

Intimate Partner Violence

Statistics about intimate partner violence (IPV) vary because of differences in how different data sources define IPV and collect data. For example, some definitions include stalking and psychological abuse, and others consider only physical and sexual violence. Data on IPV usually come from police, clinical settings, nongovernmental organizations, and survey research.

Most IPV incidents are not reported to the police. About 20% of IPV rapes or sexual assaults, 25% of physical assaults, and 50% of stalkings directed toward women are reported. Even fewer IPV incidents against men are reported (Tjaden and Thoennes 2000a). Thus, it is believed that available data greatly underestimate the true magnitude of the problem. While not an exhaustive list, here are some statistics on the occurrence of IPV. In many cases, the severity of the IPV behaviors is unknown.

- Nearly 5.3 million incidents of IPV occur each year among U.S. women ages 18 and older, and 3.2 million occur among men. Most assaults are relatively minor and consist of pushing, grabbing, shoving, slapping, and hitting (Tjaden and Thoennes 2000a).
- >In the United States every year, about 1.5 million women and more than 800,000 men are raped or physically assaulted by an intimate partner. This translates into about 47 IPV assaults per 1,000 women and 32 assaults per 1,000 men (Tjaden and Thoennes 2000a).
- IPV results in nearly 2 million injuries and 1,300 deaths nationwide every year (CDC 2003).
- Estimates indicate more than 1 million women and 371,000 men are stalked by intimate partners each year (Tjaden and Thoennes 2000a).
- IPV accounted for 20% of nonfatal violence against women in 2001 and 3% against men (Rennison 2003).
- From 1976 to 2002, about 11% of homicide victims were killed by an intimate partner (Fox and Zawitz 2004).
- In 2002, 76% of IPV homicide victims were female; 24% were male (Fox and Zawitz 2004).
- The number of intimate partner homicides decreased 14% overall for men and women in the span of about 20 years, with a 67% decrease for men (from 1,357 to 388) vs. 25% for women (from 1,600 to 1,202; Fox and Zawitz 2004). >
- One study found that 44% of women murdered by their intimate partner had visited an emergency department within 2 years of the homicide. Of these women, 93% had at least one injury visit (Crandall et al. 2004).
- Previous literature suggests that women who have separated from their abusive partners often remain at risk of violence (Campbell et al. 2003; Fleury, Sullivan and Bybee 2000).
- Firearms were the major weapon type used in intimate partner homicides from 1981 to 1998 (Paulozzi et al. 2001).
- A national study found that 29% of women and 22% of men had experienced physical, sexual, or psychological IPV during their lifetime (Coker et al. 2002).
- Between 4% and 8% of pregnant women are abused at least once during the pregnancy (Gazmararian et al. 2000).

Consequences

In general, victims of repeated violence over time experience more serious consequences than victims of one-time incidents (Johnson and Leone 2005). The following list describes just some of the consequences of IPV.

Physical

At least 42% of women and 20% of men who were physically assaulted since age 18 sustained injuries during their most recent victimization. Most injuries were minor such as scratches, bruises, and welts (Tjaden and Thoennes 2000a).

More severe physical consequences of IPV may occur depending on severity and frequency of abuse (Campbell et al. 2002; Heise and Garcia-Moreno 2002; Plichta 2004; Tjaden and Thoennes 2000a). These include:

- Bruises
- Knife wounds
- Pelvic pain
- Headaches
- Back pain
- Broken bones
- Gynecological disorders
- Pregnancy difficulties like low birth weight babies and perinatal deaths
- Sexually transmitted diseases including HIV/AIDS
- Central nervous system disorders
- Gastrointestinal disorders
- Symptoms of post-traumatic stress disorder
 - Emotional detachment
 - Sleep disturbances
 - Flashbacks
 - Replaying assault in mind
- Heart or circulatory conditions

Children may become injured during IPV incidents between their parents. A large overlap exists between IPV and child maltreatment (Appel and Holden 1998). One study found that children of abused mothers were 57 times more likely to have been harmed because of IPV between their parents, compared with children of non-abused mothers (Parkinson et al. 2001).

Psychological

Physical violence is typically accompanied by emotional or psychological abuse (Tjaden and Thoennes 2000a). IPV—whether sexual, physical, or psychological—can lead to various psychological consequences for victims (Bergen 1996; Coker et al. 2002; Heise and Garcia-Moreno 2002; Roberts, Klein, and Fisher 2003):

- Depression
- Antisocial behavior
- Suicidal behavior in females
- Anxiety



- Low self-esteem
- Inability to trust men
- Fear of intimacy

Social

Victims of IPV sometimes face the following social consequences (Heise and Garcia-Moreno 2002; Plichta 2004):

- Restricted access to services
- Strained relationships with health providers and employers
- Isolation from social networks

Health Behaviors

Women with a history of IPV are more likely to display behaviors that present further health risks (e.g., substance abuse, alcoholism, suicide attempts).

