

Evidence Brief

Key Priorities of the US National Plan to End Gender-Based Violence



In 2023, the US released its first-ever [National Plan to End Gender-Based Violence](#) (GBV), informed by a comprehensive, national process that engaged survivors, advocates, and other stakeholders.¹ The plan set out federally-focused strategies for ending GBV organized around 7 key priority areas which remain relevant and essential.

This Evidence Brief provides selected statistics on the personal and societal impacts of GBV, followed by evidence summaries for each key priority area in the plan.

Gender-Based Violence in the United States

Intimate partner violence (IPV) and sexual violence (SV) are leading forms of gender-based violence (GBV). Profound gender differences exist, which are important to understand in prevention and response planning. Women's experiences of GBV are more severe, more chronic, more complex, and more lethal compared with those of men.²⁻³

Prevalence

The 2023/24 National Intimate Partner Sexual Violence Survey (NISVS) data indicate that:

- **34%** of women will experience IPV¹ and **45%** will experience SV in their lifetimes.³
- **17%** of men will experience IPV¹ and **17%** will experience SV in their lifetimes.³
- **30%** of women and **13%** of men have experienced IPV with at least one IPV-related impact in their lifetimes.^{2*}

The 2022 National Violent Death Reporting System (NDVRS) data indicate that:

- For cases in which the victim/offender relationship is known, intimate partners are responsible for over **50%** of women's homicides and **8%** of men's homicides.⁴

Disparities

Disparities persist:

- Prevalence of attempted/completed rape is highest among non-Hispanic multiracial women (**48%**) and non-Hispanic American Indian/Alaska Native women (**44%**) relative to non-Hispanic Black (**29%**), non-Hispanic white (**28%**), and Hispanic (**20%**) women.⁵
- Black women are more than **2 times more likely** to be killed by an intimate partner compared to white women.⁶
- IPV prevalence differs by sexual identity. While **46%** of heterosexual women experience IPV in their lifetimes, prevalence increases to **56%** among lesbian women and **69%** among bisexual women.⁷

* IPV-related impacts include: being fearful, being concerned for safety, any post-traumatic stress disorder symptoms, injury, need for medical care, filed a police report, missing at least one day of work, missing at least one day of school, need for housing, need for victim advocate services, need for legal services, contacting a crisis hotline.



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- While **53%** of heterosexual women experience contact SV in their lifetimes, the prevalence is **60%** for lesbian women and **79%** for bisexual women.⁷
- Compared to cisgender people, transgender people are almost **2 times more likely** to experience IPV in their lifetime.⁸

Impacts

IPV and SV have serious health, social, and economic consequences. Compared to women who have not experienced GBV, women survivors are:

Physical Health

- **80%** more likely to experience chronic pain⁹
- **70%** more likely to have a disability⁹
- **80%** more likely to have difficulty sleeping⁹

Mental Health

- **90%** more likely to experience major depressive disorder¹⁰
- **2.5 times** more likely to experience anxiety disorders¹⁰
- **3 times** more likely to engage in self-harm¹⁰
- **94%** more likely to experience a drug use disorder¹⁰

Sexual and Reproductive Health

- **58%** more likely to contract HIV/AIDS¹⁰
- **93%** more likely to experience abortion or miscarriage¹⁰
- **24%** more likely to experience severe blood loss in childbirth¹⁰

GBV impacts survivors' social and economic well-being:

- The lifetime cost per female IPV victim is **\$103,767**¹¹ and per female rape victim is **\$122,461**¹² due to:
 - » Medical costs
 - » Lost productivity
 - » Criminal justice activities
 - » Property loss or damage

GBV also limits educational opportunity¹³ and restricts workplace participation.¹⁴⁻¹⁵

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Evidence Supporting National Plan Priorities



Priority 1: Prevention

Prevention efforts focus on recognizing and reducing risk factors for victimization and perpetration at the individual, interpersonal, community, and societal levels across the lifespan. A substantial body of evidence has demonstrated that prevention is possible.¹⁶⁻¹⁷

- Bystander intervention programs can reduce SV perpetration and victimization.¹⁸
- Norms change through educational programming for men and boys¹⁹ and family-based strategies are effective in reducing GBV perpetration and victimization.²⁰
- Healthy relationships promotion through educational interventions can generate sustained reductions in teen physical and sexual dating violence.²¹
- Enhancing women's economic empowerment and stability through policies and programs can disrupt the mutually reinforcing relationship between economic dependence and IPV.²²
- Environmental and situational modification shows promise in reducing GBV risk.²³
- Support services for GBV survivors—as well as perpetrators—play a key role in preventing future violence victimization.²⁴⁻²⁵

The burden of GBV and its health and social impact underscore the need for prevention — **to stop violence before it occurs and break revictimization cycles early before abuse escalates.**

The CDC has published Resources for Action for [intimate partner violence](#)¹⁶ and [sexual violence](#)¹⁷ that compile the best evidence available for preventing and responding to GBV.



