

An Overview of *Intimate Partner Violence in the United States* — 2010 Findings



About NISVS

NISVS is an ongoing, nationally-representative telephone survey that collects detailed information on IPV, sexual violence, and stalking victimization of adult women and men ages 18 and older in the United States. The survey collects data on past-year and lifetime experiences of violence. CDC developed NISVS to better describe and monitor the magnitude of these forms of violence in the United States.



Intimate Partner Violence in the United States–2010 is a new report describing data from the Centers for Disease Control and Prevention's (CDC's) National Intimate Partner and Sexual Violence Survey (NISVS). This report presents detailed information describing the public health burden of intimate partner violence (IPV) in the United States, including an in-depth look at the scope of IPV and its far-ranging consequences.

Key Findings on Intimate Partner Violence

The *Intimate Partner Violence in the United States–2010* report indicates that IPV remains a significant public health problem in the United States, with many negative impacts and long-term health consequences. Women and racial/ethnic minorities are disproportionately impacted, as data show higher lifetime rates of rape, physical violence, and stalking by an intimate partner.

Women more likely to report severe IPV and related impacts than men.

- Women were more likely to be victims of severe physical violence by an intimate partner (24%) than men (14%).
- Women were more likely than men to experience multiple forms of IPV, both across their life span and within individual violent relationships.
- Female victims of rape, physical violence, or stalking by an intimate were significantly more likely than male victims to experience impacts such as fear, concern for their safety, need for medical care, injury, need for housing services, and missing at least one day of work or school.

Racial/ethnic minorities are disproportionately affected by IPV.

- Black non-Hispanic women (44%) and multiracial non-Hispanic women (54%) were significantly more likely to have experienced rape, physical violence, or stalking by an intimate in their lifetime, compared to White non-Hispanic women (35%). Asian or Pacific Islander non-Hispanic women (20%) were significantly less likely to have experienced these forms of IPV in their lifetime than White non-Hispanic women.
- More than 45% of Alaska Native non-Hispanic men, 40% of Black non-Hispanic men, and 39% of multiracial non-Hispanic men had experienced rape, physical violence, or stalking by an intimate partner; 28% of White non-Hispanic men experienced these same forms of IPV.

IPV begins early in life.

- Among those who ever experienced rape, physical violence, or stalking by an intimate partner, more than 22% of female victims and 15% of male victims experienced some form of intimate partner violence for the first time between the ages of 11 and 17 years.
- Nearly half of female victims (47%) and more than one-third of male victims (39%) were between 18 and 24 years of age when they first experienced violence by an intimate partner.



IPV victimization is associated with lower household income and food and housing insecurity.

Twelve-month Prevalence of IPV by Experiences of Food and Housing Insecurity within the 12 Months Prior to Survey				
	Food Insecurity		Housing Insecurity	
	Yes	No	Yes	No
Women	12%	3%	10%	2%
Men	8%	4%	8%	3%

Twelve-month Prevalence of IPV by Current Household Income				
	Under \$25k	\$25k to < \$50k	\$50k to < \$75k	\$75k+
	Women	10%	6%	3%
Men	7%	7%	3%	3%

The majority of IPV victims disclosed their victimization to someone.

- Among victims of IPV, 84% of female victims and 61% of male victims disclosed their victimization to someone, primarily a friend or family member.
- Only 21% of female victims and 6% of male victims disclosed their victimization to a doctor or nurse at some point in their lifetime.

IPV victims have a significant need for services.

- Female victims (36%) and male victims (16%) of lifetime IPV reported a need for at least one type of IPV-related service, such as housing or legal services.
- Among victims of rape, physical violence, or stalking by an intimate partner who reported a need for services during their lifetime, the proportion of men who reported always receiving those services (33%) was significantly lower than the proportion of female victims who reported always receiving those services (50%).

IPV victimization leads to long-term and far-reaching health impacts.

- Men and women with a lifetime history of rape, physical violence, or stalking by an intimate partner were more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor physical health in general compared to those without a history of IPV.
- Women who have experienced these forms of violence were also more likely to report asthma, irritable bowel syndrome, diabetes, and poor mental health compared to women who did not experience these forms of violence.

Opportunities for Prevention and Action

Promoting respectful, nonviolent relationships is key to preventing intimate partner violence. CDC's prevention strategy is focused on principles such as:

- Identifying ways to interrupt IPV perpetration.
- Better understanding the factors that contribute to respectful relationships and protect against IPV.
- Creating and evaluating new approaches to IPV prevention.
- Building community capacity to implement strategies that are based on the best available evidence.

Primary prevention of IPV must begin early. Opportunities for prevention include:

- Promoting healthy relationship behaviors among young people, with the goal of reaching adolescents prior to their first relationships in order to develop healthy relationship behaviors and patterns for life.
- Building positive and healthy parent-child relationships through parenting skills programs, including efforts to support relationships between fathers and children.