

Domestic Violence

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.¹ This report measures domestic violence as domestic violence-related offenses reported to the Washington Association of Sheriffs and Police Chiefs and physical assault and injury by an intimate partner as reported in the Washington State Behavioral Risk Factor Surveillance System. A person can be counted more than once in domestic violence-related offenses.

Summary

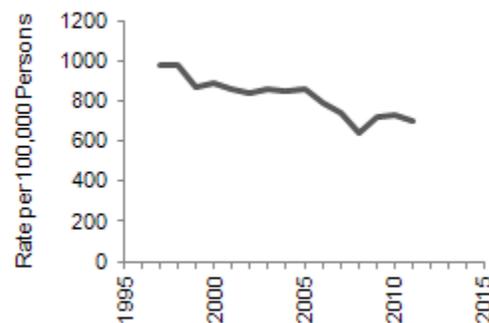
In 2011, 47,444 domestic violence offenses were reported to the police in Washington. On Washington's 2011 [Behavioral Risk Factor Surveillance Survey](#), 16% ($\pm 2\%$) of women and 6% ($\pm 1\%$) of men reported being injured by an intimate partner at least once in their lives. Domestic violence is an important cause of injury and death in women. Nationally, an estimated 1%–14% of emergency department visits by women^{2,3} and 42% of murders of women⁴ result from domestic violence. Women who are victims of domestic violence generally have poorer overall physical and mental health. They also have more injuries, and use health services more than other women.⁵ Children exposed to domestic violence are at risk for problems in their social, emotional and cognitive development and for family violence as adults. Based on a small number of studies, it appears that school-based programs can reduce dating violence in adolescence and that support services for battered women leaving shelters can reduce physical abuse one to two years later. Media campaigns to raise public awareness, screening in healthcare settings, and treatment programs for batterers have not been shown to reduce domestic violence.

Time Trends

In 2011, 47,444 domestic violence offenses were reported to the Washington Association of Sheriffs and Police Chiefs (WASPC), equivalent to 702 per 100,000 Washington residents. This is a 28% reduction compared to 1997, when there were 54,875 domestic violence offenses, equivalent to 981 per 100,000 Washington residents. There were large decreases in all violent crime during this time, both in

Washington and nationally.⁶ The observed drop in domestic violence offenses may be part of the larger trend.

Reported Domestic Violence Offenses
Washington State 1997–2011
WASPC



WASPC: Washington Association of Sheriffs and Police Chiefs

Not all domestic violence is reported to the police, and so police reports likely underestimate the prevalence of domestic violence. The Washington State 2011 Behavioral Risk Factor Surveillance System (BRFSS) survey found that 14% ($\pm 1\%$) of Washington adults reported experiencing domestic physical violence at some point in their life; 11% ($\pm 1\%$) reported injuries from that violence; and 2% ($\pm 1\%$) reported such violence in the past year. We cannot compare these data with previous data because the survey changed. National Crime Victimization Survey data show a decline in self-reports of U.S. domestic violence in the past year, from 10 per 1,000 women in 1993 to three per 1,000 in 2011.⁷

2010 and 2020 Goals

The national *Healthy People 2010* goal is to reduce the rate of physical assault by current or former intimate partners to no more than 3.3 per 1,000 people ages 12 years and older.

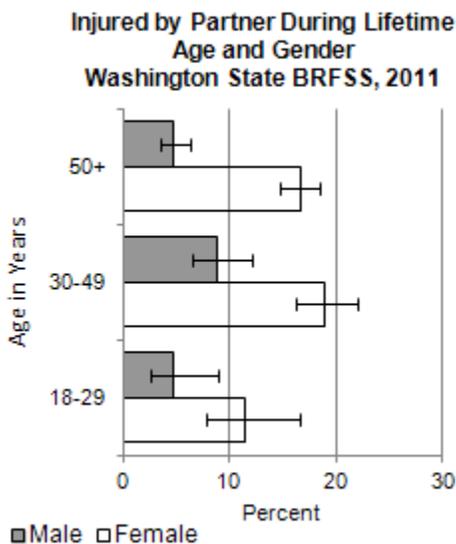
Comparable Washington data are not available. The National Crime Victimization Survey,⁷ on which these goals are based, does not provide state-level estimates. *Healthy People 2020* has not yet established goals for domestic violence.