Priority 2: Survivor Supports and Wellbeing

Survivor support is a key component of a comprehensive violence response.²⁶ Support services for GBV survivors encompass a comprehensive set of services, including:

- Crisis hotlines and ongoing advocacy²⁷⁻²⁹
- Mental health counseling²⁷⁻²⁹
- Legal aid²⁸
- Emergency shelter^{27-28, 30}
- Supportive housing^{24, 31}
- Substance use treatment²⁸
- Forensic exams³² and STI/HIV prevention³³

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Survivor supports can improve safety, health, and well-being, and in some cases can mitigate the risk for revictimization:

- Mental health services can improve mental health symptoms among SV survivors.³⁴⁻³⁶
- Housing supports increase safety among IPV survivors.^{25, 31}

Programs and policies that provide support, healing, safety, and well-being reduce the negative impacts of GBV on survivors and on their loved ones, community, and society.



Priority 3: Housing Stability and Economic Security

Economic and housing insecurity are linked to GBV through mutually reinforcing pathways. GBV, including economic abuse, threatens women's economic stability and, in turn, their housing stability,³⁷ contributing to a cycle of revictimization and escalating violence severity.³⁸⁻⁴⁰

- Economic insecurity and dependence are both risk factors for, and consequences of, GBV victimization.⁴¹
- Economic insecurity can increase stress and conflict within relationships, which increases risk for partner abuse.⁴²
- Economic insecurity can enable economic dependence on partners who, in turn, may control finances, housing, transportation, access to employment, and other resources, further limiting a person's ability to leave a violent relationship.⁴²
- GBV can interfere with an individual's ability to attend school⁴³ or work,⁴⁴ creating a cycle in which violence leads to lower earnings and job insecurity¹³, causing further economic instability and dependence.

GBV is a leading cause of homelessness.⁴⁵⁻⁴⁶

- Women who experience IPV have a four fold increase in risk of homelessness and housing instability.³⁸
- The risk of homelessness is a leading barrier for women seeking to leave an abusive relationship.⁴⁷
- The current affordable housing crisis limits affordable housing options, placing women at greater risk for IPV and further limiting their ability to leave a violent relationship.⁴⁷
- Housing supports reduce housing instability and increase safety among IPV survivors.^{25,31}

The interplay between violence and economic and housing insecurity underscores the need for programs and policies that facilitate access to employment and safe and secure housing among survivors to promote long-term safety and well-being.

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Priority 4: Online Safety & Security

Technology-facilitated gender-based violence (TFGBV) is defined as “an act of violence perpetrated by one or more individuals that is committed, assisted, aggravated, and amplified in part or fully by the use of information and communication technologies or digital media against a person on the basis of gender.”⁴⁸

TFGBV is a recently recognized method of causing harm – one that reflects the rising role of technology in everyday life.⁴⁹⁻

⁵⁰ TFGBV is commonly committed by intimate partners.⁵¹

- **28%** of women have experienced technology-facilitated SV in their lifetimes.³
- **73%** of U.S. college students in a recent study have experienced TFGBV by a current or former partner.⁵¹

TFGBV includes, but is not limited to:

- Verbal harassment via electronic methods, including text and phone calls
- Non-consensual distribution of explicit images and extortion related to their distribution
- Cyberstalking (e.g., monitoring a person’s online activity and movements through technologies like GPS)
- Deepfakes (digitally altered explicit images)
- Violent threats
- Facilitation of sex trafficking
- Digital monitoring, control, or non-consensual use of financial assets or accounts

Emergent evidence demonstrates serious TFGBV-related consequences for health and well-being:

- Financial⁵²⁻⁵³
 - » Loss of control of online banking and other financial assets
 - » Costs related to the replacement of electronic devices and removal of online content
 - » Job loss or challenges obtaining employment
- Mental health⁵⁴⁻⁵⁵
 - » Increased anxiety, depression, and heightened fear/psychological distress following victimization

The TFGBV lexicon and policy are rapidly evolving. Onward work is needed to better understand the breadth of the problem, measure its magnitude, and address its impacts on health and well-being.

