

## **Population-Based Surveillance of Intimate Partner Violence Against Kentucky Women: A Comparison of State and National Definitions and Findings**

Intimate partner violence (IPV) is a serious sociocultural, legal and public health problem in Kentucky (Schulman 1979; Fritsch et al. 2004a, b) and across the nation (Koop 1985; Flitcraft et al. 1992; Goldman et al. 1995; Tjaden and Thoennes 2000). IPV is collectively defined by its component acts that may occur in isolation, but most frequently co-exist with other forms of IPV, even in a single abusive episode (Saltzman et al. 1999). The earliest population-based study of spousal violence in a state (Kentucky) found that 1 out of 5 (21.0%) women reported lifetime physical violence by a spouse, although this early study used a very restricted IPV definition (Schulman 1979). More recent population-based studies in the United States generally find that 1 out of 4 (25.5%) women report lifetime IPV prevalence (Tjaden and Thoennes 2000).

Current IPV surveillance initiatives by the Centers for Disease Control and Prevention (CDC) and the National Center for Injury Prevention and Control (NCIPC) strive to standardize and stabilize IPV surveillance nationally (Saltzman et al. 1999, rev. 2002). This study intends: 1) to establish a state's current baseline, population-based surveillance of IPV; 2) to compare the state and national definitions and findings using the CDC's uniform definitions and recommended data elements (Saltzman et al. 1999) *and the National Violence Against Women Survey* (NVAW Survey) (Tjaden and Thoennes 2000); and 3) to compare state expected, 12-month IPV population projections with observed IPV cases as reported by Kentucky's Adult Protective Services (APS).

**Methods.** The state's findings relied on a telephone survey (2002-2003) of a simple random sample of 4,059 adult Kentucky women (ages 18 and older) rather than a poll of the total female population; hence, these results are *estimates* of true population proportions. Post-stratification weights were applied for age and education to more accurately reflect the adult female population of Kentucky, 2000 Census (Table 1). Survey participants were all female; IPV perpetrators were overwhelmingly identified as male (96.7%). The response rate was 47% (Council of American Survey Research Organizations). Percentages are reported at 95% confidence intervals (CI). The state lifetime and 12-month IPV prevalence levels reported here use definitions consistent with national guidelines unless otherwise noted. Details about this study (i.e., definitions, methodology, limitations, and references) are found at [www.kiprc.uky.edu](http://www.kiprc.uky.edu).

**Results.** Using the current national IPV definition, 1 out of 3 (36.6%) Kentucky women or a population estimate of 579,352 women reported IPV as an adult; 7.1% or about 112,388 women, ages 18-93, experienced IPV in the past 12 months (Table 2). However, IPV behaviors that are not part of the current national IPV definition were identified by women from the state survey sample. They reported psychological abuse i.e., repeated demeaning or controlling acts (not in the context of physical or sexual IPV) or stalking by an intimate partner where the women were less than very frightened, or both. Inclusion of these acts into an expanded IPV definition produces more complete lifetime (51.3% or 812,043 women) and 12-month IPV prevalence (15.0% or 237,440 women) for the state. Consistent with the acts that comprise the current national definition, women reported that these additional IPV acts also resulted in physical or mental health consequences,

including some women who thought of or attempted self-injury. Therefore, findings based solely on the current national IPV definition do not reflect the true, current nature and prevalence of IPV in Kentucky.

The majority of state IPV victims reported multiple rather than single IPV episodes over 12 months; three-fourths (76.7%) of them experienced psychological stress or physical injuries (74.1%), and more than one-fourth (29.8%) of abused, injured women sought medical treatment or counseling (Fritsch 2004a, b). Based on these figures, a *fraction* of Kentucky's IPV-related burden of injury in terms of estimated medical costs is \$2,638,372 at a rate of \$21.69 (low) or \$43,677,275 at a rate of \$369.07 (high) for just *one* physician visit per year based on 1995 dollars (NCIPC 2003). These costs are *very* low bound estimates given most IPV victims report multiple episodes over 12 months, and other more expensive medical costs such as emergency department visits and 10 years of inflation are not included. Further, if the IPV prevalence from the recommended IPV definition is used in these calculations, the state's personal and economic burdens increase greatly.

