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INTIMATE PARTNER VIOLENCE

The phrase *intimate partner violence* encompasses a pattern of psychological and emotional abuse, physical abuse, sexual abuse, and stalking between past or present intimate romantic partners. Scientific and clinical evidence indicates that intimate partner violence can result in a plethora of mental health and physical maladies due to ongoing patterns of abuse within relationships, and those most at risk of victimization are women and their children. This entry reviews the incidence and definition of intimate partner violence, the risk factors, and the effects of violence on both victims and perpetrators. Interventions for such abuse now cut across multiple public and private sectors (criminal/civil justice systems, the health care system, child services, battered women's shelters, etc.), and mental health professionals must know how to negotiate such systems in order to help victims and their children. Various prevention and intervention strategies are described below. Finally, current issues concerning intimate partner violence include the controversies surrounding batterer treatment, the unintended consequences of contemporary changes in the law (e.g., mandatory/preferred arrest), and the recent increase in effective yet damaging manipulation of criminal, civil, and family court processes by batterers.

Incidence of Intimate Partner Violence

According to the latest reports from the United Nations and the World Health Organization, intimate partner violence extends across class, culture, ethnicity, and nationality and results in devastating physical and financial costs to individuals, families, and communities across the globe. In the United States, it is estimated that nearly 5.3 million incidents occur each year among women 18 years or older, and 3.2 million occur among men. Fortunately, most intimate partner violence assaults within the United States are relatively minor and are limited to pushing, grabbing, or slapping.

Nevertheless, intimate partner violence results in nearly 2 million officially reported injuries and 1,300 deaths each year, with the overwhelming majority of perpetrators of such severe violence being men and the majority of victims being women. Even so, most intimate partner violence incidents are not officially reported to the authorities, and the Centers for Disease Control Injury Center estimates that only about 20% of intimate partner sexual assaults/rapes, 25% of physical assaults, and 50% of stalkings against women are reported. Thus, most authorities agree that available data nationwide are gross underestimates of the problem.

Defining Intimate Partner Violence

Research points to the importance of societal factors that influence individual and collective perceptions of the abuse. For some intimate partner violence victims, the abuse is perceived as a normal part of relationships and is not defined as criminal behavior. For many perpetrators, the abuse is perceived as the correct and most effective way to get their needs met within an intimate romantic relationship. This should not be surprising, because intimate partner violence has only recently been defined as criminal behavior. During the Civil Rights Movement in the United States during the 1960s and 1970s, intimate partner violence was named and brought out from behind closed doors. Prior to that time, violence between partners was viewed as private business and not a place for the state to intervene. Battered women's shelters and rape crisis centers sprang up across the country and are now located within every major metropolitan area in the United States. Due to the work of women's rights advocates, intimate partner violence is now defined as a crime worthy of police intervention and prosecution, similar to assaults that might occur on the street between strangers. Every state in the union now has some form of intimate partner violence law on the books (often referred to as "domestic violence" in the statutes), and many states now also include stalking within these laws. In addition, most states no longer require intimate partners to be married or living together for these laws to apply. Based on variation by state, a complex set of laws protecting intimate partner violence victims now exist (ranging from civil protective orders to mandatory/preferred arrest at the scene), and perpetrators can no longer abuse their partners with impunity.

Physical abuse is now defined as any act that is physically aggressive or violent against another, from

slapping or shoving, up to and including homicide. Unfortunately, some of the best-known and widely used measurement tools (e.g., the Conflict Tactics Scale) do not differentiate between mild forms of such aggression and that which results in intimidation, coercion, and control, not to mention severe injury or death. Sexual abuse is defined as any sexual behavior that is imposed on another without that person's full consent, from sexual imposition or fondling up to and including rape. Psychological or emotional violence is defined as behavior meant to intimidate, control, and coerce. This would include things such as threats to harm, put-downs and insults, monitoring of actions, control of the environment, and inducing fear in others. Often, psychological violence will overlap with stalking behavior, such as following, tracking down, leaving unwanted phone calls at work or home, contacting coworkers or friends and family, and other unwanted contacts after being told to stop. As noted above, mild violence such as pushing, grabbing, or slapping is the most common form of intimate partner violence in the United States, leading some to label such actions as "common couple violence." These types of actions are reported about equally by both men and women. However, serious forms of intimate partner violence that result in patterns of abuse over time, coercion and control, sexual assault/rape, stalking behavior, injury, and homicide are overwhelmingly perpetrated by men (about 85–95% of all perpetrators). This latter type of intimate partner violence has been labeled by some as "intimate terrorism" or "battering" and constitutes a severe public health problem. As will be shown below, the primary perpetrators of such battering behavior are overwhelmingly male, while the victims are overwhelmingly female.

Risk Markers

While it is well-known that intimate partner violence is underreported, those incidents that are severe enough to come to the attention of public and private social service agencies (the police, hospitals, shelters, etc.) suggest that most victims are women, most perpetrators are men, and most are relatively young (15–39 years of age). In terms of ethnicity, some suggest that people of color are more likely to be involved in intimate partner violence than Caucasians. However, when socioeconomic status is controlled, these racial patterns tend to disappear. For instance, when one compares police and emergency room patterns with those found in more private services such

as battered women's shelters or advocacy centers, public services seem to be used more often by those in poverty, while the more private services seem to be accessed by those who reflect the racial/ethnic proportions found in the general population. Thus, it is safe to say that intimate partner violence cuts across all races and ethnicities and is most likely to come to the attention of the criminal justice system within the context of poverty and the risks that are associated with being poor.

Substance use has also been shown to be a risk marker, and some researchers have suggested that intoxication lowers inhibitions and increases impulsivity, thus leading to a higher propensity for violence of all kinds (not just intimate partner violence); however, research has shown that substance use is correlational and not causal.

The single largest, repeatable risk marker for battering is being a man within our culture, leading many to suggest that the problem is largely one of patriarchal gender socialization concerning intimate relationships. Indeed, a recent national survey revealed that cohabiting with a man, whether in a heterosexual or a homosexual intimate relationship, was a much stronger risk marker for victimization than cohabiting with a woman. Others, however, reject this hypothesis because women can also be primary perpetrators. Nevertheless, severe intimate partner violence remains overwhelmingly a male problem.

Men who have been abused in childhood or witnessed violence in parents or caregivers are at higher risk of becoming a batterer in the teen years and adulthood than those who have not. Conversely, women who have been abused in childhood or witnessed violence in the home are at higher risk of being victimized. Thankfully, most individuals with such a history do not become abusive or victimized in the teen years or adulthood, and protective markers are similar to those for other types of violence (the presence of nonviolent peers and adults in the formative years, etc.). Nevertheless, it has been known for some time that children learn how to negotiate intimate relationships from adult caregivers of both genders, and if abusive relationships are the norm, there is a higher chance that such relationships will be repeated in their own lives into adulthood. This is known as the "intergenerational transmission" of violence. Disturbingly, estimates suggest that children are present in the home and know about, witness, or are directly involved in up to 75% of all intimate partner violence incidents between adults.