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Priority 5: Legal and Justice Systems

Despite advances in legal and justice systems, GBV remains among the most underreported crimes. Some legal and justice system approaches have increased safety and well-being among GBV survivors. Reporting IPV to police can decrease risk of revictimization.⁵⁶

However, barriers to accessing police and negative experiences while doing so have limited their use among many survivors.

- In 2024, only **24%** of all rapes/sexual assaults were reported to police.⁵⁷
- In 2024, only **61%** of IPV incidents were reported to police.⁵⁷

Increasing survivor use of legal and justice systems requires a survivor-centered and trauma-informed response that includes:

- Enhancing public trust and reducing barriers to help-seeking from legal and justice systems, particularly among historically marginalized or targeted groups
- Increasing cooperation between legal and justice systems and other GBV support services
- Improving training for law enforcement and legal and court personnel (e.g., judges)
- Developing, implementing, and evaluating approaches to GBV accountability that are not focused on police involvement and incarceration (e.g., restorative justice)⁵⁸

SPOTLIGHT ON GUN REFORM

In the absence of a coordinated federal policy response, state-level policy reform presents an avenue for improving legal and justice system GBV prevention and response. Differences in state-level GBV-related policies create disparities in GBV-related outcomes. For example:

- The presence of a gun in the home during an IPV incident is associated with a fivefold increase in risk of death.⁵⁹
- States with laws that prohibit gun possession and require gun relinquishment among individuals with an IPV-related restraining order have significantly lower rates of intimate partner homicide compared to states without these laws.⁶⁰

Creating a justice system that is responsive to survivor needs and addresses longstanding disparities in access to legal protections is key to increasing survivor safety and well-being.

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Priority 6: Emergency Preparedness and Crisis Response

Social and economic shocks resulting from emergencies like natural disasters can worsen gender inequities and increase GBV risk.⁶¹

Emergency or crisis	GBV-related impact(s)
Grand Forks Flood (North Dakota, 1997)	• Increase in physical IPV prevalence⁶²
Hurricane Katrina (Louisiana, 2005)	• Increase in emotional IPV⁶³ • Increase in physical IPV⁶⁴
COVID-19 pandemic (Global, 2020-2022)	• Increase in IPV severity⁶⁵ • Increase in new cases of IPV in relationships that previously had no abuse⁶⁵

Past examples demonstrate heightened GBV risk in times of crisis. As extreme weather and other emergencies become more common, it becomes ever more critical to address GBV prevention and response within emergency preparedness and crisis response.



Priority 7: Research and Data

Research and data provide a foundation to understand the scope and impact of GBV, risk and protective factors, and the most promising strategies to prevent and respond to GBV. Current key data sources for GBV in the US include:

Source/Topic	Methods	Strengths/ Use	Challenges
National Intimate Partner and Sexual Violence Survey (NISVS)	Nationally representative population-based survey, measuring experiences of GBV	National and state-level prevalence estimates Designed using best practices	Lag time in release of data Data not publicly available; requires application for use
National Crime Victimization Survey (NCVS)	Nationally representative population-based survey measuring experiences of crime, including GBV	National prevalence estimates State prevalence for 22 states	GBV framed as crime may cause underreporting Data on impact limited
Crime Data/ Uniform Crime Reports (UCR)	Nationwide crime statistics submitted by law enforcement agencies	Counts available by nation, region, city, and tribal areas Best use: indicator of severe GBV outcomes	Limited to reports to law enforcement Regional variation in completeness of data Undercount and potential biases in reporting

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Source/Topic	Methods	Strengths/ Use	Challenges
National Violent Death Reporting System	Nationwide violent death statistics collected from law enforcement, coroners, and medical examiners	Data available across all 50 states, the District of Columbia, and Puerto Rico	Regional variation in completeness of data
Service Delivery Counts	Counts of individuals served and services provided collected on a single day from participating IPV services providers by the National Network to End Domestic Violence	Shows level of engagement with service delivery systems	Only represents people who seek services
Housing Inventory Counts/Point-in-Time Counts	National counts of individuals experiencing homelessness (sheltered and unsheltered) collected on single day by local Continuums of Care Data are submitted to and published annually by the Department of Housing and Urban Development (HUD)	Provides estimate of individuals experiencing homelessness due to IPV	Only represents IPV survivors who access services from providers that participate in counts May not identify IPV survivors utilizing traditional shelter services as homeless due to IPV

Ongoing investments in data collection are needed to ensure and enhance completeness and accuracy and provide timely access to data at the state and local levels.

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