

# *Intimate Partner Violence in the U.S. General Population*

## *Progress and Future Directions*

CRAIG A. FIELD

RAUL CAETANO

*The University of Texas at Houston*

*This article reviews survey research on intimate partner violence (IPV) in the U.S. general population. Results from survey research conducted over the past quarter century are briefly summarized. Three additional national studies related to injuries, crime victimization, and homicide among intimate partners in the United States are also considered. The article emphasizes the progress that has been made in general population survey research related to IPV. It concludes with a discussion of the current controversies and future directions for survey research of IPV in the U.S. general population.*

**Keywords:** *intimate partner violence; general population surveys; injury; homicide; emergency department visits; crime victimization; ethnic differences; health disparities; alcohol*

**Survey research related to** intimate partner violence (IPV) has dramatically increased since the first publication of the *Journal of Intimate Partner Violence* 20 years ago. The overall purpose of this article is to review the progress in survey research related to IPV in the U.S. general population during this 20-year time period and provide future directions for survey research for the next 10 years. For this brief review, surveys using a random sample of individuals or couples from the general population of the United States were examined. These surveys include the following: The National Family Violence Survey (NFVS) and National Family Violence Resurvey (NFVR)

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conducted by Straus and colleagues in 1975 and 1985, respectively; The National Survey of Families and Households (NSFH) conducted in 1988 and repeated in 1993; The National Violence Against Women Survey (NVAWS) conducted in 1995; and The National Longitudinal Couples Survey (NLCS) conducted in 1995 with a follow-up in 2000 (Caetano, Cunradi, Clark, & Schafer, 2000; Sorenson, Upchurch, & Shen, 1996; Straus & Gelles, 1990a; Tjaden & Thoennes, 2000). In addition, findings from the National Crime Victimization Survey (NCVS), The Study of Injured Victims of Violence (SIVV), and the Federal Bureau of Investigation's Supplemental Homicide Reports (SHR) will be summarized (Paulozzi, Saltzman, Thompson, & Holmgreen, 2001; Rand, 1997; Rennison & Welchans, 2000). Together, these two groups of studies provide an overview of physical assaults and severe violence (e.g., assaults leading to injury or death) among intimate partners in the United States. Survey research and other national data provide a reliable and generalizable method of determining the extent and severity of health problems, such as IPV, in the U.S. general population and make up a fundamental foundation for effective interventions and prevention.

#### **INTIMATE PARTNER VIOLENCE IN THE GENERAL POPULATION**

Survey research over the past quarter century reveals that a range of violent behaviors is prevalent among couples in the United States. For example, the NFVS of 1975 and 1985 estimated that nearly one in six couples experienced one or more episodes of IPV (Straus & Gelles, 1990a). More recently, the 1995 NLCS indicated that more than one in five couples in the United States experienced at least one episode of IPV over the past 12 months (Schafer, Caetano, & Clark, 1998).

Although IPV is present among all ethnic groups in the United States, some groups have higher rates than others. For example, the NFVS indicated that rates of male-to-female partner violence (MFPV) and female-to-male partner violence (FMPV) among Blacks were 2 to 2.7 times higher than the rates among Whites (Cazenave & Straus, 1990). Similarly, the NLCS conducted in 1995 indicated that 17% of Hispanics, 23% of Blacks, and 12% of Whites reported an incident of MFPV in the past month and that 15% of Whites, 21% of Hispanics, and 30% of Blacks reported FMPV (Caetano et al., 2000). However, after controlling for sociodemographic factors, history of violence between parents, history of victimization by violence during childhood, drug and alcohol use, and the presence of alcohol problems, the

authors reported no differences between rates of MFPV or FMPV between Hispanics and Whites. A difference between Blacks and Whites remained significant but only for FMPV. Black couples were almost 2 times more likely than White couples to engage in FMPV. Thus, although IPV is common among all couples in the U.S. general population, ethnic minority groups report higher rates of IPV. However, only Blacks have higher rates of IPV after controlling for other factors of risk commonly associated with IPV.

The most controversial finding from these surveys is the observation that FMPV is as prevalent as MFPV (Caetano et al., 2000; Straus & Gelles, 1990b). The NSFH reported similar rates of FMPV and MFPV (Sorenson et al., 1996). The results from the NSFH survey are similar to results from the NFVS and the follow-up survey, as well as the NLCS, all of which indicated that women are as likely as men to engage in certain forms of physically aggressive behavior with their spouses (Caetano et al., 2000; Sorenson et al., 1996; Straus & Gelles, 1990a). In contrast to other survey findings, the NVAWS found that women were significantly more likely than men to report being victimized by an intimate partner (Tjaden & Thoennes, 2000). Moreover, the survey found that differences between women's and men's rates of physical assault by an intimate partner become greater as the seriousness of the assault increases. The NVAWS finding that women are significantly more likely than men to report being victimized by an intimate partner is similar to findings from the NCVS (Rennison & Welchans, 2000), which have consistently shown that women are at significantly greater risk of crime victimization by an intimate partner. The results from the NVAWS are also comparable to the findings from national studies concerning injuries resulting in emergency department visits (e.g., SIVV) and homicides (e.g., SHR), which have consistently shown that women are at significantly greater risk of IPV resulting in injury or death (Paulozzi et al., 2001; Rand, 1997; Rennison & Welchans, 2000).