The state survey data ( $n = 4,059$  adult women) are compared with findings from the NVAW Survey ( $n = 8,000$ )(Table 3, Figure 1). It was hypothesized that the state findings would be lower, despite being collected five years later, because of the state's more restrictive application of the national IPV definition. The results prove otherwise; Kentucky women report IPV levels that significantly exceed national levels—except for sexual IPV which is higher, but not significant.

Kentucky's IPV population projections are compared with observed cases (i.e., females only) as reported to APS for the purpose of offering victims voluntary information and services. This comparison with APS reports, the most comprehensive evidence of the state's observed IPV levels, show that current law and practices to connect IPV victims with critical county-based APS are reaching only 1 out of 5 (21.3%), or fewer, 1 out of 10 (10.1%) at-risk women, depending on the IPV definition applied (Table 2, Figure 2).

**Conclusions/Recommendations.** The Kentucky IPV prevalence levels indicate that: 1) more women are being significantly affected by IPV and its consequences than existing national data and state observed cases would suggest; and 2) the documentation of other IPV forms reported by women, but not included in the current national IPV definition, is significant. These IPV victims, excluded from the state's IPV prevalence levels in order to be consistent with current national guidelines, should not be confused with women who never experienced IPV. The Commonwealth must continue efforts to reduce this serious public health and safety problem; more completely and accurately report IPV prevalence with its' personal and societal costs; and recommend consideration of the expanded IPV definition as the national standard.

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**Table 1. Demographics of Abused Women, Survey Sample, and Women Statewide (a)**

<b>Selected Demographics</b>	<b>12-Month IPV (b) n = 289</b>	<b>Lifetime IPV (b) n = 1,485</b>	<b>Total Sample IPV + Non-IPV n = 4,059</b>	<b>Kentucky Women n = 1,582,930(b)</b>
<b>Ages</b>				
18-24	34.1%	11.4%	6.4%	12.5%
25-34	29.5%	22.9%	15.7%	17.9%
35-44	23.1%	26.1%	21.0%	20.5%
45-54	9.4%	19.8%	24.5%	17.9%
55-64	1.7%	11.5%	16.2%	12.2%
65+	2.2%	8.1%	16.3%	19.0%
<b>Race/Ethnicity</b>				
White	88.1%	92.5%	93.4%	90.5%
Black	8.7%	5.2%	5.1%	6.8%
Other	2.7%	1.9%	1.3%	1.7%
Hispanic/Latina	2.4%	1.6%	1.3%	1.0%
<b>Marital Status</b>				
Married	35.5%	49.6%	65.3%	55.5%
Separated	10.7%	4.5%	2.1%	2.1%
Divorced	23.0%	24.1%	12.9%	11.5%
Widowed	0.4%	6.8%	9.7%	11.7%
Never married	30.5%	15.0%	10.0%	19.2%
<b>Education</b>				
< High school	24.8%	22.8%	13.3%	24.5%
High school	37.4%	34.5%	35.8%	33.3%
Some college	30.0%	30.2%	26.7%	26.9%
BS degree	4.7%	7.8%	13.9%	7.1%
Graduate degree	3.1%	4.8%	10.2%	5.1%
<b>Employment</b>				
Employed	63.5%	60.2%	58.5%	54.4%
Retired	2.9%	13.3%	21.9%	Unavailable
Unemployed	33.7%	26.4%	19.6%	3.2%
<b>Household Income</b>				
< \$10,000	26.8%	17.0%	10.3%	13.7%
\$10,000-\$24,999	27.5%	26.2%	20.0%	23.8%
\$25,000-\$49,999	24.5%	31.5%	31.7%	30.3%
\$50,000+	21.3%	25.2%	33.3%	30.9%

(a) US Census, 2000: Selected demographic data for adult Kentucky women. (b) As reported by women at the time of the survey; not their status at the time of the last IPV episode. These data were weighted for age and education.

