

VIOLENCE: SEXUAL VIOLENCE, DOMESTIC VIOLENCE, AND BULLYING

DESCRIPTION:

Sexual violence, domestic violence, and bullying are a range of acts which involve expressions of power and control. Sexual violence is any sexual act that is committed against someone's will. 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. Bullying is when a person or group repeatedly tries to physically or emotionally harm someone who is weaker or who they think is weaker.



Washington State Goal Statement

Reduce all forms of sexual violence, intimate partner (domestic) violence, and adolescent bullying

National Healthy People 2020 Objectives

All of these objectives, except for reducing bullying among adolescents are considered developmental. Developmental objectives do not yet have national baseline data, although they have a dedicated data source that will ultimately provide baseline data.

- Reduce rape or attempted rape.
- Reduce abusive sexual contact other than rape or attempted rape.
- Reduce non-contact sexual abuse.
- Reduce sexual violence by current or former intimate partners.
- Reduce physical violence by current or former intimate partners.
- Reduce psychological abuse by current or former intimate partners.
- Reduce stalking by current or former intimate partners.
- Reduce bullying among adolescents from 19.9 percent of students in grades 9–12 reporting bullying on school property in the past year in 2009 to 17.9 percent.

Statement of the Problem in Washington State

Sexual and Domestic Violence

Sexual violence involves the use of threats, force, violence, or any other form of coercion, manipulation or intimidation. It includes both attempted and completed sexual acts such as rape, attempted rape, incest, and sexual touching. It also includes sexual abuse without physical contact (such as voyeurism, exhibitionism, and sexual harassment). Sexual contact with a person who is unable to give consent is also sexual assault. This includes a person who is asleep, under the influence of drugs or alcohol, mentally impaired, too young, or otherwise incapable of consent.

Domestic violence is also called intimate partner violence. It includes physical, sexual, and psychological abuse, as well as economic coercion. Humiliation, controlling what the victim does, denying access to money, and stalking are some examples of psychological abuse.

Washington State Data

In 2010, there were 49,233 reports of domestic violence offenses and 2,499 reports of forcible rapes in Washington. Almost 32 percent of the murders in 2010 were related to domestic violence.¹

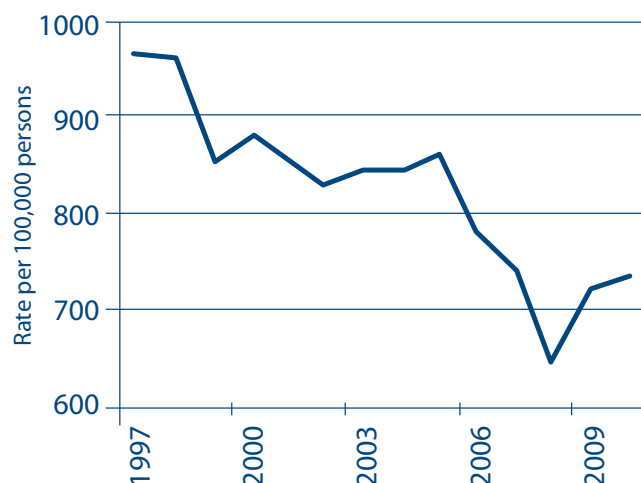
Sexual and domestic violence disproportionately impact women, particularly women of color. In a 2010 national study, about 18 percent of women

reported being raped in their lifetime, compared with 1.4 percent of men. Nearly 45 percent of women reported other forms of sexual violence in their lifetime, compared with about 22 percent of men. Rape rates were highest among women who identified as multiracial (about 34 percent) and American Indian/Alaska Native (about 27 percent). The rates for white, non-Hispanic women were about 19 percent.²

In the same study, about 36 percent of women reported being raped, physically assaulted, or stalked by an intimate partner, compared to about 28 percent of men.² About 29 percent of these women reported adverse impacts from the violence (such as psychological symptoms, injury, or missed school or work), compared to about 10 percent of men. Nearly 80 percent of domestic-related murders between 1997 and 2010 were committed by male abusers against female victims and their children, other family members, friends, and coworkers.³

Between 1997 and 2010, reports of domestic violence-related offenses in Washington State dropped by about one-quarter. Changes in awareness and reporting might be contributing to this downward trend. There were also large national decreases in a variety of measures of violent crime and child abuse during this time period. Because available data does not readily provide the victims' age and gender, it is difficult to fully understand the scope and nature of the problem. It is also important to note that most domestic violence incidents are not reported to law enforcement. The under reporting of these forms of violence leads to rate estimates that do not reflect the actual prevalence of the problem.

