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April 2010

Injury & Violence Prevention Program
Division of Chronic Disease & Injury Prevention
Department of Public Health
Los Angeles County





LOS ANGELES COUNTY DOMESTIC VIOLENCE DATA SOURCES

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ACKNOWLEDGEMENTS

Our sincere appreciation to the following without whom this report would not be possible:

The Los Angeles Police Department

The Los Angeles County Sheriff's Department

The Los Angeles County District Attorney's Office

The Los Angeles County Department of the Coroner

The Los Angeles County Emergency Medical Services Agency, Trauma and Emergency Medicine Information System (TEMIS)

The California Department of Public Health, Safe and Active Communities Branch, California Violent Death Reporting System (CalVDRS)

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SUGGESTED CITATION

Culross P.L., Fischer K., and Bedair D. Los Angeles County domestic violence data sources. Los Angeles County Department of Public Health. April 2010.

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OVERVIEW

Introduction

Domestic violence (DV) exacts a tremendous toll on Los Angeles County (LAC) residents. However, the precise magnitude of the problem is difficult to measure due to the inability to collect consistent data on the occurrence and circumstances of individual DV events and the need to rely on multiple dissimilar data sources. In general, DV statistics come from three main sources: the law enforcement and criminal justice systems, the healthcare and public health systems, and self-reported surveys. Any of these data sources can be reported at the national, state or local level, but each source provides only limited information conforming with specific agency missions or survey focus, and none of the sources are linked to each other in a manner that would present a more complete view of the cycle of DV.

This report will examine the adequacy with which each main source provides data about DV, with a focus on data available in Los Angeles County. First, an overview presents the broad areas of concern in assessing DV data, including the range of definitions used by the agencies supplying DV data; the different levels of DV data; problems with underreporting; the quality of survey data; and the difficulty tracking recurring DV incidents. Then each data source is described in greater detail with the limitations of the data contained within each source and information on how to access the source. Finally, four appendices contain, respectively, a matrix comparing the main features of law enforcement and public health data sources; detailed comparisons of surveys with DV questions and results from the surveys; and a DV resources list.

Definitions of Domestic Violence

DV data sources all share the same problem in that each one uses a different definition of domestic violence. Since there is no standardized reporting format or uniform data collection system for DV, agencies develop their own definitions and mechanisms for collecting the information.¹ Essentially, each agency that manages DV cases has a different function and mission, and these are reflected in the definition the agency chooses for DV and what constitutes a DV case. For example, law enforcement agencies use the California State Penal Code to define DV: "abuse committed against an adult or minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship." Abuse includes both inflicting bodily injury to the victim or causing the victim apprehension about the threat of assault. This definition is appropriate for the type of data that law enforcement collects concerning DV calls for assistance, assaults and homicides.

On the other hand, surveys collect self-reported data, focusing on yes or no questions that should be easy to answer and clearly understood by participants. Many surveys define DV by asking if a victim's boyfriend or girlfriend has ever hit, slapped, or physically hurt the victim on purpose. Also, surveys

usually have a specific target audience and objectives for research that are not always focused on DV. For this reason, many surveys do not focus on other aspects of DV such as manipulation and the cycle of control. For example, the purpose of the Youth Risk Behavior Surveillance System (YRBSS) is to monitor priority health-risk behaviors among youth and young adults. The primary focus of YRBSS is not DV, even though the survey has questions related to DV.

The Levels of Domestic Violence Data

The different types of DV cases managed by the agencies supplying data can be depicted as a pyramid structure (Figure 1).³ The pyramid represents the spectrum of DV occurrences, types of data captured at each tier, and the likelihood that data are reported or collected in the first place. At the top of the pyramid are the most severe cases of DV, namely homicides, followed by hospitalizations for DV-related injuries, then emergency department visits, and finally self-reported victimizations. The pyramid illustrates that, although DV-related fatalities do occur, cases with less severe physical injuries are far more common. DV victimization without severe physical injury is much less likely to be reported to law enforcement or medical personnel, therefore the true numbers are unknown.⁴



Figure 1. Pyramid structure of domestic violence cases by severity of injury sustained

Underreporting Domestic Violence

Domestic violence is frequently underreported for a number of reasons including, fear of retaliation from the batterer; shame; perceived stigma of being a DV victim; making what the victim assumes to be a private matter public; and the belief that no help will come of reporting.⁵ In addition, since few acts of DV result in physical injuries requiring hospitalization or emergency care, and even fewer are fatal, the majority of DV victims never come into contact with law enforcement or the healthcare system. It is common for DV victims not to realize or think that what happened to them was a crime or serious enough to report to law enforcement, especially in cases when no serious physical injuries are sustained. Equally constraining are the fear of not being believed, fear of being blamed, and fear of reprisal or other negative consequences

of reporting.6

When a victim does report an incident of DV, obstacles to collecting data exist among law enforcement agencies and healthcare organizations. Lack of staff and training in both law enforcement and in clinical settings can lead to incomplete or missing reports and inconsistent reporting practices from year to year. A lack of formal in-house data systems in hospitals and clinics also impedes the process of DV data collection. In addition, there is uncertainty among health care providers about how to implement California's Domestic Violence Reporting Law,⁷ and how to follow the health records privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA).⁸ This uncertainty may prevent health care practitioners from reporting suspected DV to local law enforcement agencies.

Surveys About Domestic Violence

Self-reported surveys cast the widest net in measuring the true prevalence of DV, but have significant limitations. Surveys capture many of the cases unseen by health practitioners and law enforcement; however, they often lack specificity about the scope of DV. Many survey questions pertain only to physical abuse, or combine physical, sexual and psychological abuse making it impossible to determine the type of DV experienced by victims. Also, questions frequently ask about abuse during arguments or disagreements, thus framing the context for when DV happens. These types of questions therefore discourage reports of other factors prevalent in DV such as the manipulation and victim disempowerment that are hallmarks of the emotional and psychological control cycles in DV. Finally, surveys are usually conducted in the victim's home potentially hindering respondents from answering completely and honestly when they share the same residence as their batterers.

The Recurrent Nature of Domestic Violence

Law enforcement data available to the public do not allow for the distinction between DV assaults perpetrated by multiple offenders or one offender repeatedly assaulting a victim. In addition, confusion about HIPAA regulations makes collecting data on repeated hospitalizations due to DV difficult. National surveys usually ask about DV using a timeframe of 12 months or a lifetime and are confined to yes or no answers that do not allow respondents to quantify their answers or report repeated offenses.

Tracking recurring DV cases is essential to prevention efforts. To that end, linking data, that is, looking at data across all of these data sources may be an effective way to identify recurring DV cases. The Los Angeles County Department of Public Health is working on projects that incorporate multiple data sources into a single database to track violent deaths in LAC. This type of work may be the future of more complete DV data systems.

Summary

Comprehensive DV data is unattainable from a single source. Even multiple sources together may lack the specificity that advocates, researchers and others seek to describe and monitor DV. Additionally, the data available from each source are constrained by different purposes and definitions, underreporting, and lack of consistent reporting. It is therefore important to check the source of any DV data presented in research articles, newspaper stories, and data reports in order to determine its strengths and limitations. The remainder of this report will present detailed information about the various sources of DV data.

END NOTES

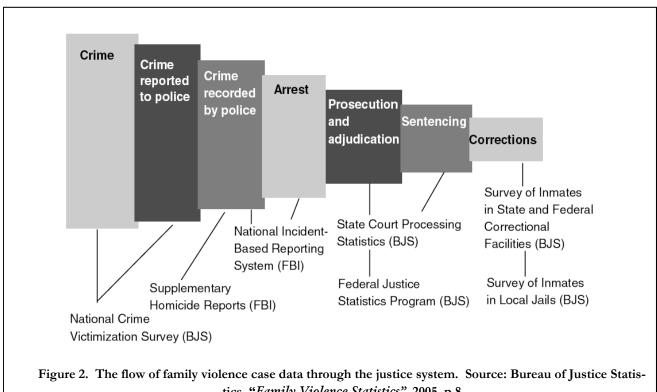
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LAW ENFORCEMENT & CRIMINAL JUSTICE DATA

LAW ENFORCEMENT AND CRIMINAL JUSTICE DATA

National-level Sources of DV Data from Law Enforcement

The following are several of the most prominent sources of national-level DV-related crime statistics in the U.S. All are maintained by the U.S. Department of Justice (USDOJ), which publishes reports periodically and archives the data.



tics, "Family Violence Statistics", 2005, p.8

The Uniform Crime Reports (UCR) and the National Incident-Based Crime Reporting System (NIBRS)

The UCR is a summary of general local and national crime statistics. Local and state law enforcement agencies report statistics to the USDOJ for the UCR.

