

# Intimate Partner Violence

Utah 2016 Data



UTAH DEPARTMENT OF  
**HEALTH**  
Violence & Injury Prevention Program

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



Intimate partner violence (IPV) is widespread. 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; low-income households; adults who are divorced or separated; or adults who are unemployed.

**35-49  
Years**

IPV starts early. Among those who report lifetime 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 years old.



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 intimate partner violence.



IPV is linked to negative health outcomes. Individuals who experienced lifetime intimate partner violence (IPV) were statistically 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.



IPV has a growing economic cost. Over the past five years, the average inpatient hospital cost of intimate partner violence has increased from \$23,208 to \$30,868 per hospital stay.

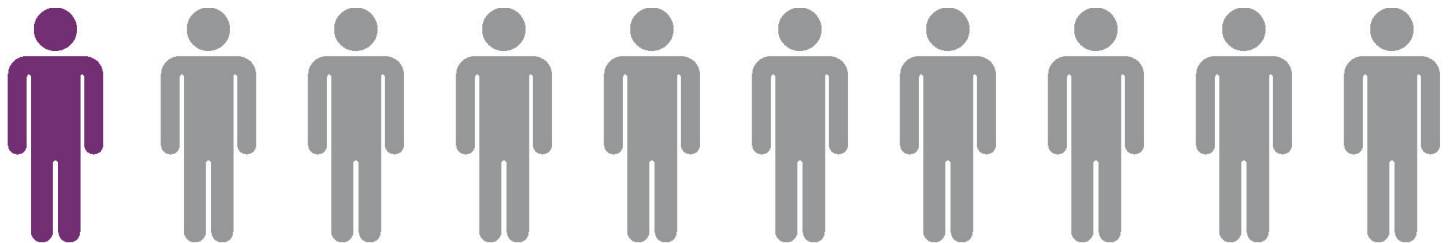
According to the Centers for Disease Control and Prevention, intimate partner violence (IPV), often referred to as domestic violence, is violence that occurs between two people in a close relationship.<sup>1</sup> IPV includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/ girlfriend, dating partner, or ongoing sexual partner). Some forms of IPV (e.g., aspects of sexual violence, psychological aggression, including coercive tactics, and stalking) can be perpetrated 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).<sup>2</sup> The Violence and Injury Prevention Program (VIPP) at the Utah Department of Health aims to reduce the occurrence of IPV among all Utahns. VIPP focuses on primary prevention to reduce violence and injury in Utah.

## Utah Data



Two in 11 Utah adult females will experience intimate partner violence at some point in their life.



One in 10 Utah males will experience intimate partner violence at some point in their life.

## Risk and Protective Factors<sup>3</sup>

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 lifetime 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 perpetration and victimization include:

- Lack of non-violent social problem solving skills (individual factor)
- Association with delinquent peers (relationship factor)
- Community support and connectedness (community factor)
- Weak community sanctions against IPV (community factor)
- Harmful norms around masculinity and femininity (societal factor)

## Lifetime IPV by Demographics

Although anyone can experience IPV, the lifetime prevalence of IPV was statistically higher among women (18.1%), among persons whose annual household income was less than \$25,000 (21.7%), among persons who are currently divorced (34.2%) or separated (44.3%), and among persons who are unemployed (27.3%). There were no significant differences in the lifetime prevalence of IPV by age, race and ethnicity, or local health department (**Table 1**).

Many populations that experience a greater burden of IPV also experience an insufficient amount of resources. 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+, 2016.**

Characteristic	%	(95% CI**)	Characteristic	%	(95% CI**)
Overall	14.0	(12.6-15.5)	<b>Employment Status</b>		
<b>Sex</b>			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)
<b>Age Group</b>			Student	5.9	(2.7-12.0)***
18 to 34	13.5	(10.9-16.5)	Retired	8.3	(6.58-10.48)
35 to 49	18.3	(15.5-21.5)	<b>LHD</b>		
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)***
<b>Race/ Ethnicity</b>			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)
<b>Annual Household Income</b>			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)	Tri-County	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)***
<b>Education Level</b>			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)	<b>Sexual Orientation</b>		
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)
<b>Marital Status</b>			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)	<b>Difficulty with remembering, stairs, seeing, dressing, errands</b>		
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

