

Current Evidence: Intimate Partner Violence, Trauma-Related Mental Health Conditions & Chronic Illness

Intimate partner violence (IPV) is associated with a range of trauma-related health and mental health effects. Research conducted over the past 30 years has consistently demonstrated that being victimized by an intimate partner increases one's risk for developing depression, PTSD, substance abuse, and suicidality as well as a range of chronic health conditions. For some survivors, abuse by an adult partner is their first experience of victimization. However, many survivors experience multiple forms of trauma over the course of their lives (e.g. child abuse; sexual assault; historical, cultural, or refugee trauma), further increasing their risk for developing trauma-related health and mental health conditions. In addition, individuals who perpetrate IPV often actively undermine their partners' wellness, mental health, and sobriety and control their access to treatment and other supports which also contributes to the adverse health and mental health effects of IPV (1). The purpose of this information sheet is to present current evidence on the physical and mental health consequences of IPV most consistently found in the literature.

Mental Health in the Context of Trauma and IPV

There is a large and growing body of evidence documenting the associations between IPV and mental health conditions, including substance abuse (substance use disorders). This includes findings from population-based studies, meta-analyses, and systematic reviews, along with evidence from smaller community-based studies.

Posttraumatic Stress Disorder (PTSD) and Depression

Studies have consistently found higher rates of PTSD and depression among survivors of IPV, as compared to those who have not experienced IPV, and rates are higher among survivors who experience other types of trauma in addition to IPV. For example:

PTSD

- As part of a large nationwide study, 80% of women who experienced rape, stalking, or physical violence by an intimate partner reported significant short- or long-term effects including

posttraumatic stress disorder (2). The results of another study indicate that women who have experienced IPV are three times as likely to meet criteria for PTSD as those who had no such experience (3).

Depression

- Results of a meta-analysis suggest that, as compared to women who have not experienced IPV, survivors have nearly double the risk for developing depressive symptoms, and three times the risk for developing major depressive disorder (24).
- Mothers who experience IPV are nearly twice as likely to develop post-partum depression (24). Compared to mothers who have not been abused by an intimate partner, mothers reporting IPV are more likely to have a current diagnosis of depression (12).

The Co-occurrence of PTSD and Depression

- In the context of IPV, PTSD is associated with an increased risk of experiencing other mental health conditions, in particular depression (3, 7, 16). Furthermore, PTSD symptoms may affect the relationship between IPV and depression, in part due to the ways that PTSD symptoms can disrupt survivors' use of important personal and social resources (3, 8).
- Depression and PTSD may be influenced by other factors, including the type, duration, severity, and chronicity of the abuse. For example:
 - Experiencing multiple types of abuse (e.g. physical, sexual, psychological) may significantly magnify the risk of developing mental health symptoms; one study suggests that experiencing multiple forms of abuse can increase the odds for depression, PTSD, and suicidality by 6-17 times (4).
 - Increased risk of depression has been found both among women who have experienced any recent IPV (physical, sexual, or non-physical) and among women and men who have experienced any lifetime IPV (10, 11, 21, 23). However, the development of depression and PTSD may be influenced by the type of abuse experienced; a community-based study suggests that experiencing psychological abuse is a more significant predictor of both PTSD and depression than experiencing physical aggression (16).

IPV and Other Mental Health Conditions

In addition to depression and PTSD, evidence strongly suggests that experiencing IPV increases the risk of other mental health conditions, including:

- Deliberate self-harm: Women exposed to IPV are up to three times more likely to engage in deliberate self-harm than non-abused women (5), with factors such as PTSD numbing symptoms or more severe sexual violence associated with current deliberate self harm (15).
- Suicidality: IPV also associated with increased suicidal ideation (4) and suicide attempts (11). A large study conducted by the World Health Organization found that women who reported partner violence at least once in their lifetime are nearly 3 times as likely to have suicidal thoughts and nearly 4 times as likely to attempt suicide, compared to women who have not been abused by a partner (29).
- Eating disorders: The results of a systematic review suggest a relationship between experiencing IPV and having a diagnosis of an eating disorder. As compared to those without such a diagnosis, women and men with an eating disorder are significantly more likely to have experienced any lifetime IPV (17).
- Other anxiety and mood disorders: Both community-based studies and systematic reviews have found evidence for increased risk of other anxiety and mood disorders among survivors (12, 14, 18, 21). Compared to those who have not experienced IPV, survivors have a nearly three times greater risk of having an anxiety disorder diagnosis (21).
- Substance use and abuse: Exposure to IPV is associated with increased odds of substance abuse, binge drinking, and tobacco use for both female and male survivors (19, 21, 23, 32). One study suggests that survivors are nearly 6 times as likely to have a substance use disorder, as compared to those who have never been abused (21).
- Poor Sleep: Experiencing IPV is associated with poor overall sleep quality, frequent disruptive nighttime behaviors (e.g. memories or nightmares of a traumatic experience; anxiety or panic), and sleep disorders (2, 14, 22, 25).

