

## Intimate Partner Violence

Intimate partner violence (IPV) is a significant public health problem in the United States. At some time in their life, 23.6% of women and 11.5% of men are victims of IPV.<sup>597</sup> Women who suffer from IPV during their adult lives and their children seek more mental and other health care than non-abused women and their children; this is true even of children whose mothers were abused before they were born.<sup>598</sup> Sexually abused women experience depression and physical symptoms that often persist for years once the abuse has ceased.<sup>599</sup>

Research indicates that IPV exists on a continuum from episodic violence (a single or occasional occurrence) to battering.<sup>600</sup> Battering is more frequent and intensive and involves one partner who develops and maintains control over the other. The costs of partner rape, physical assault, and stalking exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health care services.<sup>601</sup> The total costs of IPV also include nearly \$0.9 billion in lost productivity from paid work and household chores for victims of nonfatal domestic violence and \$0.9 billion in lifetime earnings lost by victims of IPV homicide. The largest proportion of the costs is derived from physical assault victimization because that type of IPV is the most prevalent. The largest component of IPV-related costs is health care, which accounts for more than two-thirds of the total costs. Experiencing IPV is associated with a number of adverse health outcomes and behaviors.<sup>602</sup> According to a report at the 2006 Academy of Management meeting, IPV affects the workplace resulting in nearly \$1.8 billion in lost productivity each year. About 10% of victims experienced violence within the prior year and, for most, this led to lessen work productivity. Women who were victims of IPV lost an average of 249 work hours to distraction, 40% more than non-victims. Among men, victims lost 244 hours to distraction, compared to 202 hours for non-victims. Tardiness and/or absenteeism were 26 times more likely in recent IPV cases compared to non-victims.

Internationally, a study of violence against dating partners among university students found a third were violent with their partner and that women are as likely to as men to be the perpetrator ([www.unh.edu/frl](http://www.unh.edu/frl)). The most common pattern of dating violence involves both partners hitting each other,

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<sup>597</sup> Breiding MJ et al. Prevalence and risk factors of intimate partner violence in eighteen US states/territories, 2005. *Am J Prev Med* 2008;34:112-118.

<sup>598</sup> Rivara FP et al. Intimate partner violence and health care costs and utilization for children living in the home. *Pediatrics* 2007;120:1270-1277.

<sup>599</sup> Bonomi AE et al. Health outcomes of women with physical and sexual intimate partner violence. *J Women's Health* 2007;16:987-997.

<sup>600</sup> Johnson MP. Patriarchal terrorism and common couple violence: two forms of violence of against women. *J Marriage Family*. 1995;57:283-294.

<sup>601</sup> National Center for Injury Prevention and Control. *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention ; 2003. [www.cdc.gov](http://www.cdc.gov)

<sup>602</sup> Breiding MJ et al. Chronic disease and health risk behaviors associated with intimate partner violence – 18 US states/territories, 2005. *Ann Epidemiol* 2008;18:538-544.

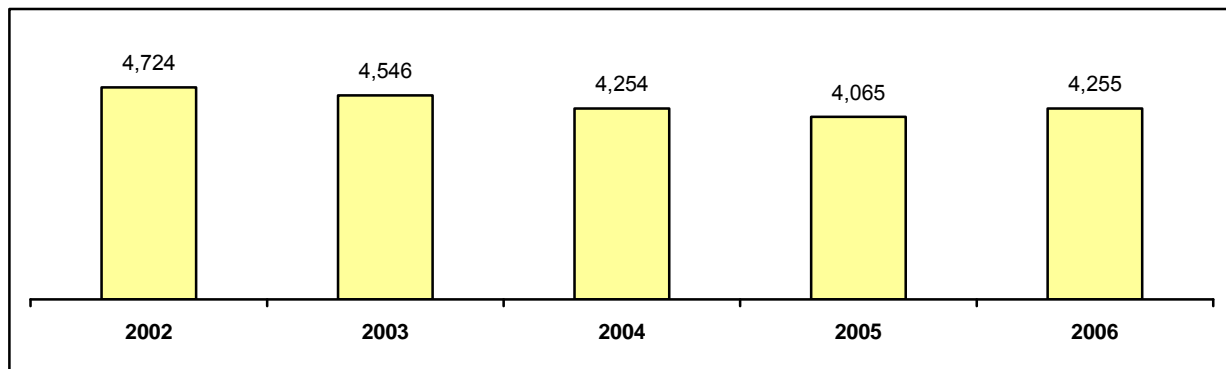
followed by the female partner being the sole perpetrator, and least commonly, only the male partner does the hitting.

