February 7, 2008 – In America, one in four women and one in nine men suffers physical or emotional violence at the hands of an intimate partner. This harms their long-term health, the CDC reports.

The new data come from the largest-ever survey of intimate-partner violence – a range of behaviors that includes physical violence, sexual violence, unwanted sex, emotional abuse, threats, and stalking. Perpetrators include spouses, ex-spouses, boyfriends, girlfriends, and dates.

CDC researchers asked adult participants in the 2005 Behavioral Risk Factor Surveillance System survey if they would answer questions about intimate-partner violence. More than 70,000 Americans – just over half those asked – agreed.

The results:

- 23.6% of women and 11.5% of men reported at least one lifetime episode of intimate-partner violence.
- In households with incomes under $15,000 per year, 35.5% of women and 20.7% of men suffered violence from an intimate partner.
- 43% of women and 26% of men in multiracial non-Hispanic households suffered partner violence.
- 39% of women and 18.6% of men in American Indian/Alaska Native households suffered partner violence.
- 26.8% of women and 15.5% of men in white non-Hispanic households suffered partner violence.
- 29.2% of women and 23.3% of men in black non-Hispanic households suffered partner violence.
- 20.5% of women and 15.5% of men in Hispanic households suffered partner violence.

“The majority of those who report violence – and the burden is predominantly on women – reported multiple forms. They experienced threats and attempts and assaults and unwanted sex,”
Michele Black, PhD, an epidemiologist at the CDC’s National Center for Injury Prevention and Control, tells WebMD.

Shocking as these numbers seem, they do not represent an upward trend. A decade ago, the last large survey of partner violence came up with similar rates, Black says. Other data bear this out, says Peter Sherman, MD, director of the residency program in social pediatrics at New York’s Montefiore Medical Center.

“If anything, the rates for domestic violence have been decreasing in the past years,” Sherman tells WebMD. “Laws have been changed to make it easier to get a response from police, and in many areas there are more resources ranging from domestic violence services to hotlines and shelters.”

So why are we surprised by how common domestic violence is? Sherman says it’s because the size of the problem is far out of proportion to our response.

“If this were an infectious disease, we would have a treatment center in every neighborhood,” Sherman says. “There is a huge disconnect between the prevalence of domestic violence and what is done in the health system.”

Intimate Violence Linked to Long-Term Health Problems

Intimate-partner violence is definitely linked to chronic health problems, Black says. “We found a number of outcomes related to intimate-partner violence, including current disability and activity limitations, asthma, stroke, arthritis, and, in women, heart disease,” Black tells WebMD. “And a number of risk behaviors are linked to intimate-partner violence: infection with HIV or STDs, smoking, and heavy or binge drinking.”

Black is quick to note that survey data do not show whether partner violence caused these health problems. But she says previous studies have found high stress levels in people with abusive spouses – and that high stress levels are linked to chronic health problems.

Stress isn’t the only health issue for victims of domestic violence. “The perpetrator of domestic violence often controls household financial resources,” Sherman says. “Part of the control may be limiting that person’s access to health care. Or the abused individuals may feel depressed or disempowered, making it hard for them to get to the help they need or to adhere to medications.”

Because of the link to health problems, the CDC recommends that doctors ask patients about intimate-partner violence. That may be harder to do than it would seem.

“If you are a provider in a busy clinic, do you want to ask? Do you have the time? And if you ask, you open a complicated issue that takes even more time you don’t have,” Sherman says. “I like the philosophy of asking, but the health care system has to develop the resources. One reason docs don’t ask is they don’t feel all the resources they need are in place. You’ll find that where there are domestic-violence resources, the levels of asking are higher.”
Black says that contrary to common assumptions, patients being abused by an intimate partner want their doctors to ask them about it.

“Those asked about intimate-partner violence do respond very well by making changes in individual behaviors and reducing their safety risk,” Black says. “They respond very well to being asked about intimate-partner violence by their doctor. It builds rapport with the doctor. People do think they should be asked and appreciate it when they are asked.”

The CDC’s ultimate goal is to prevent intimate-partner violence in the first place. Last year the CDC launched the multimedia “Choose Respect” initiative to encourage 12- to 14-year-old adolescents to learn about positive relationship behaviors.

“We try to teach these things early, before people are dating, before norms for partner violence are established,” Black says.

Domestic violence has other victims beyond the abused partner. “One thing not paid enough attention to is the effect on children,” says Sherman, a pediatrician. “There are children in most households with intimate-partner violence. There is an enormous impact on these kids’ emotional and physical health – and on how they will respond to relationships as adults, either by being perpetrators or victims of domestic violence.”

The CDC report appears in the Feb. 8 issue of Morbidity and Mortality Weekly Report.