

# Domestic Violence

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**Definition:** Domestic violence is a pattern of assault and coercion, including physical, sexual, and psychological abuse, as well as economic coercion, that adults or adolescents use against their intimate partners.<sup>1</sup> In this report, domestic violence-related offenses reported to the police and self reports of physical assault, unwanted sex, and injury by an intimate partner were used to measure domestic violence.

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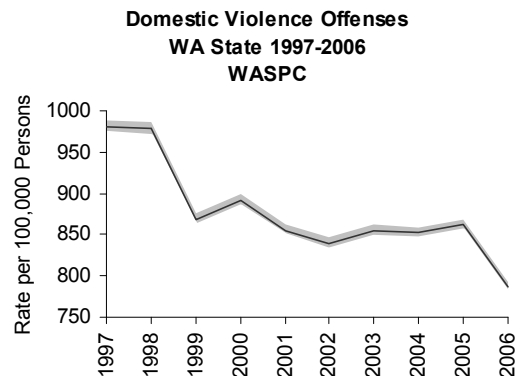
## Summary

Domestic violence is an important cause of injury and death in women. About 2%–14% of emergency department visits by women<sup>2</sup> and a third to half of murders of women result from domestic violence. About 10% of women and 2% of men report being injured by an intimate partner at least once in their lives. Children exposed to domestic violence are at risk for less optimal social, emotional, and cognitive development, and at least for boys, with violence in the next generation. Researchers need to develop effective approaches to recognizing and preventing domestic violence.

## Time Trends

The Washington State 2005 [Behavioral Risk Factor Surveillance System](#) (BRFSS) survey found that 18% ( $\pm 2\%$ ) of Washington adults reported experiencing intimate partner physical violence, 8% ( $\pm 2\%$ ) reported experiencing unwanted sex with an intimate partner, 6% ( $\pm 2\%$ ) reported injuries from intimate partner physical violence or unwanted sex, and 21% ( $\pm 3\%$ ) reported having any of these experiences at least once in their lives. About 1% ( $\pm 1\%$ ) reported intimate partner physical violence or unwanted sex in the past year. The rates of physical violence in the past year and lifetime are similar to those reported in 1998, the first time that intimate partner violence was measured on the BRFSS.

In Washington, reports of domestic violence-related offenses to the Washington Association of Sheriffs and Police Chiefs (WASPC) dropped from 1997 to 2006. In 2006, there were 49,983 domestic violence offenses reported to the police, equivalent to 786 per 100,000 population.



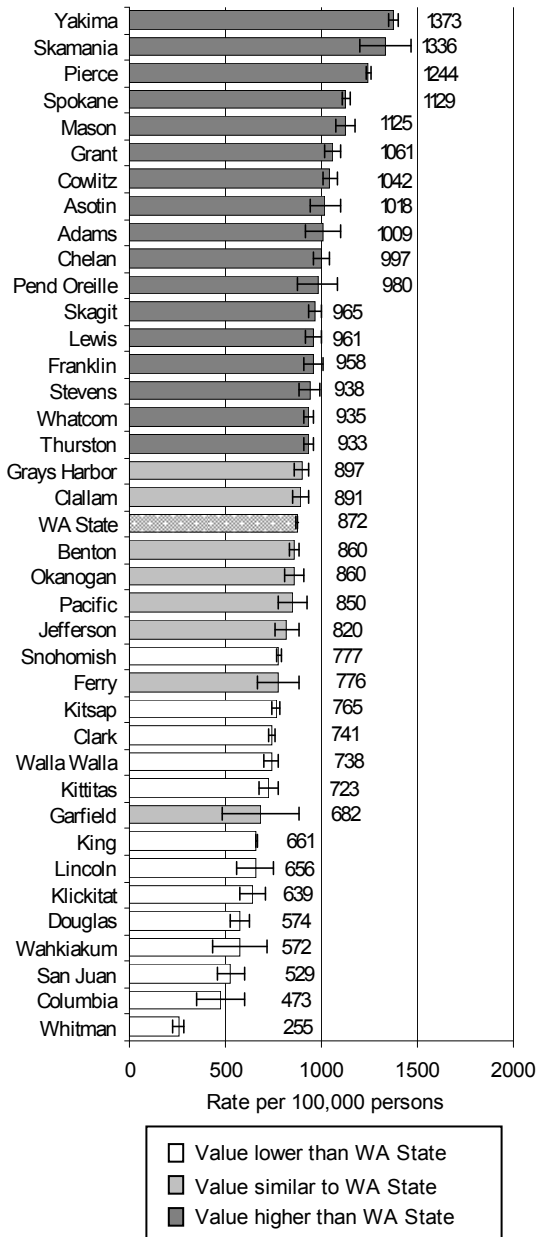
## Year 2010 Goals

The national *Healthy People 2010* goal is to reduce the annual rate of physical assault by current or former intimate partners to no more than 3.3 physical assaults per 1,000 persons ages 12 years and older. Comparable Washington data are not available because the National Crime Victimization Survey, on which these goals are based, does not provide state-level estimates.

