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# Intimate Partner Violence Among Men and Women in South Carolina, 1998

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*Infectious Disease Surveillance — Continued**References*

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### **Intimate Partner Violence Among Men and Women — South Carolina, 1998**

Few studies provide population-based estimates of intimate partner violence (IPV) for men and women, especially at the state level. IPV may result in adverse health effects for victims and perpetrators (1–3). To estimate the lifetime incidence of IPV by type of violence (e.g., physical, sexual, and perceived emotional abuse) and to explore demographic correlates of reporting IPV among men and women, the South Carolina Department of Health and Environmental Control and the University of South Carolina conducted a population-based random-digit-dialed telephone survey of adults in the state. This report summarizes the results of the survey, which indicated that approximately 25% of women and 13% of men have experienced some type of IPV during their lifetime. Although women were significantly more likely to report physical and sexual IPV, men were as likely as women to report emotional abuse without concurrent physical or sexual IPV.

In November 1998, the University of South Carolina Survey Research Laboratory conducted a survey of South Carolina noninstitutionalized residents aged 18–64 years. A modified Abuse Assessment Screen (AAS) (4) was used to assess IPV among women; similar questions were used to assess IPV among men (5,6). One eligible adult per household was selected randomly. Data from households with more than one adult or more than one residential telephone number were weighted to adjust for unequal probability of sampling. In addition, data were weighted based on respondent age, race, and sex to represent 1990 South Carolina census data. Of 801 eligible residents contacted, 556 (69.4%) agreed to participate; 56.3% were women.

Survey respondents were asked the following questions from AAS to address IPV by type: “In any intimate relationship that lasted at least three months, did you ever feel emotionally or psychologically abused?”; “Did a partner hit, slap, kick, or otherwise physically hurt you?”; and “Incidents involving forced or unwanted sexual acts are often difficult to talk about. In any intimate relationship lasting at least three months, did a partner force you to have sexual activities against your will?” Respondents who answered “yes” were asked the frequency of abuse, the duration of the relationship, their age when they were first in an abusive relationship, their marital status, and the sex of the abusive partner. Other questions were about forced or coerced sexual activities by someone other than an intimate partner, their age at forced sex, and how many times forced sex had occurred.

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PC-SAS was used to weight data by age, race, and state region. Because IPV types overlapped, hierarchic categories of violence exposure were created: physical and sexual IPV, physical without sexual IPV, and perceived emotional abuse without physical or sexual IPV. Most persons who reported physical or sexual IPV also reported perceived emotional abuse. Sex differences in IPV reporting by type and demographic differences in IPV reporting within sex were assessed using multiple logistic regression (7). Models were adjusted for the sample weights (age, race, and state region). Because logistic regression provides odds ratios, which are biased estimates of the relative risk (RR) if the outcomes are not rare (>10%), odds ratios were converted to RRs (8).

Among women, 25.3% (95% confidence interval [CI]=20.4%–29.9%) reported ever experiencing some form of IPV; among men, 13.2% (95% CI=8.6%–16.9%) reported ever experiencing IPV (Table 1). Although women were significantly more likely to experience physical and/or sexual IPV (RR=3.3; 95% CI=1.7–4.9), men were as likely as women to report perceived emotional abuse without physical IPV (8.3% for men [95% CI=3.9%–10.3%] and 7.4% for women [95% CI=4.8%–10.7%]). Women were five times more likely than men to experience forced or coerced sex outside an intimate relationship (Table 1). Women were significantly more likely than men to report forced or coerced sex within an intimate relationship (RR=4.7; 95% CI=1.7–12.5).

Demographic correlates of ever experiencing any type of IPV by sex were examined. Overall, persons with incomes <\$15,000 were almost five times more likely to report IPV than were those with incomes >\$50,000; IPV rates increased with decreasing income for men ( $p=0.002$ ) and for women ( $p=0.0001$ ). Age, education, and race were not associated with reporting IPV.