The UCR itself does not contain DV-specific crime statistics. The main purpose of the UCR is to report the number of crimes and arrests known to law enforcement. Any other information is optional for reporting agencies. The exception to this rule occurs for homicide incidents; each agency must submit a Supplementary Homicide Report for each homicide that provides information on the offense, victim and offender (see the section on the SHR for more). Domestic homicides can be isolated by looking at the relationship of the victim to the offender. Otherwise, all national-level DV-specific crime data are collected through NIBRS.

- NIBRS is a component of the UCR that collects more detailed data on crimes reported to law
 enforcement. The exact components of any one NIBRS system are defined by the participating
 state, but in general the system contains information on virtually every offender, every victim, and
 every offense in an incident. This differs from traditional crime statistics such as those found in
 the UCR that follow the "hierarchy rule", which is that only the most serious offense in a multiple
 offense criminal incident is counted.
- As of September 2007, 31 states across the country participated in NIBRS, representing 25% of the U.S. population and 26% of the reported crime in the nation. Given the relatively small population covered, NIBRS statistics can not be considered representative of the entire nation.
- NIBRS DV-related data elements include:
 - o Number of DV-related arrests
 - o Type of offense, including murder, simple assault, sexual assault, and intimidation
 - o Victim/offender relationships
 - o Age, gender and race/ethnicity of victims and offenders
 - o Type of injury sustained by the victim
 - o Type of weapon
 - o Location where the crime occurred
 - o Number of victims and offenders involved in the incidents

• DV data limitations:

- o NIBRS was started in 1988 as a crime reporting system to replace the UCR system. Over 20 years later, however, only a quarter of the nation's population is covered by the system and no large metropolitan law enforcement agencies fully participate.
- o In general, law enforcement agencies decide what data to report. Since the extent of local reporting can vary, the quality of UCR and NIBRS data can also vary. However, most law enforcement agencies, whether in the NIBRS system or not, report DV-specific data to the UCR. The UCR process calls for removing DV specifics from the data to fit the UCR format. This is why local agencies may state that they report DV data to the UCR, but the data are not present in UCR reports.
- o California does not participate in NIBRS.
- o Neither the UCR nor NIBRS includes statistics on murder-suicide incidents.
- o NIBRS data are difficult to access.

How to access:

- o The UCR is found at http://www.fbi.gov/ucr/ucr.htm. Data are released annually.
- o An interactive web page for NIBRS data is located on the Office of Juvenile Justice and Delinquency (OJJDP) website at, http://ojjdp.ncjrs.gov/ojstatbb/default.asp. The latest data are from 2005.

o The Bureau of Justice Statistics (BJS) periodically publishes reports on family violence that include NIBRS data. The last report, "Family Violence Statistics" was released in 2005 and is available at http://bjs.oip.usdoj.gov/content/pub/pdf/fvs08.pdf.

Supplementary Homicide Reports (SHR)

The SHR provides additional information about homicides to the UCR. The SHR can be accessed as a separate database from the UCR.

- DV-related data in the SHR includes:
 - o Number of DV-related homicides
 - o Type of offense, e.g., manslaughter, justifiable homicide
 - o Time of offense
 - o Victim/offender relationship
 - o Type of Weapon Involved
 - o Precipitating Event (e.g., DV)
 - o Age, race, sex of victims and offenders
 - o Circumstances of the crime
 - o Reporting agency and county where the incident took place.
- UCR receives SHR's from 92% of local law enforcement agencies; the SHR's are complete to the extent that the agencies have the resources to do so.
- DV data limitations:
 - o The DV designation appears in only one field of the report, and if not checked no cross reference to other data is possible.
 - o SHR data usually lacks offender information since agencies report monthly and investigations may not have been completed and no requirement exists to add amendments to the data once they are submitted.
- How to access:
 - o SHR data are included in the UCR, which is found at, http://www.fbi.gov/ucr/cius2008/ offenses/violent crime/murder homicide.html.
 - o An interactive web page for SHR data is located on the Office of Juvenile Justice and Delinquency (OJJDP) website at, http://ojidp.ncjrs.gov/ojstatbb/dat.html
 - o Data are available from 1980-2006.

Intimate Partner Violence in the United States

This is a report published by the Bureau of Justice Statistics (BJS), which is an agency within USDOJ. It is a compilation of data from the SHR and from the National Crime Victimization Survey (NCVS) – both data sources that are assessed in this data source review. The value of the BJS report is that it presents relevant DV data from both sources in one place.

- The report is from 2007 and examines fatal and non-fatal violence by intimates (current or former spouses, girlfriends, or boyfriends). Data trends from 1993 to 2005 are examined in addition to aggregated data from 2001 to 2005. Data include victim and offender characteristics, circumstances, injury sustained and treatment received, victim assistance sought, percentage of victims who reported to the police, and reasons victimization was not reported.
- How to access: http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1000.

State-level Sources of DV Data From Law Enforcement

California State Department of Justice (CADOJ)

Each state Department of Justice is required to report the UCR and SHR data it collects from local law enforcement agencies to the U.S. Department of Justice. In California, the UCR program is administered by the Office of The Attorney General.

- All local law enforcement agencies are required to report a variety of crime data including:
 - o DV related calls for assistance
 - o DV-related arrests and citations
 - o Weapon involvement
 - o DV-related homicides
- The SHR's include more detailed information, including demographics; however, they are inconsistently filled out by local agencies due to lack of resources (see above for more information about SHR's).
- DV-related data may be accessed by contacting the CADOJ directly at (916) 227-3509, doj.cjsc@doj.ca.gov
- The CADOJ WEBSITE
 - The CADOJ also operates a website that can be accessed by the public and includes limited crime and arrest-related data by city and county. The website has data on DV-related calls for assistance

and weapon involvement and trend data on DV arrests and homicides from 1994-2004. However, like the UCR and SHR, it does not provide information on victim/offender relationship, or demographics and circumstances leading to the DV incident. The website also does not provide a detailed account on the place or mechanism of injury. Data on the CADOJ website is found at: http://ag.ca.gov/cjsc/misc/mfrs.php.

Local-level Sources of DV Data From Law Enforcement

Los Angeles County Sheriff's Department (LASD)

LASD covers all unincorporated areas of LA County, as well as cities in the County that contract for services.

- Data include:
 - o DV calls for assistance
 - o DV arrests and citations
 - o Weapon involvement
 - o DV-related homicides
- DV Data Limitations:
 - o In general, the limitations are the same as for the UCR and SHR.
 - o LASD, as well as other law enforcement agencies, reports crime based on a hierarchy of offenses if multiple offenses occur during the same incident, only the most serious is counted. For example, in a DV case where spousal rape and assault may have occurred, only the rape charge is counted. In this way, the full range of DV offenses may be missed.
 - o In general, arrests are only obtainable by the primary booking charge; if a perpetrator is booked for a DV offense, LASD can provide that information; however if the DV offense was a secondary charge, they would not be able to provide information on that arrest.
- How to access:
 - o Data on DV arrests and weapons involvement are publicly available on the LASD website, http://www.la-sheriff.org/sites/yir9600/index.html.
 - o Otherwise, contact Toni Veltri, Supervising Operations Assistant I at <u>TGVeltri@lasd.org</u>, or (562) 345-4236.

Los Angeles Police Department (LAPD)

The LAPD provides services within the city limits of Los Angeles.

- Data include:
 - o DV calls for assistance
 - o DV arrests and citations
 - o Weapon involvement
 - o DV-related homicides
- DV data limitations:
 - o In general, the limitations are the same as for the UCR and SHR.
 - o Data access is granted on a case by case basis only. Certain government agencies such as the LAC Department of Public Health may be able to access these data.
- How to access:
 - o No DV-related data are publicly available on the LAPD website, <u>www.lapdonline.org</u>.
 - o The LAC Department of Public Health was able to obtain data through direct correspondence with the LAPD Assistant Watch Commander, (213) 486-7020.

Los Angeles County District Attorney's Office (DA)

The Los Angeles County DA prosecutes felony crimes throughout the County, and prosecutes misdemeanor crimes in unincorporated areas of the County and in 78 of the 88 County cities.

- Data include: The outcome of DV case prosecution by charge and filing office, a list of acquittals, dismissals, and convictions of DV offenses, number of cases reviewed for filing, number of cases filed, number of cases declined for filing, gender of the offenders.
- DV data limitations: no details of the cases are provided, that is, information is not available on victim/suspect relationship, demographics, circumstances leading to the DV incident and a detailed account on the place or mechanism of injury.
- How to access: Head Deputy of the Los Angeles County DA Family Violence Division, (213) 974-3785.

