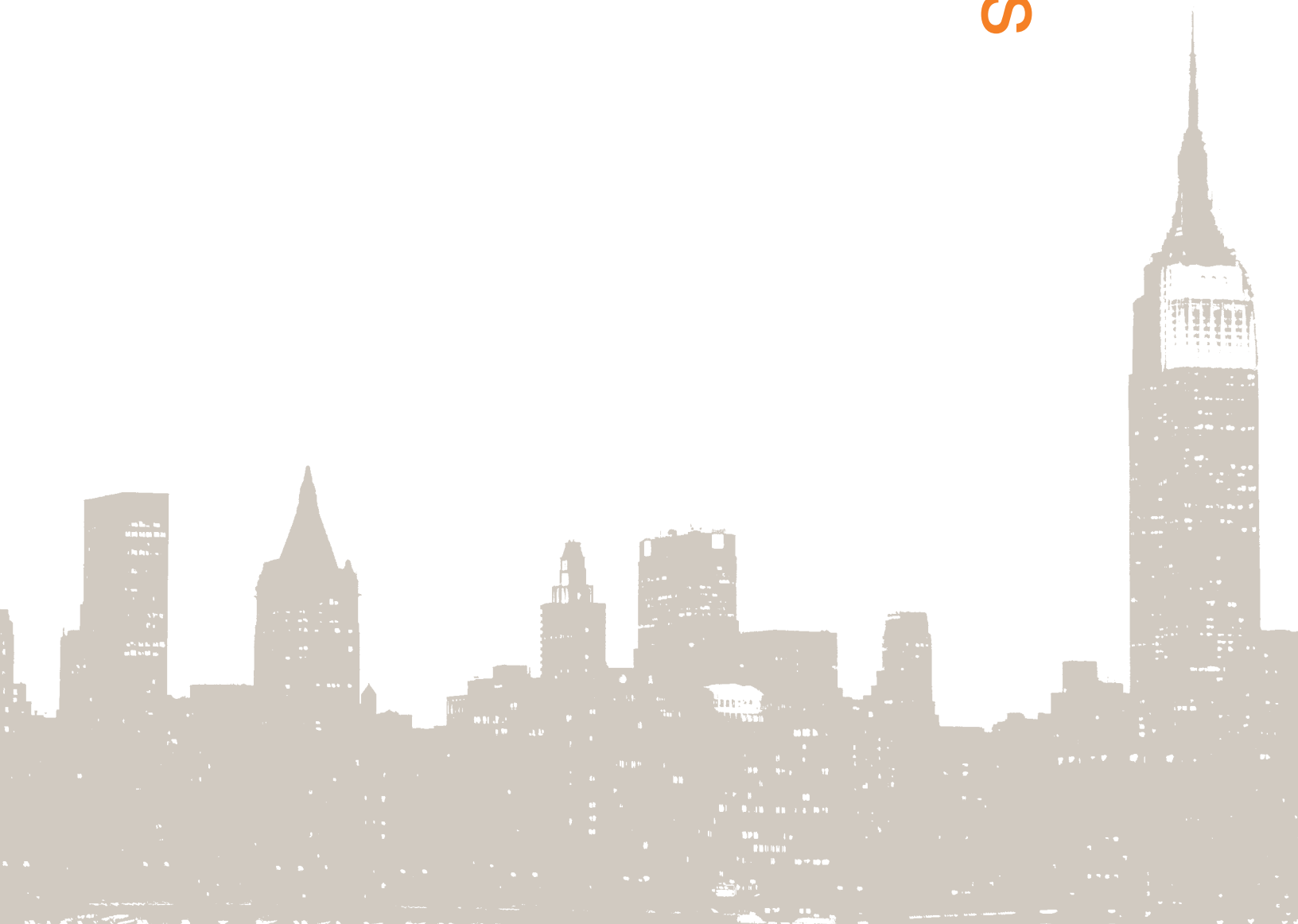


**PROMOTE HEALTHY,  
CONSENSUAL, AND  
SAFE RELATIONSHIPS**





## PROMOTE HEALTHY, CONSENSUAL, AND SAFE RELATIONSHIPS

Exposure to violence and abuse can greatly affect a woman's overall health and access to information and services. Intimate partner violence (IPV) is defined by the Centers for Disease Control and Prevention (CDC) as "abuse that occurs between two people in a close relationship," including current and former spouses and dating partners. IPV encompasses a wide spectrum of violence that can manifest as physical, sexual, or emotional abuse, such as the use of physical force, rape, threats of abuse, intimidation, isolation, and stalking.<sup>1</sup> The National Violence Against Women Survey found that approximately 25% of women and 8% of men have experienced some form of IPV in their lifetimes, highlighting the widespread incidence of IPV in the United States and the particularly large burden carried by women.<sup>2</sup> Between 1993 and 2005, urban residents reported the highest average annual rates of IPV.<sup>3</sup> Approximately 40% more IPV occurred in urban areas than in suburban and rural areas, and the bulk of those victimized were women.<sup>4</sup> Local advocates and public officials in urban areas can and must come together to work in coalition to address these disparities in violence occurring within their communities.

