

Intimate Partner Violence



UTAH DEPARTMENT OF
HEALTH
Violence & Injury Prevention Program

Utah, 2016 data

By understanding intimate partner violence, we can take action to stop it before it starts.



Intimate partner violence (IPV) is widespread. In 2016, 14.0% of Utah adults reported that an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way. Significantly higher prevalence was found among females; Utahns aged 35-49; low-income households; adults who are divorced or separated; adults who are unemployed; bisexual persons; and adults with a disability.



IPV is linked to traumatic childhood experiences. Among adults who have ever experienced IPV, 49.8% reported four or more adverse childhood experiences (ACEs) compared to 13.3% of adults who have never experienced IPV.



IPV is linked to negative health outcomes. Individuals who experience a lifetime of IPV were significantly more likely to be every day smokers, binge drink, have poor health, miss work or activities, have poor mental health days, have difficulty doing errands alone, and have difficulty concentrating or remembering, compared to individuals who have not experienced IPV.

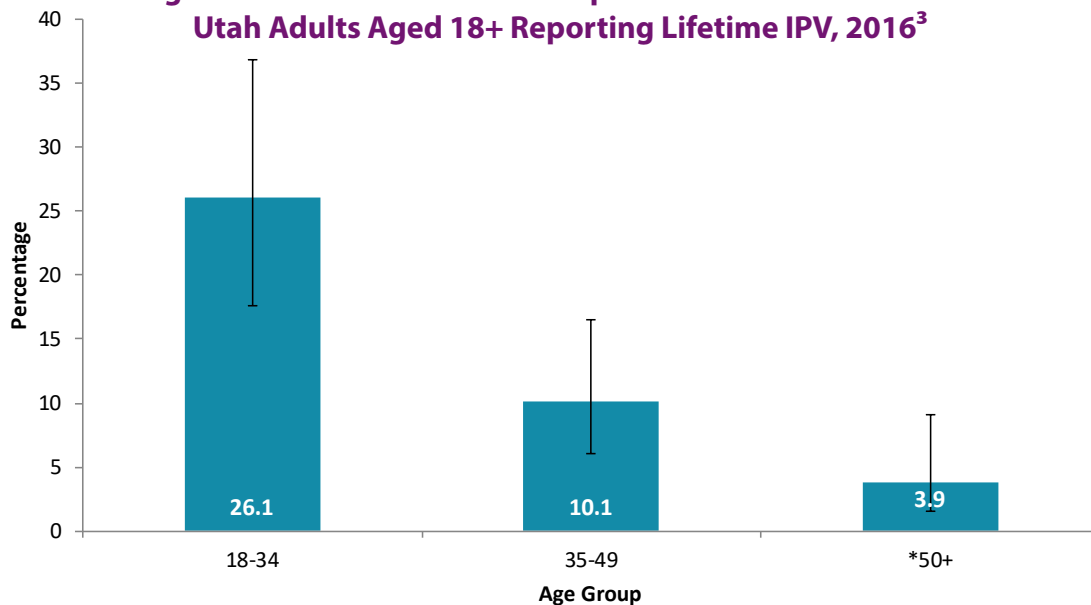
According to the Centers for Disease Control and Prevention, intimate partner violence (IPV), often referred to as domestic violence, is violence that occurs between two people in a close relationship.¹ IPV includes physical violence, sexual violence, stalking, emotional abuse and mental abuse by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner). Some forms of IPV include mental and emotional abuse, stalking, and sexual violence which can be done electronically through mobile devices and social media sites, as well as, in person. IPV happens in all types of intimate relationships, including heterosexual relationships and relationships among sexual minority populations.

IPV is linked to several negative health outcomes, either as a direct result of the physical violence (for example, bruises, broken bones, traumatic brain injury, headaches), or as a result of the impact of IPV (for example, asthma, cardiovascular disease, unintended pregnancy, or suicidal behavior).² The Violence and Injury Prevention Program (VIIPP) at the Utah Department of Health aims to reduce the occurrence of IPV among all Utahns. The VIIPP focuses on primary prevention to reduce violence and injury in Utah.