PUBLIC HEALTH DATA

PUBLIC HEALTH DATA

Public health (PH) data are another source of information on DV. PH data consist of ambulance runs, hospital trauma center visits, emergency department (ED) visits, inpatient hospitalizations, and death certificate data, as well as certain specialized data systems. Alone, each data source lacks important information to understanding a DV incident. For example, death certificates cannot list DV as a cause of death; therefore, the demographic data available in death statistics can not alone characterize DV deaths. However, when death data are linked to other data sources a better picture of DV homicides emerges. For instance, linking death certificate data to law enforcement data (e.g., SHR data) provides a more complete view of the victim's demographics as well as details about the crime and the suspect. Although the data sources each have their own limitations in terms of both content and procedures, linking them to track DV cases combines the strengths of each data source to gain a more complete picture of DV.

State-level Sources of Public Health DV Data

California State Department of Public Health, Office of Vital Records

Statewide mortality data are derived from information contained in death certificates from each County in the state.

- Data include:
 - o Demographic data
 - o Cause(s) of death
 - o Date of death
- DV data limitations:
 - o Lack information about the circumstances of death, including if the death was DV-related
 - o Data have a two to three year time delay.
- How to access: California State Department of Public Health, Office of Vital Records, http://ww2.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx; or contact the LAC Department of Public Health, Injury and Violence Prevention Program, 213-351-7888, http://publichealth.lacounty.gov/ivpp, or the LAC Office of Health Assessment and Epidemiology, 213-240-7785, http://publichealth.lacounty.gov/epi.

California Office of Statewide Health Planning and Development (OSHPD)

OSHPD maintains inpatient hospitalization and emergency department visit data.

• Data include:

- o Patient demographics
- o Diagnoses
- o How the illness or injury occurred
- o Other illnesses/conditions contributing to the length of stay
- o Weapon type, if any
- o Cost of the hospital stay
- o Procedures performed

• DV data limitations:

- Using the one E-code for DV (E967.3) does not capture all DV hospitalization cases; however using the E967.3 code is currently the only way available to detect DV cases from hospitalization data. For example, a victim may be hospitalized for an assault by an intimate partner, but if the E-code for DV is not used, there is no way to detect this case. However, analyzing E-codes that are specific for assault will result in an overwhelming number of cases, many of which will not be due to DV.
- o Data have a one year time delay.

International Classification of Diseases (ICD) Codes

- Specify disease diagnoses, procedures, lengths of hospital stay
- The only standardized medical coding system currently available
- Main purpose is for healthcare providers to use for insurance reimbursement
- Most ICD codes pertain to disease processes such as infections, cancers, or heart conditions
- External Cause of Injury Codes pertain to injuries and poisoning and would include DV-related injuries
- There is one code that is predominantly used specifically for DV-related injuries (E967.3)
- In general, ICD codes are not well suited for monitoring DV-related injuries and are rarely used in practice
- The ICD-9 Code for DV: E967.3; the ICD-10 Code for DV: Y07.0

• How to access: OSHPD, http://www.oshpd.ca.gov; or contact LAC Department of Public Health, Injury and Violence Prevention Program, 213-351-7888, http://publichealth.lacounty.gov/ivpp.

Safe and Active Communities Branch (SAC)

The Safe and Active Communities (SAC) Branch is part of the California Department of Public Health (CDPH). SAC maintains injury and death data and also develops prevention programs.

EPICenter Website
 SAC maintains an interactive injury data website called EPICenter with data on the trends of injury and violence in California.

• Data include:

o DV-related fatal and nonfatal injury hospitalizations where E-code 967.3 was the primary injury code.

• DV data limitations:

- o Limited to cases were the DV E-codes or Y-codes were actually used; the data are not linked.
- o Data have a two year time delay.
- How to access: The EPICenter website is found at, http://www.applications.dhs.ca.gov/epicdata/.
- California Violent Death Reporting System (CalVDRS) SAC also oversees the California Violent Death Reporting System (CalVDRS) which tracks violent deaths occurring in California. CalVDRS evolved out of the National Violent Death Reporting System (NVDRS), a project funded by the Centers for Disease Control and Prevention (CDC) that tracks violent deaths in 18 states.⁹ CalVDRS uses as a data platform the California Electronic Death Registration System (EDRS), which is the death certificate collection system maintained by the California Department of Vital Statistics. EDRS has been equipped with an additional module to accommodate the inclusion of violence-related circumstance data not normally found on death certificates, including data from coroner reports, supplementary homicide reports (SHR), and police department press releases.

• Data include:

- o Victim demographics, place of injury, weapon information
- o Information on the circumstances, including DV, leading to violent death.

• DV data limitations:

- o Although CalVDRS is an improvement in DV data collection, it still has several significant limitations that stem from the overall poor quality of DV data in the sources used for the system. For example, coroner reports do not consistently identify DV as a cause of or factor in deaths, and limited access to police records results in missing data regarding suspects. However, determining the gaps in information across data sources can assist agencies in improving DV data collection.
- o Data have a minimum time delay of six months.
- How to access: LAC Department of Public Health, Injury and Violence Prevention Program, 213-351-7888, http://publichealth.lacounty.gov/ivpp.

Local-level Sources of Public Health DV Data

The Trauma and Emergency Medicine Information System (TEMIS)

The Trauma and Emergency Medicine Information System (TEMIS) contains data from designated hospital trauma centers countywide and data from the Emergency Medical Services (EMS) system, i.e., paramedic, EMT and ambulance calls. TEMIS data come from the Los Angeles County Emergency Medical Systems Agency. While many patients captured in the trauma center and EMS databases are also included in the ED and inpatient hospitalization data provided by OSHPD, none of these different databases can be linked because no personal identifiers are included in the data. Nevertheless, EMS data have value because the injuries reported do not require hospitalization and therefore, may capture more DV cases.

• Data include:

- o Patient demographics
- o Diagnoses
- o How the illness or injury occurred
- o Weapon type, if any
- o How the patient is transported to the hospital
- o Destination facility

• DV data limitations:

- Data are not collected in a standard, systematic way. A single check box is used to report the presence of abuse generally, not DV specifically. Abuse is defined as any form of family violence, neglect or any other type of abuse. In addition, this box could remain unchecked for several reasons, including no abuse was present, the first responder forgot to check the box, or there was not enough information to assess whether or not abuse occurred. For the most part, the check box is not filled out at all, which leads to poor statistics on cases related to abuse.
- o Since the check box for abuse is not specific for domestic violence, the data could include abuse by people other than intimate partners.
- o A query using 2001-2007 EMS data and tracking the abuse category found that out of 1,079,050 ambulance runs involving at least one mechanism of injury, 971 (0.09%) had the abuse check box filled, and the remainder of the cases could have had no abuse or the first responder could have forgotten to check the box for abuse. It is likely that extent of abuse, and specifically DV, in LAC is underrepresented in this data source.
- o Data have a one year time delay.
- How to access: Contact the Senior EMS Program Head, Los Angeles County EMS Agency at (562) 347-1661, or rtadeo@dhs.lacounty.gov

Los Angeles County Department of the Coroner

The LAC Coroner is responsible for the investigation and determination of the cause and manner of all sudden, violent, or unusual deaths in the County. The Coroner is responsible for completing the cause of death and, if applicable, the injury information portions of death certificates. The Coroner publishes an annual report that reviews all cases handled for the year. Annual reports are available at the website http://coroner.lacounty.gov.

• Data include:

o The LAC Coroner has seven types of data request forms that represent different parts of an investigation report. For example, there is a form to request the toxicology results from an investigation. The current cost for each request ranges from \$23 to \$78. The Coroner's Department will create custom data reports upon request at a charge of \$84/hour.

• DV data limitations:

- o The annual report does not specify cases that were DV-related.
- o There is a DV-related designation for investigated cases; however, it is used subjectively and inconsistently. The identification of DV-related cases is left to the judgment of the individual medical examiner responsible for the case.
- o Data have a three month time delay.
- How to access: Contact the Department of the Coroner at (323) 342-0512, or visit the website at http://coroner.lacounty.gov.

END NOTES

9 More information about the National Violent Death Reporting System (NVDRS) can be found at, http://www.cdc.gov/ViolencePrevention/NVDRS/index.html.

THE NATIONAL DOMESTIC VIOLENCE HOTLINE

THE NATIONAL DOMESTIC VIOLENCE HOTLINE

The National Domestic Violence Hotline (NDVH) is a non profit organization that was established in 1996 as part of the Violence Against Women Act (VAWA). NDVH offers crisis intervention, information, and referrals for victims and perpetrators of DV, and their family and friends. NDVH operates a telephone crisis line that takes calls 24-hours per day, 365 days per year. Referral information is available for all 50 states, Puerto Rico and the U.S. Virgin Islands, and in more than 170 different languages through interpreter services, with a TTY line available for the Deaf, Deaf-Blind and Hard of Hearing. Callers are not required to provide any personal identifying information in order to receive services. NVDH maintains both national and state-level data on the calls they receive.