IPV is associated with a variety of negative health behaviors (Heise and Garcia-Moreno 2002; Plichta 2004; Roberts, Auinger, and Klein 2005; Silverman et al. 2001). Studies show that the more severe the violence, the stronger its relationship to negative health behaviors by victims.

- Engaging in high-risk sexual behavior
 - Unprotected sex
 - Decreased condom use
 - Early sexual initiation
 - Choosing unhealthy sexual partners
 - Having multiple sex partners
 - Trading sex for food, money, or other items
- Using or abusing harmful substances
 - Smoking cigarettes
 - Drinking alcohol
 - Driving after drinking alcohol
 - Taking drugs
- Unhealthy diet-related behaviors
 - Fasting
 - Vomiting
 - Abusing diet pills
 - Overeating
- Overuse of health services

Economic

- Costs of IPV against women in 1995 exceed an estimated \$5.8 billion. These costs include nearly \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (CDC 2003).
- When updated to 2003 dollars, IPV costs exceed \$8.3 billion, which includes \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives (Max et al. 2004).
- Victims of severe IPV lose nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs—and almost 5.6 million days of household productivity each year (CDC 2003).

- Women who experience severe aggression by men (e.g., not being allowed to go to work or school, or having their lives or their children's lives threatened) are more likely to have been unemployed in the past, have health problems, and be receiving public assistance (Lloyd and Taluc 1999).

Groups at Risk

Certain groups are at greater risk for IPV victimization or perpetration.

Victimization

- The National Crime Victimization Survey found that 85% of IPV victims were women (Rennison 2003).
- Prevalence of IPV varies among race. Among the ethnic groups most at risk are American Indian/Alaskan Native women and men, African-American women, and Hispanic women (Tjaden and Thoennes 2000b).
- Young women and those below the poverty line are disproportionately victims of IPV (Tjaden and Thoennes 2000b).

Perpetration

- Studies show that for low levels of physical violence, men and women self-report perpetrating physical IPV at about the same rate. However, a common criticism of these studies is that they are generally lacking information on the context of the violence (e.g., whether self-defense is the reason for the violence) (Archer 2000).

Risk Factors for Victimization and Perpetration

Risk factors are associated with a greater likelihood of IPV victimization or perpetration. Risk factors are not necessarily direct causes of IPV—these may be contributing factors to IPV (Heise and Garcia-Moreno 2002). Not everyone who is identified as "at risk" becomes involved in violence.

Some risk factors for IPV victimization and perpetration are the same. In addition, some risk factors for victimization and perpetration are associated with one another; for example, childhood physical or sexual victimization is a risk factor for future IPV perpetration and victimization.

The public health approach aims to moderate and mediate those contributing factors that are preventable, and to identify [protective factors](#) which can reduce the risk of victimization and perpetration. A combination of individual, relational, community, and societal factors contribute to the risk of being a victim or perpetrator of IPV. Understanding these multilevel factors can help identify various points of prevention intervention.

Risk Factors for Victimization

Individual Factors

- Prior history of IPV
- Being female
- Young age
- Heavy alcohol and drug use

- High-risk sexual behavior
- Witnessing or experiencing violence as a child
- Being less educated
- Unemployment
- For men, having a different ethnicity from their partner's
- For women, having a greater education level than their partner's
- For women, being American Indian/Alaska Native or African American
- For women, having a verbally abusive, jealous, or possessive partner

Relationship Factors

- Couples with income, educational, or job status disparities
- Dominance and control of the relationship by the male

Community Factors

- Poverty and associated factors (e.g., overcrowding)
- Low social capital—lack of institutions, relationships, and norms that shape the quality and quantity of a community's social interactions
- Weak community sanctions against IPV (e.g., police unwilling to intervene)

Societal Factors

- Traditional gender norms (e.g., women should stay at home and not enter workforce, should be submissive)

(Crandall et al. 2004; Heise and Garcia-Moreno 2002; Stith et al. 2004; Tjaden and Thoennes 2000a)

Risk Factors for Perpetration

Individual Factors

- Low self-esteem
- Low income
- Low academic achievement
- Involvement in aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression
- Anger and hostility
- Personality disorders
- Prior history of being physically abusive
- Having few friends and being isolated from other people
- Unemployment
- Economic stress
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)

Relationship Factors

- Marital conflict—fights, tension, and other struggles
- Marital instability—divorces and separations
- Dominance and control of the relationship by the male
- Economic stress
- Unhealthy family relationships and interactions

Community Factors

- Poverty and associated factors (e.g., overcrowding)
- Low social capital—lack of institutions, relationships, and norms that shape the quality and quantity of a community's social interactions
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

Societal Factors

- Traditional gender norms (e.g., women should stay at home and not enter workforce, should be submissive)

(Black et al. 1999; Heise and Garcia-Moreno 2002; Kantor and Jasinski 1998; Stith et al. 2004; Tjaden and Thoennes 2000a)

Protective Factors

Little is known about what factors can lessen the likelihood of IPV victimization or perpetration. Please see "[Risk Factors](#)" section to know what factors can increase the likelihood of victimization or perpetration

References

Appel AE, Holden GW. The co-occurrence of spouse and physical child abuse: a review and appraisal. *Journal of Family Psychology* 1998;12:578–99.

