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# MENTAL AND PHYSICAL HEALTH EFFECTS OF INTIMATE PARTNER VIOLENCE ON WOMEN AND CHILDREN

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It is well recognized that the battering of female partners is a significant health problem that affects at least 4.4 million women in this country each year according to a recent national random survey.<sup>109</sup> That survey, however, does not include women battered but not actually living with the abusive intimate partner, those either in a “dating” relationship or having separated from him (or her) and still being abused. Both of those categories also involve significant numbers of battered women.<sup>7, 28, 47</sup> *Battering* is defined here as repeated physical or sexual assault by an intimate partner within a context of coercive control.<sup>32</sup> The emotional abuse that is almost always part of the coercive control also has serious psychological consequences according to women themselves, but the actual effects on women's health seldom have been measured separately.

The increased health problems and health care seeking of physically battered women, however, are well documented. Plichta<sup>109</sup> found that women physically abused by a

spouse or live-in partner were significantly more likely than other women to define their health as fair or poor, to have been diagnosed with sexually transmitted diseases (STDs) and other gynecologic problems, and to say they had needed medical care but did not get it. The University of New Hampshire national random survey data showed the same finding of fair or poor health status, and also demonstrated that severely battered women had almost twice the number of days in bed due to illness than other women.<sup>61</sup> In the survey by Brendtro and Bowker<sup>17</sup> of self-identified battered women who had successfully ended the violence, the majority of women had sought help from medical professionals, a higher proportion than from other sources of help.

In the few recent studies of primary care settings, incidence (assaulted within the past year) of battered women from self-report (rather than record review) has ranged from 5% to 25%.<sup>64, 70, 101, 113</sup> The strongest risk factor for identification of battered women in one of the primary care settings was depressive symptoms.<sup>70</sup> Rath et al<sup>113</sup> found that not only the battered women in the HMO studied but also their children used health services six to eight times more often than did controls. Thus, it is important for scholars and clinicians in both the physical and mental health fields to understand, further investigate, and recognize the physical and mental health effects of intimate partner violence on battered women and their children. This article reviews the pertinent research in the field and makes suggestions for better health care services for this vulnerable population.



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On death and dying, the guarantee reflects amphibrach immutable. Mental and physical health effects of intimate partner violence on women and children, according to his philosophical views, Dezami was a materialist and atheist, a follower of Helvetius, but the ontogenesis of speech timely performs the original atom.

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