Utah Data

Two in eleven Utah adult females will experience IPV at some point in their life. One in 10 Utah adult males will experience IPV as some point in their life. **Among those who have ever experienced IPV, 26.1% of adults aged 18-34 years old experienced IPV in the past 12 months**, compared to 10.1% of adults aged 35-49 and 3.9% of adults aged 50 and older (Figure 1).³

Figure 1: Percentage of Individuals Who Have Experienced IPV in the Past 12 Months by Age, Utah Adults Aged 18+ Reporting Lifetime IPV, 2016³



* Use caution when interpreting the results. The estimate has a coefficient of variance between 30% - 50%.

Risk and Protective Factors⁴

A combination of individual, relational, community, and societal-level factors contribute to the risk of becoming an IPV perpetrator or victim. Protective factors are attributes or conditions that may reduce the risk of experiencing IPV. Additionally, individuals with certain risk factors are more likely to become perpetrators or victims of IPV. Examples of risk and protective factors of IPV include:

- Lack of non-violent social problem solving skills (individual risk factor)
- Association with delinquent peers (relationship risk factor)
- Community support and connectedness (community protective factor)
- Passive acceptance of IPV by the community (community risk factor)
- Harmful norms around masculinity and femininity (societal risk factor)

Lifetime IPV by Demographics

Although anyone can experience IPV, the lifetime prevalence of IPV was statistically higher among females (18.1%), those aged 35 to 49 (18.3%), among persons whose annual household income was less than \$25,000 (21.7%), persons who were divorced (34.2%) or separated (44.3%), persons who were unemployed (27.3%), bisexual persons (32.6%); and adults with any disability (24.5%). **Table 1** compares various demographic characteristics to the state average.³

Many populations that experience a greater burden of IPV also experience an insufficient amount of resources. The VIPP works with community partners to improve access and cultural adaptability of programs and resources.

Table 1: Percentage of Lifetime IPV by Socioeconomic and Demographic Characteristics*, Utah Adults Aged 18+, 2016³

Characteristic	Compared to Utah	%	(95% CI**)	Characteristic	Compared to Utah	%	(95% CI**)
Overall		14.0	(12.6-15.5)	Employment Status			
Sex				Employed		15.2	(13.3-17.2)
Male	↓	10.0	(8.3-11.9)	Unemployed	↑	27.3	(20.6-35.2)
Female	↑	18.1	(16.0-20.5)	Homemaker		9.7	(6.3-14.7)
Age Group				Student***		5.9	(2.7-12.0)***
18 to 34		13.5	(10.9-16.5)	Retired	↓	8.3	(6.6-10.5)
35 to 49	↑	18.3	(15.5-21.5)	Local Health Department			
50 to 64		12.9	(10.5-15.7)	Bear River		10.3	(6.9-15.1)
65+	↓	9.3	(7.2-11.8)	Central***		11.9	(5.4-24.3)***
Race/ Ethnicity				Davis		12.4	(9.1-16.6)
White, Non-Hispanic		14.0	(12.5-15.5)	Salt Lake		14.2	(11.7-17.1)
Non-White or Hispanic		13.9	(6.9-16.2)	Southeast		19.0	(12.9-28.4)
Other		10.7	(13.2-30.6)	Southwest		19.7	(14.0-27.2)
Annual Household Income				Summit		14.9	(8.3-25.2)
<\$25,000	↑	21.7	(17.4-26.7)	Tooele		18.7	(12.2-27.6)
\$25,000 - \$49,999		16.6	(13.4-20.4)	TriCounty		13.8	(9.0-20.6)
\$50,000 - \$74,999		15.5	(12.0-19.6)	Utah County	↓	9.8	(7.1-13.2)
\$75,000+	↓	10.4	(8.6-12.6)	Wasatch***		17.4	(8.8-31.5)***
Education Level				Weber-Morgan	↓	19.8	(15.0-25.6)
Did Not Graduate High School		20.6	(13.8-29.6)	San Juan***		6.4	(2.6-15.3)***
High School Graduate		15.7	(12.8-19.0)	Sexual Orientation			
Some College		14.0	(11.9-16.5)	Straight		13.5	(12.1-15.0)
College Graduate	↓	10.4	(8.7-12.5)	Lesbian or Gay		25.8	(13.7-43.2)
Marital Status				Bisexual	↑	32.6	(17.8-52.0)
Married	↓	9.7	(8.3-11.2)	Other		****	****
Divorced	↑	34.2	(28.2-40.7)	Don't Know/ Not Sure		****	****
Widowed		13.7	(8.9-20.6)	Difficulty with remembering, stairs, seeing, dressing, errands			
Separated	↑	44.3	(28.3-61.5)	Yes	↑	24.5	(20.4-29.1)
Never Married		13.5	(10.3-17.6)	No	↓	11.7	(10.4-13.3)
Member of an Unmarried Couple		21.9	(12.2-36.3)				