Geographic Variation

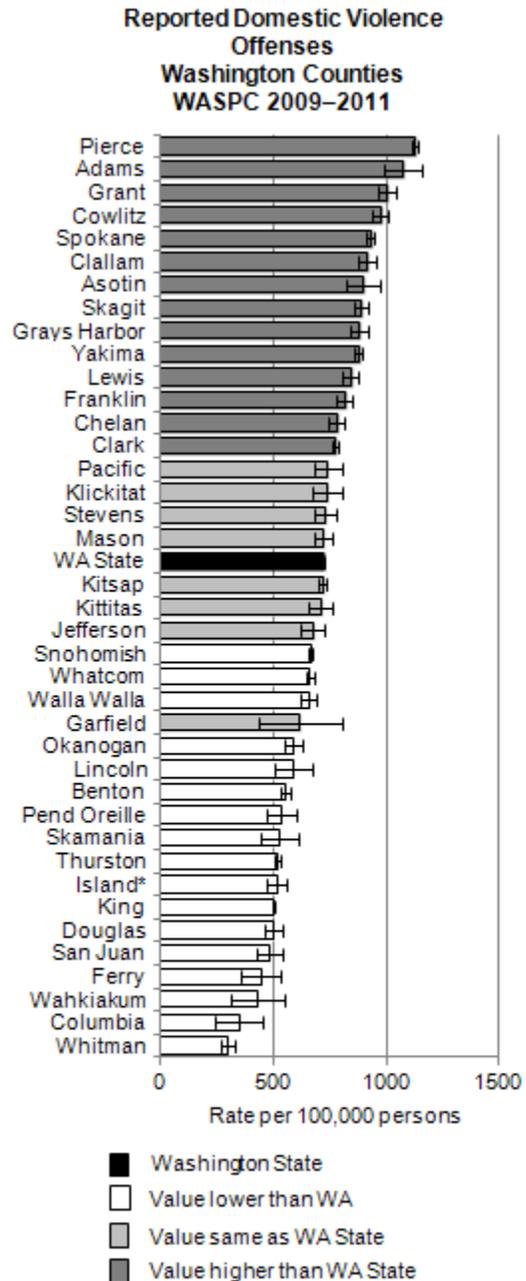
Rates of domestic violence reported to the police vary by county. Domestic violence rates range from 295 offenses per 100,000 people in Whitman County to more than 1,000 per 100,000 people in Pierce, Adams and Grant counties. County data reflect the location of the offense, not where the perpetrator or victim lives. Differing rates by county might reflect variability in willingness to report as well as differences in the number of events.⁸

Age and Gender

Washington domestic violence offenses reported to the police are not available by age and gender. However, women experience serious domestic violence more frequently than men.⁹ On the 2011 BRFSS, 19% (±2%) of women and 9% (±1%) of men in Washington reported experiencing domestic violence during their lifetimes. Additionally, 16% (±2%) of women and 6% (±1%) of men reported experiencing injury by an intimate partner.



The age at which domestic violence occurred is not available from BRFSS. The 2001–2005 National Crime Victimization Survey data showed that women ages 20–24 had the highest rates of domestic violence and women ages 50 and older showed the lowest rates of domestic violence.⁸



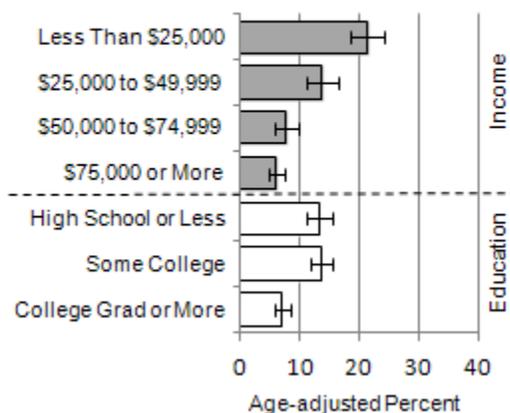
* Island County Data, 2010-2011
WASPC: Washington Association of Sheriffs and Police Chiefs

Economic Factors and Education

Women living in low-income households are at heightened risk of domestic violence.¹⁰ A few studies that followed women over time suggest that poverty increases the risk for domestic violence, and domestic violence increases risk for poverty.¹¹ Women's education levels are not consistently linked with domestic violence risk.