In summary, findings from the past 25 years of survey research in the U.S. general population indicate that IPV continues to be a significant public health problem. Based on reports from both members of the couple, approximately 20% of couples in the U.S. general population report IPV. However, significant health disparities exist with regard to the incidence of IPV, with Blacks and Hispanics having a higher rate of IPV than Whites. Furthermore, Blacks are at significantly greater risk of IPV even after controlling for risk factors such as alcohol use, its associated problems, and socioeconomic characteristics (Caetano et al., 2000; Field & Caetano, in press). Although findings from survey research of the U.S. general population indicate that males and females are equally likely to commit less severe forms of spousal vio-

lence, women are more likely the victims of more severe forms of physical violence and its consequences, including injury and death. Kimmel (2002) summarizes these findings by noting that studies based on the Conflict Tactics Scale (CTS) find "higher rates of domestic violence, stable levels of severity, and low rates of injury and find it perpetrated equally by women and men" (p. 1341). In contrast, crime victimization surveys typically find that domestic violence is rare, serious, escalates over time, and primarily perpetrated by men. Perhaps, as Frude (1994) concluded, "husbands and wives may be equally aggressive but many more husbands are violent" (p. 153). Conceivably, as Straus (1999) suggested, data concerning crime and injuries may be most useful for designing and evaluating intervention programs designed to treat offenders or help victims. Likewise, data concerning less severe forms of violence may be most useful for prevention programs designed to prevent the occurrence of severe forms of violence. In this manner, survey research concerning IPV is vital to the development of intervention and prevention strategies.

#### CURRENT CONTROVERSIES

Although space restrictions limit the ability to review all the issues related to the measurement and prevalence of IPV in the general population, it is worthwhile to note some key issues. Several of the general population surveys discussed herein have relied on the CTS, which is not without limitations (see, for example, DeKeseredy, 2000; Gordon, 2000). Although the issue of gender symmetry observed in rates of less severe forms of spousal violence is not without controversy, a thorough discussion of this issue can be found in Kimmel (2002). In addition, Archer (2000) conducted a meta-analytic review of gender differences in aggression between heterosexual partners. There are also differences of opinion concerning the value of obtaining reports of IPV from both members of the couple (Anderson, 1997; Caetano, Schafer, Field, & Nelson, 2002; Schafer et al., 1998, 2002; Szinovacz & Egley, 1995). For a more thorough discussion of these issues, see Armstrong, Wernke, Medina, and Schafer (2002). Caetano (2004) also addresses many of these issues within the context of the epidemiology of IPV in general population samples in comparison with clinical population samples. Finally, Field and Caetano (2003) review cross-sectional and longitudinal research on ethnic differences related to IPV in the U.S. general population and the role of alcohol use and socioeconomic characteristics.

## CONCLUSION

Since the first publication of *The Journal of Interpersonal Violence*, significant progress has been made in survey research of IPV in the U.S. general population. Numerous general population studies have been conducted since Straus's seminal national survey of IPV in 1975. These studies and their subsequent analyses have become increasingly complex and have advanced our understanding of the phenomenon of IPV in the general population. In this time period, we have moved from establishing base rates and prevalence to determining individual risk factors and ethnic differences. More recently, longitudinal analyses of the risk factors associated with IPV have emerged (Field & Caetano, 2003; Jasinski, 2001). To increase our knowledge of the risk factors associated with the development of IPV, such longitudinal research is needed to establish trends. In addition to general population surveys, national studies related to crime victimization, injuries, and homicides have also become available. Together, these two groups of studies provide a fairly comprehensive picture of the wide spectrum of violent and aggressive acts that occur among intimate partners in the general population and demonstrate that significant progress has been made in our efforts to understand IPV from a public health perspective.

Survey research provides a reliable and generalizable method of determining the extent and severity of health problems such as IPV in the U.S. general population and represents a fundamental foundation for effective treatment and intervention. National surveys and other procedures to collect national-level data provide evidence of the prevalence and consequences of IPV in the United States. Information presented in this review provides important epidemiological data concerning IPV and can help inform policy and intervention directed at reducing the effect of IPV. Survey research provides critical epidemiological information for understanding the prevalence and incidence of health problems in the general population. General population data help provide a broad overview of any particular health problem and its effect. Furthermore, they help us understand the associated risk factors and health disparities (see Field & Caetano, in press). Data concerning crime and injuries may be most useful for designing and evaluating intervention programs designed to treat offenders or help victims. In contrast, data concerning less severe forms of violence may be most useful for prevention programs designed to prevent the development of more severe forms of violence such as injury and death. Thus, general population data concerning IPV inform both primary prevention efforts, such as formulating policies and pro-

cedures likely to prevent IPV, as well as secondary and tertiary intervention efforts to ameliorate its consequences when it does occur.

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*Craig A. Field, Ph.D., M.P.H., is a faculty associate at the Dallas Regional Campus of the University of Texas at Houston, School of Public Health. He has a Ph.D. in clinical psychology and a master's degree in public health. He has been recognized by the National Center on Minority Health and Health Disparities as a Health Disparity Scholar. He works with Dr. Raul Caetano on general population surveys investigating ethnic differences related to alcohol use and partner violence. In addition, he is a lead investigator for a National Institute of Alcohol Abuse and Alcoholism-funded project (principal investigator: Raul Caetano) to evaluate ethnic differences in the effectiveness of brief alcohol interventions with injured patients.*

*Raul Caetano, M.D., Ph.D., M.P.H., is a professor of epidemiology and assistant dean of the University of Texas at Houston, School of Public Health in Dallas. He is also an adjunct professor of psychiatry at the University of Texas Southwestern Medical Center at Dallas and clinical professor of psychiatry at the Department of Psychiatry, University of Hawaii. His research has focused on the epidemiology of alcohol consumption, drinking problems, and domestic violence among U.S. ethnic minorities, especially Hispanics. Another area of research is the epidemiology of alcohol dependence in community samples and the development of diagnostic criteria for alcohol dependence.*