

Sexual and Intimate Partner Violence – Data Brief

Vermont Injury Prevention Program

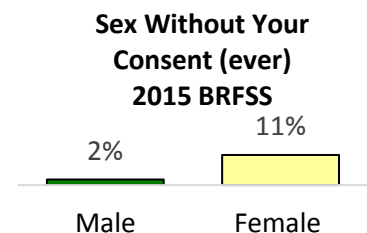
Background

Sexual violence and Intimate Partner Violence (IPV) affect many people in the United States. The term sexual violence is defined as a sexual act committed against someone without that person's freely given consent.¹ Intimate partner violence describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.² Sexual violence and intimate partner violence are not mutually exclusive, and the magnitude of this problem is difficult to measure.

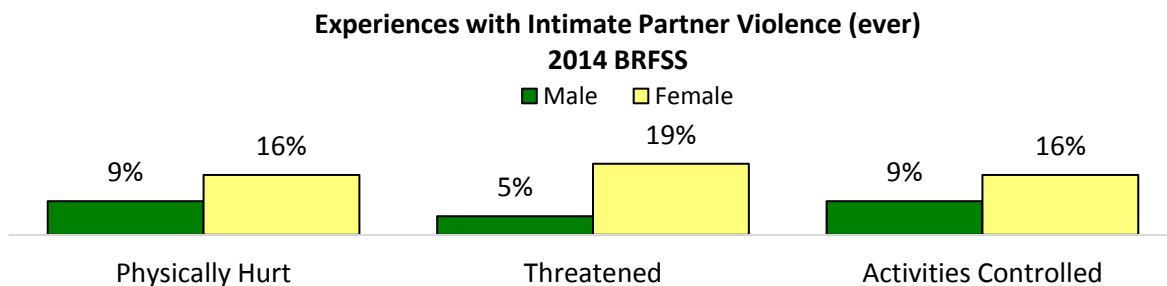
Sexual violence and IPV are known to be underreported by those who experience it. There are many reasons why victims of sexual violence and IPV may not report these crimes or seek medical attention. These include: fear, embarrassment, and the belief that violence is a part of normal life.³ Because of this limitation it is important to seek information on sexual violence and IPV through multiple data sources. This data brief utilizes information from various data sources to begin to assess sexual violence and IPV among adults⁴ in Vermont.

Overall

In recent years, the prevalence of both sexual violence and IPV were assessed via the Behavioral Risk Factor Surveillance System. Sexual violence was reported infrequently. Less than one in ten adults said they have ever experienced sex without their consent (7%). Females are much more likely to have ever experienced unwanted sex than men (11% vs. 2%). One percent of adults said they experienced sex without their consent in the last year. Additionally, 1% of adults said that during the last 12 months someone touched sexual parts of their body without consent or they were exposed to sexual situations that did not involve touching.



More than one in ten Vermont adults said they had ever experienced IPV (13%). Thirteen percent of adults reported ever being physically hurt by an intimate partner or that a partner had tried to control their activities. Twelve percent said an intimate partner had ever threatened them or made them feel unsafe. As with sexual violence, females are significantly more likely than men to report these experiences.



Very few Vermont adults report experiencing intimate partner violence in the last 12 months. Two percent of adults reported a partner had physically hurt them or had a partner try to control their activities in the last year. One percent said a partner threatened them during this time.