Domestic Violence Offenses
Washington State 1997–2010
Washington State Assoc. of Sheriffs & Police Chiefs



Bullying

Bullying is when a person or group repeatedly tries to harm someone (physically or emotionally) who is weaker or who they think is weaker. People who bully use their power to intentionally control or harm those who may have a hard time defending themselves.

Examples of bullying include insults, physical aggression, threats, and spreading rumors. Bullying may be in person or by cell phone or internet (“cyber bullying”). It often includes harassment related to gender, real or perceived sexual orientation, race or ethnicity, religion, or disability. One study found that youth who engage in bullying and/or homophobic teasing may be more likely to perpetrate sexual harassment in the future.⁴

In the 2010 Washington State Healthy Youth Survey, 30 percent of 6th grade students, 30 percent of 8th grade students, 24 percent of 10th grade students, and 17 percent of 12th grade students reported being bullied in the last month. Among 8th graders in 2010, 11 percent reported being bullied because of their religion; 20 percent because of gender; 13 percent because of perceived sexual orientation; and 10 percent because of a disability. Eleven percent of 8th graders reported being bullied in the past 30 days by computer or cell phone.

Risk and Protective Factors

Bullying, domestic violence, and sexual violence share many common risk factors. These factors may increase risk of committing or being a victim of violence.

Risk factors are found at different levels of society. At the individual level, risk factors for perpetration include a history of aggression or violence, antisocial behavior, and alcohol and/or drug use. Additionally, belief in strict gender roles is a risk factor for perpetration of domestic violence and sexual assault.^{5,6}

At the level of relationships and family life, common risk factors include having a childhood history of family violence, physical or sexual abuse, or poor parenting (including low emotional support, poor boundaries, physical discipline, and lack of supervision). A strong patriarchal family environment is a risk factor for perpetration of sexual violence. Being a victim of physical, psychological, or sexual abuse is one of the strongest risk factors for perpetrating domestic violence.^{5,6}

At the community and societal level, poverty and social norms that support violence are common risk factors. Strict gender roles and male entitlement are societal risk factors for domestic and sexual violence.^{5,6}

Emotional health and being connected with friends and adults in the community may be protective factors against sexually aggressive behavior in male youth. Academic achievement may be a protective factor against sexually aggressive behavior toward female youth.⁷

Bullying protective factors include:

- Having a positive outlook on social situations
- Being aware of consequences for bad behavior
- Enjoying warm, supportive relationships with parents or other adults
- Having friends that parents approve of
- Being supervised by parents
- Being committed to school
- Winning recognition for involvement in positive activities
- Living in a neighborhood free of crime, drugs, or other symptoms of community disorganization⁶

Associated Health Risks

Violence reduces quality of life and can lead to life-long mental and physical health problems. It also increases the risk of being a victim or perpetrator of further violence.

Youth who are bullied are likely to experience a drop in grades, increased anxiety, and loss of friends or social life.⁸ Statewide in 2010, 8th graders who were bullied

at school were more likely to get lower grades in school (C's, D's, or F's) compared to those who weren't bullied. Washington youth who were bullied were more likely to report:

- Using alcohol and some drugs
- Being depressed
- Being suicidal
- Engaging in violent or unsafe behaviors
- Having a lower quality of life

Bullies themselves are at risk for depression, and have lower academic achievement.⁹ They are also more likely than other youth to have been abused.¹⁰

Domestic and sexual violence have serious physical, mental, sexual and reproductive health problems for victims and for their children. Health effects are both short- and long-term and come with high social and economic costs. These forms of violence are a widespread cause of injury and death in females.

