

DOMESTIC VIOLENCE IN ALAMEDA COUNTY

Community Assessment Planning and Evaluation Unit (CAPE)
Alameda County Public Health Department
Alameda County Domestic Violence Fatality Review Team
(DVFRT)



June 2018

This slide set was produced by the Alameda County Public Health Department Community Assessment Planning and Evaluation (CAPE) Unit in collaboration with the Alameda County Domestic Violence Fatality Review Team (DVFRT). It is intended to describe the populations most affected by domestic violence in Alameda County while acknowledging current data limitations. This presentation includes national statistics as well as Alameda County data on domestic violence-related deaths, hospital visits and 911 calls. The information presented in this report includes recent data, trends, geographic differences and racial and ethnic group inequities. Alameda County Domestic Violence support resources are also included for those who need assistance.

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- The reasons why domestic violence occurs within our families and communities are myriad and complex.
- This presentation does not attempt to address the underlying causes of DV.
- In addition, this presentation does not capture all DV incidents in Alameda County nor does it reflect all efforts to prevent and respond to DV in Alameda County.
- Please Contact the individuals listed above if you need additional information.

Executive Summary

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- **Domestic Violence (DV)**
 - Includes Physical, sexual, emotional, economic and/or psychological abuse.
 - Can be committed against intimate partners (IPV), family members, roommates and bystanders.
- **Data Challenges**
 - DV is substantially underreported, there is a lack of awareness of nonphysical forms of DV, and no standard data reporting process exists.
 - **Result:** There is no single accurate estimate of DV.
- **DV is a serious problem in Alameda County and the United States.**
 - The populations at highest risk of DV include: Adult females (18-54 years); women of color (especially African Americans and American Indians); pregnant and postpartum women; LGBTQ and gender nonconforming residents, residents living in high poverty neighborhoods, and youth and adults who were exposed to DV as children.



- Domestic Violence is “A pattern of abusive behavior in any relationship that is used by one person to gain or maintain power and control over another person.” It can be physical, sexual, emotional, economic and/or psychological.
- Domestic Violence is most commonly thought of as physical violence committed by current or former intimate partners. In reality, Domestic Violence includes: physical, sexual, emotional, economic and/or psychological abuse and can be committed against intimate partners, family members, roommates or bystanders (e.g. friend, family member of victim, current partner of victim, or intervening law enforcement officer).
- Domestic Violence is substantially underreported at all levels: individuals, medical providers, EMS, law enforcement and public health.
- It is often difficult for health care and public health professionals to identify domestic violence in the absence of immediate physical injury leading to underreporting. Data systems screen for and count domestic violence in different ways. For example, hospitals use multiple diagnostic codes for domestic violence which often differ between and within facilities.
- Alameda County Public Health uses incomplete data from multiple sources to understand domestic violence. As a result, there is no single accurate estimate of Domestic Violence.
- The populations in Alameda County at highest risk of DV include: Adult females (18-54 years); women of color (especially African Americans and American Indians); pregnant and postpartum women; LGBTQ and gender nonconforming residents, residents living in high poverty neighborhoods, and youth and adults who were exposed to DV as children.

Executive Summary

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- Alameda County Public Health Department (ACPHD) Efforts
 - **Current Activities:** Assess for and respond to Domestic Violence Incidents (Reporting/ Referrals) and participate on local and state violence prevention task forces
 - **Future Efforts:** Standardize data collection protocols and referral processes, increase ACPHD competency and capacity to identify and respond to domestic violence, and strengthen partnerships with Domestic Violence advocacy and service organizations
 - **ACPHD Vision:** To prevent violence by strengthening families (and communities) over the course of their lives
- Alameda County Domestic Violence Legal and Social Support Services
 - Alameda County Family Justice Center (ACFJC) www.acfjc.org
 - Address: 470 27th Street, Oakland, CA 94612
 - Phone: (510) 267-8800



- The Alameda County Public Health Department vision (ACPHD) understands that domestic violence is a significant public health issue in Alameda County.
- ACPHD DV efforts fit within a larger statewide violence prevention and community safety initiative to address violence as a public health issue.

Current Activities

- ACPHD currently utilizes multiple domestic violence (DV) assessment tools and provides referrals to clients in need of DV support and resources.
- ACPHD also participates on the Alameda County Domestic Violence Fatality Review Team and the California Department of Public Health Violence Prevention Task Force.

