

APA RESOLUTION to Prioritize the Elimination of Gender-Based Violence Against Women and Marginalized Populations

AUGUST 2026

INTRODUCTION

Gender-based violence (GBV), particularly intimate partner violence (IPV), is a persistent public health crisis of pandemic proportions. During the COVID-19 pandemic, the United Nations Secretary-General described violence against women as a “shadow pandemic,” highlighting the widespread and escalating nature of these harms. The United States, alongside many nations worldwide confronting GBV, can strengthen its response by drawing on international peer-reviewed research showing effective community mobilization, gender-transformative programming, economic empowerment, educational, and public health approaches (Abramsky et al., 2016; Doyle et al., 2018). GBV includes physical, sexual, psychological, economic, and technology-facilitated abuse, as well as stalking. These forms of violence disproportionately affect women and girls, Sexual and Gender Minoritized (SGM) individuals, and people from historically marginalized communities. For adolescent girls, this crisis often manifests early as teen dating violence (TDV); national surveillance reveals that nearly one in ten high school girls experiences physical or sexual dating violence annually, triggering immediate and long-term psychological distress (CDC, 2023; Padilla-Medina et al., 2021). Additionally, women with disabilities are at greater risk for sexual coercion, sexual violence and IPV than women without disabilities, (Center for Disease Control [CDC], 2024b; Garcia-Cuellar et al., 2023) and the risk of IPV elevates with increasing severity of disability (Chirwa et al., 2020). Psychological research consistently identifies a range of structural barriers that can prevent survivors from leaving abusive relationships, including economic dependence, lack of affordable housing, cultural and familial pressures, immigration-related concerns, and prior negative experiences with legal or institutional systems. Psychological research has also highlighted critical psychological barriers that can prevent survivors from leaving abusive relationships, including fear of retaliation and abusive relational patterns that involve periods of manipulation, shaming, and threats of harm with periods of calm and displays of affection. These long-term, repeated intermittent reinforcements can create a cycle where the woman begins to rely on the abuser for a sense of self-worth

and attachment, thus maintaining the abusive relationship. Thus, the barriers women face when trying to leave abusive relationships are multidimensional and complex. Approaches that rely solely on punitive or criminal-legal responses often fail to address these underlying barriers and, in some cases, may discourage survivors from seeking support.

The experiences of cisgender women, transgender and nonbinary individuals, women and girls of color, Indigenous women and girls, immigrant women and girls, women and girls with disabilities, SGM individuals, and older adults are distinct yet interconnected. That said, safely leaving individuals perpetrating GBV and IPV can be particularly significant and complex for survivors from communities affected by historical and intergenerational trauma, including Black, Indigenous, immigrant, and SGM individuals who may experience bias, discrimination, or mistrust within formal systems of care and response.

The American Psychological Association (APA) affirms that psychological science holds both the evidence base and the professional responsibility to inform, shape, and evaluate approaches to addressing GBV and IPV. Decades of research in trauma, prevention, community intervention, and survivor-centered care have produced critical knowledge needed to develop effective policies, strengthen systems of response, and reduce the long-term impacts of violence on individuals, families, workplaces, and communities. APA's policy engagement on GBV and IPV is grounded in the ethical obligations of the profession and the evidentiary weight of psychological science. Decades of peer-reviewed research have established the profound and lasting psychological consequences of GBV specifically IPV, including post-traumatic stress disorder, depression, anxiety, substance use disorders, suicidality, and complex trauma, as well as the neurobiological, developmental, and intergenerational impacts on survivors and their children. Additionally, psychological science has equally demonstrated that prevention is possible. Trauma-informed intervention, perpetrator accountability programs with clinical oversight, community-based crisis response, and survivor-centered legal advocacy all carry evidentiary support.

WHEREAS, The most recent National Intimate Partner and Sexual Violence Survey (NISVS 2023/2024) found that more than one in three women (34.0%, or nearly 43.5 million) in the United States experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime. In addition, the estimated lifetime economic cost of IPV is approximately \$103,767 per female victim, totaling nearly 60% of the \$3.6 trillion nationally. These data affirm IPV as a primary driver of preventable female morbidity and mortality that demands sustained federal public health investment (CDC, 2024a; Leemis et al., 2022; Peterson et al, 2018; Rowh & Jack, 2024).

WHEREAS, gender-based violence (GBV), including physical, sexual, psychological, economic, and technology-facilitated abuse, as well as stalking, remains a persistent, widespread, and evolving public health and human rights concern reflected in prior APA policy resolutions (APA Girls and Women Guidelines Group, 2018; APA, 2021). Such violence disproportionately affects women, girls, and marginalized populations, including individuals targeted because of their sexual orientation, gender identity, gender expression, or migration status. Studies conducted across many regions demonstrate that these populations often experience violence that is equal to or greater in prevalence, severity, and barriers to assistance than more socially privileged populations (Benítez-Hidalgo et al., 2026; Sardinha et al., 2022).