It has been reported that young men who commit intimate partner violence more likely to engage in more risky sexual behaviors, have sex with other women, and have fathered 3 or more children.<sup>603</sup>

## Kansas City

The number of reported IPV incidents in Kansas City declined nearly 10% between 2002 and 2006 (Figure 138). In 2006, there were 4,258 instances according the Police Department.<sup>604</sup> More than a third (34.9%) of IPV incidents occurred on a Saturday or Sunday (Figure 139). Almost half of all incidents occurred between 4 PM and 12 AM (Figure 140).

**Figure 138 Reported cases of intimate partner violence reported to the Police Department, Kansas City, Mo**



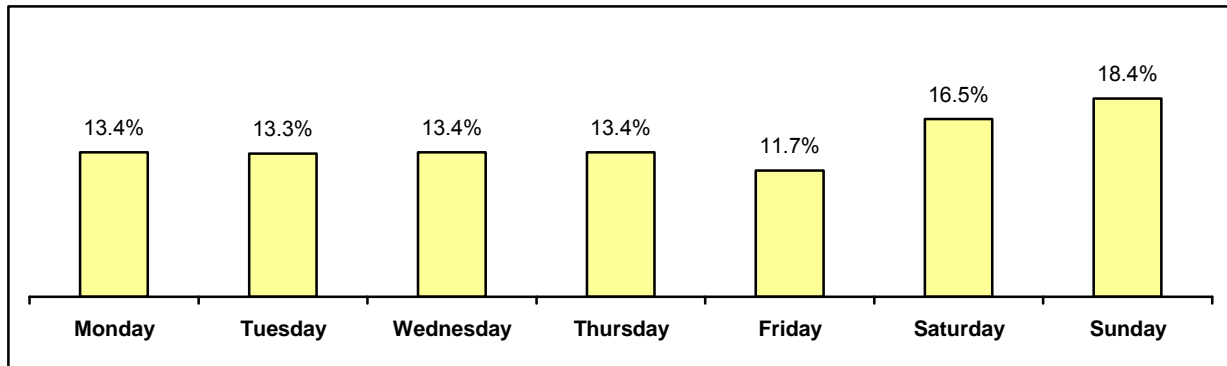
In 45.8% of the cases, the event was not the first time that the offender committed IPV against the victim; 0.4% of the victims had previously filed an order of protection against the offender. Nearly 19% of the offenses were aggravated assault, 80% were non-aggravated assault, 0.6% involved vandalism, and 1.1% were robberies. Twenty homicides (0.5% of incidents) resulted, comprising 19.4% of the homicides recorded in the City in 2006. IPV homicide methods reflect the motivation of the offender and qualities of the victim-offender relationship.<sup>605</sup>

<sup>603</sup> Raj A et al. Perpetration of intimate partner violence associated with sexual risk behaviors among young adult men. *Am J Public Health* 2006;96:1873-1878.

