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Intimate Partner Violence - Effects on Women

Literature Review

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<p>The purpose of this thesis is to describe the effects of intimate partner violence on women's psychological and physical health. The aim is to obtain valid research for professionals working with victims of intimate partner violence and to gather knowledge for the Daphne –project that supports women and children victims of violence.</p> <p>A descriptive literature review with a narrative approach was chosen to gather a broad range of existing knowledge. Suitable research articles were searched from electronic databases (CINAHL and Ovid Medline) and seven articles were chosen for a more in depth analysis.</p> <p>Intimate partner violence is a worldwide issue severely affecting women's health and well-being. The research shows that the victims of intimate partner violence suffer from psychological, physical as well as from social consequences. The women reported a variety of physical symptoms such as chronic pain, fatigue and gastrointestinal problems. In addition women suffered from a wide range of psychological problems such as stress, depression and anxiety. It is not uncommon for the victim to have suicidal thoughts or attempts to commit suicide. Furthermore, many women lacked a proper social network for support and they felt isolated from friends and family.</p> <p>Health care staff are not trained enough and do not have proper guidelines to recognize and treat victims of intimate partner violence. In addition the attitudes amongst professionals need to be adjusted for better treatment outcomes. Further research should be conducted to show the multidimensional nature of the effects that intimate partner violence has on women's overall wellbeing.</p>	
Keywords	intimate partner violence, domestic violence, violence against women

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<p>Tämän opinnäytetyön tarkoitus on kuvailla parisuhdeväkivallan vaikutuksia naisten psyykkiseen ja fyysiseen terveyteen. Työn tavoitteena on kerätä luotettavia tutkimustuloksia asiantuntijoille, jotka työskentelevät parisuhdeväkivallan uhrien kanssa ja kerätä tietoperustaa Daphne-projektille, mikä tukee naisia ja lapsia, jotka ovat kohdanneet väkivaltaa.</p> <p>Opinnäytetyö toteutettiin kuvailevan kirjallisuuskatsauksen työmenetelmää mukaillen, jotta saimme kerättyä mahdollisimman paljon olemassa olevaa kirjallisuutta aiheesta. Sopivat tutkimusartikkelit valittiin sähköisistä tietokannoista (CINAHL ja Ovid Medline). Näistä artikkeleista seitsemän valittiin tarkempaan analyysiin.</p> <p>Parisuhdeväkivalta on maailmanlaajuinen ongelma, mikä vaikuttaa vakavasti naisten terveyteen ja hyvinvointiin. Tutkimustulokset osoittavat, että parisuhdeväkivallan uhrin kärsivät psyykkisistä, fyysisistä ja sosiaalisista seurauksista. Uhrit raportoivat erinäisiä fyysisiä oireita kuten kroonista kipua, väsymystä ja ruoansulatuskanavan ongelmia. Lisäksi nämä naiset kärsivät useista psyykkisistä ongelmista kuten stressistä, masennuksesta ja ahdistuksesta. Itsetuhoiset ajatukset ja itsemurhan yritykset voivat myös kuulua näihin oireisiin. Monet parisuhdeväkivallan uhreista ovat eristäytyneitä perheistään ja ystävistään, näin ollen heiltä puuttuu kunnollinen sosiaalinen turvaverkosto.</p> <p>Hoitohenkilökuntaa ei ole koulutettu riittävästi, eikä heillä ole kunnollisia ohjeistuksia, jotta he pystyisivät tunnistamaan ja hoitamaan parisuhdeväkivallan uhreja tehokkaasti. Myös hoitohenkilökunnan asenteisiin täytyy puuttua, jotta silläkin voidaan vaikuttaa positiivisesti potilaiden hoitotuloksiin. Aiheesta täytyisi tehdä lisää tutkimuksia, osoittaakseen kuinka laajat vaikutukset parisuhdeväkivallalla on naisten terveyteen ja hyvinvointiin.</p>	
Avainsanat	intimate partner violence, domestic violence, violence against women

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1 Introduction

Commonly violence against women is domestic and performed by an intimate partner. The problem is common in developing countries and cultures where women do not have the same basic rights as in western countries. In reality the issue is worldwide. People that belong to low-income groups are at a higher risk of experiencing intimate partner violence. (WHO 2002: 15.) A survey done in the EU countries by the European Union Agency for Fundamental Rights reveals that on average 20% of women over the age of 15 have experienced physical violence and 43% psychological violence by a partner (FRA 2014). Worldwide it is estimated that 35% of women have experienced intimate partner violence (IPV) in their lifetime (WHO 2014). The statistics are alarming even though much has been done to raise awareness and provide research on this issue.