The hotline phone numbers are 1.800.799.SAFE (7233) and 1.800.787.3224 (TTY)

Data include:

- o Number of calls received
- o Number of call answered
- o Percentage of abandoned calls: the percentage of calls where the caller hangs up *after* the hotline's opening greeting plays. These callers usually hang up because they cannot or do not want to wait for the next advocate/attendant to answer their call.
- o Percentage of hang-up calls: the percentage of calls where the caller hangs up *before* the hotline's opening greeting plays. Usually these callers are unsure about calling and this is why a distinction is made between abandoned calls and hang-ups.
- o Average call wait time
- o Average call talk time
- o Demographic data on callers, including gender, age, ethnicity, and language spoken
- o Caller type (e.g., victim or batterer)
- o Types of abuse (i.e., emotional, physical, or sexual)
- o Most common circumstances associated with the violence (e.g., legal, immigration, or child custody issues)

How to access

- o NVDH does not have an accessible online database; however, NVDH will create custom reports to the extent possible.
- o The NDVH website is found at <u>www.ndvh.org</u>, or contact Emily Toothman at (512) 685-6235, <u>etoothman@ndvh.org</u>.

SELF REPORTED SURVEYS

SELF REPORTED SURVEYS

Self-reported surveys are an important source of DV data. In this section, we review the strengths and limitations of survey data by comparing eleven of the most well known and widely distributed surveys in the nation and California. Each of these surveys has a different purpose, target population, and methodology, all of which influence the type of DV data they collect. Three of these surveys focus on crime/violence, three surveys focus on general health, two surveys focus on parental/infant health, two surveys focus on student/young adult health, and one survey focuses on women's health. Additional information about the surveys, including full names, methodology, DV-related questions, and results can be found in the matrices in Appendices B and C.

Definition of DV

One of the major difficulties of comparing DV statistics is the fact that different agencies use different definitions for domestic violence. Question wording reflects the survey developer's definition of DV and can also limit how a respondent will answer. For example, questions that refer to threats/abuse generally can leave room for respondent interpretation. On the other hand, questions that use more specific examples may reduce respondent misunderstanding of what does and does not constitute DV (for the purposes of the survey), and give them an opportunity to relate to the examples provided. However, more specific questions can also constrain responses if the examples provided do not match a respondent's situation.

The surveys reviewed in this report include a variety of DV questions pertaining to different types of abuse, including physical, sexual, and emotional. A list of DV-related questions found in each survey can be found in the matrix in Appendix B. Ten of the eleven surveys referenced in this report ask questions about physical abuse, five of the surveys ask about sexual abuse, and five surveys ask about emotional abuse. Only the two surveys targeted to women, CWHS¹⁰ and NVAWS,¹¹ ask questions about all three forms of DV.

Physical Abuse

DV is typically equated with physical abuse. Nearly all surveys reviewed in this report include a question pertaining to physical violence; and three surveys, NFVS, 12 LACHS, 13 and YRBSS, 14 ask only about physical abuse. Physical abuse questions vary in wording and specificity, as shown in the following examples:

- YRBSS: Did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- FFCWS¹⁵: How often would you say he [baby's father] hit or slapped you when he was angry?
- NCVS¹⁶: Has anyone attacked or threatened you in any of these ways: With any weapon, for instance, a gun or knife; With anything like a baseball bat, frying pan, scissors, or stick; By something thrown, such as a rock or

- bottle; Include any grabbing, punching, or choking; Any rape, attempted rape or other type of sexual attack; Any face to face threats; Any attack or threat or use of force by anyone at all?
- LACHS: Are you in a relationship in which you have been physically hurt or threatened with physical harm by your partner?

Sexual Abuse

About half of the surveys reviewed in this report include questions pertaining to sexual abuse: CWHS, NVAWS, NCVS, CHIS,¹⁷ FFCWS, and CHKS.¹⁸ Sexual abuse questions also vary in wording and specificity, for example:

- CHKS: Have you ever been forced to have sexual intercourse when you did not want to?
- CWHS: Did anyone ever force you into unwanted sexual activity by using force or threatening to harm you?
- CHIS: Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

Emotional Abuse

Although DV is usually equated with physical abuse, the most crucial aspect of DV is the cycle of control, where the perpetrator is constantly disempowering the victim in various ways such as financially, psychologically, and emotionally. Of the eleven surveys reviewed in this report, five ask questions pertaining to emotional abuse: CWHS, FFCWS, NVAWS, MIHA,¹⁹ and KPMS.²⁰ However, each of these surveys asks about different aspects of emotional abuse. Only three surveys, CWHS, MIHA and FFCWS, ask questions pertaining to control. One survey, FFCWS, asks about verbal emotional abuse. Two surveys, KPMS and MIHA, ask about fear due to threats of safety; and one survey, NVAWS, asks detailed questions about stalking. Many surveys fail to phrase questions that deal with other important issues such as financial disempowerment or a victim's loss of confidence due to emotional and psychological abuse.

- FFCWS: How often would you say he insults or criticizes you or your ideas?
- MIHA: During your most recent pregnancy, did your partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go?
- KPMS: During the past 12 months, did you fear for the safety of yourself, your family, or friends because of anger or threats of a current or former spouse, partner, or boyfriend/girlfriend?
- NVAWS: Has anyone, male or female, ever... Followed or spied on you? Sent you unsolicited letters or written correspondence? Made unsolicited phone calls to you? Stood outside your home, school, or workplace? Showed up at places you were even though he or she had no business being there? Left unwanted items for you to find? Tried to communicate in other ways against your will? V andalized your property or destroyed something you loved?

As illustrated in the examples above, emotional and psychological aspects of DV take many forms. Emotional aspects of DV are also very difficult to capture. Data sources such as law enforcement and the healthcare system, collecting data on physical injuries or spousal rape, do not capture these aspects of DV. Surveys provide a means to collect this information.

Victim-Perpetrator Relationship

DV occurs among all different types of romantic relationships, both heterosexual and same sex relationships, as well as dating and more committed relationships. Surveys are developed to collect information about specific target populations and thus questions are tailored to these populations. For this reason, it is difficult to use surveys to estimate prevalence among the general population.

Survey target populations often determine the victim-perpetrator relationship that will be used in DV-related questions. Of the eleven surveys referenced in this report, four surveys are administered to adults age 18 and over (one women only), two surveys to new parents (mothers, and single mothers/fathers), two surveys to students/youth, two surveys to all ages, and 1 survey to youth and adults age 12 and over. Most surveys in this review phrase questions assuming that DV only occurs among committed relationships, while others refer to "intimate partners"; however, these relationships are not clearly defined in the surveys. Table 1 below identifies surveys by victim-perpetrator relationship.

Table 1. Surveys by Victim-Perpetrator Relationship

Victim-Perpetrator Relationship	Surveys
Intimate partner	CWHS, NVAWS, CHIS, LACHS
Boy/Girlfriend	YRBSS,CHKS
Current/former husband/partner/boyfriend/girlfriend	MIHA, KPMS
Married/cohabitating/divorced/separated (heterosexual only)	NFVS
Work/School associate, neighbor, friend, relative, family member, or anyone you know	NCVS
Baby's mother/Baby's father	FFCWS

Multiple Offenders and Repeated Offenses

<u>Multiple Offenders</u>

Some victims of DV have been victimized in more than one relationship or by more than one perpetrator. Most surveys focus on one relationship that the victim had with one partner, rather than DV perpetrated in different relationships. Additionally, surveys circumvent the issue of multiple offenders by asking if they have ever been victimized, or asking about the relationship in their most recent victimization. Only the NVAWS survey, according to findings from a 2000 report, indicates it asks respondents about different offenders.²¹ However, the report does not indicate how many victims had multiple assailants.

Repeated Offenses within the Same Relationship

Another fundamental aspect of DV that is often not addressed in data is repeated offenses. DV is not a one-time slap or hit. Rather, DV is a constant mind game that the perpetrator plays on the victim, gradually disempowering him/her through a perpetual cycle of abuse.^{22,23} Surveys typically ask about the most recent victimization, or whether the respondent has ever been victimized, but fail to ask how many times they were victimized. Only two of the ten surveys address repeated offenses. The NCVS and FFCWS surveys interview the same participants multiple times over a period of several years. This allows them to track victimizations by the same perpetrator. According to a 2000 report, the NVAWS also asked respondents about repeat victimization; however, they do not report how many victims suffered repeat offenses.

- NCVS: How many times?
- FFCWS: Thinking about your past relationship with [BABY'S FATHER], how often would you say that: He hit or slapped you when he was angry?

Timeframe

Surveys vary in the timeframe they ask of respondents. Five of the surveys referenced in this report used a long timeframe (past 12 months, lifetime), and one survey used a short timeframe (past 6 months). Three surveys asked about abuse occurring during a specific relationship (past relationship with baby's father; abuse during last pregnancy; currently) and only one of these asked "how often" abuse occurred in the relationship. Only two surveys, CWHS and YRBSS, asked about both short and long timeframes (past 30 days/12 months/lifetime). There are advantages to asking about both short and long timeframes in DV-related survey questions. Questions that ask about a short time frame in a relationship can capture frequency of abuse by the same perpetrator, abuse by multiple offenders, show change in abuse over time, and collect data about more incidents of DV. On the other hand, questions that ask about a long time frame, focusing on the most recent incident or if abuse has ever occurred, can capture annual prevalence and lifetime abuse. Most surveys either ask about a short time frame or a long time frame; however, surveys that ask about both short and long time frames can capture a broader range of DV offenses.