Headaches, back pain, abdominal pain, and gastrointestinal disorders are common physical health effects of domestic and sexual violence. Depression, post-traumatic stress disorder, sleep difficulties, eating disorders, and suicide attempts are common psychological effects. Domestic and sexual violence can cause unintended pregnancies, induced abortions and sexually transmitted infections. Sexual violence, especially during childhood, can lead to increased smoking, substance abuse, and risky sexual behaviors later in life. It is also linked with committing sexual violence (for males) and being a victim of sexual violence (for females).¹¹

Recommended Strategies

Promising Strategies in Primary Prevention

Violence prevention work can focus on preventing violence before it starts (primary prevention) or preventing additional harm after violence has occurred (secondary and tertiary prevention). Most public health work related to violence is focused on primary prevention; preventing *first-time* perpetration and victimization.

Research on effective sexual and domestic violence prevention is still emerging. In most cases, there is not enough research to demonstrate effectiveness. However, there are a number of promising practices.

Models of primary prevention

Research suggests that violence is a learned behavior. This means that violence is potentially preventable. Risk and protective factors occur at the individual, interpersonal, community, and societal levels. Effective violence prevention approaches require action at each of those levels. This approach is known as the social-ecological model.

The "Nine Principles of Effective Prevention Programs"¹² is another commonly used model. The model is based on research which identified common features of successful prevention programs. These features included:

1. Comprehensive services
2. Varied teaching methods
3. Sufficient dosage

4. Theory driven
5. Positive relationships
6. Appropriately timed
7. Socially and culturally relevant
8. Outcome evaluation
9. Well-trained staff

Early childhood interventions

Prenatal and early childhood programs include home visiting and community-based services such as Head Start and parenting programs. These programs may reduce youth violence and aggression. Early childhood and family-based programs aim to develop physically, emotionally, and socially healthy children and reduce exposure to violence and other adverse events.

Youth violence can also be prevented by developing the life skills of young children. Life skills are mental, emotional, and social skills that help people deal with the challenges of daily life. Preschool enrichment and social development programs have been shown to prevent aggression, improve social skills, boost academic achievement and improve job prospects. This is especially true for children from poor families and neighborhoods. The benefits of high-quality programs of this type can last into adulthood.¹³

School-based interventions

School-based interventions have shown strong evidence to prevent or reduce violent behavior.¹⁴ Academic enrichment programs, incentives to complete schooling, and vocational training programs have shown promise in changing violent behaviors.¹⁵ For bullying prevention programs, research has found several common strategies that are considered best practice:

- Focus on the school environment
- Assess bullying at your school
- Garner staff and parent support for bullying prevention
- Form a group to coordinate the school's bullying prevention activities
- Train your staff in bullying prevention
- Establish and enforce school rules and policies related to bullying
- Increase adult supervision in "hot spots" for bullying
- Intervene consistently and appropriately in bullying situations
- Focus some class time on bullying prevention
- Continue these efforts over time¹⁶

School-based interventions are also well placed to prevent violence against girls and women. These programs focus on sexual and dating violence to address gender norms and harmful attitudes about sex and relationships early, before they become deeply ingrained. There are several programs that have shown promise in reducing dating and sexual violence.

Examples include *SafeDates*, *Shifting Boundaries*, and *Dating Matters*[™]. Dating programs are more effective if they are delivered in more than one session over time and if they aim to change attitudes and norms. Programs that present separately to males and females may be more effective in changing male attitudes than mixed groups.^{17, 18, 19}

Programs that do not appear effective in reducing youth violence include:

- Gun safety training
- Programs providing meetings with prison inmates who describe the brutality of prison life
- Trying youth offenders in adult courts
- Residential programs in psychiatric or correctional institutions¹¹

Community interventions

Violent behavior is strongly influenced by cultural and social norms. Social tolerance of violent behavior is learned in childhood. It may be learned through the use of physical discipline or witnessing violence in the family, community, or media. Several damaging norms help create an environment in which sexual violence can occur. These include norms about women (such as objectification, oppression, and limited roles), power (placing value on having power over others), violence (tolerance of aggression and blaming the victims), manhood (traditionally associated with domination, control and risk-taking) and privacy (ideas of individual and family privacy that foster secrecy and silence).²⁰ These norms also support domestic violence and bullying behaviors. Interventions that challenge these and other damaging norms may help reduce and prevent violent behavior.