Washington 2011 BRFSS data suggest that both for women and for men and women combined, higher income and having graduated from college were associated with less risk of domestic violence injury compared to those with less income or education.

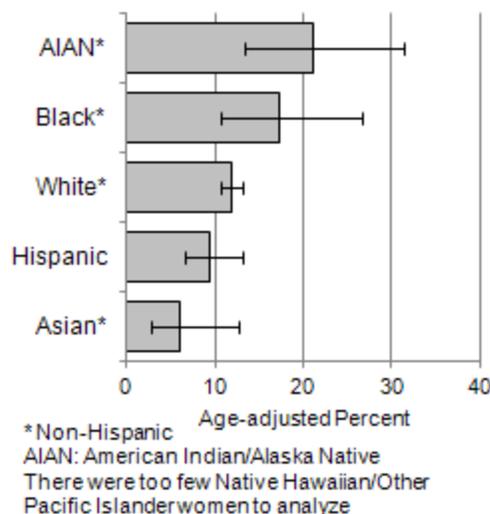
**Injured by Partner During Lifetime
Annual Household Income
and Education
Washington State BRFSS, 2011**



Race and Hispanic Origin

Washington 2011 BRFSS data suggest that both for women and for men and women combined, the highest rates of domestic violence injuries are among American Indians and Alaska Natives and blacks, and the lowest rates are among Asians.

**Injured by Partner During Lifetime
Race and Hispanic Origin
Washington State BRFSS, 2011**



Similarly, in a 2010 national survey, 46% of American Indian or Alaska Native, 41% of black, 35% of Hispanic and 32% of white women reported ever experiencing physical domestic violence. There were too few Asian and Native Hawaiian or Other Pacific Islander women in the survey to report results.¹² National Crime Victimization Survey data show the highest rates of domestic violence for American Indian and the lowest rates for Asian women.¹³ These differences are likely due largely to other factors associated with race, such as poverty. For example, one national survey found no racial differences after accounting for income, except among Asian women who were the least likely to report domestic violence.¹⁴

Other Measures of Impact and Burden

Homicide. The Federal Bureau of Investigation estimates that intimate partners account for 42% of female and 7% of male murders.¹⁵ These estimates are based on the 63% of murders for which relationship information was available. Between 1993 and 2007, national domestic violence homicide rates decreased by 36% for male and 26% for female victims.¹⁶

A Washington State study using data for 1997–2006 found that Hispanic, African American, American Indian or Alaska Native, and Asian or Pacific Islander women were two and a half to three and a half times more likely to be killed by current or former intimate partners than white, non-Hispanic women.¹⁷ Immigrant and refugee women appear to be at special risk. In Washington, about 20% of

domestic violence homicide victims—93% of whom were women—were born outside the United States.¹⁸ The finding that Asian women are at increased risk of homicide even though they report low levels of domestic violence on surveys might be due to homicides of non-English speaking immigrant and refugee women who are not easily reached by most surveys.

Childbearing women. Pregnant women who experience domestic violence are at a 50% increased risk of preterm birth and of having a low birth weight baby.¹⁹ Domestic violence is also associated with having an unplanned pregnancy or induced abortion.²⁰ The 2009–2010 Washington [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) found that 4% ($\pm 1\%$) of childbearing women reported domestic violence in the year before pregnancy or during pregnancy.

Other health impacts. Women who are victims of domestic violence generally have poorer overall physical and mental health, experience more injuries, use health services more than other women²¹, and are at increased risk for traumatic brain injury, strangulation, disability and chronic pain.^{2,3} They also report a variety of symptoms including digestive problems, fainting, and pelvic and genital pain. Domestic violence is linked with mental health problems, such as post-traumatic stress disorder and depression, and with suicide.^{22,23}