## Geographic Variation

Counties vary widely in their rates of domestic violence reported to the police, from fewer than 300 offenses per 100,000 population in Whitman County to more than 1,200 in Skamania, Yakima, and Pierce counties. County data reflect the location of the offense, rather than where the perpetrator or victim lives. Different rates might reflect variability in willingness to report domestic violence to police as well as real differences in the number of events.

**Domestic Violence Offenses  
County Data  
WASPC 2003-2005**



national patterns. The 2001 National Crime Victimization Survey showed that about 85% of victims of intimate partner violence were women (5 per 1,000 women and <1 per 1,000 men).<sup>3</sup>

**Self-Reported Lifetime Experiences of Domestic Violence in Washington Adults, BRFSS 2005**

	Women	Men	Total
Physical violence	23% ±3%	14% ±3%	18% ±2%
Unwanted sex	13% ±2%	3% ±2%	8% ±2%
Injury	10% ±2%	2% ±2%	6% ±1%

The age at which domestic violence occurred is not available from the BRFSS, and the number of people reporting events in the past year is too small to examine age differences. The 2004 National Crime Victimization Survey showed that women ages 20–24 had the highest rates of domestic violence victimization. But women ages 35–49 are at the highest risk of murder by an intimate partner. Women ages 50 and older have the lowest risk for both non-fatal intimate partner violence and murder.

**Race and Hispanic Origin**

Washington domestic violence offence data are not available by race and Hispanic origin. The BRFSS data are unreliable due to the small numbers of adults of most races and Hispanic origin reporting domestic violence. In National Crime Victimization surveys conducted in 1993-2004, domestic violence rates were higher for American Indian and black women than for white women.<sup>4</sup> Some studies also find higher rates of domestic violence among women of Hispanic origin than among whites.<sup>5</sup> But these differences might be due to other factors associated with race and Hispanic origin such as socioeconomic status. One study found that after accounting for income, there were no longer differences in rates of domestic violence between white and black women.<sup>6</sup> (There were too few respondents of other races to compare them within income groups.)

**Income and Education**

Women in low-income households are at heightened risk of domestic violence. A BRFSS study in eight states found that women with household incomes under \$25,000 had about twice the risk of domestic violence as women with higher incomes.<sup>7</sup> National Crime Victimization Survey data also show a strong

**Age and Gender**

Women experience more domestic violence, especially serious violence, than men. The 2005 BRFSS showed that 28% (±3%) of women and 15% (±3%) of men in Washington reported experiencing physical violence or unwanted sex from an intimate partner during their lifetimes. It also showed that 10% (±2%) of women and 2% (±2%) of men in Washington reported ever being injured by an intimate partner. This is similar to

association between income and domestic violence.<sup>4</sup> Women's education levels are not consistently associated with risk for domestic violence.<sup>7</sup>

## Other Measures of Impact and Burden

**Homicide and non-fatal victimization.** The Federal Bureau of Investigation estimates that intimate partners account for a third of female and 3% of male murder victims.<sup>8</sup> These estimates are based on the two-thirds of murders for which we have information about the relationship. A Washington study found that in 2005, intimate partners accounted for half of female murder victims. The higher rates in Washington were largely due to counting ex-girlfriends in the Washington study but in not the national figures.<sup>9</sup> Nationally, between 1990 and 2004, domestic violence homicides decreased by 66% for black male, 43% for white male, 36% for black female, and 15% for white female victims.<sup>8</sup>

National Crime Victimization Survey data show a decline in self-reports of domestic violence experiences, from about ten per 1,000 women in 1993 to about four in 2004.<sup>4</sup> Some of this trend might reflect changes in awareness and reporting rather than a reduction in violence.