**Table 2. Kentucky IPV Prevalence and Population Projections (a)**

<b>Type of Violence and Abuse</b>	<b>Lifetime IPV Prevalence (95% CI)</b>	<b>Lifetime IPV Population Projections</b>	<b>12-month IPV Prevalence (95% CI)</b>	<b>12-month IPV Population Projections</b>
<b>National IPV definition</b>	<b>36.6% (35.1, 38.1)</b>	<b>579,352 (555,608 – 603,096)</b>	<b>7.1% (6.3, 7.9)</b>	<b>112,388 (99,725 – 125,051)</b>
Recommended IPV Definition	51.3% (49.8, 52.9)	812,043 (788,299 – 837,370)	15.0% (13.9, 16.1)	237,440 (220,027 – 254,852)

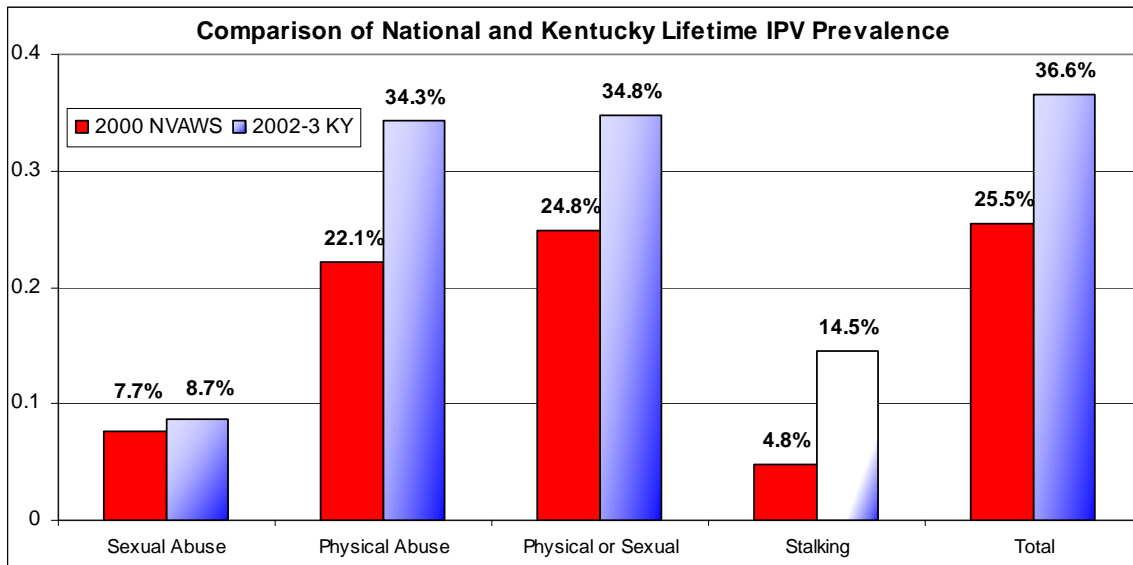
(a) Based on the 2000 Census for adult women in Kentucky (n = 1,582,930 women).

**Table 3. Comparison of State and National IPV Prevalence Findings (a)**

Type of IPV Violence and Abuse	Lifetime IPV Prevalence			12-Month IPV Prevalence		
	NVAWS <i>n</i> = 8,000	KY IPVS <i>n</i> = 4,059	Ratio	NVAWS <i>n</i> = 8,000	KY IPVS <i>n</i> = 4,059	Ratio
Physical	22.1%	34.3%	1.6	1.3%	5.2%	4.0
Sexual (a)	7.7%	8.7%	1.1	0.2%	0.7%	3.5
Physical or Sexual	24.8%	34.8%	1.4	1.5%	5.3%	3.5
Stalking, Very Frightened	4.8%	14.5%	3.0	0.5%	2.8%	5.6
<b>IPV (National definition)</b>	<b>25.5%</b>	<b>36.6%</b>	<b>1.4</b>	<b>1.8%</b>	<b>7.0%</b>	<b>3.9</b>

(a) The lifetime and 12-month IPV prevalence for Kentucky women are significantly higher than NVAW Survey findings, except for sexual IPV, which is higher but not significant.

**Figure 1. Comparison of Lifetime IPV Prevalence: NVAW Survey, Kentucky IPV Survey**



**Kentucky women continue to be at risk for IPV at levels that exceed national statistics.**

Source: National Violence Against Women Survey (NVAWS), 2000