Healthcare costs. The U.S. Centers for Disease Control and Prevention estimated the annual cost of healthcare due to domestic violence against women (including rape, physical assault and stalking by a current or former partner) in 2003 as \$4 billion (\pm \$2 billion).²⁴ In a study of women enrolled at Group Health Cooperative in Seattle, healthcare costs were 42% higher for those who reported ongoing domestic violence compared to women who did not report domestic violence. Among women who reported violence within the past five years but not ongoing violence, costs were 24% higher.²⁵ An estimated 1%-14% of women visiting an emergency department have injuries caused by domestic violence.^{2,3}

Children exposed to domestic violence. Children and adolescents exposed to domestic violence are at increased risk for problems in their behavioral, emotional, social and cognitive development,^{26,27} such as substance abuse, risky sexual behavior, depression and anxiety. Boys are at a particularly increased risk for

behavioral problems such as aggression.²⁸ In 30%–60% of cases, domestic violence and child abuse occur in the same families.²⁹ Men who are violent toward their partners are unlikely to be good parents.³⁰ Child abuse, parental depression and alcohol abuse, and other adverse childhood experiences occur more often in families with domestic violence and are associated with a further risk for emotional and behavioral problems in childhood and into adulthood.³¹

High-Risk Populations

Marital status. Divorced or separated women are five times more likely to experience domestic violence compared to married women.³² Reasons might include both heightened risk of violence during separation or divorce and a greater likelihood of divorce. Single women are three times more likely to report domestic violence than married women.

Experiencing family violence as a child. Children exposed to domestic violence or who are maltreated are at increased risk of domestic violence in adulthood.^{23,33} Children exposed to both domestic violence and maltreatment have the highest risk of emotional and behavioral problems, and of being victims of domestic violence if they are female or perpetrators of domestic violence if they are male.³¹

Personality factors and substance use. Men who are violent toward female partners are more likely to have antisocial personalities and to exhibit psychological distress, hostility, jealousy and controlling behavior. This is especially true for those who are severely violent.²³ Experiencing family violence in childhood might lead to adult domestic violence by fostering these characteristics. Men with severe drinking problems are more likely to be violent.³⁴ This link might be due to greater likelihood of antisocial personality or other characteristics of those with severe alcohol abuse problems and not drinking *per se*. Drug use and abuse are also linked with domestic violence.³⁵

Cultural factors. Some cultural factors are associated with increased domestic violence, including a lack of options for women, societal endorsement of male dominance, and acceptance of violence as a means to settle disagreements.²³

Homicide. An 11-city study compared 220 women killed by intimate partners with 343 women who were hurt by their partners, but not killed. The study found that a perpetrator's access to a gun, previous threat with a weapon, and estrangement, especially from a controlling partner, increased risk of homicide. Never having lived together and prior arrest for domestic

violence were associated with lowered risks for homicide.³⁶

Intervention Strategies

Interventions to reduce domestic violence include prevention programs for the general population, individual interventions and justice system interventions. Public health approaches include surveillance of domestic violence, identifying risk and protective factors, and building community capacity for prevention activities.³⁷

Interventions for the General Population

School-based programs. School-based prevention programs teach children and adolescents alternative ways of dealing with potentially violent situations and promote healthy relationships. A few studies have shown that these programs can reduce dating violence or change knowledge and attitudes.^{38,39,40} There have been too few systematic evaluations, however, to provide an evidence base for the effectiveness of these programs.

Media roles. Public education campaigns can raise awareness of domestic violence. They can also increase willingness to report family violence and knowledge of interventions and community resources.²³ However, their effectiveness in reducing domestic violence is unknown.

Interventions for Victims

Battered women's shelters, advocacy and support services. Shelters generally offer four to six weeks' safe residence for victims. They provide information, advocacy and counseling about the future. Based on two well-controlled studies, it appears that 12 or more hours of advocacy provided to women leaving domestic violence shelters reduced physical abuse one to two years later. Advocacy included safety planning; legal, housing and financial advice; and help in accessing resources such as child care, transportation, healthcare and mental health treatment.⁴¹

Mental health treatment. Mental health treatment for depression and post-traumatic stress disorder might be helpful to women who have experienced domestic violence. However, the research evidence is limited.⁴² One study evaluated a program for women no longer in abusive relationships. It addressed negative beliefs about the self, assertiveness training and strategies for avoiding potential perpetrators in

the future. The study found that those who completed the program had more improvement in mental health than those who had not yet received treatment. For women who were still being abused, interventions might need to focus on increasing safety and accessing resources.⁴³