**Childbearing women.** Women who experience domestic violence before or during pregnancy are at increased risk for health problems during pregnancy and for delivering a low birth weight baby.<sup>10,11</sup> On the 2000–2003 [Pregnancy Risk Assessment Monitoring System](#) (PRAMS) for 26 states, about 6% of women reported domestic violence, including 2% in the year before pregnancy, 1% during pregnancy, and 3% both before and during pregnancy.<sup>12</sup> The PRAMS data showed an association between domestic violence and preterm labor, vaginal bleeding, severe nausea, vomiting, dehydration, kidney or urinary tract infection, hospital visit prior to delivery, and low birth weight. These associations persisted even after accounting for other factors such as age, race, education, income, prenatal care, and smoking and alcohol use. The 2002–2004 PRAMS in Washington found that 5% (±1%) of women reported domestic violence in the year before pregnancy or during pregnancy. Between 13% and 24% of pregnancy-associated deaths are homicides resulting from domestic violence.<sup>2</sup>

**Other health impacts.** Women who are victims of domestic violence generally have poorer overall physical and mental health and more injuries and use health services more than other women.<sup>2,13</sup> They are at increased risk for traumatic brain injury, strangulation, disability, and chronic pain.<sup>2</sup> They also report a variety of symptoms including digestive problems, fainting, and pelvic and genital pain.<sup>13</sup> Domestic violence is associated with depression, anxiety, substance abuse, post-traumatic stress disorder, and other mental health problems.<sup>13,14</sup>

An estimated 2%–14% of women presenting in an emergency department have injuries caused by domestic violence.<sup>2</sup> The U.S. Centers for Disease Control and Prevention estimates the annual cost of intimate partner violence is more than \$4 billion.<sup>15</sup>

**Children exposed to domestic violence.** Children exposed to domestic violence are at increased risk for problems in their behavioral, emotional, social, and cognitive development.<sup>16</sup> These risks might be partly due to other problems in families with domestic violence, but exposure to domestic violence was still associated with emotional and behavior problems in studies that accounted for other important factors, such as child physical abuse and neglect and socioeconomic status.<sup>17,18,19</sup> Adolescents and adults who report being exposed to interparental violence as children are at increased risk for substance abuse and risky sexual behavior.<sup>20</sup>

## Risk and Protective Factors

**Marital status.** Divorced or separated women are at least five times more likely to experience domestic violence compared to married women.<sup>3,21</sup> Reasons might include both heightened risk of violence during separation or divorce and a greater likelihood of divorce for couples experiencing domestic violence. Single women are three times more likely to report domestic violence than married women.

**Experiencing family violence as a child.** There is a consistent association between a history of child abuse and experiencing domestic violence as an adult. Child abuse is a stronger predictor of perpetrating domestic violence for men and of being a victim of domestic violence for women.<sup>22</sup> Children who are exposed to violence between their parents are also at heightened risk of being perpetrators or victims of domestic violence as adults. This risk is greater for men than women.<sup>22,23</sup>

**Personality factors and substance use.** Men who are violent toward female partners, especially those who are severely violent, are more likely to have

antisocial personalities and to exhibit psychological distress, hostility, controlling behavior, and attitudes supportive of spouse assault. Experiencing family violence in childhood might lead to adult domestic violence by fostering these characteristics.<sup>23,24,25</sup> Men who are heavy drinkers before and during marriage are more likely to be violent.<sup>26</sup> But this association might be due to the greater likelihood of antisocial personality and not drinking *per se*.

**Couple relationship factors.** There are consistent associations between domestic violence and high levels of verbal aggression, religious and educational incompatibility, and premarital cohabitation.<sup>27,27,28</sup>

**Cultural factors.** Cultural factors such as the low status of and lack of options for women, societal endorsement of male dominance, and acceptance of violence as a means to settle interpersonal disagreements are associated with increased domestic violence.<sup>27,29,30,31</sup>

**Homicide.** An 11-city study comparing 220 women killed by intimate partners and 343 women who were victims of domestic violence but not homicide found that perpetrator's access to a gun, previous threat with a weapon, and estrangement, especially from a controlling partner, increased risk of homicide. Never living together and prior domestic violence arrest were associated with lowered risks for homicide among victims of domestic violence.<sup>32</sup>

## Intervention Strategies

Interventions to reduce domestic violence include prevention programs for the general population; individual interventions for victims, offenders, and children; and justice system interventions. Although many of these approaches show promise, there are no programs with proven effectiveness for preventing domestic violence or successfully intervening with the victims of violence. Public health approaches generally focus on surveillance of domestic violence, identifying risk and protective factors, and promoting screening for domestic violence in health care settings.

### *Interventions for the general population*

**School-based programs.** Several prevention programs teach school-age children and adolescents alternative ways of dealing with potentially violent situations and try to change

attitudes about dating violence. The Safe Dates programs changed behaviors in one study, and other programs changed knowledge and attitudes.<sup>33,34</sup> But the number of systematic evaluations of school-based programs is small.

