732P Intimate Partner Violence Prevalence and Survivors' Health: Changes between 2010 and 2015

Schedule:

Sunday, January 18, 2026
Marquis BR 6, ML 2 (Marriott Marquis Washington DC)

***** noted as presenting author

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Background:

Intimate partner violence (IPV) affects all people regardless of their demographics. Many survivors live with numerous long-term health consequences. The literature suggests that IPV experiences and consequences are associated with the type of IPV and survivors' sociodemographic characteristics and that these relationships vary by where they live, with what resources. As those social contexts tend to change over time, our knowledge needs to keep updated reflecting on such changes. Research on the longitudinal understanding of IPV and social contexts is limited. This study aims to examine if the relationship among IPV experiences and their consequences change over time using nationally representative data, which results are expected to inform the next stage of investigation of social contexts that may affect such changes.

Method:

We used two datasets from the National Intimate Partner and Sexual Violence Survey (NISVS). IPV survivors from two NISVS survey years, 2010 (n=8,587) and 2015 (n=3,912), were selected to examine changes over time. We compared IPV experiences in the past 12 months (e.g., physical violence, sexual violence, stalking), demographics (e.g., gender, race, nativity), and health outcomes (headache, chronic pain, and difficulty sleeping) between 2010 and 2015. We conducted Chi-square and logistic regression analyses.

Results:

In both 2010 and 2015, approximately one-fourth of participants reported experiencing IPV (25.2% in 2010 and 25.7% in 2015). Stalking was the most prevalent form of IPV (17.5% and 18.2%), followed by mild physical violence (8.1% in both 2010 and 2015), sexual violence (5.9% and 7.7%), severe physical violence (4.8% and 5.4%), and rape (1.7% in both years). More survivors in 2015 (7.7%) experienced sexual violence than in 2010 (5.9%). Survivors of sexual violence reported more frequent headaches in both years. Demographic comparisons revealed a lower percentage of immigrant IPV survivors in 2015 (8.2%) than in 2010 (13.2%), although the percentages of immigrants in both years were similar (14.9% & 14.6%). In 2010, US-born individuals experienced stalking more frequently than immigrants (18% vs. 14%), but this difference was not observed in 2015. In 2010, Black and Hispanic survivors experienced sexual violence at higher rates than Whites (9.0%, 8.2% vs. 4.9%), whereas in 2015, female survivors experienced sexual violence more than male survivors (8.7% vs. 6.6%).

Conclusion:

IPV prevalence seems to stay consistent between 2010 and 2015, except sexual violence that increased by 1.8%. There were gender, racial, and ethnic differences in the prevalence of sexual violence that changed over time, which may be associated with many factors, such as changes in the NISVS measurements and unmeasured socioenvironmental changes between 2010 and 2015. The sharp decrease in the IPV prevalence among immigrants is hard to explain. It needs to be further examined whether it is only for the NISVS or has been observed by other national data. Some of these differences may happen at local or state levels, which may confound the results of the national level analyses like this study. Future research needs to use data at multiple levels, including local, state, and national, to measure IPV prevalence and differences across various subgroups.