

Intimate Partner & Sexual Violence

Safe States Alliance supports national and state efforts to build intimate partner and sexual violence prevention system capacity.

Public health agencies must provide leadership and support in building community-based prevention initiatives that address relationship abuse and sexual violence across the social ecology. The severe health consequences of these on individuals and communities demand the attention and contributions of public health professionals to prevent injuries, save lives, and build safe and healthy communities.

The Safe States Alliance supports these actions:

- Ensuring adequate funding for the Centers for Disease Control & Prevention's National Center for Injury Prevention and Control to address the following priorities:
 - Strengthen the capacity of state and local health agencies to prevent sexual violence by increasing funds for the Rape Prevention and Education Grant to its authorized level;
 - Strengthen the capacity of state and local health agencies to prevent intimate partner violence by increasing funds to support primary prevention programming in all states and territories; and
 - Support extramural public health research in this area to conduct and translate science into practice by increasing support for individual investigators and research centers.
- Building resources for state and local health agencies to determine strategies for prevention based on the best available evidence, as described in *Understanding Evidence*ⁱ.
- Demonstrating how the prevention of intimate partner and sexual violence can be integrated into existing public health programming, and how those strategies include strong partnerships with domestic and sexual abuse victim advocacy agencies.
- Support the reauthorization of the Family Violence Prevention and Services Act and the Violence Against Women Act.

Background

Sexual Violence (SV) refers to a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. **Intimate Partner Violence (IPV)** describes physical, sexual, or psychological harm by a current or former partner or spouse.

Intimate partner and sexual violence (IP/SV) occur across all socioeconomic groups, and most often begins in or before adolescence. The National Intimate Partner and Sexual Violence Survey (NISVS) conducted by the Centers for Disease Control and Prevention (CDC), documents IP/SV as a widespread problem and major public health issue. Results from this representative surveyⁱⁱ of adult women and men in the United States indicate that:

- About 1 in 4 women (24.3%) and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate partner at some point in their lifetime.
- Most female and male victims of IPV (69% and 53% respectively) experienced some form of intimate partner violence for the first time before 25 years of age.

- 1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of intimate partner violence between 11 and 17 years of age.

These alarming statistics support the need for critical prevention programs, especially for adolescents, aged 10-24. More than half of the victims of violence and abuse had their first experience in adolescence, which further increases negative health outcomes across the lifespan.

- Nearly 3 in 10 women and 1 in 10 men reported at least one impact related to these experiences, such as: sustaining injury, needing health care, being fearful, being concerned for safety, having post-traumatic stress disorder (PTSD) symptoms, or missing at least one day of work or schoolⁱⁱⁱ.
- Previous research suggests that victims of intimate partner and sexual violence make more visits to health providers over their lifetime, have more hospital stays, have longer duration of hospital stays, and are at risk of a wide range of physical, mental, reproductive, and other health consequences over their lifetime than non-victims^{iv}.
- Teens involved in dating violence are more likely to do poorly in school, engage in sexual intercourse, report binge drinking, suicide attempts, and physical aggression now and later in their adult relationships.
- Destructive relationships that occur during the teen years can lead to life-long unhealthy relationship practices, may disrupt normal development, and can contribute to other unhealthy behaviors in teens that, if left unchecked, can lead to problems over a lifetime.
- The costs of intimate partner rape, physical assault, and stalking exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health care services. The total costs of IPV also include \$900 million in lost productivity from paid work and household chores for victims of nonfatal IPV and another \$900 million in lifetime earnings lost by victims of IPV homicide. The largest component of IPV-related costs is health care, which accounts for more than two-thirds of the total costs^v.

References

ⁱ Understanding Evidence: Part 1 – Best Available Research Evidence

(<http://www.cdc.gov/violenceprevention/pub/understandingevidence.html>)

ⁱⁱ National Intimate Partner and Sexual Violence Survey (NISVS) conducted by the Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/violenceprevention/nisvs>

ⁱⁱⁱ National Intimate Partner and Sexual Violence Survey (NISVS) conducted by the Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/violenceprevention/nisvs>

^{iv} Basile & Smith, 2011; Black, 2011

^v National Center for Injury Prevention and Control. *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention; 2003.