When so many women are affected by intimate partner violence it is with no doubt extremely concerning. The impact of physical and psychological violence on women is wide-ranging, long-term and involve more than just the victim. These effects vary from chronic diseases to mental health issues and reduced quality of life. Victims are also at risk of perpetrating violence themselves later on in life. (Wathen 2012.)

This final thesis is a descriptive literature review on the effects of intimate partner violence on women. The purpose is to describe the effects of intimate partner violence on women. Health care professionals often do not have the knowledge to recognize the victims and help prevent domestic abuse and therefore the aim is to create data for health care professionals, students and other officials who encounter these victims. The ultimate aim is to produce basic knowledge for the Daphne-project that supports women and children victims of violence.

The research questions are: What type of violence caused by an intimate partner do women suffer from and what could be the leading causes of the violence? How does this violence affect women's psychological and physical health?

2 Intimate Partner Violence

Women's overall health and social wellbeing is severely influenced by forms of psychological, physical or sexual violence performed by a current or former partner (Neill & Peterson 2014: 4).

According to Breiding et al. (2015: 11) the definition of intimate partner is someone with whom the person is in a "close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behaviour, identity as a couple, and familiarity and knowledge about each other's lives" (Breiding et al. 2015: 11).

Women experience violence from their partner more likely than violence committed by a stranger. Women's emotional and financial dependence on their partners is an important factor determining the form of violence they are subjected to and its prevention. In intimate relationships men may as well be the subjects of violence though women as victims are overwhelmingly more common. Intimate partner violence against women occurs in all society groups worldwide despite of religious background or culture. (WHO 2002: 109.)

2.1 Forms of violence

Women in abusive relationships commonly experience physical and/or sexual violence accompanied by psychological and emotional abuse. Threats, isolation, stalking, verbal harassment and controlling life in general impact health as greatly as physical abuse does. (Neill & Peterson 2014: 5.) Aggressive violence or physical violence can be for example slapping, hitting, kicking and/or beating (WHO 2002: 109).

In a relationship physical violence differs greatly from random acts of violence due to psychological effects. Battering is about controlling the partner by repeated physical acts of violence which is possible because the victim is made vulnerable and powerless. (Coker et al. 2000: 553). This is also referred to as psychological battery with the same emotional and psychological effects as from physical battery. Sexual abuse in all forms including forcing to sexual acts and rape are usually associated with intimate partner

violence as well. In a violent relationship the abusive behaviour is most often repetitive in nature and is a mixture of physical, psychological and sexual forms of violence. (WHO 2002: 111.)

Research and surveys often concentrate on the concrete acts of violence which excludes the fact that most women in abusive relationships have been afraid for their lives. This fear is a concerning aspect when a significant number of female homicide victims are the result of spousal abuse. More than half of all female homicidal deaths worldwide are perpetrated by the husband or boyfriend. (WHO 2002: 114.)

The intimate partner violence dynamic does not always follow the same pattern in all abusive relationships. Two violent behaviour models have been identified that aid in identifying severe violence. The more severe form of an abusive relationship consists of serious abuse that becomes deeper and varies in forms of battery and threatening. The behaviour becomes increasingly controlling and possessive. The less severe behavioural model contains less violence towards the woman. The relationship is shadowed with constant frustration and anger that leads to random aggressive outbursts. (WHO 2002: 115.)

2.2 Causes and effects

The causes of intimate partner violence are not entirely clear and it is difficult to research due to inconsistencies in previous studies and in the causes of violence. Women are afraid of being honest in surveys and of coming forward and reporting abuse (WHO 2002: 112). The combined effect of social, cultural, individual and circumstantial factors are believed to cause abuse in intimate relationships (WHO 2002: 119).