### WOMEN AT GREATER RISK

Each year, 1.5 million women and more than 800,000 men experience intimate partner-related rapes and physical assaults.<sup>5</sup> Given that many of those victimized experience multiple incidences of IPV, overall annual perpetration rates are substantially higher (4.8 million intimate partner-related assaults against women and 2.9 million against men annually).<sup>6</sup> While IPV is a gender-neutral crime, these data indicate that women are at a much higher risk of IPV than men. This is particularly true when comparing lifetime rape prevalence by victim-offender relationship, where women are 19.3% more likely to be raped by a current or former intimate partner than are men.<sup>7</sup> The direct effects of IPV include increased risk of death and injury ranging from minor injuries to permanent disability.<sup>8</sup> Additionally, various negative health behaviors have been linked to IPV, such as drug use, alcohol abuse, unhealthy weight-loss behaviors, and smoking.<sup>9</sup> Such negative health behaviors can be symptomatic of greater mental health issues, most specifically trauma.

Victims of IPV are more likely to show signs of certain injuries, such as scratches, bruises, and welts, along with an increased likelihood of injury to the head, neck, and face.<sup>10</sup> However, because many IPV injuries have low causal specificity, clinical studies have been unsuccessful in establishing diagnostic patterns, making symptomatic screening for IPV difficult.<sup>11</sup> Furthermore, many women do not seek medical care while showing signs of abuse. The National Violence Against Women Survey reports that only 28% to 31% of women injured by IPV received medical care after their most recent intimate partner injury.<sup>12</sup> Furthermore, few women report ever having been screened for IPV and only 17% of prenatal providers screen patients on their first visit and 5% screen on subsequent visits.<sup>13</sup> Undetected IPV has been shown to result in costly diagnostic medical care; in 2003, the CDC estimated that IPV costs the United States nearly \$4 billion in direct medical costs.<sup>14</sup> City and county health departments, emergency departments, and social services such as shelters and hotlines play a critical role in the provision of care for victims of IPV.<sup>15</sup>

## INTIMATE PARTNER VIOLENCE AND REPRODUCTIVE HEALTH

Many of those victimized by IPV are of reproductive age, which can result in a number of poor reproductive and sexual health outcomes.<sup>16</sup> Women who experience IPV have an increased risk of contracting sexually transmitted infections and urinary tract infections.<sup>17</sup> IPV may also result in decreased agency surrounding partner negotiation of contraception and an overall rise in high-risk sexual behavior, such as multiple sexual partners.<sup>18</sup> Approximately 5.8% of women report being physically abused by an intimate partner while pregnant or in the year preceding pregnancy.<sup>19</sup>

## RACIAL AND ETHNIC DISPARITIES

Significant racial and ethnic disparities exist among reports of IPV. African Americans and American Indians/Alaska Natives report higher rates of IPV (29.1% and 37.5%, respectively), while Asian Pacific Islander women and men tend to report lower rates of IPV (3.0%) when compared to women and men of other racial backgrounds.<sup>22</sup> However, the underlying reasons behind these disparities remain unclear due to the complex interplay of social, demographic,

environmental, and cultural factors that may affect both the incidence of IPV and a respondent's willingness to disclose information regarding IPV.<sup>23</sup> Furthermore, socioeconomic, ethnic, and racial marginalization shape the nature of social services provided to IPV victims of color, particularly immigrants.<sup>24</sup> For instance, women of color are more likely to be classified as substance abusers and to be directed to homeless shelters even when they need IPV-related services.<sup>25</sup>

