Introduction

Physical and mental health can have a large effect on economic stability and security and therefore IPV perpetration. Poor health can make it more difficult to find or maintain employment and can lead to large medical bills that put a strain on a family’s finances. This strain is especially true for families of color, low-income families, LGBTQ families, and families whose members have a disability. Improving Ohioan’s health can prevent IPV by reducing a common financial burden that leads to increased risk factors for IPV perpetration.

Overall Health

Ohio ranked 43rd in overall population health in 2019. Many of the health differences between racial and socioeconomic groups are explained largely by the social determinants of health (SDOH). The SDOH are environmental conditions that impact people based on where they are born, grow, work, live, and die that impact their health. The SDOH include exposure to pollutants, violence, systemic oppression (i.e. racism or sexism), housing quality, and access to fresh foods. The coronavirus pandemic has underscored longstanding health disparities in Ohio and across the country.

Mental Health

Adults with mental illnesses have higher unemployment rates than adults without mental illnesses. All Ohioans should be able to access needed mental health resources while maintaining financial stability, whether this support is through their jobs or through public programs. Workers should not have to choose between economic security and caring for themselves or their families. Anxiety and mental illness can raise the risk of suicide. Mental illness and economic insecurity can create a feedback loop, exacerbating the risk for IPV.

Mental illness prevalence varies among groups, as does access to care. LGBTQIA+ Americans have the highest prevalence rate among groups studied by the National Alliance on Mental Illness (NAMI). Major barriers, including cost, access, and stigma, exist to accessing mental health treatment. Over ½ of the individuals with any mental illness in all groups did not access mental health services in 2018.

The coronavirus pandemic had substantial and severe impact on mental health in the U.S. Significant negative mental health effects were found for older adults (65+), adults who lost their job due to the pandemic or whose spouse did, adults in poorer physical health, and adults with household incomes below $40,000 per year.

Poverty does not cause intimate partner violence (IPV). Rather, the same conditions that create poverty also create the risk factors for IPV.

Several risk factors for IPV are related to physical and emotional health. They range from personal factors to conditions affecting our entire society.

Health Related Risk Factors for IPV Perpetration

Societal: Social determinants of health

Community: Neighborhood poverty, high unemployment rates, lack of monetary support for health issues

Relationship and Individual: Physical, emotional, and financial stress

Increasing access to physical and mental, and reproductive health care and strengthening supports for workers and families are two ways to reduce risk for IPV perpetration in Ohio.

In July 2020, over ½ of U.S. adults (53%) reported their mental health has been significantly impacted by the pandemic.

Substance Use

Substance use can increase the risk of perpetration by decreasing economic stability & security for families and communities. Individuals with substance use disorders (SUDs) often have trouble finding and maintaining employment, are likely to be involved with the criminal justice system, and struggle to save money for necessary expenses, like rent. The negative mental health effects of the pandemic have led to an increase in SUDs and overdose deaths.

Additionally, access to treatment and recovery services has been limited by the pandemic-related closures and restrictions. Ohio has had one of the highest drug overdose death rates in the country for many years. Over the last decade, men have died of drug overdoses at significantly higher rates than women, and white people have generally had higher death rates than Black people. This is due to the racialized accessibility of opioids and disproportionately lower rates of incarceration for white people.

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Reproductive & Maternal Health

Access to reproductive health care, including contraception and abortion, can significantly impact a woman and her family’s earnings, expenses, and economic stability. Allowing women to better control if and when they have children increases our collective capacity to bring about wage equity and empower women and their families to be financially secure. Ohio has many barriers to women accessing reproductive health care including inadequate sex education. Innovation Ohio estimates that up to 1/3rd of Ohio women do not have insurance coverage for contraception, including long-acting reversible contraceptives (LARCs). Ohio has enacted several barriers to abortion access. Abortions are expensive, costing between $400 and $800 on average, and most insurance policies in Ohio can only cover abortion in life threatening situations or in cases of rape and sexual abuse. These barriers mean that most abortions in the state must be paid for out-of-pocket. Abortions are also difficult to physically access. Currently, there are 7 centers that provide surgical abortions and 2 that provide only medication abortions in Ohio. Limits on abortion access disproportionately affect women of color because they are overrepresented among women living in poverty who will likely struggle to pay for abortions without health insurance and who may have limited ability to travel for an abortion. Women of color, particularly Black women, are also at the highest risk of death during pregnancy and in the first year after they give birth. Overall, 57% of these deaths were considered preventable.

When women are forced or coerced by policy into having children they did not plan to have, their risk of experiencing IPV is increased. Women who are less financially secure are potentially more dependent on an abusive partner and face societal pressure to remain with the other parent of their child.

Health Insurance

Ohioans are insured at higher rates than the rest of the U.S. population (93% compared to 90% in 2017). This increase in the number of Ohioans who are insured is due in large part to the expansion of Medicaid coverage. Low-income Ohioans are more likely to be uninsured than the general population. Uninsured Ohioans are more likely to belong to a marginalized group. And individuals without a high school education are a full 6.6 times more likely to be uninsured than those with a college degree. While Ohio’s overall insurance coverage rate is relatively high, individuals who already face other substantial barriers to financial stability are disproportionately likely to be without health insurance.

Health Care Barriers & Opportunities

Barriers
• The social determinants of health that create much of the health disparities are long-standing and difficult to address quickly.
• Low-income workers are unlikely to have paid sick days to care for their health.
• Ohio is facing several public health crises simultaneously, including COVID-19 and the opioid epidemic.
• The Ohio Legislature has created several barriers to abortion access over the last 10 years.
• Six percent (6%) of Ohioans are still uninsured.

Opportunities
• Access to mental health treatment is higher in Ohio than nationally.
• Black women have the lowest rate of drug overdose in the state despite other health barriers and social determinants of health they face.
• Women who have control over their reproductive health are more financially secure than women who do not.
• Ohio’s insured rate is higher than the national average due to Medicaid expansion.

Health Care Recommendations & Action Items

Increase paid sick days for low-income workers.
Increase access to substance use disorder treatment.
Increase access to mental health treatment.
Decrease barriers to abortion access.
Increase health insurance access for all Ohioans.