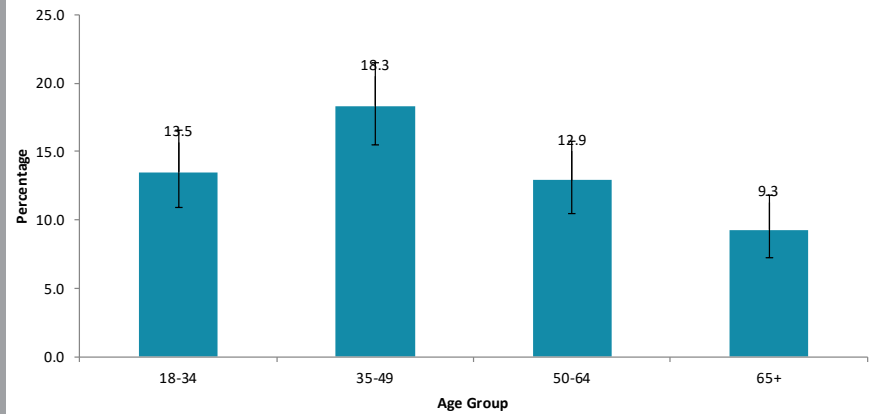
\*\*\*Use caution when interpreting the results. The estimate has a relative standard error of 30% or more.

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

## Lifetime Intimate Partner Violence by Age

In 2016, 14.0% of Utahns reported that an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way. This is equal to 10.0% of males and 18.1% of females. In Utah, the percentage of individuals who report lifetime IPV is highest for those 35-49 years of age (Figure 1).

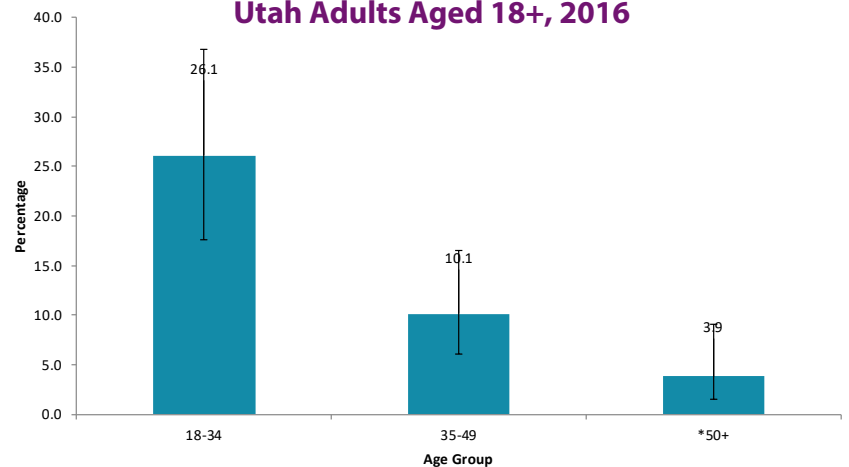
**Figure 1: Percentage of Lifetime IPV, by Age Group, Utah Adults Aged 18+, 2016**



## Intimate Partner Violence in the Past 12 Months by Age

Among those who have experienced lifetime 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 2).

**Figure 2: Percentage of Individuals Who Have Experienced IPV In the Past 12 Months by Age, Utah Adults Aged 18+, 2016**



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

## IPV and Adverse Childhood Experiences

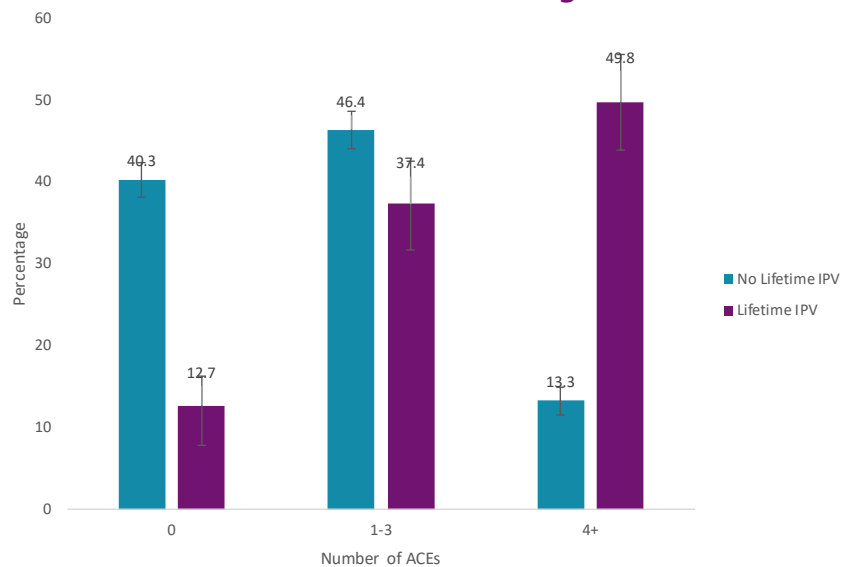
Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood<sup>4</sup>. ACEs include sexual abuse, physical abuse and neglect, emotional abuse and neglect, intimate partner violence in the home, substance misuse in the household, household mental illness, parental separation or divorce, and having an incarcerated household member.<sup>5</sup>