WHEREAS, GBV/IPV is associated with significant adverse physical and mental health outcomes as well as substance use. Survivors face two times greater risk of alcohol and substance abuse, three times greater risk of depression and posttraumatic stress disorder with lifetime prevalence rates of 31.5% for physical abuse and 64.5% for rape by a partner. Furthermore, IPV is associated with adverse health behaviors such as smoking and binge drinking among victims (Campbell et al., 2021; CDC, 2026; Leemis et al., 2022).

WHEREAS, GBV/IPV is associated with increased health care utilization and costs. The polytrauma clinical triad (TBI with persistent neurobehavioral symptoms, PTSD, and chronic pain) significantly worsens outcomes. Sharon E. Leong et al. (2025) found IPV-related TBI survivors had 3.84 times higher odds of the complete triad (N=198). Further, 14% of IPV-PA (physical abuse) female survivors reported mental health symptoms 27 years after the violence. Another study reported that IPV constituted \$2.1 trillion (59%) of the annual \$3.6 trillion economic burden, as survivors are more likely to require medical care and have higher overall health service use (CDC, 2026; Johnson et al., 2022; Peterson et al., 2018; Jenkins et al., 2025).

WHEREAS, existing surveillance and data collection systems may undercount the true scope and complexity of sexual violence and intimate partner violence due to limited

definitions, barriers to disclosure, insufficient privacy protections, and challenges in capturing the experiences of diverse populations. Data challenges persist despite the importance of accurate, inclusive, and trauma-informed data collection for understanding prevalence, identifying disparities, improving interventions, and evaluating the effectiveness of prevention and support efforts (Barrick et al., 2025; Chen et al., 2023; Kelleher et al., 2025).

WHEREAS, research shows that healthcare providers experience significant gaps in their capacity to identify and care for women subjected to sexual exploitation, trafficking, and GBV/IPV, which makes healthcare systems inadequate in their identification and responses for these populations. These challenges underscore the strong need to train healthcare providers in IPV and GBV. Consequences of insufficient training include missed identification of applicable trauma symptoms, lack of use of screening and identifying tools for risk and lethality, delayed or lack of appropriate screening, increased likelihood of poor physical health outcomes, re-traumatization of patients, and reduced access for patients to receive necessary treatment and supportive services. A 2021 study found post-utilization of the Emergency Room visit, one in four did not disclose their sexual assault. (Alvarez et al., 2020; Andersson & Örmön, 2024; Barrick et al., 2025; Chen et al., 2023; Kelleher et al., 2025; Flores et al., 2025; Short et al., 2021).

WHEREAS, adolescent girls and young women bear a heavy and disproportionate burden of early-onset violence, with the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS) revealing that nearly one in ten high school girls (9.3%) experienced sexual dating violence and 11.4% experienced physical dating violence within the past year. These early lifetime exposures to violence are primary drivers of the youth mental health crisis, strongly correlating with persistent feelings of sadness, substance abuse, and suicidal ideation. Exposure to violence during childhood is also recognized as an **Adverse Childhood Experience (ACE)**, which has been linked to an increased risk of chronic physical and mental health conditions, impaired educational attainment, and future victimization and perpetration of violence across the lifespan. Together, these findings emphasize the urgent need for robust federal investments in school-based teen dating violence (TDV) prevention and early intervention frameworks (CDC, 2023; CDC, 2024a; Giffords Law Center, 2024; Padilla-Medina et al., 2021; PreventConnect, 2023; van der Kolk, 2014).

WOMEN OF COLOR, INDIGENOUS WOMEN AND IMMIGRANT WOMEN

WHEREAS, Black women are disproportionately represented among victims of intimate partner homicide in the United States. They constitute approximately 13.4% of the population

yet account for 29.9% of all intimate partner homicide victims during 2018–2021, a racial disparity that widened during 2020–2021. Research identifies structural racism, residential segregation, poverty, and inadequate access to affirming legal and psychological services as key structural drivers of this lethal inequity (Rowh & Jack, 2024; Waller et al., 2024; Wilson & Blair, 2024).

WHEREAS, Native American and Alaska Native women are reported to be victimized by intimate partners at higher rates than any other racial or ethnic group in the United States. From 2021 to 2023, law enforcement reported 25,817 incidents of violent crime against American Indian or Alaska Native females. Research identifies histories of colonization, structural racism, federal jurisdictional barriers, and lack of culturally congruent services as compounding their vulnerability and limiting access to safety and justice (FBI, 2025; Jock et al., 2022; Fedina et al., 2023).

WHEREAS, Undocumented immigrant women face a formidable use of immigration status as a tool of coercive control within abusive relationships. Qualitative research documents that fear of deportation and family separation, language barriers, mistrust of law enforcement rooted in racialized exclusion, intentional manipulation by their abuser, lack of knowledge about immigration laws, cultural and religion, and lack of knowledge about VAWA immigration protections such as U and T visas are among the most significant barriers to disclosure and help-seeking (Flores et al., 2025; Hulley et al., 2022; Sabri et al., 2022; Zero et al., 2023).

