

Understanding Intimate Partner Violence

Fact Sheet

2012

Intimate partner violence (IPV) occurs between two people in a close relationship. The term “intimate partner” includes current and former spouses and dating partners. IPV exists along a continuum from a single episode of violence to ongoing battering.

IPV includes four types of behavior:

- **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- **Sexual violence** is forcing a partner to take part in a sex act when the partner does not consent.
- **Threats** of physical or sexual violence include the use of words, gestures, weapons, or other means to communicate the intent to cause harm.
- **Emotional abuse** is threatening a partner or his or her possessions or loved ones, or harming a partner’s sense of self-worth. Examples are stalking, name-calling, intimidation, or not letting a partner see friends and family.

Often, IPV starts with emotional abuse. This behavior can progress to physical or sexual assault. Several types of IPV may occur together.



Why is IPV a public health problem?

IPV is a serious problem in the United States:

- On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States—more than 12 million women and men over the course of a year.¹
- Nearly 3 in 10 women and 1 in 10 men in the US have experienced rape, physical violence, and/or stalking by a partner and report a related impact on their functioning.¹
- IPV resulted in 2,340 deaths in 2007—accounting for 14% of all homicides. Of these deaths, 70% were females and 30% were males.²
- The medical care, mental health services, and lost productivity (e.g., time away from work) cost of IPV was an estimated \$5.8 billion in 1995. Updated to 2003 dollars, that’s more than \$8.3 billion.^{3,4}

These numbers underestimate the problem.¹ Many victims do not report IPV to police, friends, or family. Victims may think others will not believe them or that the police cannot help.



How does IPV affect health?

IPV can affect health in many ways. The longer the violence goes on, the more serious the effects.

Many victims suffer physical injuries. Some are minor like cuts, scratches, bruises, and welts. Others are more serious and can cause death or disabilities. These include broken bones, internal bleeding, and head trauma.

Not all injuries are physical. IPV can also cause emotional harm. Victims may have trauma symptoms. This includes flashbacks, panic attacks, and trouble sleeping. Victims often have low self-esteem. They may have a hard time trusting others and being in relationships. The anger and stress that victims feel may lead to eating disorders and depression. Some victims even think about or commit suicide.

IPV is linked to harmful health behaviors as well. Victims may try to cope with their trauma in unhealthy ways. This includes smoking, drinking, taking drugs, or having risky sex.



Who is at risk for IPV?

Several factors can increase the risk that someone will hurt his or her partner. However, having these risk factors does not always mean that IPV will occur.

Risk factors for perpetration (hurting a partner):

- Being violent or aggressive in the past
- Seeing or being a victim of violence as a child
- Using drugs or alcohol, especially drinking heavily
- Not having a job or other life events that cause stress

Note: These are just some risk factors. To learn more, go to www.cdc.gov/violenceprevention.

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How can we prevent IPV?

The goal is to stop IPV before it begins. There is a lot to learn about how to prevent IPV. We do know that strategies that promote healthy behaviors in relationships are important. Programs that teach young people skills for dating can prevent violence. These programs can stop violence in dating relationships before it occurs.

We know less about how to prevent IPV in adults. However, some programs that teach healthy relationship skills seem to help stop violence before it ever starts.



How does CDC approach IPV prevention?

CDC uses a four-step approach to address public health problems like IPV.

Step 1: Define the problem

Before we can prevent IPV, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help us know where prevention is most needed.

Step 2: Identify risk and protective factors

It is not enough to know that IPV affects certain people in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors and increase protective factors.

Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent IPV.

Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

For a list of CDC activities, see *Preventing Intimate Partner and Sexual Violence: Program Activities Guide* (www.cdc.gov/violenceprevention/pub/ipv_sv_guide.html).



Where can I learn more?

CDC Facebook Page on Violence Prevention

www.facebook.com/vetoviolence

National Domestic Violence Hotline

1-800-799-SAFE (7233), 1-800-787-3224 TTY, or www.ndvh.org

National Coalition Against Domestic Violence

www.ncadv.org

National Sexual Violence Resource Center

www.nsvrc.org

Family Violence Prevention Fund

www.endabuse.org



References

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3. Centers for Disease Control and Prevention. Costs of intimate partner violence against women in the United States. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2003. [cited 2006 May 22]. Available from www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.
4. 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.