Each type of trauma a person experiences before the age of 18 counts as one ACE, there are eleven 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,<sup>6</sup> and Utah numbers agree (**Figure 3**). 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<sup>7</sup>.

Among adults who experienced lifetime IPV, 49.8% also reported four or more ACEs before the age of 18 (compared to 13.3% of adults who have never experienced IPV). Among adults who have never experienced IPV, 40.3% of them experienced zero ACEs when they were children (compared to 12.7% of adults who have experienced IPV).



**Figure 3: Percentage of Reported ACEs by Lifetime IPV vs. No Lifetime IPV, Utah Adults Aged 18+, 2016**



## IPV and Negative Health Outcomes

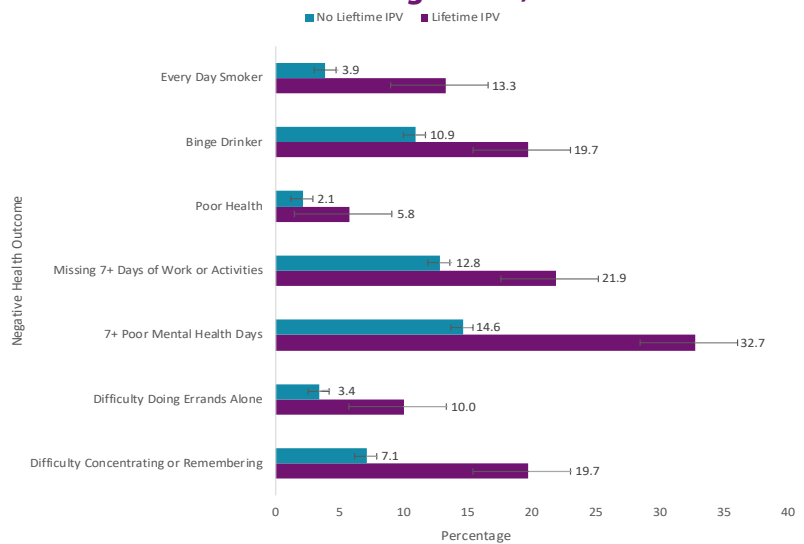
IPV experience is linked to negative health outcomes and health behaviors.<sup>2</sup> In Utah, those who experienced IPV had a statistically higher prevalence of being a current every day smoker (13.3% vs. 3.9%) and binge drinking (19.7% vs. 10.9%) than women who did not experience IPV.

IPV also affects individuals' quality of life and may have lasting consequences (Figure 4). Individuals who experienced lifetime 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.

