What is intimate partner violence?

Intimate partner violence (IPV) is violence or aggression that occurs in a close relationship. The term “intimate partner” includes current and former spouses and dating partners. IPV can vary in frequency and severity and occurs on a continuum, ranging from one episode that might or might not have lasting impact, to chronic and severe episodes over a period of years.

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 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 exert control over another person.

Several types of IPV can occur together. IPV is associated with several risk and protective factors. It is connected to other forms of violence, and causes serious health 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.

How big is the problem?

**IPV is common.** It affects millions of people in the U.S. each year. Data from CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) indicate:

- Nearly 1 in 4 adult women and approximately 1 in 7 adult men report having experienced severe physical violence from an intimate partner in their lifetime.
- 16% of women and 7% of men have experienced contact sexual violence from an intimate partner (this includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact).
- 10% of women and 2% of men report having been stalked by an intimate partner.

**IPV starts early and continues throughout the lifespan.** An estimated 8.5 million women (7%) in the U.S. and over 4 million men (4%) reported experiencing physical violence, rape (or being made to penetrate someone else), or stalking from an intimate partner in their lifetime and indicated that they first experienced these or other forms of violence by that partner before the age of 18. A nationally representative survey of U.S. high school students also indicates high levels of teen dating violence, a risk factor for IPV in adulthood. Among students who reported dating, 12% of girls and 7% of boys had experienced physical dating violence and 16% of girls and 5% of boys had experienced sexual dating violence in the past 12 months.
IPV is a significant public health issue that has considerable societal costs. Approximately 41% of female IPV survivors and 14% of male IPV survivors experience some form of physical injury related to their experience of relationship violence. 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 murder victims are killed by an intimate partner, and that over 40% of female homicide victims in the U.S. are killed by an intimate partner. There are also many other negative health outcomes associated with IPV, including a range of cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system conditions, many of which are chronic in nature. Survivors experience mental health problems such as depression and posttraumatic stress disorder (PTSD). They are at higher risk for engaging in health risk behaviors such as smoking, binge drinking, and HIV risk behaviors.

Although the personal consequences of IPV are devastating, there are also considerable societal costs associated with medical services for IPV-related injuries, mental health services, lost productivity from paid work, childcare, household chores, and criminal justice and child welfare costs.

How can we stop it before it starts?

Supporting the development of healthy, respectful, and nonviolent relationships has the potential to reduce the occurrence of IPV and prevent its harmful and long-lasting effects on individuals, families, and the communities where they live. CDC developed a technical package with a variety of strategies and approaches that ideally would be used in combination in a multi-level, multi-sector approach to preventing IPV. Consistent with CDC’s emphasis on primary prevention, the package includes multiple strategies intended to stop IPV before it starts in addition to approaches designed to provide support to survivors and lessen the short- and long-term harms of IPV.

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.

What are the consequences?

Approximately 41% of female IPV survivors and 14% of male IPV survivors experience some form of physical injury related to their experience of relationship violence. 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 murder victims are killed by an intimate partner, and that over 40% of female homicide victims in the U.S. are killed by an intimate partner. There are also many other negative health outcomes associated with IPV, including a range of cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system conditions, many of which are chronic in nature. Survivors experience mental health problems such as depression and posttraumatic stress disorder (PTSD). They are at higher risk for engaging in health risk behaviors such as smoking, binge drinking, and HIV risk behaviors.

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References