Hospitalization and Emergency Department Visits

¹ <http://www.cdc.gov/violenceprevention/sexualviolence/definitions.html>

² <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

³ <http://aje.oxfordjournals.org/content/early/2013/12/12/aje.kwt295.abstract>

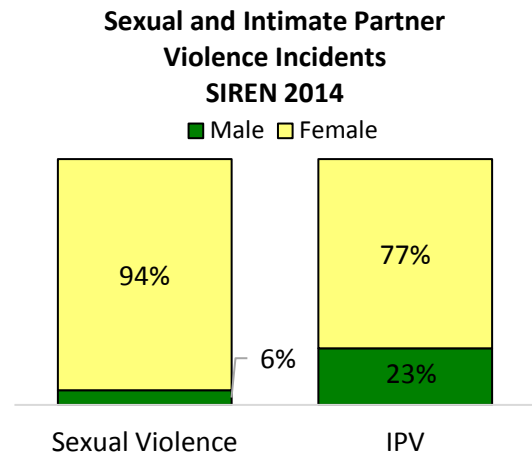
⁴ The legal age of consent in Vermont is 16 years old, all analyses are limited to those 16 and older or 18 and older depending on the data source.

In 2014, 53 hospitalizations and emergency department visits among Vermont adults at Vermont hospitals were noted as involving sexual violence and 24 visits were noted as involving IPV. Nearly all sexual violence and IPV related hospitalizations/emergency department visits were among females (95% sexual violence; 88% IPV). The average age of those with a hospitalization or emergency department visits related to sexual violence was 33 years. For IPV, the average age was 39 years.

Emergency Medical Services

For various reasons, many victims of sexual violence or IPV are not transported to the hospital and, as a result, are not captured in that data. Use of Vermont's Emergency Medical Services (EMS) Statewide Incident Reporting Network System (SIREN) helps to complete the narrative around sexual violence and IPV.

Of the 18 Vermont EMS calls related to sexual violence or rape in 2014, nearly all, 94%, were among females. More than two in ten (22%) of these reports indicated the sexually violent act was committed by an intimate partner. The average age of sexual assault or rape cases in SIREN was 37 years.



In 2014, there were 169 EMS incidents in SIREN noted as being related to IPV. More than nine in ten (93%) indicated the violence included both partners or one partner harming the other. The remaining incidents were situations where one partner harmed themselves to avoid hurting the other. Three-quarters of IPV cases in SIREN were among females, a quarter were males. The average age of IPV cases in SIREN was 36 years.

Please note, hospital discharge/SIREN data are not meant for research and incomplete information is common. Therefore, the number of cases reported is likely an underrepresentation of IPV and sexual assault in VT.

Other Data Sources

The Domestic Violence Fatality Review Commission (DVRFC) collects data and conducts in-depth reviews of violent fatalities in Vermont with the goal of making policy recommendations to prevent future tragedies. Of the 15 homicides in Vermont in 2014, the DVRFC found that 3 victims were current intimate partners of the responsible party. Meaning that 20% of homicides in Vermont in 2014 were the result of IPV.

The Vermont Department of Public Safety's database, Vermont Crime On-Line, includes all police response events, regardless of any resulting charges. In 2013, the most recent year available, there were 712 IPV incidents. Eight in ten (79%) of these were among females, with two in ten males. The average age of IPV victims was 34 years. Specific information about sexual violence is not available in this database.

Support Resources

Sexual and Intimate Partner Violence (IPV) are preventable. A combination of individual, relational, community, and societal factors contribute to the risk of becoming a victim or perpetrator of sexual and/ or intimate partner violence. Understanding these multilevel factors can help identify various opportunities for prevention. To have the greatest impact on sexual and intimate partner violence, it is important to focus on the [best available evidence on strategies and approaches](#) for prevention. Many prevention strategies aim to reduce [risk factors and promote protective factors and use a comprehensive approach](#).

Domestic Violence Hotline: (800) 228-7395 (VT) or (800) 799-SAFE (7233) (US)

Sexual Violence Hotline: (800) 489-7273 (VT) or (800) 656-HOPE (4673) (US)

Vermont Map of Resources: http://www.vtnetwork.org/wp-content/uploads/MAP_July28_2016.pdf

Other Resources: <http://ago.vermont.gov/divisions/criminal-division/domestic-and-sexual-violence.php>

For more information on injury surveillance, please contact Leslie Barnard, MPH (leslie.barnard@vermont.gov)