Excess alcohol consumption is a major risk factor for abuse. Alcohol affects judgement and self-control abilities as well as lowers inhibitions which increases the risk of aggressive behaviour (WHO 2002: 120). Another significant risk factor is stress caused by a lower socioeconomic status. In some cultures it is more acceptable for a man to be in control in a relationship and violent behaviour is mostly the result of this loss of control. The punishments for intimate partner violence are usually very mild in comparison to the severity of the offense which sends a message that violence is socially acceptable. (Jewkes 2002: 1423-25.)

Women in many countries are still often considered as men's property or personal possessions which allows control and punishment in cases of alleged misbehaviour. For example honour killings of women are strongly linked to the cultural background and the societal norms (WHO 2002: 114). Even some women believe that physical disciplinary actions from their spouses' are justified if there is a reason behind it. Justified reasons may be failing to cook timely, not agreeing to sex, misbehaving or disagreeing with the husband on any subject. Women believing in justified battering affects significantly on the amount of reported violence against women. The fear of social isolation affects strongly on how often women seek help. (WHO 2002: 116.)

“Many researchers have discussed intimate partner violence as a learned social behaviour for both men and women. [...] Experiences of violence in the home in childhood teach children that violence is normal in certain settings. In this way, men learn to use violence and women learn to tolerate it or at least tolerate aggressive behaviour” (Jewkes 2002: 1426). Therefore men are more likely to be violent towards their partners if they have been abused or have witnessed domestic abuse as children (WHO 2002: 120).

The effects of intimate partner violence range between psychological, emotional, social and physical health problems. According to Shavers (2013: 40) studies have shown chronic pain, sleeping difficulties and irritable bowel syndrome (IBS) are all associated with long term health effects of women victims of violence. (Shavers 2013: 40.) The effects on health may be direct and immediate or appear later on in life, even after the violence has past. The severity and frequency of abuse usually determines the impact on the woman's physical and mental health. (WHO 2002: 123.)

3 Purpose and research questions

The purpose of this research is to describe the effects of intimate partner violence on women's psychological and physical health. The ultimate aim is to produce basic knowledge for professionals working with victims of domestic abuse and for the Daphne-project that supports women and children, victims of violence.

The research questions are: What type of violence caused by an intimate partner do women suffer from and what could be the leading causes of the violence? How does this violence affect women's psychological and physical health?

4 Methodology and Database search

4.1 Literature review

The research method used in this thesis is a descriptive literature review. A descriptive literature review can be divided into two categories narrative and integrative. In this literature review narrative approach was used. With this method the data are gathered broadly to make a collection of existing literature. The data collection criteria are not as defined as when using other data collection methods. The method allows synthesising and analysing a larger quantity of information. (Cronin et al. 2008: 38.) "Its primary purpose is to provide the reader with a comprehensive background for understanding current knowledge and highlighting the significance of new research." (Cronin et al. 2008: 38).

4.2 Data collection

The data were collected from electronic databases using various search terms and limitations. The Cumulative Index to Nursing & Allied Health (CINAHL) database was used as a primary search engine. Its coverage is widely related to nursing and health and all of the articles are in English. Ovid Medline was used as a secondary database due to coverage in medical and nursing research. The articles that were selected were mainly published in various online journals. According to Cronin et al. (2008: 40) journal articles online are more current and updated frequently than other forms of literature. A simple manual search was also conducted from the reference sections of appropriate research articles. To aid in the limitation of the search in the most efficient way, Boolean operators were used. The search terms and restrictions used were: Intimate partner violence,

causes; intimate partner violence OR domestic violence guide for victims, Intimate partner violence care; Intimate partner violence AND women AND causes; intimate partner violence risk factors; ((intimate violence) and women's health) not other forms of violence. The collected research were restricted to being not more than 20 years old.

4.3 Data analysis

Content analysis was chosen as the research method. Analysing the data this way the information is gathered in a valid way in order to provide insight to already existing knowledge and facts to utilize in practice (Elo & Kyngäs 2008: 108). The data in this thesis were analysed using the inductive content analysis method. According to Elo & Kyngäs (2008:109) an inductive data analysis method is used when the knowledge of the specific phenomenon is not adequate enough or the information is scattered. "Both inductive and deductive analysis processes are represented as three main phases: preparation, organizing and reporting [...] the key feature of all content analysis is that the many words of the text are classified into much smaller content categories" (Elo & Kyngäs 2008: 109). The preparation phase of the content analysis process was begun by selecting appropriate search terms that support the theme of the thesis. Specific details of what will be analysed from the data is determined before beginning the next phase. (Elo & Kyngäs 2008: 109.)