Washington State has received federal funds for sexual violence prevention work since 1997. The goal of the state program is to "change the norms, values, beliefs, and attitudes that cause sexual violence through the shifting of ownership of solutions from social services to the community."²¹ To further this goal, the state provides funds to programs across the state using community development and skill building strategies.

There are several types of promising interventions to change knowledge, attitudes, beliefs, or behavioral intentions related to sexual violence. These include bystander intervention programs, programs targeting rape myths, and training in communication, assertiveness, and healthy relationships.²² Programs with male peer groups also show promise in changing violence-supportive attitudes, particularly toward sexual violence.¹⁵ Such programs build awareness and empathy for survivors and provide skills in critical thinking and healthy relationships. These programs also help build skills to confront situations of violence, harassment, or violence-supportive language. Examples of male peer group programs include *The Men's Program*, *Mentors in Violence Prevention*, and *Men Can Stop Rape*. *Green Dot* is a program for both men and women that includes bystander intervention skills and social marketing against sexual violence. However, these programs have not been shown to reduce violence.

Teaching women self-defense skills can help them effectively avoid rape. Active strategies such as yelling, fleeing, and fighting have been linked with lower rates of completed rape, with no increase in physical injury. Effective self-defense programs address social barriers to defense and provide skills-based training (rather than simply discussions about self-defense strategies).²²

Voucher programs for public housing residents have shown promise in reducing youth violence. These programs provide vouchers to tenants that can be used to rent private housing. Vouchers help to deconcentrate poverty, increase opportunity, and reduce family exposure to violence.²³

Reducing the availability and abuse of alcohol is another community-level strategy that has been shown to reduce violence. Specific strategies include regulating alcohol sales, providing treatment for problem drinkers, and improving the management of places where alcohol is served.¹⁵

Promising Strategies in Secondary and Tertiary Prevention

Interventions to identify survivors of domestic and sexual violence and provide effective care and support are critical for protecting health. These services may help reduce revictimization and break the cycle of violence from one generation to the next.

Screening/identification

Most domestic and sexual violence incidents are never reported to criminal justice agencies. This could be due to stigma or fear of further abuse. However, violence can bring victims into contact with the healthcare system because of the resulting physical and emotional problems. Healthcare providers, then, have an opportunity to identify victims, provide support, and refer them to needed services. The U.S. Preventive Services Task Force recommends screening as an effective way to identify victims of intimate partner violence. Screening itself hasn't been shown to reduce exposure to violence. However, advocacy and counseling services obtained as a result of screening improves outcomes such as exposure to violence, depression, pregnancy coercion, and birth outcomes. These improvements may vary by population.²⁴ If screening is done, it is crucial that effective systems are in place to support the identified victims and refer them to appropriate services.

Advocacy and counseling

Some interventions providing safety planning, advocacy, and counseling have been found to improve quality of life of victims and children. Examples include provision of safety plans with details of local support services, nurse-led discussions, and advocates connecting victims to needed community services. These programs have shown outcomes including better safety behaviors, reduced violence, increased social support, and behavioral and emotional improvements for children of victims. Early trauma-focused cognitive behavioral therapy has been effective in preventing chronic post-traumatic stress disorder.¹⁵

Legal support

Protection orders can reduce revictimization among victims of intimate partner violence. Studies of women with protection orders have found a decreased risk of contact with the abuser, threats involving a weapon, and injury.¹⁰ Greater decreases in risk were found among those who maintained the protection order for longer periods. Applying for a protection order may reduce future violence, whether or not the order is granted. While protection orders may be effective, their utility is limited without adequate enforcement.

For More Information

Washington State

Department of Health, Violence Against Women: Information for Healthcare Providers

www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/ViolenceAgainstWomen.aspx

Office of the Superintendent of Public Instruction – School Safety Center, Bullying and Harassment

www.k12.wa.us/SafetyCenter/BullyingHarassment/default.aspx

Washington Coalition Against Domestic Violence

www.wscadv.org

Washington Coalition of Sexual Assault Programs

www.wcsap.org

National/International

National Sexual Violence Resource Center

www.nsvrc.org

National Online Resource Center on Violence Against Women

www.vawnet.org

StopBullying.gov

www.stopbullying.gov

Endnotes

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