Future Efforts

- ACPHD will work toward standardizing our data collection and referral processes across the department to ensure that we are consistently assessing DV and making appropriate referrals to the clients we serve.
- In addition, ACPHD will train our workforce to identify and respond to DV incidents among our clients.
- Finally, ACPHD will continue to collaborate with state and local agencies and organizations to support policies that protect DV survivors and prevent future incidents.

Presentation Sections

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- Domestic Violence Definition and Data Challenges
- US and California Data
- Alameda County Data
 - Domestic Violence Deaths
 - Domestic Violence and Assault Hospital Visits
 - Domestic Violence Calls to Police
 - Cumulative Impact of Domestic Violence
- ACPHD Domestic Violence Prevention Efforts
- ACPHD Domestic Violence Support Resources



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Introduction and Data Challenges



What is Domestic Violence?

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- “A pattern of abusive behavior in any relationship that is used by one person to gain or maintain power and control over another person.”
- Domestic Violence can be physical, sexual, emotional, economic and/or psychological.
- Frequency and severity of domestic violence varies dramatically.
- Domestic Violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender.
- Domestic Violence affects people of all socioeconomic backgrounds and education levels.



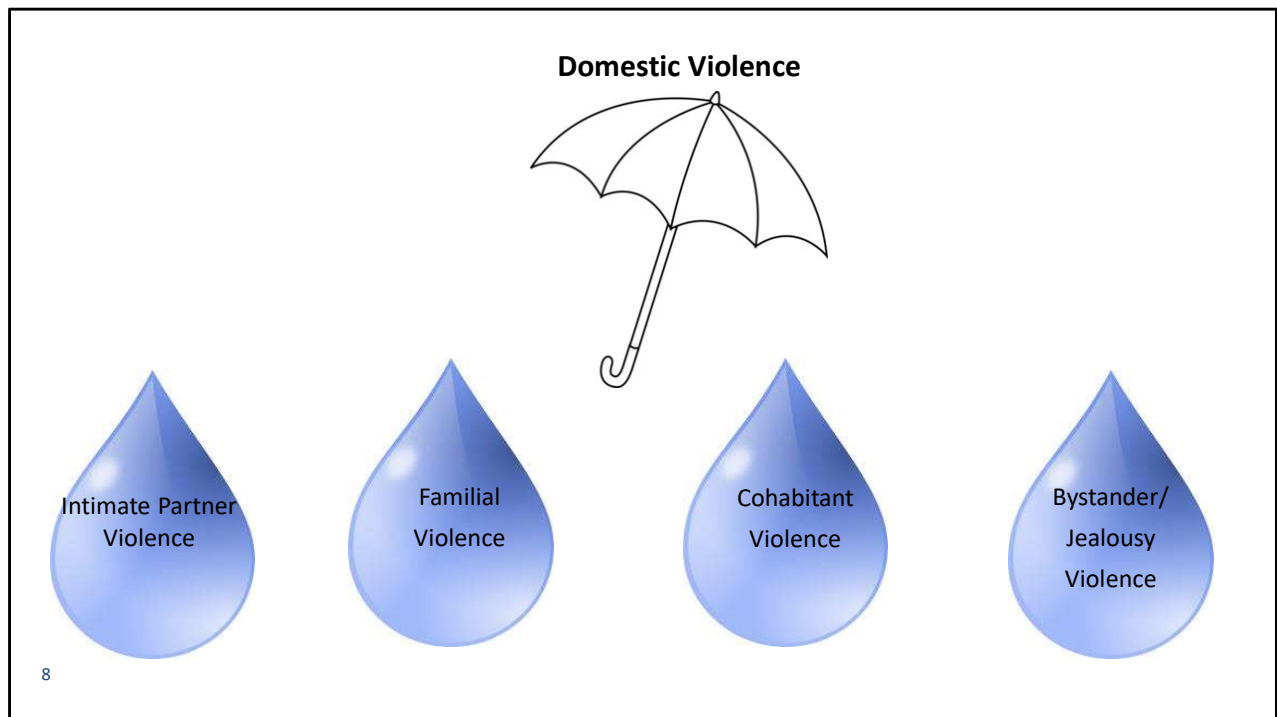
Sources: US Department of Justice. Domestic Violence. June 16, 2017. <https://www.justice.gov/ovw/domestic-violence>.
A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint July 2005.
https://www.acgov.org/government/documents/AC_VP_Blueprint_7_1_05.pdf

Sources: US Department of Justice. Domestic Violence. June 16, 2017.