Childhood Victimization

Research indicates that many victims of DV were also victims of violence as children.²⁴ Only two of the eleven surveys referenced in this report include questions pertaining to child victimization and DV. Findings from both the CWHS and NVAWS surveys indicated that there is a strong association between child abuse and DV victimization as an adult.^{25,26}

• CWHS: Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you?; force you into unwanted sexual activity by using force or threatening to harm you?; did a parent or other adult in your household often or very often swear at, insult, or put you down, or make you afraid that you would be physically hurt?

• NVAWS: Aside from incidents already mentioned, when you were a child, did any parent, stepparent, or guardian ever... Throw something at you that could hurt? Push, grab, or shove you? Pull your hair? Slap or hit you? Kick or bite you? Choke or attempt to drown you? Hit you with some object? Beat you up? Threaten you with a gun? Threaten you with a knife or other weapon? Use a gun on you? Use a knife or other weapon on you?

Child Witnessing/Presence of Children

DV does not always necessarily involve just two individuals. DV also has an impact on children who live in the residence where an incident occurred, and children who witness DV.²⁷ Only three of the eleven surveys referenced in this report include questions pertaining to presence of children during DV. The CWHS asks whether respondents witnessed DV as children: "Before your 18th birthday, did you see anyone treat your mother (or stepmother) violently, such as beat her up, hit, punch, throw something at her, threaten or attack her?" The FFCWS asks whether a child witnessed DV: "Did [father] hurt you in front of child?" The NCVS survey asks respondents how many children under 12 years of age live in the household, allowing them to track the presence of children in a household where DV occurred; however it does not ask whether children witnessed DV.

Victims Reporting Incidents to Authorities

Of the eleven surveys reviewed in this report, only NVAWS and FFCWS ask respondents whether the victimization was reported to authorities (FFCWS results unavailable). Reporting DV incidents to the police is important to stopping the cycle of abuse, but many victims fail to do so. According to the NVAWS, only 17.2% of female victims reported their most recent rape incident to police. Women were also significantly more likely than men to report intimate partner physical assault or stalking.²⁸ Further, 26.7% of women and 13.5% of men reported being physically assaulted by an intimate partner.²⁹ To understand why victims fail to report such incidents, the NVAWS asked respondents to identify reasons for not reporting their victimization. Around one-fifth (21.2%) of female rape victims indicated that they were afraid of the perpetrator and 20.3% believed that it was a minor or one-time incident.³⁰ Female physical assault victims identified police not being able to do anything, police not believing [the victim], and believing this incident was a minor or one-time event as the three most common reasons, respectively, for not reporting physical assault. All male physical assault victims who did not report their victimization felt that police could not do anything for them. Additionally, approximately one-third of female (34.8%) and male (29.5%) physical assault victims indicated that they wanted to protect their attacker, relationship, or children, as a reason for not reporting the incident. Further, both the NVAWS and FFCWS ask if victims received medical treatment. According to NVAWS, about one-third of rape (35.6%) and physical assault (30.2%) victims sought medical treatment after their most recent incident.³¹ It would be valuable to know the percentage of those who are victimized but fail to report the incident to the authorities in order to estimate of the number of DV incidents that are not reported. Overall, it is difficult to assess victim reporting statistics because there are few, if any, national surveys that ask survey participants such questions.

Summary

Self-reported surveys offer useful information regarding DV prevalence and trends.³² Although surveys have the ability to capture the widest range of DV incidents, unfortunately, DV is also underreported in surveys due to respondent reluctance to report and methodological issues such as question wording. Many surveys reviewed in this report take into account sexual and/or emotional abuse in addition to physical abuse; however they each deal with different aspects of these forms of abuse. Additionally, the timeframe and victim-perpetrator relationship used in DV-related questions in each survey differs, making it difficult to compare survey results. Survey questions reflect the purpose and target audience of the organization administering the survey. It is important to keep these definitional issues in mind when reading reports and using data from surveys.

In order for surveys to capture data that are most relevant for DV research and prevention, it is important for researchers to continue to develop and enhance survey questionnaires and administration methods. Developing a universal definition of DV for use in surveys would help eliminate respondent misinterpretation of what DV constitutes, and help make surveys more comparable. This universal definition should include all forms of DV including physical, sexual, and emotional abuse. A new national survey, the National Intimate Partner and Sexual Violence Surveillance System (NISVSS), ³³ developed by the CDC in collaboration with the National Institute of Justice and the U.S. Department of Defense, will collect state-based and national data on all three forms of DV beginning in 2009.

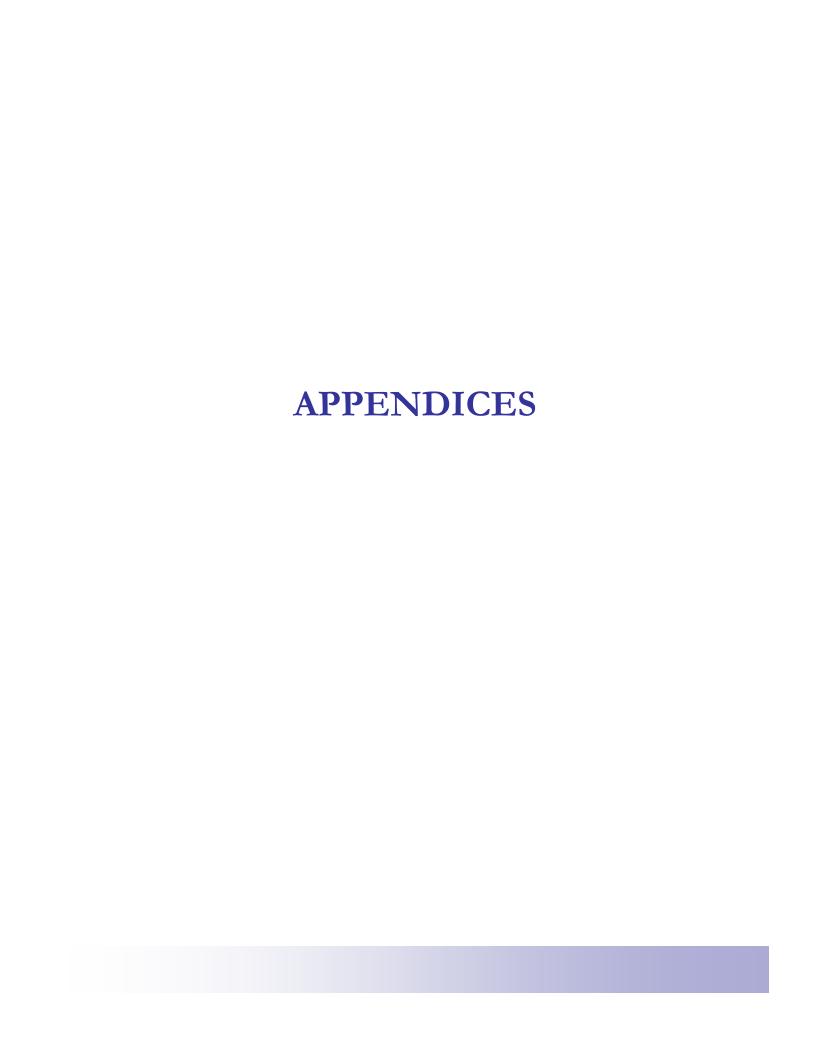
END NOTES

- 10 California Women's Health Survey (CWHS): Alvarez, J et al. (no date). Data points: Results from the 2005 California Women's Health Survey. California Department of Public Health, Epidemiology and Prevention for Injury Control Branch.; http://www.dhcs.ca.gov/dataandstats/reports/Pages/DataPoints.aspx
- 11 National Violence Against Women Survey (NVAWS): Tjaden, P; and Thoennes, N. (2000a). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. National Institute of Justice and the Centers for Disease Control and Prevention.
- 12 National Family Violence Survey (NFVS): Straus, MA; and Gelles, RG. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family, vol. 48. Pp. 465-479*.
- 13 Los Angeles County Health Survey (LACHS): http://publichealth.lacounty.gov/ha/hasurveyintro.htm
- 14 Youth Risk Behavior Surveillance Survey (YRBSS): http://www.cdc.gov/HealthyYouth/yrbs/index.htm
- 15 Fragile Families and Child Well-being Survey (FFCWS): http://www.fragilefamilies.princeton.edu/index.asp
- 16 National Crime Victimization Survey (NCVS): http://bjs.oip.usdoj.gov/index.cfm?ty=dcdetail&iid=245#Questionnaires
- 17 California Health Interview Survey. *CHIS 2007 Methodology Series*: Report 1 Sample Design. Los Angeles, CA: UCLA Center for Health Policy Research, 2009; http://www.chis.ucla.edu/default.asp
- 18 California Healthy Kids Survey (CHKS): http://chks.wested.org/about