Archer J. Sex differences in aggression between heterosexual partners: a meta-analytic review. *Psychological Bulletin* 2000;126(5):651–80.

Bergen RK. *Wife rape: understanding the response of survivors and service providers*. Thousand Oaks (CA): Sage; 1996.

Black DA, Schumacher JA, Smith AM, Heyman RE. Partner, child abuse risk factor literature review: National Network on Family Resiliency, National Network for Health; 1999. [cited 2005 September 15]. Available from: URL: www.nnh.org/risk.

Blum RW, Ireland M. Reducing risk, increasing protective factors: findings from the Caribbean Youth Health Survey. *Journal of Adolescent Health* 2004;35(6):493–500.

Campbell JC, Webster D, Koziol-McLain J, Block C, Campbell D, Curry MA, et al. Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health* 2003;93:1089–97.

Campbell JC, Jones AS, Dienemann J, Kub J, Schollenberger J, O'Campo P, et al. Intimate partner violence and physical health consequences. *Archives of Internal Medicine* 2002;162(10):1157–63.

Centers for Disease Control and Prevention (CDC). Costs of intimate partner violence against women in the United States. Atlanta (GA): CDC, National Center for Injury Prevention and Control; 2003. [cited 2005 September 15]. Available from: URL: www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.

- Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, et al. Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine* 2002;23(4):260–8.
- Coker AL, Smith PH, Thompson MP, McKeown RE, Bethea L, Davis KE. Social support protects against the negative effects of partner violence on mental health. *Journal of Womens Health and Gender-Based Medicine* 2002;11(5):465–76.
- Crandall M, Nathens AB, Kernic MA, Holt VL, Rivara FP. Predicting future injury among women in abusive relationships. *Journal of Trauma-Injury Infection and Critical Care* 2004;56(4):906–12.
- Fleury RE, Sullivan CM, Bybee DI. When ending the relationship does not end the violence. Women's experiences of violence by former partners. *Violence Against Women* 2000;6: 1363–83.
- Fox JA, Zawitz MW. Homicide trends in the United States. Washington (DC): Department of Justice (US); 2004. [cited 2005 September 15]. Available from: URL: www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm
- Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Saltzman LE, Marks JS. Violence and reproductive health: current knowledge and future research directions. *Maternal and Child Health Journal* 2000;4(2):79–84.
- Heise L, Garcia-Moreno C. Violence by intimate partners. In: Krug E, Dahlberg LL, Mercy JA, et al., editors. *World report on violence and health*. Geneva (Switzerland): World Health Organization; 2002. p. 87–121.
- Johnson MP, Leone JM. The differential effects of intimate terrorism and situational couple violence. *Journal of Family Issues* 26(3):322–49.
- Kantor GK, Jasinski JL. Dynamics and risk factors in partner violence. In: Jasinski JL, Williams LM, editors. *Partner violence: a comprehensive review of 20 years of research*. Thousand Oaks (CA): Sage; 1998. p. 1-43.
- Lloyd S, Taluc N. The effects of male violence on female employment. *Violence Against Women* 1999;5:370–92.
- Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. *Violence and Victims* 2004;19(3):259–72.
- Parkinson GW, Adams RC, Emerling FG. Maternal domestic violence screening in an office-based pediatric practice. *Pediatrics* 2001;108(3):E43.
- Paulozzi LJ, Saltzman LA, Thompson MJ, Holmgreen P. Surveillance for homicide among intimate partners—United States, 1981–1998. *CDC Surveillance Summaries* 2001;50(SS-3):1–16.
- Plichta SB. Intimate partner violence and physical health consequences: policy and practice implications. *Journal of Interpersonal Violence* 2004;19(11):1296–323.
- Rennison C. Intimate partner violence, 1993–2001. Washington (DC): Bureau of Justice Statistics, Department of Justice (US); 2003. Publication No. NCJ197838.
- Roberts TA, Auinger P, Klein JD. Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health* 2005;36(5):380–5.
- Roberts TA, Klein JD, Fisher S. Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Archives of Pediatrics and Adolescent Medicine* 2003;157(9):875–81.
- Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. Intimate partner violence surveillance: uniform definitions and recommended data elements. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002.
- Silverman JG, Raj A, Mucci L, Hathaway J. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association* 2001;286(5):572–9.
- Tjaden P, Thoennes N. Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey. Washington (DC): Department of Justice (US); 2000a. Publication No. NCJ 181867. [cited 2005 September 15]. Available from: URL: www.ojp.usdoj.gov/nij/pubs-sum/181867.htm
- Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey. Washington (DC): Department of Justice (US); 2000b. Publication No. NCJ183781. [cited 2005 September 15]. Available from: URL: www.ncjrs.org/txtfiles1/nij/183781.txt