WHEREAS, approximately 20% of women in Hispanic households experience IPV. Latina survivors often encounter a range of cultural, economic, and structural barriers that may impede their ability to leave abusive relationships. These barriers include strong familial obligations, religious and cultural beliefs that discourage divorce, isolation, financial dependence on an abusive partner, limited English proficiency, and fears associated with immigration status and potential legal consequences. (Peterson, 2020; Rizo & Macy, 2011).

WHEREAS, Limited research is available on East Asian women, immigrant South Asian women are particularly vulnerable to partner abuse due to spousal visas which preclude their working in the US, while another study found that 40% percent of the 160 immigrant women respondents reported physical IPV, sexual IPV, or injury/need for medical services due to IPV from current male partners. Patriarchy, family honor, and collectivism were barriers to reporting. (Tasbiha, N. S., & Zaidi, A. U., 2025, Bhandari, S., & Sabri, B., 2020).

RISKS TO PREGNANCY AND MATERNAL HEALTH

WHEREAS, GBV/IPV during pregnancy is a preventable cause of injury, infant low birth weight, preterm birth, and

death. CDC's Pregnancy Risk Assessment Monitoring System data from 2016 to 2022 found that 5.4% of women with a live birth experienced IPV while pregnant, with all IPV types associated with delayed prenatal care, depression, and adverse birth outcomes. Black, American Indian or Alaska Native, multiracial, and younger women experienced disproportionately high rates of pregnancy-related IPV. IPV and reproductive coercion among Hispanic women significantly increased unintended pregnancy risk, with 3,725 participants demonstrating this association persisted across marital status groups. (Campbell et al., 2021; CDC, 2024a; Morrison et al., 2022; National Partnership for Women & Families, 2024; Steele-Baser et al., 2024; Espinoza et al., 2025).

WHEREAS, Maternal homicide is among the leading causes of pregnancy-associated death in the United States. The National Violent Death Reporting System data (2018–2022) found that 51% of identified maternal homicides were associated with IPV and that firearms accounted for 78% of those deaths. Independent research from Harvard T.H. Chan School of Public Health confirms that pregnant women are more likely to be murdered than to die from common obstetric causes such as hypertensive disorders, hemorrhage or sepsis (Cliffe & Miller, 2025; Lawn & Koenen, 2022; Morrison et al., 2022).

WOMEN WITH DISABILITIES

WHEREAS, A 2023 systematic review of 26 studies confirmed that the frequency and risk of all types of IPV namely, physical, psychological, sexual, and financial, are consistently greater in women with disabilities than in those without disabilities. Interpersonal abuse within this population frequently co-occurs with enforced isolation, financial dependency, fear of retribution, and reliance on an abusive partner for caregiving, compounding both vulnerability as well as barriers to departure and recovery. Women with disabilities are also more likely to experience multiple types of violence by multiple perpetrators and for longer durations than women without disabilities (Anyango et al., 2023; Garcia-Cuellar et al., 2023; Namatovu et al., 2024).

ELDER CARE

WHEREAS, IPV among women in late life stages frequently includes financial exploitation, neglect, emotional abuse, abandonment, physical violence, and sexual violence. Emerging research has identified adverse health outcomes associated with late-life IPV including pain disorders, gastrointestinal conditions, and mental health aftereffects. Unfortunately, many healthcare providers and elder care professionals continue to lack standardized, evidence-based training to effectively screen for and respond to the

needs of this rapidly growing and underserved population (Administration for Community Living, 2025; Hoy-Ellis et al., 2024; Kong et al., 2024; Reisenhofer et al., 2023).

WOMEN IN RURAL AREAS

WHEREAS, A 2023 national study found that rural residents had both a higher prevalence of IPV and a significantly higher risk of not being screened for IPV in a healthcare setting compared to urban residents. Rural survivors face compounded barriers including geographic and social isolation, limited shelter capacity, extended emergency service response times, inadequate transportation, broadband issues that prohibit adequate telehealth and resource access, inadequate housing options once out of relationships, unique cultural considerations, and the stigma of small-community visibility that together render existing resources functionally inaccessible to those who need them most. Qualitative research further documents that coercive control in rural settings is intensified by women's deep ties to land, animals, and community, creating unique barriers to departure (Wuerch et al., 2025; Rural Health Information Hub, 2024; Wood et al., 2025).

SGM AND MARGINALIZED POPULATIONS

WHEREAS, Research consistently documents that SGM individuals experience IPV at rates equal to or exceeding those of heterosexual cisgender populations. A 2023 cross-sectional probability-based study found transgender and gender-diverse individuals face substantially elevated rates of physical, sexual, and IPV compared to cisgender women, while bisexual women report some of the highest lifetime IPV victimization rates of any demographic group in the United States (Chen et al., 2023; Closson et al., 2024; Kelleher et al., 2025).