After the selection of relevant key words, searches were made to limit results. The best options were sorted out based on the title and abstract. After this the research articles chosen as references were selected based on the full text and how relevant the information was and whether it answered the research questions. In total eight articles, published between the years 2002-2013 in Finland, Spain and the United States of America, were chosen for this literature review for closer analysis. The articles were read through multiple times in order to familiarize ourselves with the data. The data were organized by open coding and categorizing. The aim of categorizing is to offer a more clear description of a certain topic that will aid in the understanding of provided new knowledge (Elo & Kyngäs 2008: 111). The categories for analysis were: type of violence, leading causes of violence, psychological and physical effects of violence.

5 Results

5.1 The type of violence women suffer from caused by an intimate partner

Women in abusive relationships are commonly victims of a combination of physical, psychological and sexual violence. Some women are only psychologically abused, however it is typical that victims of physical violence also suffer from psychological abuse. Sexual violence may be accompanied with either physical or psychological violence. (Pico-Alfonso et al. 2006: 602.) According to a study from Pico-Alfonso et al. (2006: 602) sexual abuse was reported in 32% of cases with physically and psychologically abused women and in 16.4% of psychologically abused women.

Intimate partner violence (IPV) can be detrimental to women's physical and mental health. A study from Smith et al. (2013: 397) describes the experiences of abused women and according to these victims the abuse was physical, emotional or verbal. The women were burned with cigarettes, thrown against walls and violently attacked in a variety of ways. Some of them experienced psychological threats accompanied by physically threatening with a weapon. The abusive partners would verbally insult the women with obscenities. In addition they would control the women by limiting their freedom and rights to make their own choices including control of finances.

Another study brought about similar experiences of women. Sexual abuse consisted of forcing to sexual acts, forced intercourse with purposeful infliction of pain, offensive and degrading verbal abuse. The psychological abuse is usually constant, demeaning and disrespecting towards the woman's values and needs. Some of the abusive men would have affairs or threaten with one to make the women feel unworthy. Aggressive physical violence appeared as destroying the woman's personal belongings, hitting or punching, choking and not allowing the woman to sleep. (Flinck et al. 2005: 387.)

5.1.1 Possible leading causes of intimate partner violence

A study carried out by Pico-Alfonso et al. (2006: 603) shows that women who had been subjected to childhood neglect, physical and/or sexual abuse were more likely to be victims of IPV later in life. The prevalence of childhood abuse in physically and psychologically abused women was 64% and 67.3% of the psychologically abused women. In addition the non-abused women who participated as a comparison group had a higher incidence of childhood abuse than expected (48%). Another study from Flinck et al. (2005: 386) shows that five out of seven victims of IPV had experiences of childhood abuse and neglect, which had in their own opinion predisposed them to intimate partner violence.

Values and behaviour models learned in the childhood family moulded the perception of normal relationships in women and men. These models contribute in the formation of unhealthy relationships which increases the risk of IPV. The women interviewed for this study described their husbands as "reliable, accurate, extrovert, sexually active and socially skilled, but repressive and abusive towards their wives" (Flinck et al. 2005: 386).

Nonetheless men with depression, stress and feelings of powerlessness have a higher risk of acting violently towards their partners. A significant characteristic of an abusive man is impulsive behaviour which can be aggravated by alcohol consumption. (Caetano et al. 2008: 512.) The men were also more likely to be affected negatively by their partners' behaviour. If a woman would reject the man it was sometimes interpreted as an insult to their manhood. (Flinck et al. 2005: 389.) This reaction describes how the man's low self-esteem and impulsivity together lead to the possibility of intimate partner violence (Flinck et al. 2005: 389; Caetano et al. 2008: 512).

The women who are at risk of getting into an abusive relationship often have nurturing characteristics and a longing for acceptance (Smith et al. 2013: 398-399). Flinck et al. (2005: 388) described the women as submissive and kind with a low self-esteem which makes them more vulnerable and are at greater risk of finding themselves in a controlling and violent relationship. Oftentimes the women are afraid of the unknown and being alone which makes the attachment to the abuser even stronger. Therefore these women might not have the strength to leave the abuser. (Smith et al. 2013: 398-399.)