Furthermore, domestic violence advocates and survivors have voiced concerns about the ways that survivors' mental health- and substance use-related needs are used against them, not only by abusers but also by the systems in which they seek help (e.g. batterers using mental health-related needs to

control their partners; undermine them in custody battles; discredit them with friends, family, child protective services and the courts) (9). In turn, considerable evidence suggests that individuals who experience mental health-related needs or have a psychiatric disability are at increased risk for being victimized by an abusive partner (27, 28).

IPV and Chronic Health Conditions

As documented through numerous systematic reviews, meta-analyses, and population-based studies, there is clear and consistent evidence suggesting a relationship between experiencing IPV and chronic health conditions. In addition to the immediate effects of injury, IPV is associated with a range of physical health problems and poorer reported physical health in general (2, 14, 21). Experiencing any IPV has been shown to decrease survivors' overall physical health (21), with both longer duration of abuse and ongoing exposure to IPV associated with even poorer physical health (10, 20).

Furthermore, compared to those who have not experienced IPV, women who have ever experienced IPV are more than twice as likely to report a disability (26), and women living with disabilities have also been shown to be at a higher risk for being abused (28).

IPV and HIV

Numerous studies have documented both increased rates of HIV among survivors of IPV, as well as ways that abuse leads to poorer HIV-related health outcomes. For example,

- Among U.S. women, those who have experienced any IPV in the past year are three times as likely to have an AIDS/HIV diagnosis, as compared to women who have not experienced IPV, even when adjusting for risky sexual behaviors and sociodemographic factors. Furthermore, nearly 12% of cases of HIV infection among U.S. women are attributable to IPV in the past year (33).
- IPV is associated with substance use [including substance use coercion (9)], which can increase the risk of HIV transmission (35).
- Abusers pose HIV-related risks to their partners through a range of mechanisms, including HIV transmission via forced sex (13) and coercive or violent behavior that compromises the negotiation of condom use or safer sex practices (34).
- The disclosure of HIV status to a partner increases the risk of experiencing violence, particularly

within the context of already abusive relationships (35).

- A recent study suggests that experiencing trauma and abuse can significantly increase the odds of antiretroviral failure, further compromising the health of women living with HIV and IPV (36).

IPV and Other Chronic Health Conditions

A number of large, population-based studies have found an association between IPV and increased risk for a range of health conditions. Chronic stress, which has been demonstrated to increase susceptibility to disease via changes in endocrine and immune functioning, likely mediates this relationship (32, 39). Experiencing IPV has been associated with:

- Musculoskeletal/neuromuscular conditions, including degenerative joint disease, low back pain and other back problems, arthritis, nerve damage, trauma-related joint pain, and acute sprains and strains (21, 22, 32);
- Gynecological and urinary conditions, including menstrual disorders, vaginitis, cervicitis, pelvic pain, and urinary tract infections (14, 21, 22, 38);
- Respiratory conditions, including asthma, emphysema, and acute respiratory tract infections (2, 21, 32);
- Gastrointestinal disorders, including irritable bowel syndrome and gastroesophageal reflux disease (2, 21);
- Cardiovascular conditions, including heart disease, heart attacks, strokes, high cholesterol, circulatory disease, and hypertension (which, in one study, was significantly related to experiencing emotional abuse) (31, 32);
- Sexually transmitted infections, including HIV, (13, 14, 21, 23, 33);
- Cancer, particularly especially cervical cancer (30), and poorer cancer outcomes in general (37);
- Diabetes (2), with both physical and psychological violence associated with an increased risk of Type 2 diabetes (40);
- Other physical health symptoms, such as frequent headaches, chronic pain, and activity

limitations (2, 14), and increased odds of memory loss, dizziness, difficulties walking, and difficulties with daily activities (29).

While IPV increases the risk for a range of health and mental health conditions, survivors' health status may vary based on a number of factors. This includes survivors' own personal strengths and resources; their genetic susceptibility to various conditions; the duration and severity of abuse; their experience of other lifetime traumas such as historical trauma or stressors such as poverty; and their access to ongoing and preventive healthcare, appropriate services, and social support. In fact, evidence suggests that access to safety, services, and social support significantly enhance survivors' resilience and well-being and mitigate the trauma-related effects of IPV (6, 7).

Citations

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