

# Preventing Intimate Partner Violence

## What is intimate partner violence?

Intimate partner violence (IPV) is abuse or aggression that occurs in a close relationship. "Intimate partner" refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years.

IPV includes four types of behavior:<sup>1</sup>

- **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 or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
- **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

Several types of IPV behaviors can occur together. IPV is connected to other forms of violence, and causes serious health issues and economic consequences. By using a public health approach that addresses risk and protective factors for multiple types of violence, IPV and other forms of violence can be prevented.<sup>2</sup>

## How big is the problem?

**IPV is common.** It affects millions of people in the United States each year. Data from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate:<sup>3</sup>

- About 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.
- Over 43 million women and 38 million men experienced psychological aggression by an intimate partner in their lifetime.

**IPV starts early and continues throughout the lifespan.** When IPV starts in adolescence, it is called teen dating violence (TDV). TDV affects millions of US teens each year. About 11 million women and 5 million men who reported experiencing contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime said that they first experienced these forms of violence before the age of 18.<sup>3</sup>



## What are the consequences?

IPV is a significant public health issue that has many individual and societal costs. About 41% of female IPV survivors and 14% of male IPV survivors experience some form of physical injury related to IPV.<sup>4</sup> IPV can also extend beyond physical injury and result in death. Data from U.S. crime reports suggest that 16% (about 1 in 6) of homicide victims are killed by an intimate partner. The reports also found that nearly half of female homicide victims in the U.S. are killed by a current or former male intimate partner.<sup>5,6</sup> There are also many other negative health outcomes associated with IPV. These include a range of conditions affecting the heart, digestive, reproductive, muscles and bones, and nervous system, many of which are chronic in nature.<sup>7</sup> Survivors can experience mental health problems such as depression and posttraumatic stress disorder (PTSD).<sup>8</sup> They are at higher risk for engaging in health risk behaviors such as smoking, binge drinking, and sexual risk behaviors.<sup>9</sup>

Although the personal consequences of IPV are devastating, there are also many costs to society. The lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice, and other costs was \$3.6 trillion. The cost of IPV over a victim's lifetime was \$103,767 for women and \$23,414 for men.<sup>10</sup>

## How can we stop it before it starts?

Supporting the development of healthy, respectful, and nonviolent relationships and communities has the potential to reduce the occurrence of IPV. It also can prevent the harmful and long-lasting effects of IPV on individuals, families, and communities. CDC developed a technical package that includes multiple strategies and approaches to help stop IPV before it starts. It also includes approaches that provide support to survivors and decrease the harms of IPV. Ideally, the strategies and approaches would be used in combination with each other at many levels of society to prevent IPV.<sup>11</sup>



### Teach safe and healthy relationship skills

- Social-emotional learning programs for youth
- Healthy relationship programs for couples



### Engage influential adults and peers

- Men and boys as allies in prevention
- Bystander empowerment and education
- Family-based programs



### Disrupt the developmental pathways toward partner violence

- Early childhood home visitation
- Preschool enrichment with family engagement
- Parenting skill and family relationship programs
- Treatment for at-risk children, youth, and families



### Create protective environments

- Improve school climate and safety
- Improve organizational policies and workplace climate
- Modify the physical and social environments of neighborhoods



### Strengthen economic supports for families

- Strengthen household financial security
- Strengthen work-family supports



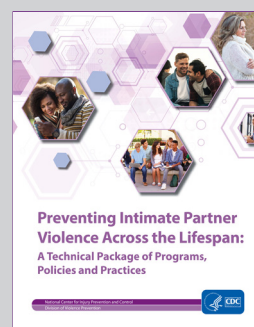
### Support survivors to increase safety and lessen harms

- Victim-centered services
- Housing programs
- First responder and civil legal protections
- Patient-centered approaches
- Treatment and support for survivors of IPV, including teen dating violence

## Preventing Intimate Partner Violence Across the Lifespan:

### A Technical Package of Programs, Policies, and Practices

A **technical package** is a collection of strategies based on the best available evidence to prevent or reduce public health problems. The **strategy** lays out the direction and actions to prevent intimate partner violence. The **approach** includes the specific ways to advance the strategy through programs, policies and practices. The **evidence** for each of the approaches in preventing intimate partner violence and associated risk factors is also included.



## References

1. Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements, Version 2.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. (2016). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
3. Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
4. Breiding, M. J., Chen, J., & Black, M. C. (2014). Intimate partner violence in the United States—2010. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
5. Cooper, A., & Smith, E. L. (2011). Homicide trends in the United States, 1980–2008. Washington, D.C.: Bureau of Justice Statistics. NCJ 236018.
6. Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S., & Lyons, B. H. (2017). Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence—United States, 2003–2014. *MMWR. Morbidity and mortality weekly report*, 66(28), 741–746. doi:10.15585/mmwr.mm6628a1
7. Black, M. C. (2011). Intimate partner violence and adverse health consequences: implications for clinicians. *American Journal of Lifestyle Medicine*, 5(5), 428–439.
8. Warshaw, C., Brashler, P., & Gil, J. (2009). Mental health consequences of intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: a health-based perspective* (pp. 147–170). New York: Oxford University Press.
9. Breiding, M. J., Black, M. C., & Ryan, G. W. (2008). Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. *Annals of Epidemiology*, 18(7), 538–544.
10. Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., & Florence, C. (2018). Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *American Journal of Preventive Medicine*, 55(4), 433–444.
11. Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.