5.2 Intimate partner violence effects on women

The effects of intimate partner violence may be divided into the following categories; psychological, physical and social effects. The psychological and physical effects are discussed further below.

5.2.1 Psychological effects

Psychological and physical violence generally causes the victim stress which in turn causes a variety of symptoms and disorders. The stress aggravated problems may appear as physical or psychological symptoms. (Pico-Alfonso et al. 2008: 585; Campbell et al. 2002: 1162.)

A study by Pico-Alfonso et al. (2006: 603-605) researched the severity of depression, post-traumatic stress disorder (PTSD), state anxiety (short-term anxiety) and thoughts of suicide in abused women. It was found that 45.3% of the physically and psychologically abused women and 36.4% of psychologically abused women had only depressive symptoms. PTSD was rarely found as the only effect as its prevalence was 2.7% of the physically and psychologically abused and 3.6% of the psychologically abused. PTSD together with depressive symptoms occurred more frequently with scores of 25.3% of the physically and psychologically and 30.9% of the psychologically abused women. Furthermore the women who also suffered from sexual abuse had a higher score of depressive symptoms. Also, thoughts and attempts of suicide were associated with depressive symptoms or with the comorbidity of PTSD and depressive symptoms.

Bonomi et al. (2006: 461) found that women who had experienced intimate partner violence more than 5 years ago are still currently at increased risk of having depressive or severe depressive symptoms. Also the duration of the violence correlated to the severity of other health consequences (2006: 462).

Women victims of IPV reported psychological symptoms such as anxiety, panic attacks and paranoia. The women were emotionally exhausted due to constant nightmares and fear. (Cerulli et al. 2012: 777.) Feelings of anger and self-destructive behaviour were found among women victims in a study conducted by Flinck et al. (2005: 387.) These women had increased risk of addiction and they purposefully isolated themselves from

society. The women's memories and thoughts concerning the violence were affected in a way that they would remember past situations unrealistically. (Flinck et al. 2005: 387-388.) They are extremely traumatized that even a single reminder can trigger the memory of the trauma they once experienced. This contributes to the constant emotional and psychological pain which makes the women powerless and their everyday life exhausting and frustrating. (Cerulli et al. 2012: 778.)

5.2.2 Physical effects

According to Campbell et al. (2002: 1161) the abused women in the study had a higher rate of approximately 60% more of physical health issues compared to non-abused women. As shown in the table (Table 1.) the rating of general health as poor was 12% among the abused women. However the ratings show that the abused group of women had higher rates in most categories of physical problems than non-abused women. Central nervous system (CNS) problems that include headaches and back pain presented to be the most prevalent in the group of abused women. In addition the abused women suffered more from vaginal infections and digestive problems than non-abused women.

Another study carried out by Cerulli et al. (2012: 777) discovered that physical symptoms of battered women were primarily chronic pain and aches. Women were diagnosed with constant fatigue, weight and immune system problems, various injuries and breathing difficulties. Facial injuries were more common among abused women as well. Women in current abusive relationships also reported 2 to 3 times more injuries such as concussions, severe burns and more severe injuries requiring surgical care. Generally these injuries were less reported than other health problems. (Campbell et al. 2002: 1161.)

Table 1. Reported health problems in abused and never abused women (Campbell et al. 2002: 1161.)

Table 2. Perceptions of General Health and Health Problems Reported by Abused and Never Abused Women in the Past Year (Weighted)*

Variable	Abused Women (n = 980)†	Never Abused Women (n = 1000)
General health		
Excellent‡	250 (26)	349 (35)
Poor‡	122 (12)	58 (6)
CNS problems		
Headaches‡	473 (48)	349 (35)
Fainting	66 (7)	26 (3)
Back pain§	389 (40)	252 (25)
Seizures	4 (<1)	0
GYN symptoms or conditions		
STDs§	63 (6)	23 (2)
HIV	5 (<1)	22 (2)
Vaginal bleeding§	165 (17)	65 (6)
Vaginal infection§	297 (30)	212 (21)
Pelvic pain‡	169 (17)	86 (9)
Painful intercourse§	126 (13)	69 (7)
Fibroids	111 (11)	143 (14)
Urinary tract infection‡	216 (22)	125 (12)
ChS symptoms or conditions		
High blood pressure	137 (14)	111 (11)
Loss of appetite‡	89 (9)	31 (3)
Abdominal pain‡	211 (22)	112 (11)
Digestive problem‡	345 (35)	192 (19)
Bad cold or flu	292 (30)	217 (22)

*Data are given as number (percentage) of women. Levels of statistical significance are based on an unweighted logistic regression controlled for marital status, race, educational level, and income. CNS indicates central nervous system; GYN, gynecological; STD, sexually transmitted disease; HIV, human immunodeficiency virus; ChS, chronic stress related.