## INTIMATE PARTNER VIOLENCE AND YOUTH

IPV rates are markedly high among teenagers, although research suggests that teens are far less likely to report crimes against them than all other age groups, indicating that actual rates of teen IPV may very well be higher.<sup>26</sup> The CDC reports that within a twelve-month period, one in eleven teens (grades 9–12) has experienced physical dating violence, and one in four teens reports verbal, physical, emotional, or sexual abuse.<sup>27</sup> Physical dating violence and victimization among high school students correlate to subsequent

engagement in multiple risk behaviors such as sexual intercourse, attempted suicide, episodic heavy drinking, and physical fighting.<sup>28</sup> Furthermore, adolescents who have been physically or sexually assaulted are at a higher risk for STIs, revictimization, and pregnancy.<sup>29</sup> A recent study reports that approximately one-quarter of teenage girls (ages 15–20) who experience IPV have intimate partners who are actively attempting to get them pregnant through non-use, misuse, or sabotage of contraceptives.<sup>30</sup>

## INTIMATE PARTNER VIOLENCE AMONG SAME-SEX PARTNERS

Research is limited regarding IPV among same-sex partners. As of 2008, the National Violence Against Women Survey was the only population-based study to include female same-sex IPV.<sup>31</sup> The survey did not specifically ask respondents about their sexual orientation, but did compile data on same-sex intimate cohabitants. Of those surveyed who

reported living with a same-sex intimate partner in their lifetime, 11.4% of women reported a lifetime prevalence of IPV by a female intimate cohabitating partner and 10.8% of men reported a lifetime prevalence of IPV by a male intimate cohabitating partner.<sup>32</sup>



i *Maltreatment* is defined as both neglect and forms of physical abuse.

## RECOMMENDATIONS TO PROMOTE HEALTHY, CONSENSUAL, AND SAFE RELATIONSHIPS

Communities must work to eliminate intimate partner and sexual violence, incidences of which greatly impact many aspects of community life and health. Women and youth, who are at particular risk of experiencing intimate partner and sexual violence, need the commitment of local officials and advocates who can integrate programmatic and policy change into the variety of local services that impact survivors, including law enforcement, health care provision, and schools.

### WE CALL ON LOCAL LEADERS TO PROMOTE HEALTHY, CONSENSUAL, AND SAFE RELATIONSHIPS BY:

**Ensuring that victims of intimate partner violence are treated with respect and dignity by local law enforcement and emergency room staff.** Those experiencing violence are particularly vulnerable to interaction with law enforcement or emergency room staff and are more likely to be in acute crisis. Feeling respected during contact with law enforcement and health care providers is critical to the physical and mental health of IPV survivors.

- We urge local public health and elected leaders to collaborate with local advocacy groups to create standards and train law enforcement and emergency room staff on how to best serve domestic violence and sexual assault survivors.
- We urge local officials to ensure that rape kits are processed in a timely manner.
- We urge local leaders to enforce or expand policies that make emergency contraception available to sexual assault survivors in the emergency room.

**Integrating screening into public health care delivery settings.** While the experience of violence is pervasive, screening and prevention education are not systematically provided. Reproductive health care providers play an important role in screening for intimate partner and sexual assault. The American College of Obstetricians and Gynecology and the Centers for Disease Control recommend regularly screening for violence during health care visits.<sup>33</sup>

- We urge local leaders to work with health care providers to standardize and increase voluntary risk factor screening into all public health care provision.
- We urge local leaders to ensure adequate mental health recovery services are available for survivors and their families.

**Targeting education and awareness campaigns for youth and other communities that are at higher risk for abuse.**

Disparities remain between populations who report intimate partner violence. Localities have an opportunity to address the unique disparities within their communities, designing community-specific education and awareness campaigns that are more likely to be successful and change social norms that make violence and abusive behavior acceptable. In particular, local public health and education officials can address the rising problem of teen dating violence by working with local advocacy groups that have expertise based on the development of successful communication and education strategies to reach youth in the community.

- We urge local public health and elected leaders to work in coalition with local advocacy groups, as well as local schools, to design culturally competent and youth-friendly awareness campaigns to address intimate partner and sexual violence.

### LOCAL EXAMPLES:

- **The Multnomah County Health Department in Oregon** instituted a program of home visits that were used to screen women for signs of intimate partner violence during prenatal and postpartum periods.
- To cover a gap in IPV screening for pregnant women, **the Boston Public Health Commission** has instituted a Preconceptional Screening and Assessment Project that provides a behavioral risk screening instrument as well as provider training at several community health sites.
- In **Seattle, Public Health—Seattle & King County** is working to increase IPV detection using teams of nurses, social workers, and nutritionists who screen pregnant women and educate them on the risk of violence twice before the birth and once after.

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## The Urban Initiative for Reproductive Health is a program of the National Institute for Reproductive Health (National Institute).

The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

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