Healthcare responses. National healthcare provider professional organizations vary in their recommendations regarding domestic violence screening in healthcare settings.⁴⁴ The Washington State Department of Health promotes routine screening for domestic violence in family planning clinics. Healthcare providers in a variety of settings can identify domestic violence, provide brief office interventions, and refer victims to counseling and social agencies.⁴⁴ The effectiveness of this approach on health outcomes or on reducing domestic violence has not been established.^{45,46} On the combined 2009–2010 Washington PRAMS, 59% ($\pm 2\%$) of childbearing age women reported that their provider talked to them about physical abuse by a partner during a prenatal visit; 77% ($\pm 2\%$) reported being asked whether anyone was hurting them physically or emotionally.

Interventions for Offenders

Batterer intervention programs try to stop the violence and change attitudes and behaviors among perpetrators of domestic violence. While some programs have reported reductions in abuse, the most rigorous evaluation studies of these programs have not shown this approach to be effective. Many batterers drop out of treatment which is related to further violence.²³ Batterers who are court-ordered to complete treatment are less likely to drop out and less likely to be violent after treatment than those who begin programs voluntarily, but this might be due to the threat of criminal justice involvement rather than the treatment itself.⁴⁷

Interventions for Children

Shelters for battered women and other agencies often offer crisis intervention and other services to children and their mothers. Some studies of treatment programs for children have shown reductions in emotional problems such as post-traumatic stress disorder.^{23,48} However, 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.²⁶

Justice System Interventions

Justice system interventions include protective orders, reducing access to guns and mandatory arrest policies. Several studies have found that victims' safety improved after obtaining a protective

order.²³ Some laws try to separate batterers from guns because of their role in lethal domestic violence. However, one study found no effect of gun confiscation in reducing domestic violence-related murders of women.⁴⁹ Mandatory arrest policies have not generally been effective and may increase arrests of female victims.²³

See Related Chapters: [Child Abuse and Neglect, Homicide, Social and Economic Determinants of Health, Youth Violence.](#)

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

The Washington Association of Sheriffs and Police Chiefs (WASPC) *Crime in Washington* reports provided data on domestic violence offenses and population estimates, adjusted for non-reporting law enforcement agencies (see [Technical Notes](#)); data prepared by the Washington State Department of Health Office of Non-Infectious Conditions Epidemiology.

Washington State Behavioral Risk Factor Surveillance System (BRFSS) Data: 2011 Olympia, Washington: Washington State Department of Health, under federal cooperative agreement number U58/SO000047; data prepared by Washington State Department of Health Office of Non-Infectious Conditions Epidemiology.

Washington State Department of Health, Office of Healthy Communities, Pregnancy Risk Assessment Monitoring System (PRAMS), 2009-2010, data prepared by Washington State Department of Health Office of Healthy Communities Surveillance and Evaluation Section.

For More Information

Barnett OW, Miller-Perrin CL, Perrin RD. *Family Violence Across the Lifespan*, 3rd ed. Thousand Oaks, CA; 2011.

Department of Health Injury and Violence Prevention Program website, Information for Healthcare Providers, <http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/ViolenceAgainstWomen.aspx>

Office of Crime Victims Advocacy, Crime Victims Resource Guide, <http://www.commerce.wa.gov/Programs/PublicSafety/OCVA/Pages/default.aspx>.

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

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. The Washington Association of Sheriffs and Police Chiefs (WASPC) compiles and reports data. Reporting is voluntary. From 2000–2010, law enforcement jurisdictions covering approximately 99% of Washington's population reported to

WASPC. 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.

Island County data are based on 2010–2011 because the 2009 Crime in Washington report states that the accuracy of Island County Sheriff's Office data is in question due to problems associated with system conversion.

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Unless otherwise notes, authors and reviewers are with the Washington State Department of Health.

Author:

Lillian Bensley, PhD

Reviewers:

Reva Wittenberg, MPA

Margaret Hobart, PhD

Washington State Coalition Against Domestic Violence

Phyllis Holditch Nolon, PhD

Centers for Disease Control and Prevention

Endnotes

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