

Intimate Partner Violence – Data Brief

2014 Vermont Behavioral Risk Factor Survey (BRFSS)

Background

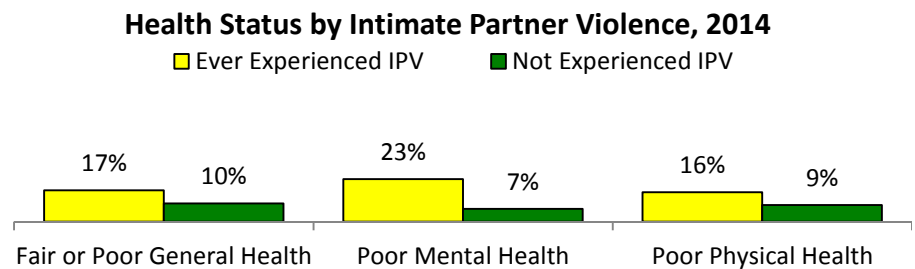
Intimate partner violence, including physical, sexual, or psychological harm, is a significant public health problem that affects millions in the United States. Much remains to understand about why intimate partner violence occurs and how to prevent it. As public health practitioners it is also important to understand who is impacted by intimate partner violence in Vermont, and how it may contribute to the health of those exposed to it. The 2014 BRFSS included three questions about such violence, specifically physical harm, as well as threatening and controlling behavior.

Two in ten (19%) Vermont adults have experienced any type of Intimate Partner Violence (IPV) in their lifetime. Thirteen percent have been physically harmed or a partner had tried to control their daily activities. Twelve percent said a partner had ever threatened them or tried to control their activities. The occurrence of recent intimate partner violence, in the last year, is low. Two percent reported being physically hurt or controlled in the last year and one percent said they had been threatened.

Health Status

Reported health status, regardless of the measure, is lower among adults who have experienced intimate partner violence than among those who have not experienced it. Seventeen percent of adults who experienced at least one type of partner violence said they have fair or poor general health, compared with 10% of those who have not.

Poor mental health¹ was reported by about a quarter (23%) of adults who have experienced violence in a relationship. This is more than three times the rate reported among adults who have not experienced it (7%). Similarly, poor physical health¹ was reported at a significantly higher rate among those exposed to intimate partner violence compared with those who have not.



Depression

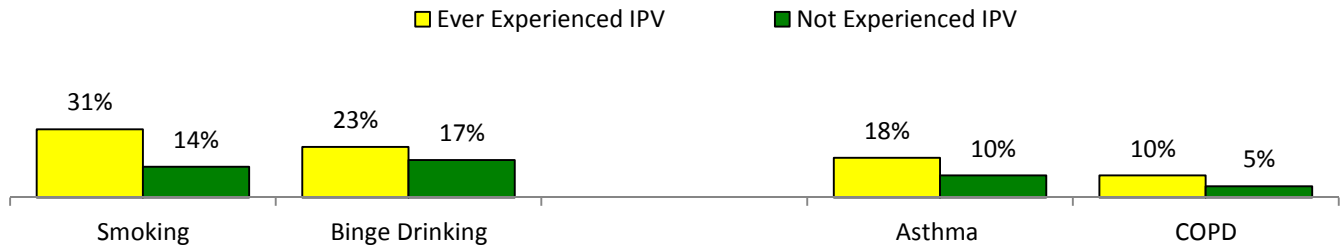
More than four in ten (42%) adults who have experienced intimate partner violence have been diagnosed with a depressive disorder. This is more than two times the rate reported among those who have not experienced violence in a relationship (42% vs. 18%).

Health Risk Behaviors

Adults who have experienced at least one type of partner violence are twice as likely as those who have not to report current smoking. Those with and without an IPV experience reported similar rates of any alcohol consumption in the last month, however binge drinking is significantly higher among those who have experienced violence in a relationship when compared with those who have not. Adults with and without an experience with intimate partner violence are similarly likely to report not participating in physical activity during the last month (18% vs. 17%).

¹ Poor physical health is defined as 14 or more days in the last month with poor physical health; poor mental health defined as 14 or more days with poor mental health.

Prevalence of Health Risk Behaviors and Chronic Conditions by Intimate Partner Violence, 2014



Chronic Conditions

Asthma and chronic obstructive pulmonary disease (COPD) were significantly more likely to be reported among adults who have experienced IPV, compared with those who have not. It is possible that the occurrence of asthma and COPD among those with IPV is influenced by the high rate of smoking among this population.

Demographics

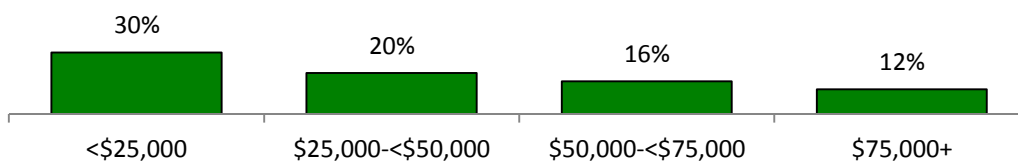
Women are significantly more likely than men to have ever experienced IPV. Additionally, adults who are lesbian, gay, bi-sexual, or transgender (LGBT) are significantly more likely than heterosexuals to have experienced IPV. Adults, ages 25-44 are the most likely to report intimate partner violence; those 65 and older are least likely to say they have experienced such violence (data not shown).

Experienced Intimate Partner Violence by Gender and Sexual Orientation, 2014



IPV has been shown to be less likely among those with more financial means. However, individuals who are financially secure also have more resources available to them, which increases their ability to keep others from knowing about the IPV and could influence reporting of it². In 2014, Vermont adults in homes with higher annual household incomes were less likely to report intimate partner violence than those in homes with lower incomes.

Experienced Intimate Partner Violence by Annual Household Income, 2014



For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (Jessie.Hammond@vermont.gov).

² National Resource Center on Domestic Violence (http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=2187)