**Media roles.** In one study, a public education campaign raised awareness of domestic violence as a problem and increased knowledge of interventions and community resources.<sup>35</sup> Researchers have not evaluated these campaigns for their effectiveness in reducing domestic violence.<sup>33</sup>

### *Interventions for victims*

**Battered women's shelters, advocacy, and support services.** Shelters generally offer four to six weeks' safe residence for victims and provide information, advocacy, and counseling about the future. Counseling is generally aimed at providing safety planning, reinforcing the victim's sense of self-determination, and improving psychological health (for example, increasing self-esteem and decreasing beliefs that the victim is to blame for or can control the abuse). Advocacy programs also provide help in accessing a variety of resources such as legal services, housing, and transportation.<sup>36</sup> There is not strong evidence that these programs decrease long-term risk for re-victimization.<sup>33,37</sup> Employment, access to resources, and social support might be important in decreasing violence over time.<sup>37</sup>

**Health care responses.** Many national health professional organizations, governmental agencies, and advocacy groups recommend universal domestic violence screening in health care settings,<sup>33</sup> and the Washington State Department of Health promotes routine screening in family planning clinics. Such screening allows health care providers to document evidence and refer victims to counseling and social agencies.<sup>38</sup> Research has not established the effectiveness of this approach on health outcomes. Washington PRAMS data showed that from 2002–2004, half of childbearing women reported that their provider talked to them about physical abuse during a prenatal visit.

### *Interventions for offenders*

Batterer intervention programs are programs for domestic violence perpetrators that try to stop the violence and change attitudes and behaviors. Although some programs have reported reductions in abuse, the most rigorous studies do not show this is an effective approach to reducing violence.<sup>39,40</sup>

### *Interventions for children*

Shelters for battered women and other agencies often offer crisis intervention and other services to children as well as their mothers. Although some studies of child treatment programs have shown positive effects,<sup>41</sup> a critically important factor in the long-term well-being of a child appears to be the continuing safety of the mother and her children.<sup>16</sup>

### *Justice system interventions*

Law enforcement agencies can strengthen social norms against domestic violence.<sup>42</sup> Studies of the effects of specific policies, such as mandatory arrest policies, have yielded inconsistent results.<sup>33</sup> There is some indication that 12-month protection orders reduce physical violence during the 12 months, but temporary (two-week) protection orders have no impact.<sup>43,44</sup> Some laws try to separate batterers from guns because of their role in lethal domestic violence,<sup>45</sup> but researchers have not evaluated the effectiveness of these laws. Efforts to make the criminal justice system more responsive to the concerns of victims and their children include reforming laws; training police, prosecutorial, and judicial and court personnel; and providing victim advocates and support services for children.<sup>30</sup>

**See Related Chapters:** [Child Abuse and Neglect](#) and [Homicide](#)

**Data Sources** (For additional detail, see [Appendix B](#).)

The Washington Association of Sheriffs and Police Chiefs (WASPC) provided data on domestic violence offenses. The Department of Health Office of Epidemiology analyzed these data using population estimates, adjusted for non-reporting law enforcement agencies, provided by the Department of Social and Health Services Research and Data Analysis Division.

### **For More Information**

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Department of Health Injury and Violence Prevention Program website, Information for Healthcare Providers, <http://www.doh.wa.gov/hsqa/emstrauma/vaw/>

Office of Crime Victims Advocacy, Violence Against Women Act, [http://www.cted.wa.gov/portal/alias\\_\\_CTED/lang\\_\\_en/tabID\\_\\_259/DesktopDefault.aspx](http://www.cted.wa.gov/portal/alias__CTED/lang__en/tabID__259/DesktopDefault.aspx)

Washington State Coalition Against Domestic Violence, <http://www.wscadv.org/index.htm>

### **Technical Notes**

Domestic violence offenses are crimes reported to a police or sheriff's department involving a domestic relationship, regardless of whether there was an arrest. WASPC compiles and reports data. Statutorily defined domestic relationships include spouses, former spouses, people who have a child in common, people related by blood or through marriage, and adults who reside together in the same household. Domestic violence-related crimes include criminal homicide, forcible rape, robbery, assault, burglary, larceny, motor vehicle theft, arson, and violations of protection and no-contact orders. WASPC classifies single events in which multiple crimes are committed according to the most serious crime involved, in the order listed above. Thus, if a person both robs and assaults a victim, WASPC counts only the robbery. A perpetrator can be involved in more than one offense. Because reporting is voluntary and not all agencies report their crime and arrest statistics to state authorities, population estimates exclude the population covered by agencies that do not report to WASPC. From 2003-2005, law enforcement jurisdictions covering approximately 99% of Washington's population reported to WASPC.

County data do not include data for Island County because before 2005, more than half the population lived in jurisdictions where agencies did not report domestic violence.

### **Endnotes**

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