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**Editorial Note:** These lifetime estimates of physical or sexual IPV in South Carolina (17.8% in women and 4.9% in men) suggest that 112,600 men and 243,400 women aged 18–64 years have experienced IPV and that low-income persons are at greatest risk for reporting IPV; these findings are consistent with rates in other reports (5,6,9). Compared with other surveys, the South Carolina study included emotional abuse caused by IPV and found that men were as likely as women to report emotional abuse.

The findings in this report are subject to at least three limitations. First, although corrections for nonresponse were attempted, respondents may differ from nonrespondents, particularly because of the sensitive nature of the questions. Persons without home telephones (approximately 7% of persons residing in South Carolina) were not included in the survey; therefore, IPV rates in this population cannot be determined. Second, interpreting similar frequencies of perceived emotional abuse for men and women is difficult because of differences in the balance of power in male-female relationships. More research is needed to clarify this finding using specific questions focusing on behaviors of the partner. Third, the small sample size limits study power to provide precise estimates of IPV frequency by type, particularly for men.

This report indicates that behavioral surveys can provide data to direct and evaluate IPV and sexual assault prevention and control activities. South Carolina health officials plan to use large surveys such as the Behavioral Risk Factor Surveillance System to monitor, in alternating years, IPV and forced sex prevalence in the last 12 months among women and men. These data will be distributed to increase awareness of this public

**TABLE 1. Number and percentage of persons aged 18–64 years who reported ever experiencing intimate partner violence (IPV) and forced sex, by sex — South Carolina, 1998**

Category	Women (n=313)			Men (n=243)			RR <sup>§</sup>	(95% CI)
	No.	%*	(95% CI) <sup>†</sup>	No.	%*	(95% CI)		
<b>IPV experience</b>								
Ever experienced any IPV (physical, sexual, or perceived emotional abuse)	78	25.3%	(20.4%–29.9%)	30	13.2%	( 8.6%–16.9%)	2.0	(1.4– 3.5)
Physical or sexual IPV <sup>¶</sup>	55	17.8%	(13.6%–22.3%)	14	4.9%	( 3.3%– 9.7%)	3.3	(1.7– 4.9)
Physical and sexual IPV <sup>¶</sup>	23	7.2%	( 4.8%–10.7%)	4	1.5%	( 0.5%– 3.9%)	4.7	(1.7–12.5)
Physical, no sexual IPV <sup>¶</sup>	32	10.6%	( 7.2%–14.0%)	10	3.4%	( 2.1%– 7.2%)	2.6	(1.3– 4.9)
Perceived emotional abuse, no physical or sexual IPV	23	7.4%	( 4.8%–10.7%)	16	8.3%	( 3.9%–10.3%)	1.3	(0.7– 2.6)
No IPV	235	74.7%	(70.1%–79.6%)	213	86.8%	(83.1%–91.4%)	Referent	
<b>Forced or coerced sex by someone other than an intimate partner</b>								
Ever experienced forced or coerced sexual activity	21	7.8%	( 4.2%–10.2%)	3	2.0%	( 0.3%– 3.6%)	5.5	(1.7–15.0)
Never experienced forced or coerced sexual activity	292	92.2%	(89.4%–95.5%)	240	98.0%	(96.1%–99.7%)	Referent	

\* Weighted for age, race, and state region.

<sup>†</sup> Confidence interval.<sup>§</sup> Relative risk (RR) calculated to convert odds ratios to RRs if the outcome is not rare (8); RR adjusted for age, race, and state region.<sup>¶</sup> >90% also reported perceived emotional abuse.

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health problem, to stress the unacceptability of IPV, and to guide the development of community resources, including crisis hotlines, shelters, counseling victims and perpetrators, and services for children who witness this violence. Intervention activities against IPV in South Carolina include routine screening for IPV in health department clinics (10) and in cooperation with nonprofit agencies, school-based programs to teach conflict resolution and IPV awareness. Additional programs such as interventions to make the criminal justice system (e.g., police, legal advocates, prosecutors, and judges) more responsive to victims are needed to address IPV.

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