†The abuse occurred between January 1, 1989, and December 31, 1997.

‡The difference between the 2 groups is significant ($P \leq .05$).

§The difference between the 2 groups is significant ($P \leq .01$).

6 Discussion

6.1 Ethical consideration and validity

According to WHO's (2002: 27) worldwide report on violence and health the data collection possibilities vary widely in different countries. Most countries lack the proper systems for a consistent documentation of information regarding domestic violence. Health care records, police reports and mortality statistics are all separate and combining them for a valid research on the underlying causes is problematic. For example in health care confidentiality is unconditional and therefore obtaining patient records for research is impossible. Questionnaires and surveys are important data collection methods though the validity may at times be compromised when merely relying on a person's personal recollection of events. (WHO 2002: 27.) The interviewer must have proper education on how the interviewees must be interviewed in order to obtain truthful answers.

The research articles chosen for this thesis were selected from reliable sources that were published in scientific journals. The aim was to gather recent information and research results that add validity to this literature review. The used articles had studies conducted with women of different ages, origin, ethnicity and from various socioeconomic backgrounds. In order to achieve a broader insight on intimate partner violence and its effects on women, larger sample sizes give added validity and indicate how common the issue is.

The subject of the thesis is delicate and very personal therefore the dignity and safety of the victims need to be considered and protected. The ethical guidelines give strict framework for the researchers in order to achieve ethically approved studies. The researcher is responsible for presenting the findings discreetly and without compromising confidentiality. This was taken into account when choosing the research articles for the analysis of the results.

6.2 Discussion of the results

Intimate partner violence and its physical effects on women have been studied in the past. Recent focus of research has mainly been on studying the psychological effects of

IPV. Therefore there is less up-to-date knowledge on the physical effects of IPV. Psychological violence is still considered a minor form of violence even though its effects are proven to be as detrimental to women's health as physical violence. (Pico-Alfonso et al. 2006: 608.)

Intimate partner violence and its effects on women vary among individual victims. Some women may tolerate more violence than others which makes evaluating the effects that much more difficult. Generally the statistics of the prevalence of intimate partner violence are not always realistic due to the delicate nature of the subject. Women might be afraid of reporting the violence or they may not realize the impact of violence to their physical and mental health. Sometimes the women may be in denial about their situation and therefore the validity of the statistics is compromised.

Many of the studies used in this literature review showed similarities in the causes and risk factors of IPV. Childhood neglect and sexual abuse was proven to be an important predisposing factor in many cases of intimate partner violence. The childhood experiences and learned behaviour had a surprisingly strong impact on both the victim and the abuser. Commonly it has been believed that heavy alcohol consumption by the abuser is a significant factor causing IPV. Studies showed that the violent men had other underlying issues such as mental health problems or low self-esteem which were aggravated by the use of alcohol. (Flinck et al. 2005: 389; Pico-Alfonso et al. 2006: 603.)

In addition the studies showed that the impact of intimate partner violence on health is multidimensional. Victims of violence suffer from long-term effects that impact their physical, psychological and social wellbeing. Physical assaults, emotional neglect and social isolation cause victims chronic stress that results in health problems and decreased quality of life. (Pico-Alfonso et al. 2008: 585.) Depression and anxiety are strongly linked to physically and psychologically battered women (Pico-Alfonso et al. 2006: 603). Mental health issues such as these, decrease social capabilities and isolate the victims from friends and family.

Socially, intimate partner violence is extremely devastating to the victim. The abuser has such a large impact and control over the victim that often the victim loses all normal social contacts in the process. Many abused women have difficulties going to work due to chronic pain, fatigue or anxiety. This in turn causes financial hardship that adds on to the

already stressful and frustrating situation the victims are in. The effects of this constant frustration appears as difficulty in succeeding in everyday living and decision making. (Cerulli et al. 2012: 778.)

