



# Injury Prevention Fact Sheet

March 2006

## Intimate Partner Violence

Intimate Partner Violence (IPV) is a significant, preventable public health problem that impacts at least 32 million Americans each year. IPV occurs when physical, sexual, or emotional injuries are intentionally inflicted by a current or former partner or spouse. IPV can result in extensive short and long-term consequences, including physical injuries and mental health problems. Forms of IPV include sexual assault, rape, and stalking. IPV can impact heterosexual or same-sex couples and does not require sexual intimacy. State health agencies play an important role in preventing this violence through data collection, implementing prevention strategies, and collaboration with multitude of stakeholders.

**Common names for IPV:** *Domestic Violence, Spousal Abuse, Battering, Dating Violence, Marital Rape, and Date Rape. IPV includes physical, sexual, and emotional violence, and stalking.*

### Prevalence Fast Facts:

- 5.3 million occurrences of Intimate Partner Violence (IPV) are estimated to occur each year in the U.S. among women ages 18 and older, and 3.2 million times among men.
- IPV related costs in the U.S. exceeded \$8.3 billion in 2003.
- 2 million injuries and 1,300 deaths result from IPV every year in the U.S.
- 1 million women and 371,000 men are stalked by intimate partners each year.
- 1.5 million women and over 800,000 men are raped or physically assaulted by an intimate partner each year.
- 29% of women and 22% of men experience lifetime IPV.
- Only 20% of intimate partner rapes, 25% of assaults, and 50% of stalking are estimated to be reported.
- 11% of homicide victims were killed by an intimate partner from 1976 to 2002.

### Tracking the Prevalence of IPV

- The CDC's National Center for Injury Prevention and Control supports IPV surveillance activities in 5 states (KY, OK, OR, MI, and MN). Efforts include: identifying and linking data sources, and implementing comprehensive state-based IPV surveillance systems.
- 17 state health departments are funded by NCIPC to implement the National Violent Death Reporting System (NVDRS). NVDRS enables funded states to link data systems, and better understand the many factors contributing to a violent death. Funded states include: AK, CA, CO, GA, KY, MA, MD, NC, NJ, NM, OK, OR, RI, SC, UT, VA, WI.
- The CDC's National Intimate Partner and Sexual Violence Survey (NISVS) collects a variety of information on IPV events, including physical violence, sexual violence, and stalking. 3,000 women and 3,000 men ages 18-50 are surveyed each year. NISVS intends to identify information gaps and help create a national IPV, sexual violence, and stalking surveillance system.

### The Many Impacts of IPV

- *Physical:* At least 42% of women and 20% of men who were physically assaulted by an intimate partner sustained injuries during their most recent victimization. Common injuries include: bruises, knife wounds, broken bones, pregnancy complications and heart or circulatory conditions.
- *Psychological:* IPV victims are typically more prone to depression, anti-social behavior, and low-self-esteem. Other potential consequences include: substance abuse, alcoholism, and suicide attempts. Young victims of IPV are at higher risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem.
- *Economic:* 8 million days of work are lost by IPV victims each year. Women who experience severe domestic violence are more likely to have been unemployed in the past, experience health problems, and receive public assistance.

## Risk Factors for IPV

- Both men and women experience IPV. However, women are 2-3 times more likely to report incidents of abuse.
- IPV is the leading cause of injury for women between ages 15-44; most IPV cases occur between ages 18-25.
- 40% of female IPV victims live in households with children under age 12.
- Prevalence of IPV varies among racial groups. Native American women experience the highest rates of IPV, with 31% experiencing this victimization during their lifetimes. This compares with 26% of Black women; 21% among Whites and Hispanics; and 13% among Asian women.
- 27-40% of IPV incidents are estimated to occur while the perpetrator is under the influence of alcohol.
- Low-income women are 7 times more likely to experience IPV than women with middle and upper-incomes.

## Opportunities for Prevention

- Since 1995, the US Department of Justice's Office on Violence Against Women has awarded more than \$1 billion in grants to states, communities, and tribes to train personnel, implement prevention activities, and support IPV victims.
- 14 states are funded by CDC/NCIPC for the Domestic Violence Prevention Enhancement and Leadership through Alliances (DELTA) program. DELTA builds a primary prevention focus within a coordinated community response to address the entire continuum of IPV. The goals of DELTA include: preventing first-time perpetration; reducing IPV risk factors; and promoting protective factors. Funded states include: AK, CA, DE, FL, KS, MI, MT, NY, NC, ND, OH, RI, VA, and WI.
- Health care professionals can play a key role in identifying and addressing IPV. 44% of women killed by an intimate partner have been treated in emergency departments within 2 years of their death; 93% of these women visited the hospital due to injuries.
- **The California Department of Health Services** utilized CDC/NCIPC funding to implement the Violence Against Women Statewide Planning Project (VAWSPP). VAWSPP developed statewide partnerships and collaborations to enhance statewide prevention and policy related to violence against women.
- **The Minnesota Department of Health** Injury and Violence Prevention unit collects domestic and sexual violence data from hospitals through the Minnesota Injury Data Access System (MIDAS) and uses MIDAS data to prepare data briefs for prevention education initiatives.
- **The Michigan Department of Community Health** supports the Sexual Assault Surveillance System, an ongoing systematic collection, analysis and translation of sexual assault data for use in planning, implementation, and evaluation of sexual assault polices and programs statewide.
- **Arizona's** Unemployment Insurance Benefits Law mandates that IPV victims receive benefits when leaving employment due to a documented case of domestic violence.
- **Illinois'** Victims' Economic Security and Safety Act provides for protected leaves of absence, among other benefits, for employees experiencing domestic violence.
- **Alabama's** Crime Victims Act requires law enforcement agencies to provide information on emergency and crisis services, victim's compensation, victim's rights, and other resources to IPV victims within 72 hours.
- **Oregon** utilized a \$39 million grant from the US DOJ in 2004 to support community based VAW programs addressing juvenile justice, law enforcement, substance abuse and victim support.
- **Alabama** has implemented a statewide judicial training curriculum to educate Alabama's court system on the public health implications of domestic violence issues.

For more information about state activities related to IPV, please contact [publications@astho.org](mailto:publications@astho.org)

Sources: Centers for Disease Control and Prevention/National Center for Injury Prevention Control; U.S. Department of Justice, Office of Violence Against Women; Bureau of Justice Statistics; The Prevention Institute; Domestic Violence and Sexual Assault Data Resource Center; National Women's Health Information Center-U.S. Department of Health and Human Services; Arizona State Legislature, Alabama Coalition Against Domestic Violence; Illinois Department of Labor; Journal of Women's Health.