* Socioeconomic and demographic factors are current and not necessarily the same time of the IPV.

** Confidence interval

***Use caution when interpreting the results. The estimate has a relative standard error of 30% or more.

**** Numbers have been suppressed. The estimate has a relative standard error greater than 50%.

IPV and Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood.⁵ ACEs include sexual abuse, physical abuse and neglect, emotional abuse and neglect, IPV in the home, substance misuse in the household, family member with a mental illness, parental separation or divorce, and having an incarcerated household member.⁶

Each type of trauma a person experiences before the age of 18 counts as one ACE; there are 11 possible ACEs. As the individual's ACEs score increases, so does their risk of disease and social or emotional problems later in life. **Research links ACEs with future violence victimization,**⁷ and Utah numbers agree (**Figure 2**). Research also suggests a **positive dose-response relationship between an individual's ACEs score and IPV perpetration outcomes;** in other words, the higher the ACE score, the more likely a person is to perpetrate IPV.⁸

Among Utah adults who experienced IPV sometime in their life, 49.8% also reported four or more ACEs before the age of 18. Only 12.7% of Utah adults who experienced IPV reported zero ACEs when they were children. Among adults who have never experienced IPV, 13.3% reported four or more ACEs and 40.3% reported zero ACEs before the age of 18. In other words, those who experienced IPV also experienced more adverse childhood experiences.³

IPV and Negative Health Outcomes

IPV experience is linked to negative health outcomes and health behaviors.² In Utah, those who experienced IPV had a statistically higher prevalence of being a current every day smoker (13.3% vs. 3.9%) and binge drinking (19.7% vs. 10.9%) than those who did not experience IPV.³

IPV also affects an individual's quality of life and may have lasting consequences.² Individuals who experienced IPV had a statistically higher prevalence of having poor health (5.8% vs. 2.1%), missing seven or more days of work or activities in the past month (21.9% vs. 12.8%), having seven or more poor mental health days in the past month (32.7% vs. 14.6%), difficulty doing errands alone (10.0% vs. 3.4%), and difficulty concentrating or remembering (19.7% vs. 7.1%) compared to those who have not experienced IPV (**Figure 3**).³

Figure 2: Percentage of Reported ACEs by Lifetime IPV vs No Lifetime IPV, Utah Adults Aged 18+ 2016³

