How IPV Impacts your Health

According to the CDC, more than 1 in 3 women (36%) have experienced rape, physical violence and/or stalking by an intimate partner in her lifetime. Identifying current or past violence can help prevent further abuse and lead to improved health status.

The costs of intimate partner violence exceed $5.8 billion each year, $4.1 billion of which is for direct medical and mental health care services.

In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including: depression, substance abuse, arthritis, chronic neck or back pain, migraines, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, and stomach ulcers.

Women who talked with their health care providers about abuse were more likely to use an intervention and more likely to exit the abusive relationship. Women who were no longer with their abuser reported better physical health than those who stayed.

IPV and Pregnancy

Research indicates that a pregnant woman has a 35.6% greater risk of being a victim of violence than a non-pregnant woman.

Adolescent girls in physically abusive relationships were three times more likely to become pregnant than non-abused girls.

IPV is also associated with higher rates of unintended and rapid repeat pregnancies and birth control sabotage among adults and adolescents.

Homicide is a leading cause of traumatic death for pregnant and postpartum women in the United States, accounting for 31 percent of maternal injury deaths.

Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women, as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.

Children exposed directly to IPV after they are born had greater emergency department and primary care use during the IPV and were three times more likely to use mental health services after the IPV ended.

“I would read the BPA brochure over and over again at my doctor’s appointment.” ~ Megan, Survivor

The primary goal of the Safer Futures Funding is to improve pregnant and parenting women’s safety and well-being by increasing access to advocacy services within public health and local health care systems.

Strategies

- **Advocacy intervention, accompaniment, and supportive services provided by the on-site advocate:** On-site advocacy interventions have important implications for reducing violence and improving a woman’s well-being over time.

- **Case consultation and provider training and technical assistance:** Trainings will promote the integration of appropriate and effective assessment, identification and response to IPV within the public health and local health care systems.

- **Capacity building efforts designed to sustain the project beyond the grant funding:** Continue services in the long-term, build organizational capacity to develop and grow the project, maintain positive outcomes and secure future funding.

Community Impact

- **Improve the safety and wellbeing of women who are victims of IPV.**

- **Enhance health care providers’ confidence and knowledge about IPV issues, especially for pregnant teens/young mothers.**

- **Improve screening and referral practices in partner agencies.**

- **Engage more pregnant and parenting young mothers in services.**

- **Conduct trainings with Health Care providers.**

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**Battered Persons’ Advocacy**

- Providing services to victims of family violence, stalking, and sexual assault for 35 years.

- The only IPV service provider in Douglas County

- 5 Service Teams: Emergency Services, Sexual Assault Response Services, Shelter Services, Legal Advocacy, Transitional Housing Services

Crisis Line (541) 673-7867
www.peaceathome.com

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**A Collaborative Effort in Douglas County, Oregon**

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