LOS ANGELES COUNTY DOMESTIC VIOLENCE DATA SOURCES

END NOTES (continued)

- 19 Maternal Infant Health Assessment (MIHA): http://www.cdph.ca.gov/Pages/Default.aspx.
- 20 Kaiser Permanente Member Survey (KPMS): http://www.dor.kaiser.org/dor/mhsnet/public/index.html .
- 21 Tjaden, P; and Thoennes, N. (2000a)
- 22 Centers for Disease Control and Prevention. (2007). World report on violence and health. Retrieved August 11, 2009, from http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap4.pdf.
- 23 Tjaden, P; and Thoennes, N. (2000b). Extent, nature, and consequence of intimate partner violence: Findings from the National Violence Against Women Survey. National Institute of Justice and the Centers for Disease Control and Prevention.
- 24 Centers for Disease Control and Prevention. (2007)
- 25 Tjaden, P; and Thoennes, N. (2000a)
- 26 Alvarez, J et al. (no date)
- 27 Centers for Disease Control and Prevention. (2007)
- 28 Tjaden, P; and Thoennes, N. (2000b)
- 29 Ibid.
- 30 *Ibid.*
- 31 *Ibid.*
- 32 Rennison, M. & W. Welchans. (2000). *Intimate Partner Violence*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. NCJ 178247, Revised 7/14/00
- 33 Centers for Disease Control and Prevention (2008). Intimate partner violence prevention scientific information: data sources. Retrieved August 11, 2009, from http://www.cdc.gov/ncipc/dvp/ipv-data.htm.



APPENDIX A: DOMESTIC VIOLENCE DATA

	DV Homicides	DV Arrests ¹	DV Calls for Assistance ²	DV Hospitalizations	Weapon Involved	Victim/offender relationship	
LAW ENFORCEMENT AND CRI	AW ENFORCEMENT AND CRIMINAL JUSTICE DATA						
Uniform Crime Reports, U.S. Department of Justice (DOJ)						Х	
National Incident-Based Crime Reporting System (NIBRS) ³	Х	Х			Х	Х	
Supplementary Homicide Reports (SHR)	Х				Х	Х	
California DOJ	Х	Х	Х		Х	Х	
Los Angeles Police Department (direct contact with LAPD liaison)	Х	Х	Х		Х		
Los Angeles Police Department (website) ⁴							
Los Angeles County Sheriff's Department (direct contact with LASD liaison)	Х	х	х		Х		
Los Angeles County Sheriff's Department (website)		Х			Х		
Los Angeles District Attorney's Office							
PUBLIC HEALTH DATA		•				•	
Mortality Data, Los Angeles County Department of Public Health ⁵							
Los Angeles County Department of Coroner	Х				Х	Х	
Hospitalization Data, Office of Statewide Health Planning and Development (OSHPD)				Х	Х		
Emergency Medical Services (EMS) and Trauma and Emergency Medi- cine Information System (TEMIS), Los Angeles County Emergency Medical Systems Agency				х	Х		
Safe and Active Communities (SAC), California Department of Public Health	Х						
California Violent Death Reporting System (CalVDRS)	Х				Х	Х	

¹ DV arrests include the following Penal Code violations: 273.5(a), 243 (e), 273.6 (a), 273.6 (b), 273.6 (d), 273.5 (c), 243 (e) (1).

² DV calls for assistance are calls either through 911 or to the desk at a patrol station to respond to an incident that appears to be domestic violence related.

³ California is currently not a participant in the NIBRS program.

⁴ The LAPD website does not have DV-specific data.

⁵ Death certificates cannot list DV as a cause of death.

Survey Methodology	National Crime Victimization Survey (NCVS)	National Family Violence Survey (NFVS)
Focus of survey	Household crime/victimization	Family violence
Agency conducting survey	The U.S. Census Bureau collects survey information for the Bureau of Justice Statistics	University of New Hampshire
Years conducted	Since 1973, annually. Last conducted 2008; most recent DV data 2005	1975; 1985
Geography	National	National
Target population	Households, age 12+	Households with a currently married or cohabitating male-female couple
Sample and demographics captured	~50,000 households surveyed; Demographics: Age, race, gender, income	2,143 households surveyed in 1975 6,002 households surveyed in 1985; Demographics:household characteristics and composition, race, income, religion, education, etc.
Survey administration method	Face-to-face, telephone, and/or computer-assisted telephone interview (CATI)	Face-to-face; telephone *Survey questionnaire unavailable
Number of household members interviewed	1 to all	1 to all
Number of times interviewed	Six times (household interviewed twice a year for	Once
Survey Themes		
Definition of DV used	Has anyone attacked or threatened you in any of these ways: With any weapon, for instance, a gun or knife; With anything like a baseball bat, frying pan, scissors, or stick; By something thrown, such as a rock or bottle; Include any grabbing, punching, or choking; Any rape, attempted rape or other type of sexual attack; Any face to face threats; Any attack or threat or use of force by anyone at all? Have you been forced or coerced to engage in unwanted sexual activity?	Threw something, pushed/grabbed/shoved, slapped, kicked/bit/hit with fist, hit/tried to hit with something, beat up, threatened with gun or knife, used gun or knife?
Physical vs. Sexual vs. Emotional abuse	Physical / Sexual	Physical
Victim-suspect relationship	Work/School associate, neighbor, friend, relative, family member, anyone you know?	Married/Cohabitating; Heterosexual relationships only
Repeated offenses	Yes	No
Victimization by multiple offenders	No	No
Time frame captured in questions	Past 6 months	Past year
Childhood victimization	No	No
Child witnessing/Presence of children	No	No
Victim reported incident to authorities	Yes (reported to law enforcement and if not why not; not necessarily DV)	No
Reference/How to access	http://bjs.ojp.usdoj.gov/index.cfm? ty=dcdetail&iid=245#Questionnaires	Straus, MA; and Gelles, RG. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family, vol. 48. Pp. 465-479.

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Survey Methodology	National Violence Against Women Survey (NVAWS)	California Women's Health Survey (CWHS)
Focus of survey	Violence against women	Women's health
Agency conducting survey	National Institute of Justice (NIJ) and CDC	Office of Women's Health and the Survey Research Group
Years conducted	Once, Nov 1995-May 1996	Since 1997, annually; most recent DV data 2005
Geography	National	California
Target population	Men and Women, age 18+	Women, age 18+
Sample and demographics captured	8,005 Men and 8,000 Women surveyed; Demographics: Age, Sex, race/ethnicity, education, marital status	~4,000 women surveyed; Demographics: Age, educational attainment, race/ethnicity, household income, employment status, marital status and sexual orientation.
Survey administration method	Computer-assisted telephone interview (CATI)	Telephone (English/Spanish)
Number of household members interviewed	1	1
Number of times interviewed	Once	Once
Survey Themes		
Definition of DV used	See report for additional detailed questions • Did any other adult, male or female, ever Throw something at you that could hurt? Push, grab, or shove you? Slap or hit you? Kick or bite you? Choke or attempt to drown you? Beat you up? Threaten you with a knife or other weapon? Use a gun on you? Use a knife or other weapon on you? • Has anyone ever made you have sex by using force or threatening to harm you or someone close to you? • Has anyone, male or female, ever Followed or spied on you? Sent you unsolicited letters or written correspondence? Made unsolicited phone calls to you? Showed up at places you were even though he or she had no business being there?	Did an intimate partner ever throw something at you; push, kick, beat, or threatened you with (or used) a knife or gun or forced sex? Did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? Were you ever frightened, controlled or followed by an intimate partner?
Physical vs. Sexual vs. Emotional abuse	Physical / Sexual / Emotional	Physical / Sexual / Emotional
Victim-suspect relationship	Intimate partner (Current or former spouses, opposite-sex cohabiting partners, same-sex cohabiting partners, boyfriends/girlfriends, and dates)	Intimate partner (female victims)
Repeated offenses	Yes	No
Victimization by multiple offenders	Yes	No
Time frame captured in questions	Past 12 months; lifetime	30 days, 12 months, lifetime
Childhood victimization	Yes	Yes
Child witnessing/Presence of children	No	Yes
Victim reported incident to authorities	Yes (medical care received for DV-related injury)	No
Reference/How to access	Tjaden, P; and Thoennes, N. (2000a). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. National Institute of Justice and the Centers for Disease Control and Prevention.	Alvarez, J et al. (no date). Data points: Results from the 2005 California Women's Health Survey. California Department of Public Health, Epidemiology and Prevention for Injury Control Branch; http://www.dhcs.ca.gov/dataandstats/reports/Pages/DataPoints.aspx .