<https://www.justice.gov/ovw/domestic-violence>.

A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint July 2005.

https://www.acgov.org/government/documents/AC_VP_Blueprint_7_1_05.pdf



- Domestic Violence is an umbrella term that contains four main categories of relationship violence.
- Intimate Partner Violence is violence against current or former intimate partners (for example: boyfriend, girlfriend, or spouse).
- Familial Violence is violence against a family member (for example: mother, father, son, or grandparent).
- Cohabitant Violence is violence against someone you are living with (for example: roommate).
- Bystander Violence is violence against a person who has witnessed or is aware of a domestic violence incident (for example: friend or family member of victim, witness, current partner of victim, or intervening law enforcement officer).

Domestic Violence Data Challenges

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- Domestic Violence is underreported at all levels — individual, health care settings, public health, EMS, Law Enforcement, Coroners.
- Difficult to identify domestic violence in the absence of immediate physical injury.
- Lack of awareness of non-physical domestic violence.
- Data systems screen for and count domestic violence in different ways.
- Need to use incomplete data from multiple sources to understand domestic violence.



- **Result: There is no single accurate estimate of Domestic Violence.**

- Domestic Violence is substantially underreported at all levels. In the US only about one-third of people injured by domestic violence seek medical care for their injuries and only about one-half of domestic violence incidents are reported to police.
- It is often difficult for health care and public health professionals to identify domestic violence in the absence of immediate physical injury leading to underreporting.
- In addition, many health care, public health, and social service professionals are not trained in identifying and reporting domestic violence among their patients/clients.
- There is a lack of awareness or understanding that domestic violence can be sexual, emotional, economic and/or psychological not just physical injury.
- Data systems screen for and count domestic violence in different ways. For example, hospitals use multiple diagnostic codes for domestic violence which often differ between and within facilities.
- Alameda County Public Health uses incomplete data from multiple sources to understand domestic violence. We use hospital visits (emergency department visits and hospitalizations), 911 phone calls, and mortality data which provides an incomplete picture of domestic violence in the county.
- Not having data on domestic violence outpatient visits (health care providers and clinics) represents a key data gap. This results in an undercount of medical care reported domestic violence incidents and skews the data toward the populations seeking care through emergency departments.
- **As a result, there is no single accurate estimate of Domestic Violence.**

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Domestic Violence in the US



Domestic Violence in the US

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- On a typical day, domestic violence hotlines receive approximately 20,800 calls.
- Intimate partner violence accounts for 15% of all violent crime.
- The presence of a gun in a domestic violence situation increases the risk of homicide by 500%.
- 20% of intimate partner homicide victims include family members, persons who intervened, bystanders, or law enforcement officers.



Source: Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. & Stevens, M. (2011).
The national intimate partner and sexual violence survey: 2010 summary report.
http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

Source: Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. & Stevens, M. (2011).

The national intimate partner and sexual violence survey: 2010 summary report.

http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

Prevalence of Intimate Partner Violence in the US

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1 in 3 women and 1 in 4 men have been physically abused by an intimate partner in their lifetime.



1 in 5 women and 1 in 59 men have been raped by an intimate partner in their lifetime.



1 in 2 female homicide victims and 1 in 20 male homicide victims are killed by intimate partners.



Source: National Coalition Against Domestic Violence (NCADV) Fact Sheet. <https://ncadv.org/statistics>

Intimate Partner violence is a serious problem in the United States.

- 1 in 3 women and 1 in 4 men have been victims of [some form of] physical violence by an intimate partner within their lifetime.
- 1 in 4 women and 1 in 7 men have been victims of severe physical violence by an intimate partner in their lifetime.
- 1 in 5 women and 1 in 59 men have been raped by an intimate partner in their lifetime.
- 1 in 2 female and 1 in 20 male homicide victims were killed by intimate partners.

Source: National Coalition Against Domestic Violence (NCADV) Fact Sheet.

<https://ncadv.org/statistics>.

Impacts of Domestic Violence in the US

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- Health Impacts
 - Only about one-third of people injured by intimate partners receive medical care for their injuries.
 - About 14% of women treated in emergency departments were there for DV-related reasons resulting in over 1.25 million visits annually.
 - DV Survivors are two times more likely to be diagnosed with major mental health problems such as PTSD, depression, anxiety, substance abuse, and suicidal ideation than the general public.
- Impacts on Children
 - It is estimated that 15 million children witness domestic violence each year.
 - Male children have a 1,000% greater risk of reproducing DV in their own spousal relationships.
 - Past DV victimization is the #1 factor associated with current DV perpetration.



