

Intimate partner violence

One of the most common forms of violence against women is that performed by a husband or intimate male partner. Although women can be violent in relationships with men, and violence is also found in same-sex partnerships, the overwhelming health burden of partner violence is borne by women at the hands of men.

Intimate partner violence includes acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion, and various controlling behaviours such as isolating a person from family and friends or restricting access to information and assistance.

THE EXTENT OF THE PROBLEM

Intimate partner violence is increasingly seen as an important public health problem.

- In 48 population-based surveys from around the world, 10-69% of women reported being physically assaulted by an intimate male partner at some point in their lives. In large national studies, the range is between 10-34%.
- Most victims of physical aggression are subjected to multiple acts of violence over extended periods of time.
- Physical violence in intimate relationships is often accompanied by psychological abuse, and in a third to over a half of cases by sexual violence.
- Partner violence also accounts for a significant number of deaths among women. Studies from a range of countries show that 40-70% of female murder victims were killed by their husband or boyfriend, often during an ongoing abusive relationship.

PROPORTION OF WOMEN EVER PHYSICALLY ASSAULTED BY AN INTIMATE PARTNER – SELECTED NATIONAL STUDIES

Country	Year	Sample size	Proportion of women ever physically assaulted by an intimate partner (%)
Canada	1991-1992	12300	29
Egypt	1995-1996	7121	34
Nicaragua	1998	8507	28
Paraguay	1995-1996	5940	10
Philippines	1993	8481	10
South Africa	1998	10190	13
Switzerland	1994-1996	1500	21
United States	1995-1996	8000	22

THE CONSEQUENCES OF INTIMATE PARTNER VIOLENCE

Violence by an intimate partner has been linked to many immediate and long-term health outcomes, including:

- physical injury
- gastrointestinal disorders
- chronic pain syndromes
- depression and suicidal behaviour.

Partner violence also affects reproductive health and can lead to gynaecological disorders, unwanted pregnancy, premature labour and birth, as well as sexually transmitted diseases and HIV/AIDS.

On average, victims of partner violence experience more operative surgeries, visits to doctors and hospital stays throughout their lives than those without a history of abuse.

Although partner violence does not affect a woman's overall probability of being employed, it can affect a woman's earnings, job performance and her ability to keep a job.



WHAT ARE THE RISK FACTORS FOR INTIMATE PARTNER VIOLENCE?

Many factors have been linked to a man's risk of physically assaulting an intimate partner, including:

- young age
- low income
- low academic achievement
- involvement in aggressive or delinquent behaviour as an adolescent.

A history of violence in the male partner's family (particularly having seen his own mother beaten or having experienced violence as a child) and growing up in an impoverished family are also important factors related to perpetrating partner violence.

Many studies find excessive alcohol use to be strongly associated with perpetrating partner violence, though there is debate as to whether heavy drinking causes men to be violent or whether it is used to excuse violent behaviour.

Certain personality factors – including insecurity, low self-esteem, depression and aggressive or antisocial personality disorders – are linked to partner violence, as are factors such as discord or conflict in the marital relationship.

Women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man's right to inflict violence on his intimate partner, and weak sanctions against such behaviour.

WHAT CAN BE DONE TO PREVENT INTIMATE PARTNER VIOLENCE?

Efforts to combat intimate partner violence have largely focused on:

- support for victims
- legal reform and police training
- treatment programmes for perpetrators.

Women's crisis centres and battered women's shelters have been the cornerstone of programmes for victims of partner violence. These types of programmes offer individual counselling, job training and assistance in dealing with social services and legal matters. Many also provide referrals for drug and alcohol treatment.

Legal reforms – particularly criminalizing domestic violence – and efforts to reform police practice are also common approaches to address partner violence. Experience has shown, however, that these types of reform are not likely to be effective unless accompanied by significant changes in institutional culture and practice.

Treatment programmes for abusers typically use a group format to discuss gender roles and teach problem-solving skills. Counselling programmes for men who abuse their partners have proved successful in helping some men modify their behaviour, but there is generally a very high drop-out rate and many men who are referred to these types of programmes never attend sessions.

Other efforts to address violence by intimate partners focus on specific settings such as:

- hospitals and other health care settings
- schools
- communities.

Women come into contact with the health system throughout their lives. This makes the health care setting an important place where women undergoing abuse can be identified, provided with support and referred if necessary to specialized services. Existing interventions in health care settings focus on training health care providers to identify and respond to abuse victims and drawing up guidelines for the proper management of abuse.

Schools are an important setting for primary prevention activities. While most programmes in schools address youth violence and bullying, there is considerable scope to integrate material into these programmes that explores relationships, gender roles, coercion and control.

Promoting healthy relationships in younger age groups is key to preventing violence and destructive patterns of behaviour.

Coordinating councils or interagency forums are an increasingly popular means of monitoring and improving responses towards intimate partner violence at the community level. Their aim is to exchange information, identify and address problems in the provision of services and to promote good practice and awareness.

Other activities within communities include outreach to victims, and prevention campaigns and small-scale media to raise awareness about the problem and to change social norms and behaviour.