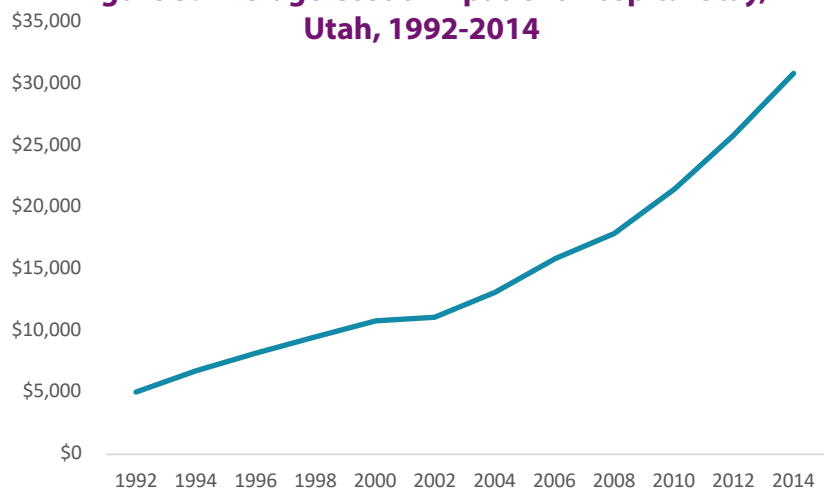
## Cost <sup>8</sup>

In 2014, the average cost of an inpatient hospital stay due to IPV was \$30,868 (Figure 5). This amount has steadily increased over the years, increasing over 15% between 2013 and 2014 and increasing over 44% over the past five years. In 2014, the total cost of IPV inpatient hospital stays was over \$415 million dollars in Utah. This does not include cost due to lost work, seeking help, or follow-up appointments, it only includes costs associated with inpatient hospital stays.

**Figure 4: Percentage of Reported Negative Health Outcomes by Lifetime IPV vs. No Lifetime IPV, Utah Adults Aged 18+, 2016**



**Figure 5: Average Cost of Inpatient Hospital Stay, Utah, 1992-2014**



SOURCE: Public Health Indicator Based Information System (IBIS). 2016. Accessed 10/10/2017: <https://ibis.health.utah.gov/query/builder/hddb/HDDBCntyHosp/ChrgAvg.html>

## Help-Seeking Behaviors

Anyone can be a victim of IPV, and anyone 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 <https://hslic.utah.gov/db-search/>, for individuals seeking support.

IPV can be overwhelming for those who experience it, and individuals may feel like nobody can help them. One way to help decrease negative outcomes related to IPV is by supporting survivors to increase safety and lessen harms. Asking for help is one way to stop the cycle of intimate partner violence. Individuals will sometimes seek help from a family member or friend, a health care provider, counselor, therapist or social worker, a religious advisor, law enforcement, a boss or co-worker, or will call the statewide domestic violence information line (1-800-897-LINK).

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 that the individual: believes the abuse will stop; believes the person who physically hurt them will find out; does not want help; or believes their children will be taken away from them.

## Anonymous and Confidential Help 24/7

- 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](http://www.thehotline.org), **1-800-799-SAFE (7233)**, **1-800-787-3224 (TTY)**

## Laws

Health care providers are required by law to report child abuse (DCFS reporting line 1-855-323-DCFS (3237)), elderly/vulnerable person abuse (including persons with disabilities) (DAAS Adult Protection Reporting: 1-800-371-7897; or online: <https://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 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 (DCFS reporting line 1-855-323-DCFS (3237)) (Utah Statute 76-5-103).

## 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. Utah Domestic Violence Link Line 1-800-897-LINK (5465)
- 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.<sup>9</sup>
- Recognize early warning signs for violence such as a partner's extreme jealousy, controlling behavior, threats, and history of abuse.<sup>6</sup>
- Know how to help someone who discloses to you – be a good listener, be supportive, ask how you can help. Visit [startbybelieving.org](http://startbybelieving.org) for more information.

## Resources

- Utah Domestic Violence Council (UDVC) [www.udvac.org/home.htm](http://www.udvac.org/home.htm) or **801-521-5544**
- Utah Coalition Against Sexual Assault (UCASA) [www.ucasa.org](http://www.ucasa.org)
- CDC Violence Prevention [www.cdc.gov/ViolencePrevention/index.html](http://www.cdc.gov/ViolencePrevention/index.html)

## Data Collection

To estimate the lifetime prevalence of IPV in Utah, individuals 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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- 5 Substance Abuse and Mental Health Services Administration (2017). Adverse Childhood Experiences. Accessed 10/10/2017: <https://www.samhsa.gov/capt/practicing-effective-prevention-behavioral-health/adverse-childhood-experiences>.
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- 7 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: 741
- 8 Public Health Indicator Based Information System (IBIS), Injury Inpatient Hospital Discharge Query Module. Accessed 9/30/2017 <https://ibis.health.utah.gov/>.
- 9 Utah Domestic Violence Coalition. Safety Planning. Accessed 10/10/2017: <http://udvc.org/prevention#safety-planning>.



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/](http://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.