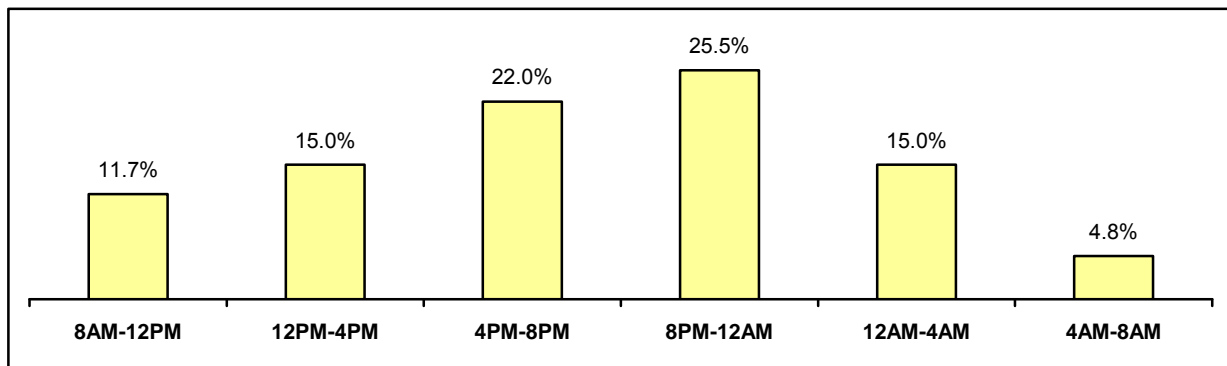
<sup>604</sup> Kansas City, Missouri, Police Department. *2006 Annual Report*. [www.kcpd.org](http://www.kcpd.org).

<sup>605</sup> Mize KD, Shackelford TK. Intimate partner homicide in heterosexual, gay, and lesbian relationships. *Violence Vict* 2008;23:98-114.

**Figure 139 Intimate partner violence incidents by day of week, Kansas City, Mo, 2006**



**Figure 140 Intimate partner violence by time of day, Kansas City, Mo, 2006**



In 35% of incidents, the offender and victim had resided together in the past. Individuals who were not married but living together, were involved in 14.5% of incidents, while only 13.1% incidents involved spouses and 0.9% former spouses. In 21.6% of the incidents there was at least one child in common for the offender and victim. Thirteen percent (13.3%) of incidents occurred between individuals related by blood and 0.8% by persons related by marriage.

In 2006, the Police recorded the involvement of alcohol and/or drugs for 65.3% and 46.9% of IPV incidents, respectively. For the 2,779 incidents in which information regarding alcohol was available, 51.5% of reports indicated the absence of alcohol. When alcohol was involved, 92.7% of offenders, 7.9% of victims, and 58.3% both offenders and victims had been drinking. For the 1,999 reports that had

information regarding the presence of drugs, 84.6% found no drug involvement. When drugs were recorded, 84.7% had drug use by the offender, 4.2% had use by the victim, and 11.1% had both parties using drugs.

Nationally, female-to-male IPV is higher than male-to-female violence, 21% versus 14%, and this is consistent across racial and ethnic groups.<sup>606</sup> *The PULSE survey*<sup>607</sup>, conducted by the Kansas City Health Department and the Lesbian and Gay Community Center of Greater Kansas City, found a IPV rate of 12% in the lesbian, gay, bisexual and transgendered community. The rate was higher among lesbians (15%) compared to gay men (11%). Among racial and ethnic groups, the percentage of lesbian and gay victims of IPV was highest among Hispanics (24%), followed by non-Hispanic blacks (17%), and non-Hispanic whites (11%). Fifty-six percent of these victims reported multiple attacks in the prior 3 years.

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<sup>606</sup> Caetano R, Cunradi C. Intimate partner violence and depression among whites, blacks, and Hispanics. *Ann Epidemiol* 2003;13:661-665.

<sup>607</sup> Kansas City Health Department, Lesbian and Gay Community Center of Kansas City. *The PULSE. A health assessment of the lesbian, gay, bisexual, & transgendered (LGBT) community in the Kansas City, Missouri, bi-state metropolitan area.* 2004. [www.kcmo.org/health](http://www.kcmo.org/health).