Commonly abused women have feelings of guilt, self-blame and shame. Some victims have understood the severity of their situation but have felt an obligation to stay in the abusive relationship for any number of reasons. (Flinck et al. 2005: 387.) These women would have benefitted from a tight knit social network for support. In addition women who have eventually managed to break free from an abusive relationship reported that they felt lonely and isolated. (Cerulli et al. 2012: 778.) This definitely shows that it is highly important that the social effects following intimate partner violence are acknowledged as much as the physical and psychological effects are.

Some of the results found on the physical and psychological effects appear to be under-rated. Most of the physical acts of violence are extreme and one might assume that the effects would correlate and be as severe. Women victims of violence have reported their physical health as excellent or good even though they have been subjected to violence. (Campbell et al. 2002: 1161.) The women do not always realize the connection between indirect symptoms and experiences of health are described subjectively. Another important aspect to consider when analysing the effects of violence is that for some women even a small amount of violence will affect the women's health.

It is difficult for professionals to evaluate the severity and effects of the violence women experience. Sometimes the treatment of physical symptoms may be delayed or inadequate because the connection and origin of the symptoms are not screened or understood. It is crucial that health care professionals identify the different features of intimate partner violence in order to provide adequate health care services.

The importance of this issue cannot be stressed enough specifically to health care professionals. A study by Flinck et al. (2005: 388) showed that 4 out of the 7 interviewees were dissatisfied with the health care professional's attitudes towards them and their unwillingness to confront the woman as a victim of violence and offer help. This exposes the need for more education about intimate partner violence, its effects on women and how to recognise them. Also the attitudes towards intimate partner violence and the victims must be changed for better.

A study carried out by Leppäkoski et al. (2014: 5) revealed that 97% of the study participants including physicians, social workers, nurses and practical nurses felt that doing an intervention on a victim of domestic violence is difficult or very difficult. The participants explained this to be caused by the reluctance of the victim to tell about the violence or when asked about it the victims deny everything. Furthermore 51% of the participants felt that there were no guidelines or models in their workplace on how to conduct an intervention. (Leppäkoski et al. 2014: 5.) This shows that there is a need for more research on the subject so that proper guidelines and training can be conducted to benefit both the victims and professionals.

One of the aims of this thesis was to gather information for the professionals working for the Daphne-project but another beneficial aim would be to educate other professionals working with victims of violence. Therefore this thesis will be distributed to a group of newly graduated police officers. Often police officers are the first group of professionals to encounter victims of IPV and they do not necessarily have enough experience or knowledge on the different dimensions of IPV. Raising awareness among the young police officers will hopefully result in more adequate first aid for the victims.

Even though a large amount of research already exists concerning IPV, there is still a need for more knowledge. Studies are needed to acquire a more intact and comprehensive understanding of how intimate partner violence affects women. This way it is made further possible for health care professionals to familiarize themselves with the issue. More awareness and knowledge may support general attitude change that is especially needed to achieve improved health care services for victims of abuse.

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Author(s), year, country	Title of the article	Purpose of the study	Sample	Data collection and analysis	Main findings
Flinck, A., Paavilainen, E. and Åstedt-Kurki, P. 2005, Finland	Survival of intimate partner violence as experienced by women	To describe women's experiences of intimate partner violence	Seven women, from different backgrounds, various ages and occupations	Data was collected with open-ended interviews and analysed using inductive qualitative content analysis	The abused women had history of childhood abuse. The abusers and the woman's characteristics affected the nature of the abuse.
Campbell, J., Jones, A., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., Gielen, A. and Wynne, C., 2002, USA	Intimate Partner Violence and Physical Health Consequences	To compare chosen physical health problems between non-abused and abused women with the same possibility to access health care.	Randomized sample of 2005 women from Washington	Data was collected at telephone contact using a questionnaire. Data analysis was conducted using statistical analysis methods	Abused women suffered significantly more of central nervous system problems i.e. headaches and back pain, gynaecological problems and health problems related to stress
Caetano, R., Vaeth, P. and Ramisetty-Mikler, S., 2008, USA	Intimate Partner Violence Victim and Perpetrator Characteristics Among Couples in the United States	To study individual characteristics of victims and perpetrators compared with couples living in a non-violent relationship	Randomized sample of 1392 couples	Data was collected in face-to-face interviews using a questionnaire and analysed using qualitative data analysis method	Specific characteristics of a man such as impulsivity and low-self-esteem can be triggering factors for the man to act violently towards their partners