WHEREAS, Transgender and gender-diverse adults experience IPV at approximately 1.7 times the rate of cisgender individuals, with disparities increasing to 2.2 times for physical IPV and 2.5 times for sexual IPV. A national study of SGM adults aged 50 to 95 further found that transgender respondents experienced IPV at more than double the rate of their non-transgender LGB counterparts, with IPV strongly predicting depressive symptomatology and diminished mental health quality of life (Hoy-Ellis et al., 2024; Peitzmeier et al., 2020).

WHEREAS, Nonbinary, gender-nonconforming, and intersex individuals face heightened vulnerability to IPV, with persistent gaps in research including these populations. A 2024 BMC Global Public Health study confirmed that evidence on IPV in SGM populations, particularly intersex and nonbinary individuals, is disproportionately concentrated in the Global

North, leaving critical policy gaps globally. APA's 2024 Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals explicitly identifies this invisibility as requiring immediate redress (APA, 2024a; Gram et al., 2024).

SYSTEMIC AND STRUCTURAL DIMENSIONS

WHEREAS, psychological research indicates that the current disproportionate emphasis on criminal legal responses has not produced significant reductions in the prevalence of sexual violence. Many survivors, particularly those from communities with adversarial histories with law enforcement, find the criminal justice process retraumatizing, inaccessible, or antithetical to their safety and healing needs. Latina and immigrant survivors specifically report that mistrust of law enforcement rooted in racialized exclusion remains one of the most significant barriers to help-seeking (Flores et al., 2025; Leemis et al., 2022; Zero et al., 2023).

WHEREAS, the Violence Against Women Act (VAWA) has promoted areas under STOP grants to fund violence prevention services for marginalized survivors, yet implementation has been uneven, underfunded relative to demonstrated need, and insufficient to overcome entrenched structural barriers. Furthermore, the absence of affirming shelter infrastructure continues to prevent survivors from accessing federally mandated protections (Chen et al., 2023; Kelleher et al., 2025; Gram et al., 2024).

WHEREAS, survivors across all populations face common structural barriers to leaving abusive relationships, including economic insecurity, lack of affordable housing, lack of safe housing access, unsafe reporting conditions, cultural and familial norms, fear of retaliation, concerns about child custody, concerns about safe housing of pets, immigration vulnerability, and substance use co-occurrence (Clough et al., 2015; Hardesty et al., 2013; Heron et al., 2022; Peterson, 2020).

WHEREAS, existing GBV surveillance data systematically undercounts victimization among SGM individuals, women and girls of color, Indigenous women and girls, women and girls with disabilities, and immigrant women and girls due to reliance on binary gender categories, English-only instruments, and criminal justice reporting thresholds that fail to capture the full spectrum of coercive control, identity-based abuse, and technology-facilitated violence. Community-based advocate research with AAPI survivors specifically demonstrates that NCVS data substantially understates IPV rates in immigrant communities (Chen et al., 2023; Cheng et al., 2025; Kelleher et al., 2025).

WHEREAS, the misuse of artificial intelligence including the generation of non-consensual intimate imagery, AI-assisted

stalking, fake imagery, fake audio, and the manipulation of audio and visual evidence, represents an emerging and rapidly escalating form of technology-facilitated GBV. Between 2019 and 2023 deepfake videos increased by 550%, with 98% constituting non-consensual pornography featuring women globally. Existing federal law has not adequately addressed these harms and current NISVS measures only partially capture technology-facilitated IPV (Ding et al., 2026; UN Women, 2024; Zhang Kudon et al., 2026).

WHEREAS, APA's broader policy commitments to health equity, the dismantling of systemic racism, and affirming care for gender-diverse individuals, codified in its 2021 resolutions on dismantling systemic racism and advancing health equity and its 2024 policy statement on affirming inclusive care, require that GBV policy explicitly account for the intersecting identities and layered vulnerabilities of those most at risk, and that federal legislation be designed with these populations at the center rather than as afterthoughts (APA, 2021; APA, 2024a; Gram et al., 2024).

RESOLUTIONS

THEREFORE, BE IT RESOLVED that APA advocates for strengthening federal structures for IPV/GBV survivor safety, which would require funding and reauthorization of the Violence Against Women Act (S.3623) and the sustained expansion of evidence-based programs, treatment and prevention services, and systems that address GBV and IPV across all communities.

THEREFORE, BE IT RESOLVED that APA advocates for federal and state legislative, regulatory, and funding initiatives and grants that expand housing protections and affordable housing opportunities for survivors of IPV/GBV, recognizing that housing security is critical to preventing continued victimization and promoting long-term well-being.

THEREFORE, BE IT RESOLVED that APA affirms the critical need for inclusive, accessible, and culturally responsive data collection practices and will serve as a technical expertise resource for the expansion of longitudinal, qualitative, and quantitative research on GBV and IPV. APA calls upon the Bureau of Justice Statistics to modernize the National Crime Victimization Survey to reflect the current breadth and complexity of victimization in all communities.