Survey Methodology	California Health Interview Survey (CHIS)	Los Angeles County Health Survey
Focus of survey	General health	Provide updates on key health indicators and identify emerging public health issues
Agency conducting survey	UCLA Center for Health Policy Research	Los Angeles County Department of Public Health, Office of Health Assessment and Epide- miology
Years conducted	Since 2001, biennially. Last conducted 2009; most recent DV results 2007	1997, 1999*, 2002, 2005, and 2007 *1999 is the only year including DV questions
Geography	California, region, county	Los Angeles County: 8 service planning areas (SPAs) and 26 health districts
Target population	Households (adults, adolescents, and children)	Los Angeles County population; adults and children
Sample and demographics captured	~64,600 individuals surveyed Demographics: Age, gender, race, ethnicity, marital status, country of birth, language spo- ken at home, additional language use, citizen- ship and immigration, number of children under 18 in household, childcare costs, edu- cation, employment	1999 Survey: 8,354 Adults surveyed 6,016 parents of children age 17 and younger
Survey administration method	Telephone survey	Computer-assisted telephone interview (CATI)
Number of household members interviewed	1 to all	One randomly selected member per household
Number of times interviewed	Once	Once
Survey Themes		
Definition of DV used	Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you in any way? Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?	Are you in a relationship in which you have been physically hurt or threatened with physical harm by your partner?
Physical vs. Sexual vs. Emotional abuse	Physical / Sexual	Physical
Victim-suspect relationship	Intimate partner	Partner
Repeated offenses	No	No
Victimization by multiple offenders	No	No
Time frame captured in questions	Never/ever, past 12 months	Current relationship
Childhood victimization	No	No
Child witnessing/Presence of children	No	No
Victim reported incident to authorities	No	No
Reference/How to access	California Health Interview Survey. CHIS 2007 Methodology Series: Report 1 - Sample Design. Los Angeles, CA: UCLA Center for Health Policy Research, 2009.; http://www.chis.ucla.edu/default.asp NOTE: violence victimization module added in 2009, questions and results not yet available.	http://publichealth.lacounty.gov/ha/ hasurveyintro.htm

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Survey Methodology	Kaiser Permanente (KP) Northern California Member Health Survey	Fragile Families and Child Wellbeing Study (FFCWS)
Focus of survey	General health	General health of unmarried parents and their children
Agency conducting survey	KP Northern California, Division of Research	Princeton, Center for Research on Child Wellbeing
Years conducted	Since 1993, every 3 years. Last conducted 2008; most recent DV results 2005	Cohort study: Children born from 1998-2000; 9- year follow-up study 2007-2010
Geography	Northern California	National
Target population	KP health plan members, age 20+	Mothers/Baby's father
Sample and demographics captured	~40,000 health plan members surveyed; Demographics: Sex, age, race/ethnicity, lan- guage, work status, marital status, sexual orientation, income	4,898 mothers and fathers who had children between 1998-2000. Demographics: Age, Citi- zenship, country of origin, race/ethnicity, edu- cation, employment, income
Survey administration method	Online or telephone; men, women, and seniors have separate surveys	Telephone
Number of household members interviewed	One or more	One or two
Number of times interviewed	Once	At infant's birth and ages 1, 3, 5; 9-year follow-up
Survey Themes		
Definition of DV used	Did you fear for the safety of yourself, your family, or friends because of anger or threats of a current or former spouse, partner, or boyfriend/girlfriend?	See website for additional detailed questions years 1, 3, and 5 Baseline survey: • He [baby's father] hit or slapped you when he was angry? • He insults or criticizes you or your ideas? Additional questions year one and three: • He tries to make you have sex or do sexual things you don't want to do? • He tries to keep you from seeing or talking with your friends or family; tires to prevent you from going to work or school; withholds money, makes you ask for money, or takes your money? • Were you ever cut, bruised, or seriously hurt in a fight with the child's father; Did you go to the hospital for any of these injuries; Did you report the incident to the police?
Physical vs. Sexual vs. Emotional abuse	Emotional	Physical / Sexual / Emotional
Victim-suspect relationship	Current/Former husband/partner boyfriend/ girlfriend	Mothers/Baby's father
Repeated offenses	No	Yes
Victimization by multiple offenders	No	No
Time frame captured in questions	Past 12 months	How often [during your past relationship with the baby's father]
Childhood victimization	No	No
Child witnessing/Presence of children	No	Yes
Victim reported incident to authorities	No	Yes
Reference/How to access	http://www.dor.kaiser.org/dor/mhsnet/public/index.html	http://www.fragilefamilies.princeton.edu/ documentation.asp

Survey Methodology	Maternal Infant Health Assessment (MIHA)	Youth Risk Behavior Surveillance System (YRBSS)
Focus of survey	Maternal health	General health and risk factors of youth and young adults
Agency conducting survey	California Department of Public Health (CDPH)	CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health.
Years conducted	Since 1999, annually. Last conducted 2008; Most recent DV results 2006	Since 1991, biennially. Last conducted 2009; Most recent DV results 2007
Geography	California; results available by region	National; results available by state and select districts (limited CA school districts participating, including Los Angeles)
Target population	Women who recently gave birth to a live infant	Youth/young adults in public/private school, grades 9-12
Sample and demographics captured	~3,500 women surveyed Demographics: Age, race/ethnicity, education, income, language spoken at home	~14,000 youth surveyed; Demographics: Sex, race/ethnicity, grade
Survey administration method	Paper and pencil	Paper, answered recorded on a computer- scannable booklet or answer sheet
Number of household members interviewed	N/A	N/A
Number of times interviewed	Once	Once, potentially twice
Survey Themes		
Definition of DV used	 Did your partner push, hit, slap, kick, choke, or physically hurt you in any way? Were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats of your partner? Did your partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go? 	Did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
Physical vs. Sexual vs. Emotional abuse	Physical / Emotional	Physical
Victim-suspect relationship	Current/Former husband/partner, boyfriend/ girlfriend	Boyfriend/girlfriend
Repeated offenses	No	No
Victimization by multiple offenders	No	No
Time frame captured in questions	During your most recent pregnancy/12 months before your pregnancy	Past 30 days, 12 months, how often, never/ever, lifetime
Childhood victimization	No	No
Child witnessing/Presence of children	No	No
Victim reported incident to authorities	No	No
Reference/How to access	http://www.cdph.ca.gov/data/surveys/Pages/ MaternalandInfantHealthAssessment(MIHA) survey.aspx	http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Survey Methodology	California Healthy Kids Survey (CHKS)
Focus of survey	General health and risk factors of youth and young adults
Agency conducting survey	WestEd/California Department of Education
Years conducted	Since 2003, biennially (replaced CSS). Last conducted 2009-2010; Most recent DV results 2007-2008
Geography	California; county, school district (all school districts receiving Title IV funds required to participate); Results comparable to the YRBSS
Target population	Youth, grades 9, 11
Sample and demographics captured	~670,000 youth surveyed; Demographics: Age, gender, race/ethnicity
Survey administration method	Paper and pencil
Number of household members interviewed	N/A
Number of times interviewed	One-three times
Survey Themes	
Definition of DV used	Did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? Have you ever been forced to have sexual intercourse when you did not want to?
Physical vs. Sexual vs. Emotional abuse	Physical / Sexual
Victim-suspect relationship c	Boyfriend/girlfriend
Repeated offenses	No
Victimization by multiple offenders	No
Time frame captured in questions	Past 12 months
Childhood victimization	No
Child witnessing/Presence of children	No
Victim reported incident to authorities	No
Reference/How to access	http://chks.wested.org/about

