

Understanding

Intimate Partner Violence

Fact Sheet

2006

Intimate partner violence (IPV) is abuse that 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 abuse** is when a person hurts or tries to hurt a partner by hitting, kicking, burning, or other physical force.
- **Sexual abuse** is forcing a partner to take part in a sex act when the partner does not consent.
- **Threats** of physical or sexual abuse 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?

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

- Each year, women experience about 4.8 million intimate partner related physical assaults and rapes. Men are the victims of about 2.9 million intimate partner related physical assaults.¹
- IPV resulted in 1,544 deaths in 2004. Of these deaths, 25% were males and 75% were females.²



How does IPV affect health?

- The cost of IPV was an estimated \$5.8 billion in 1995. Updated to 2003 dollars, that’s more than \$8.3 billion.^{3,4} This cost includes medical care, mental health services, and lost productivity (e.g., time away from work).

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

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

Not all injuries are physical. IPV can also cause emotional harm. 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 are more likely to smoke, abuse alcohol, use drugs, and engage in risky sexual activity.



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):

- Using drugs or alcohol, especially drinking heavily
- Seeing or being a victim of violence as a child
- Not having a job, which can cause feelings of stress

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



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How can we prevent IPV?

The goal is to stop IPV before it begins. Strategies that promote healthy dating relationships are important. These strategies should focus on young people when they are learning skills for dating. This approach can help those at risk from becoming victims or offenders of IPV.

Traditionally, women's groups have addressed IPV by setting up crisis hotlines and shelters for battered women. But, both men and women can work with young people to prevent IPV. Adults can help change social norms, be role models, mentor youth, and work with others to end this violence. For example, by modeling nonviolent relationships, men and women can send the message to young boys and girls that violence is not okay.



How does CDC approach IPV prevention?

CDC uses a 4-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 whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers use resources where needed most.

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.

Step 3: Develop and test prevention strategies

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

Step 4: Assure 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 Violence Against Women: Program Activities Guide* (www.cdc.gov/ncipc/dvp/vawguide.htm).



Where can I learn more?

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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2. Department of Justice, Bureau of Justice Statistics. Homicide trends in the United States [online]. [cited 2006 Aug 28]. Available from URL: www.ojp.usdoj.gov/bjs/homicide/intimates.htm.
3. 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 2006 May 22]. Available from: URL: 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.

For more information, please contact:

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