THEREFORE, BE IT RESOLVED that APA affirms its commitment to advocate for evidence-based educational tools on IPV/GBV for psychology graduate training programs. APA will advocate for resources on GBV and IPV for training programs to meet accreditation requirements, offer continuing education (CE) programs, advance curriculum for training on IPV and GBV, and act in accordance with previously published frameworks and resolutions such as

the APA Accessibility and Inclusion Maturity Model (APA, 2024b) and the APA policy statement on affirming evidence-based inclusive care for transgender, gender diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science.

THEREFORE, BE IT RESOLVED that APA advocates for and supports the development, funding, implementation, and evaluation of evidence-based, trauma-informed substance use disorder treatment services for survivors of IPV/GBV, recognizing the need for integrated care that addresses both trauma-related symptoms and substance use to promote long-term recovery and family stability.

THEREFORE, BE IT RESOLVED that APA advocates for increased federal, state, and local investment in evidence-based prevention, intervention, and support services for survivors of IPV in rural communities, including expanded access to mental health care, telehealth services, emergency shelter, legal assistance, transportation resources, and culturally responsive care, recognizing the unique geographic, economic, and social barriers faced by rural survivors.

THEREFORE, BE IT RESOLVED that APA will advocate for training and technical assistance for GBV and IPV screening within pediatric, primary care, obstetrical, gynecological, emergency, behavioral health, and elder care settings to identify, treat and refer survivors of IPV/GBV to community programs and mitigate the economic burden of healthcare costs.

THEREFORE, BE IT RESOLVED that APA further advocates for increased visibility of IPV resources in public spaces, including within schools, with the goal to create safer communities.

THEREFORE, BE IT RESOLVED that APA affirms that it will advocate against the misuse of artificial intelligence and emerging technologies in the perpetration, facilitation, or concealment of GBV and IPV.

REFERENCES

- Abramsky, T., Devries, K. M., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., Musuya, T., Michau, L., & Watts, C. (2016). How does the SASA! community mobilisation intervention work to prevent physical intimate partner violence against women? A realist evaluation. *BMC Public Health*, 16, 339. <https://doi.org/10.1186/s12889-016-3018-9>
- Administration for Community Living. (2025, February 6). Late life domestic violence. U.S. Department of Health and Human Services. <https://acl.gov/programs/protecting-rights-and-preventing-abuse/elder-justice/late-life-domestic-violence>
- Alvarez, C., Fedock, G., Grace, K. T., & Campbell, J. (2020). *Provider screening and referral practices for intimate partner violence in an outpatient care setting*. *Journal of Interpersonal Violence*, 35(23–24), 5877–5888. <https://doi.org/10.1177/0886260517724253>