	National Crime Victimization Survey (NCVS)	National Family Violence Survey (NFVS)	National Violence Against Women Survey (NVAWS)
Sample Size	~50,000 households surveyed	2,143 households surveyed in 1975 6,002 households surveyed in 1985	8,005 Men and 8,000 Women surveyed
Definition of DV used	Has anyone attacked or threatened you in any of these ways: With any weapon, for instance, a gun or knife; With anything like a baseball bat, frying pan, scissors, or stick; By something thrown, such as a rock or bottle; Include any grabbing, punching, or choking; Any rape, attempted rape or other type of sexual attack; Any face to face threats; Any attack or threat or use of force by anyone at all? Have you been forced or coerced to engage in unwanted sexual activity?	• In the past 12 months did your partner (minor violence) throw something, push/grab/shove, slap, (severe violence) kick/bite/hit with fist, hit/tried to hit with something, beat up, threaten with gun or knife, or use a gun or knife on your?	See report for additional detailed questions. Did any other adult, male or female, ever Throw something at you that could hurt? Push, grab, or shove you? Slap or hit you? Kick or bite you? Choke or attempt to drown you? Beat you up? Threaten you with a knife or other weapon? Use a gun on you? Use a knife or other weapon on you? • Has anyone ever made you have sex by using force or threatening to harm you or someone close to you? • Has anyone, male or female, ever Followed or spied on you? Sent you unsolicited letters or written correspondence? Made unsolicited phone calls to you? Showed up at places you were even though he or she had no business being there?
Survey Results	(2001-2005 survey aggregated results; DV questions last asked in 2005): On average, the annual rate of violent victimization by an intimate was 4.2 per 1,000 women aged 12 years and older and 0.9 per 1,000 men aged 12 years and older. 22% of nonfatal victimizations of women and 4% of nonfatal victimizations of men are perpetrated by intimates. Note: According to NCVS, violence between intimates includes homicides, rapes, robberies, and assaults.	The 1975 and 1985 NFVS found: 11-12% of married/cohabiting women and 12% of married/cohabiting men were physically assaulted by their inti- mate partner annually.	Persons Victimized by Intimate Partner in Lifetime (1995-1996 survey) Rape: Women 7.7%, Men 0.3% Physical assault: Women 22.1%, Men 7.4% Rape and/or physical assault: Women 24.8%, Men 7.6% Stalking: Women 4.8%, Men 0.6% Total victimized: Women 25.5%, Men 7.9%
Reference/ How to access	Bureau of Justice Statistics. Intimate Partner Violence in the U.S. http://bjs.oip.usdoj.gov/index.cfm?ty=pbdetail&iid=1000 The report is from 2007 and examines fatal and non-fatal violence by intimates (current or former spouses, girlfriends, or boyfriends). Data trends from 1993 to 2005 are examined in addition to aggregated data from 2001 to 2005.	Straus, MA; and Gelles, RG. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family, vol. 48. Pp. 465-479.	Tjaden, P; and Thoennes, N. (2000a). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. National Institute of Justice and the Centers for Disease Control and Prevention.

	California Women's Health Survey (CWHS)	California Health Interview Survey (CHIS)	Los Angeles County Health Survey
Sample Size	~4,000 women surveyed	~64,600 individuals surveyed	8,354 Adults surveyed 6,016 parents of children age 17 and younger surveyed
Definition of DV used	Did an intimate partner ever throw something at you; push, kick, beat, or threatened you with (or used) a knife or gun or forced sex? Did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? Were you ever frightened, controlled or followed by an intimate partner?	Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you in any way? Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?	Are you in a relationship in which you have been physically hurt or threatened with physical harm by your partner?
Survey Results	(2005 survey; last year results available): 9.2% of women reported DV in the last 12 months (4.6% reported physical or sexual violence or both; 4.6% reported psychological abuse)	(2007 survey, last year results available) Ever experienced physical or sexual violence by an intimate partner since age 18. CA LA County Males 11.5% 11.3% Females 22.9% 20% Experienced physical or sexual violence by intimate partner in past year CA LA County Males 4.2% 3.6% Females 4.1% 3.8%	(1999 survey; only year DV questions asked) 1.5% of participants stated they were experiencing domestic violence in a current relationship
Reference/ How to access	Alvarez, J et al. (no date). Data points: Results from the 2005 California Women's Health Survey. California Department of Public Health, Epidemiology and Prevention for Injury Control Branch; http://www.dhcs.ca.gov/dataandstats/reports/Pages/ DataPoints.aspx	California Health Interview Survey. CHIS 2007 Methodology Series: Report 1 - Sample Design. Los Angeles, CA: UCLA Center for Health Policy Research, 2009.; http://www.chis.ucla.edu/default.asp NOTE: CHIS added a violence victimization module to the 2009 survey. 2009 questions and results not yet available.	http://publichealth.lacounty.gov/ha/hasurveyintro.htm

	Kaiser Permanente (KP) North- ern California Member Health Survey	Fragile Families and Child Wellbeing Study (FFCWS)	Maternal Infant Health Assessment (MIHA)	
Sample Size	~40,000 health plan members surveyed	4,898 mothers and fathers who had children between 1998-2000	~3,500 women surveyed	
Definition of DV used	Did you fear for the safety of your-self, your family, or friends because of anger or threats of a current or former spouse, partner, or boyfriend/girlfriend?	See website for additional detailed questions years 1, 3, and 5 Baseline survey: • He [baby's father] hit or slapped you when he was angry? • He insults or criticizes you or your ideas? Additional questions year one and three: • He tries to make you have sex or do sexual things you don't want to do? • He tries to keep you from seeing or talking with your friends or family; tires to prevent you from going to work or school; withholds money, makes you ask for money, or takes your money? • Were you ever cut, bruised, or seriously hurt in a fight with the child's father; Did you go to the hospital for any of these injuries; Did you report the incident to the police?	Did your partner push, hit, slap, kick, choke, or physically hurt you in any way? Were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats of your partner? Did your partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go?	
Survey Results	(2005 survey; last year results available) 3.3% of females and 1.9% males age 20 and over feared for their personal/family safety because of anger/threats from an IP	Results available only by permission from the study. (Adkins 2008): Among mothers married to or cohabitating with fathers, 44% experienced some aspect of controlling behavior in their unions, and 5% experienced violence in their unions.	(2006 survey; last year results available) 3.2% of mothers experienced physical abuse in the 12 months before pregnancy 3.0% experienced physical abuse during pregnancy 6.9% experienced psychological (but no physical) abuse during pregnancy	
Reference/ How to access	Gordon, N.P. (2007). Characteristics of adult members in kaiser permanente's north California region as estimated from the 2005 kaiser permanente adult member survey. Oakland, CA: Kaiser Permanente Division of Research. Available at http://www.dor.kaiser.org/external/uploadedFiles/content/research/mhs/2005_questionnaires/mhs05reg_e.pdf	http://www.fragilefamilies.princeton.edu/index.asp Adkins, K.S. and Kamp Dush, C.M. (June 2008). Implications of violent and controlling unions for mothers' mental health and leaving. The Ohio State University. Working paper. Available at: http://crcw.princeton.edu/workingpapers/WP08-14-FF.pdf	http://www.cdph.ca.gov/data/surveys/ Documents/MO-TableA2- DomesticViolence.xls	

	Youth Risk Behavior Surveil- lance System (YRBSS)	California Healthy Kids Survey (CHKS)		
Sample Size	~14,000 youth surveyed	~670,000 yo	outh surveyed	
Definition of DV used	Did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?	Did your boyfriend or girlfriend ever hit, slap, or physically hurt you on pur- pose? Have you ever been forced to have sexual intercourse when you did not want to?		
Survey Results	(2007 survey; last year results available) 9.9% of students nation wide (11% male and 8.8% female) reported been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend	(Aggregates 2006-2007 and 2007-2008 survey results; last year results available) Physical violence by boy/girlfriend, past 12 months; Grade (Female %, Male %)		
	during the 12 months before the survey	Grade	CA	LA County
	,	7th	(3%,6%)	(3%,5%)
		9th	(6%,6%)	(5%,6%)
		11th	(7%,8%)	(6%,7%)
		Non- Traditional	(17%,12%)	(15%,12%)
		Ever forced into unwanted sexual intercourse		
		Grade	CA	LA County
		7th	7%	N/A
		9th	9%	N/A
		11th	11%	N/A
		Non- Traditional	16%	N/A
Reference/ How to access	Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2007. Surveillance Summaries, June 6, 2008. MMWR 2008; 57 (No. SS-4). http://www.cdc.gov/HealthyYouth/yrbs/index.htm	http://chks.wested.org/about		

Hotlines

National Domestic Violence Hotline 800-799-SAFE (7233) 800-787-3224 (TDD)

National Sexual Assault Hotline 1-800-656-HOPE (4673) Available 24/7 for the nearest rape crisis center.

National Stalking Resource Hotline 1-800-FYI-CALL (1-800-394-2255) M-F 8:30 AM - 8:30 PM EST or email gethelp@ncvc.org.

National Teen Dating Abuse Helpline

1-866-331-9474 (1-866-331-8453 TTY) available 24/7 or connect with a trained Peer Advocate online at www.loveisrespect.org from 4 p.m. to 2 a.m. daily (CST).

Los Angeles County Domestic Violence Hotline (Only accessible from Los Angeles County area codes) 800-978-3600

Los Angeles County Rape & Battering Hotlines (Peace over Violence) 310-392-8381 213-626-3393 626-793-3385

Helpful Websites

United States Department of Justice Office on Violence Against Women http://www.ovw.usdoj.gov

Centers for Disease Control and Prevention

Violence Prevention – Intimate Partner Violence

http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html

Los Angeles County Domestic Violence Council http://dvcouncil.lacounty.gov

Family Violence Prevention Fund http://endabuse.org

Domestic Violence Resource Center http://www.dvrc-or.org/domestic/violence/resources/C61/