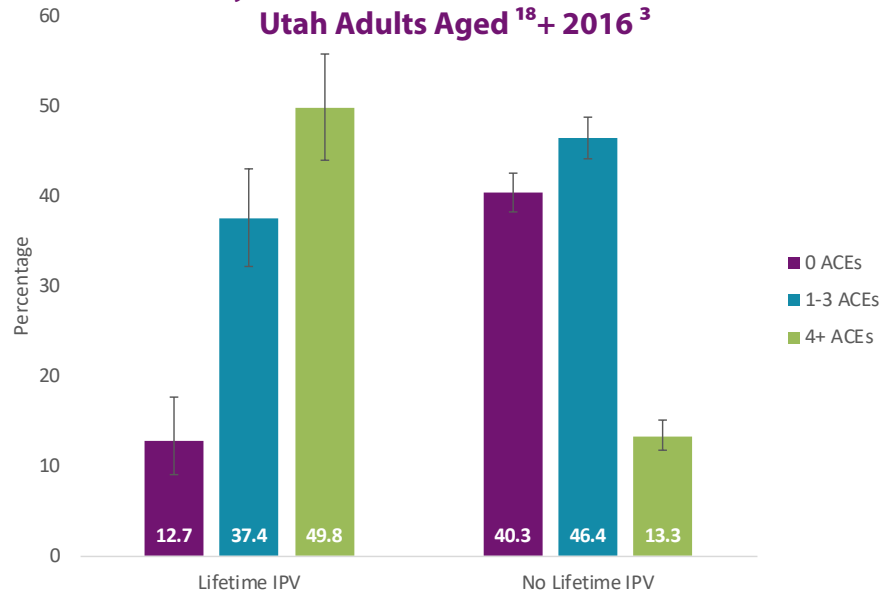
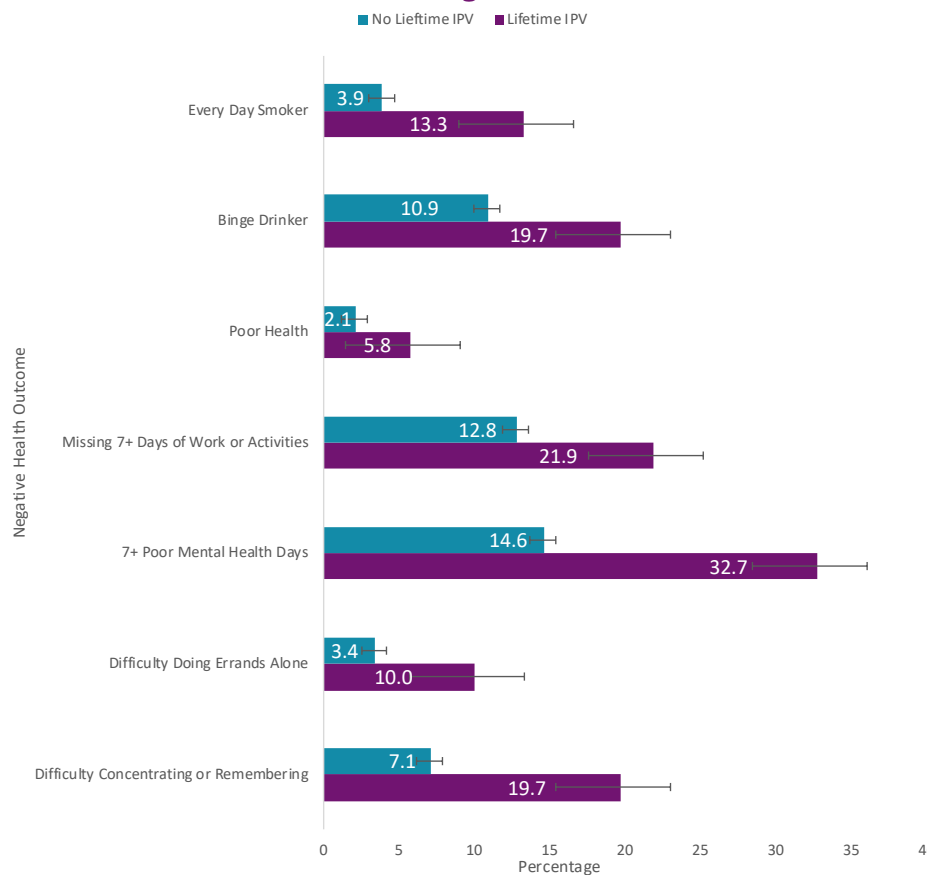


Figure 3: Percentage of Reported Negative Health Outcomes by Lifetime IPV, Utah Adults Aged 18+, 2016³



Laws

Health care providers are required by law to report child abuse, elderly/vulnerable person abuse (including persons with disabilities) contact DAAS Adult Protection Reporting at **1-800-371-7897**; or online at daas.utah.gov/adult-protective-services/aps-form/, and any assault that occurs when one person inflicts an injury on another person, even if that person is a loved one (Utah Statute 26-23a-2).