- American Psychological Association. (2024a, February). *Policy statement on affirming evidence-based inclusive care for transgender, gender diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science*. <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care>
- American Psychological Association. (2024b, August). *Accessibility and inclusion maturity model (AIMM)*. <https://www.apa.org/about/apa/equity-diversity-inclusion/accessibility-inclusion-maturity-model.pdf>
- American Psychological Association. (2023). Resolution supporting girls' and women's human rights. <https://www.apa.org/about/policy/girls-women-human-rights>
- American Psychological Association. (2021). Psychology's role in dismantling systemic racism in the United States: Resolution adopted by the APA Council of Representatives on October 29, 2021. <https://www.apa.org/about/policy/dismantling-systemic-racism> American Psychological Association, Girls and Women Guidelines Group.
- (2018). APA guidelines for psychological practice with girls and women. <https://www.apa.org/about/policy/psychological-practice-girls-women>
- Andersson, M., & Örmön, K. (2024). Healthcare providers' experience of identifying and caring for women subjected to sex trafficking: A qualitative study. *BMC Women's Health*, 24, Article 149. <https://doi.org/10.1186/s12905-024-02992-6>
- Anyango, C., Goicolea, I., & Namatovu, F. (2023). Women with disabilities' experiences of intimate partner violence: A qualitative study from Sweden. *BMC Women's Health*, 23, Article 384. <https://doi.org/10.1186/s12905-023-02524-8>
- Barrick, K., Beckett, M., & Rand, M. (2025). *From policy reform to public reckoning: Exploring shifts in reporting of sexual violence victimizations in the NCVS between 1992 and 2021*. *BMC Public Health*, 25, Article 1757. <https://doi.org/10.1186/s12889-025-22832-y>
- Benítez-Hidalgo, V., Pastor-Moreno, G., Ruiz-Pérez, I., et al. (2026). Technology-facilitated sexual violence against women and its health impact: A mixed-methods systematic review. *BMC Public Health*, 26, 543. <https://doi.org/10.1186/s12889-026-26260-4>
- Bhandari, S., & Sabri, B. (2020). Patterns of abuse among South Asian women experiencing domestic violence in the United States. *International social work*, 63(1), 55–68. <https://doi.org/10.1177/0020872818767250>
- Campbell, J., Matoff-Stepp, S., Velez, M. L., Cox, H. H., & Laughon, K. (2021). *Pregnancy-associated deaths from homicide, suicide, and drug overdose: Review of research and the intersection with intimate partner violence*. *Journal of Women's Health*, 30(2), 236–244. <https://doi.org/10.1089/jwh.2020.8875>
- Centers for Disease Control and Prevention. (2024a). About intimate partner violence. <https://www.cdc.gov/intimate-partner-violence/about/index.html>
- Centers for Disease Control and Prevention. (2024b). *National Intimate Partner and Sexual Violence Survey (NISVS)*. <https://www.cdc.gov/nisvs/about/index.html>
- Centers for Disease Control and Prevention. (2026). About intimate partner violence. <https://www.cdc.gov/intimate-partner-violence/about/index.html>
- Chen, J., Khatiwada, S., Chen, M. S., Smith, S. G., Leemis, R. W., Friar, N. W., Basile, K. C., & Kresnow, M. (2023). *The National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017: Report on victimization by sexual identity*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/98137>
- Cheng, S. Y., Lee, J., Kim, J. H., & Jiwatram-Negrón, T. (2025). *Beyond the numbers: Community advocate perspectives on national IPV data among AAPI survivors*. *Families in Society: The Journal of Contemporary Social Services*. Advance online publication. <https://doi.org/10.1177/10443894251383217>
- Chirwa E, Jewkes R, Van Der Heijden I, Dunkle K. Intimate partner violence among women with and without disabilities: a pooled analysis of baseline data from seven violence-prevention programmes. *BMJ Global Health*. 2020;5:e002156. <https://doi.org/10.1136/bmjgh-2019-002156>
- Cliffe, C., & Miller, J. M. (2025). *Maternal homicide rates among U.S. states*. *BMC Public Health*, 25, Article 3509. <https://doi.org/10.1186/s12889-025-24818-2>
- Closson, K., Boyce, S. C., Johns, N., Inwards-Breland, D. J., Thomas, E. E., & Raj, A. (2024). Physical, sexual, and intimate partner violence among transgender and gender-diverse individuals. *JAMA Network Open*, 7(6), e2419137. <https://doi.org/10.1001/jamanetworkopen.2024.19137>
- Clough, A., Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). "Having housing made everything else possible": Affordable, safe and stable housing for women survivors of violence. *Qualitative Social Work*, 13(5), 671–688. <https://doi.org/10.1177/1473325013503003>
- Ding, M. L., Suresh, H., & Venkatasubramanian, S. (2026). *How to stop playing whack-a-mole: Mapping the ecosystem of technologies facilitating AI-generated non-consensual intimate images* [Preprint]. arXiv. <https://doi.org/10.48550/arXiv.2602.04759>
- Doyle, K., Levto, R. G., Barker, G., Bastian, G. G., Bingenheimer, J. B., Kazimbaya, S., Nzabonimpa, A., Pulerwitz, J., Sayinzoga, F., Sharma, V., & Shattuck, D. (2018). Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLOS ONE*, 13(4), e0192756. <https://doi.org/10.1371/journal.pone.0192756>
- Espinoza, L. E., Espinoza, L. E., Diosdado, L., Nguyen-Finn, K., & Talleff, J. L. (2025). The Role of Hispanic Women's Marital Status on Intimate Partner Violence and Reproductive Coercion Resulting in Unintended Pregnancy. *Journal of Interpersonal Violence*, 40(23–24), 5475–5495.
- Federal Bureau of Investigation. (2025, January 14). *Violence against American Indian or Alaska Native females, 2021–2023 special report*. <https://www.fbi.gov/news/press-releases/fbi-releases-violence-against-american-indian-or-alaska-native-females-2021-2023-special-report>
- Fedina, L., Shyrokonis, Y., Backes, B., Schultz, K., Ashwell, L., Hafner, S., & Rosay, A. (2023). Intimate partner violence, economic insecurity, and health outcomes among American Indian and Alaska Native men and women: Findings from a national sample. *Journal of Interpersonal Violence*, 38(3–4). <https://doi.org/10.1177/10778012221127725>
- Flores, Y. R., Raut, S., Mengo, C., Kinsey-Dadzie, T., Zapic, I., Nemeth, J., & Ramirez, R. (2025). *Service accessibility: Service providers' perspectives on barriers faced by immigrant women of color survivors of intimate partner violence*. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-025-00909-x>
- García-Cuellar, M. M., Pastor-Moreno, G., Ruiz-Pérez, I., & Henares-Montiel, J. (2023). The prevalence of intimate partner violence against women with disabilities: A systematic review of the literature. *Disability and Rehabilitation*, 45(1), 1–8. <https://doi.org/10.1080/09638288.2022.2025927>
- Gram, L., Blevins, J., Miedema, S., Hoang, A. T., & Yount, K. M. (2024). *Intimate partner violence in lesbian, gay, bisexual, transgender, queer, and intersex relationships: A call for research-to-action partnerships in higher education settings*. *BMC Global and Public Health*, 2, 53. <https://doi.org/10.1186/s44263-024-00085-y>