Pico-Alfonso, M., Garcia-Linares, M., Celda-Navarro, N., Blasco-Ros, C., Echeburua, E. and Martinez, M. 2006, Spain	The Impact of Physical, Psychological and Sexual Intimate Male Partner Violence on Women's Mental Health: Depressive Symptoms, Posttraumatic Stress Disorder, State Anxiety and Suicide	Defining the effects of lifelong intimate partner violence to women's mental health	182 women from Valencia, Spain that were recruited for the study from safe houses that are meant for victims of violence and clubs	Data was collected in a face-to-face interviews using a questionnaire and analysed using one-way analysis of variance(ANOVA) and Pearson's linear correlation coefficient	Women victims of IPV had higher rates of mental health disorders than non-abused women. Psychological IPV is as damaging to a woman's health as physical IPV
Bonomi, A., Thompson, R., Anderson, M., Reid, R., Carrell, D., Dimer, J. and Rivara, F., 2006, USA	Intimate Partner Violence and Women's Physical, Mental, and Social Functioning	To describe the relationship between women's health and the timing, type, and duration of intimate partner violence (IPV) exposure.	3429 women aged 18 to 64 randomly selected from a large health plan.	A telephone interview was completed. Health outcomes were measured using the Short Form-36 survey (SF-36), the Center for Epidemiologic Studies Depression scale, and the National Institute of Mental Health Presence of Symptoms survey.	Compared to women with no IPV in their lifetime, more-pronounced adverse health effects were observed for women with recent IPV. Women with recent physical and/or sexual IPV were 2.8 times as likely to report fair/poor health. Longer duration of IPV was associated with incrementally worse health.

<p>Cerulli, C., Poleshuck, E., Raimondi, C., Veale, S. and Chin, N., 2012, USA.</p>	<p>"What Fresh Hell Is This?" Victims of Intimate Partner Violence Describe Their Experiences of Abuse, Pain, and Depression</p>	<p>Explore the need to address IPV consequences with an integrated model and begin to understand the interconnectedness between violence, health, and safety.</p>	<p>A diverse group of 31 women with personal experiences of IPV from local battered woman's shelter, the domestic violence docket at family court, and community support groups. One of the focus groups was conducted at a reentry house for women leaving prison. All over 18 years old.</p>	<p>A framework approach coupled with the principles embedded in a community-based participatory research approach. Methodological discussions. Data was sorted across conceptual categories provided by the biopsychosocial framework.</p>	<p>The inscription of pain on the body serves as a reminder of abuse, in turn triggering emotional and psychological pain and disrupting social relationships</p>
<p>Pico-Alfonso, M., Echeburúa, E., Martinez, M., 2008, Spain</p>	<p>Personality Disorder Symptoms in Women as a Result of Chronic Intimate Male Partner Violence.</p>	<p>Explores the personality disorder symptoms of women victims of intimate partner violence.</p>	<p>182 women from Valencia, Spain that were recruited for the study from safe houses that are meant for victims of violence and clubs.</p>	<p>Structured face-to-face interview 4-6 times by the same psychologist. One-way analysis of variance. Scheffe's test.</p>	<p>Victims of IPV had higher scores in schizoid, avoidant, self-defeating, personality scales as well as in the three pathology personality scales. Battered women exhibit more personality disturbances as compared to non-abused women.</p>

Smith, M., Nunley, B. and Martin, E., 2013, USA.	Intimate Partner Violence and the Meaning of Love.	The purpose of this study was to allow abused women to discuss their relationships and the meaning of love.	19 females who had experienced intimate partner violence. They all were 18 years or older and English speaking.	Individual interview and asked to share their experiences and describe their meaning of love. An analysis of the transcripts was done using qualitative content analysis. With this approach, the contents of the verbal data were summarized and arranged in three major categories.	Demonstrated a woman's clear recognition of being in an abusive relationship, yearning to be truly loved, but often finding herself unable to detach from the relationship.
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