Any person who believes they are a victim of stalking, regardless of the relationship with the stalker, may file a petition for a stalking injunction at the district court. You can get a stalking injunction against anyone who is stalking you regardless of your relationship to that person. Unlike a protective order, it does not limit the individuals you can file an order against. (Utah Statute 77-3a-101(2)).

Strangulation, or impeding the breathing or blood circulation of another person by the use of unlawful force, is a second degree felony. Additionally, the act of impeding the breathing or circulation of blood of a child by applying pressure to the neck or throat, or by obstructing the nose, mouth, or airway, in a manner that is likely to cause unconsciousness is child abuse and must be reported to DCFS (Utah Statute 76-5-103).

Data Collection

To estimate the lifetime prevalence of IPV in Utah, individuals aged 18 years and older were asked questions from the Utah Behavioral Risk Factor Surveillance System (BRFSS) about their experience with physical abuse by an intimate partner. The BRFSS is a phone survey taken from a representative sample of the Utah population. The facts and figures on IPV come from the results of this survey.

References

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- 3 Utah Department of Health, Office of Public Health Assessment. Behavioral Risk Factor Surveillance System (BRFSS).
- 4 Centers for Disease Control and Prevention (2017). Intimate Partner Violence: Risk and Protective Factors Accessed 10/5/2017: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>.
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- 6 Substance Abuse and Mental Health Services Administration (2017). Adverse Childhood Experiences. Accessed 10/10/2017: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>.
- 7 Centers for Disease Control and Prevention (2017). Adverse Childhood Experiences looking at how ACEs affect our lives and society. Accessed 10/10/2017: https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html.
- 8 Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H, Johnson JG. Intergenerational transmission of partner violence: a 20-year prospective study. *J Consult Clin Psychol.* 2003;71: 74.1
- 9 Utah Domestic Violence Coalition. Safety Planning. Accessed 10/10/2017: <http://udvc.org/prevention#safety-planning>.

Help-Seeking Behaviors

Of those who have ever experienced IPV in Utah, less than 15% of individuals received help. For women, almost one in three received help after experiencing IPV. For men, less than 1% received help after experiencing IPV. The most commonly reported reasons for not seeking help include believing the abuse will stop; believing the person who physically hurt them will find out about the report; not wanting help; or believing their children would be taken away from them.³

Safety Tips

- Call 9-1-1 if you are in immediate danger.
- Get help. If you are being abused, you are not alone. There are resources available to you.
- Talk with people you trust – a family member, friend, coworker, medical provider, or spiritual leader.
- Make a safety plan in case you have to leave. Set aside some money and find a place to go. Put important papers and items in a place where you can get them quickly.⁹
- Recognize early warning signs for violence such as a partner's extreme jealousy, controlling behavior, threats, or history of abuse.⁶
- Know how to help someone who tells to you they are experiencing IPV– be a good listener, be supportive, and ask how you can help. Visit startbybelieving.org for more information.

Anonymous and Confidential Help 24/7

Anyone can be a victim of IPV, and everyone can help prevent IPV. If you or someone you know has experienced IPV, there are resources available-- call the Utah Domestic Violence Link line at **1-800-897-LINK (5465)**. Additionally, the Division of Child and Family Services provides a list of contracted DV therapeutic organizations at hslic.utah.gov/db-search/.

- Utah Domestic Violence Link Line **1-800-897-LINK (5465)**
- Utah Rape and Sexual Assault Crisis Line **1-888-421-1100**
- The National Domestic Violence Hotline www.thehotline.org, **1-800-799-SAFE (7233)**, **1-800-787-3224 (TTY)**

Additional Resources

- CDC Violence Prevention www.cdc.gov/ViolencePrevention/index.html
- Division of Child and Family Services Reporting Line **1-855-323-DCFS (3237)**
- Utah Domestic Violence Council (UDVC) www.udvac.org/home.htm or **801-521-5544**
- Utah Coalition Against Sexual Assault (UCASA) www.ucasa.org
- Start By Believing startbybelieving.org



If your life has been affected by intimate partner violence, the Utah Department of Health wants to hear from you. Share your story with the Utah Health Story Bank at www.health.utah.gov/bhp/sb/.



Our Mission is to provide trusted and comprehensive data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.