- Hardesty, J. L., Khaw, L., Ridgway, M. D., Weber, C., & Miles, T. (2013). *Coercive control and abused women's decisions about their pets when seeking shelter*. *Journal of Interpersonal Violence*, 28(13), 2617-2639. <https://doi.org/10.1177/0886260513487994>
- Heron, R. L., Eisma, M. C., & Browne, K. (2022). *Why do female domestic violence victims remain in or leave abusive relationships? A qualitative study*. *Journal of Aggression, Maltreatment & Trauma*, 31(5), 677-694. <https://doi.org/10.1080/10926771.2021.2019154>
- Hoy-Ellis, C., Jung, H., Cook-Daniels, L., Kim, H., & Fredriksen-Goldsen, K. (2024). Beyond the margins: Intimate partner violence and transgender older adults' health and well-being. *Innovation in Aging*, 8(Supplement_1), 670-671. <https://doi.org/10.1093/geroni/igae098.2192>
- Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2023). *Intimate partner violence and barriers to help-seeking among Black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis of global research*. *Trauma, Violence, & Abuse*, 24(2), 1001-1015. <https://doi.org/10.1177/15248380211050590>
- Jenkins, N.D., Ritchie, C.W., Ritchie, K., Terrera, G.M., Stewart, W. (2025). Intimate partner violence, traumatic brain injury and long-term mental health outcomes in midlife: the Drake IPV study. *BMJ Mental Health*. 28:e301439. <https://doi.org/10.1136/bmjment-2024-301439>.
- Jock, B. W., Dana-Sacco, G., Arscott, J., Bagwell-Gray, M. E., Loerzel, E., Brockie, T., Packard, G., O'Keefe, V. M., McKinley, C. E., & Campbell, J. (2022). 'We've already endured the trauma, who is going to either end that cycle or continue to feed it?': The influence of family and legal systems on Native American women's intimate partner violence experiences. *Journal of Interpersonal Violence*, 37(19-20). <https://doi.org/10.1177/08862605211063200>
- Johnson, L., Chen, Y., Stylianou, A., & Arnold, A. (2022). Examining the impact of economic abuse on survivors of intimate partner violence: A scoping review. *BMC Public Health*, 22(1), 1014. <https://doi.org/10.1186/s12889-022-13329-8>
- Kelleher, S., De Nicolas Audoin, C., Callaghan, L., & Travers, Á. (2025). *Evaluating measures of LGBTQ+ intimate partner violence using consensus-based standards of validity*. *Clinical Psychology Review*, 120, 102620. <https://doi.org/10.1016/j.cpr.2025.102620>
- Kong, J., Moorman, S., & Qin, Y. (2024). Lifetime abuse victimization and prospective health outcomes in older adults. *Innovation in Aging*, 8(Supplement_1), 179-180. <https://doi.org/10.1093/geroni/igae098.0575>
- Lawn, R. B., & Koenen, K. C. (2022). *Homicide is a leading cause of death for pregnant women in US*. *BMJ*, 379, o2499. <https://doi.org/10.1136/bmj.o2499>
- Leemis, R. W., Friar, N., Khatiwada, S., Chen, M. S., Kresnow, M., Smith, S. G., Caslin, S., & Basile, K. C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 report on intimate partner violence. Centers for Disease Control and Prevention.
- Leong, S. E., Logan, T. K., Badour, C. L., & Karr, J. E. (2025). The Polytrauma Clinical Triad Among Women with a History of Intimate Partner Violence. *Journal of Neurotrauma*, 42(19-20), 1816-1829. <https://doi.org/10.1089/neu.2025.0064>
- Morrison, P. K., Pallatino, C., Fusco, R. A., Kenkre, T., Chang, J., & Krans, E. E. (2022). Pregnant victims of intimate partner homicide in the National Violent Death Reporting System database, 2003-2014: A descriptive analysis. *Journal of Interpersonal Violence*, 37(5-6), NP2652-NP2670. <https://doi.org/10.1177/0886260520943726>
- Namatovu, F., Ineland, J., & Lövgren, V. (2024). *Exploring the perspectives of professionals on providing intimate partner violence services to women with disabilities*. *Violence Against Women*, 30(2), 622-640. <https://doi.org/10.1177/10778012221137916>
- National Partnership for Women & Families. (2024). Intimate partner violence endangers pregnant people and their infants. <https://nationalpartnership.org/report/intimate-partner-violence/>
- Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agenor, M., & Reisner, S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health*, 110(9), e1-e14. <https://doi.org/10.2105/AJPH.2020.305774>
- Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *JAMA Network Open*, 1(4), e180782. <https://doi.org/10.1001/jamanetworkopen.2018.0782>
- Peterson, C. (2020). *Interpersonal aggression: Complexities of domestic and intimate partner abuse*. Wheatmark.
- Reisenhofer, S., Hohl, S. D., Muench, U., Green, A. R., & Tisminetzky, M. (2023). *Adverse health correlates of intimate partner violence against older women: Mining electronic health records*. *PLOS ONE*, 18(3), e0281863. <https://doi.org/10.1371/journal.pone.0281863>
- Rowh, A., & Jack, S. (2024). Notes from the field: Intimate partner homicide among women—United States, 2018–2021. *Morbidity and Mortality Weekly Report*, 73(34), 754–756. <https://doi.org/10.15585/mmwr.mm7334a4>
- Rural Health Information Hub. (2024). *Violence and abuse in rural America*. <https://www.ruralhealthinfo.org/topics/violence-and-abuse>
- Sabri, B., Njie-Carr, V. P. S., Messing, J. T., Glass, N., Btoush, R., Campbell, J., & Parillo, K. M. (2022). Conducting intervention research with immigrant survivors of intimate partner violence: Barriers and facilitators of recruitment and retention. *Journal of Interpersonal Violence*, 37(19-20), NP18060-NP18084. <https://doi.org/10.1177/08862605211035866>
- Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, 399(10327), 803–813. [https://doi.org/10.1016/S0140-6736\(21\)02664-7](https://doi.org/10.1016/S0140-6736(21)02664-7)
- Short, N. A., Lechner, M., McLean, B. S., Tungate, A. S., Black, J., Buchanan, J. A., Reese, R., Ho, J. D., Reed, G. D., Riviello, R. J., Rossi, C. H., Nouhan, P. P., Phillips, C. A., Martin, S. L., Liberzon, I., Rauch, S. A. M., Bollen, K. A., Kessler, R. C., & McLean, S. A. (2021). *Health care utilization by women sexual assault survivors after emergency care: Results of a multisite prospective study*. *Depression and Anxiety*, 38(1), 67-78. <https://doi.org/10.1002/da.23102>
- Steele-Baser, M., Brown, A. L., D'Angelo, D. V., Ko, J. Y., & Barfield, W. D. (2024). Intimate partner violence and pregnancy and infant health outcomes—Pregnancy Risk Assessment Monitoring System, nine U.S. jurisdictions, 2016–2022. *Morbidity and Mortality Weekly Report*, 73(48), 1093-1098. <https://doi.org/10.15585/mmwr.mm7348a1>
- Tasbiha, N. S., & Zaidi, A. U. (2025). The psycho-social factors that escalate intimate partner violence (IPV) among South Asian women in North America: An intersectional approach and analysis. *Journal of Human Behavior in the Social Environment*, 35(2), 196-244. <https://doi.org/10.1080/10911359.2023.2291436>
- UN Women. (2024). *AI-powered online abuse: How AI is amplifying violence against women and what can stop it*. <https://www.unwomen.org/en/articles/faqs/ai-powered-online-abuse-how-ai-is-amplifying-violence-against-women-and-what-can-stop-it>
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

- Waller, B. Y., Joseph, V. A., & Keyes, K. M. (2024). *Racial inequities in homicide rates and homicide methods among Black and White women aged 25–44 years in the USA, 1999–2020: A cross-sectional time series study*. *The Lancet*, 403(10430), 935–945. [https://doi.org/10.1016/S0140-6736\(23\)02279-1](https://doi.org/10.1016/S0140-6736(23)02279-1)
- Wilson, R. F., & Blair, J. M. (2024). *Racial inequities in homicide rates: Black women in the USA*. *The Lancet*, 403(10430). [https://doi.org/10.1016/S0140-6736\(23\)02585-0](https://doi.org/10.1016/S0140-6736(23)02585-0)
- Wood, K., Giesbrecht, C. J., Brooks, C., & Arisman, K. (2025). *"I couldn't leave the farm": Rural women's experiences of intimate partner violence and coercive control*. *Violence Against Women*, 31(4), 937–960. <https://doi.org/10.1177/10778012241279117>
- Wuerch, M. A., Giesbrecht, C. J., Hampton, M. R., & Wright, K. D. (2025). *Barriers to leaving and accessing services: Perspectives of service providers working with rural women experiencing intimate partner violence in Saskatchewan, Canada*. *Journal of Family Violence*. Advance online publication. <https://doi.org/10.1007/s10896-025-00940-y>
- Zero, O., Tobin-Tyler, E., & Goldman, R. E. (2023). *Barriers to disclosure of intimate partner violence among undocumented Spanish-speaking immigrants in the United States*. *Violence Against Women*, 29(15–16), 3182–3201. <https://doi.org/10.1177/10778012231196055>
- Zhang Kudon, H., Zhu, S., Chen, B., Breiding, M. J., Leemis, R. W., Zhang, X., Schwank, A., & Basile, K. C. (2026). *The National Intimate Partner and Sexual Violence Survey: 2023/2024 data brief—Intimate partner violence*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nisvs>