Sources: National Coalition Against Domestic Violence (NCADV) National Statistics. <https://ncadv.org/statistics>
Chapman A and Monk C. [Domestic Violence Awareness. Am J Psychiatry 2015 170:10.](https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2015.15070853)

Sources: National Coalition Against Domestic Violence (NCADV) National Statistics.

<https://ncadv.org/statistics>.

Chapman A and Monk C. [Domestic Violence Awareness. Am J Psychiatry, 2015 170:10.](https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2015.15070853)

<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2015.15070853>.

Impacts of Domestic Violence in the US

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- Economic Impacts
 - Survivors of IPV lose over 8 million days of work each year (= 32,000 full time jobs).
 - IPV costs the US economy between \$5.8-\$12.6 billion annually.
- Reporting Domestic Violence
 - Only 25% of all physical assaults, 20% of all rapes, and 50% of all stalking perpetrated against females by their partners are reported to the police.
 - For the small number of cases that do get reported, on average, a woman will be assaulted by her partner 35 times before reporting it to the police.



Sources: National Coalition Against Domestic Violence (NCADV) Fact Sheet. <https://ncadv.org/statistics>. Feminist Majority Foundation Domestic Violence Facts <http://www.feminist.org/other/dv/dvfact.html#notes>

Domestic Violence Reporting

- Only about one-half of domestic violence incidents are reported to police. African-American women are more likely than others to report their victimization to police.
- The most common reasons for not reporting domestic violence to police are that victims view the incident as a personal or private matter, they fear retaliation from their abuser, and they do not believe that police will do anything about the incident.

Sources: National Coalition Against Domestic Violence (NCADV) Fact Sheet.
<https://ncadv.org/statistics>. Feminist Majority Foundation Domestic Violence [Facts](http://www.feminist.org/other/dv/dvfact.html#notes)
<http://www.feminist.org/other/dv/dvfact.html#notes>

Populations at Highest Risk of Domestic Violence

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- Females, aged 18-44 years.
- Women of color, especially African Americans and American Indian/Alaskan Natives.
- Pregnant and postpartum women.
- Gay, Lesbian, Bisexual and Transgendered people.
- Youth and adults who witnessed or experienced domestic violence as children.



Sources: MMWR 63(SS08); 1-18) https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm?s_cid=ss6308a1_e.
National Intimate Partner and Sexual Violence Survey (NISVS) An Overview of 2010 Findings on Victimization by Sexual Orientation https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf.

- About 52% of American Indian/Alaskan Native and 41% of African American women experience physical violence by an intimate partner in their lifetime.
- One Study found that IPV is the leading cause of hospitalization among pregnant and postpartum women with over 40 times the hospitalization rate as the second leading cause. (Source: Mendez-Figueroa H. Trauma in Pregnancy: an updated systematic review. *Am. J. Obstet. Gynecol* 2013. 209(1):1-10.)
- 44% of lesbian women and 61% of bisexual women experienced IPV in their lifetime versus 35% of heterosexual women. 26% of gay men and 37% of bisexual men experienced IPV in their lifetime compared to 29% of heterosexual men.
- Children of domestic violence survivors are 3 times more likely to repeat the cycle in adulthood. Growing up with domestic violence is the most significant predictor of whether or not someone will be engaged in domestic violence later in life. (Source: <https://cdv.org/2014/02/10-startling-domestic-violence-statistics-for-children/>.)

Sources: Breiding et al. Prevalence and Characteristics of Sexual Violence, Stalking and Intimate Partner Violence Victimization— National Intimate Partner and Sexual Violence Survey, US, 2011. MMWR 63(SS08); 1-18. National Intimate Partner and Sexual Violence Survey (NISVS) An Overview of 2010 Findings on Victimization by Sexual Orientation https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf

Domestic Violence in California

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- Domestic Violence 911 calls and domestic violence incidents involving a weapon decreased from 2005-2014 (after legislation).
- CA domestic violence prevalence rates are 8.3% lower than the national rate.
- DV remains a serious public health issue in California.
 - Domestic violence shelters serve 5,800 CA women and children per day.
 - Every 56 minutes a forcible rape occurs in CA.
 - DV homicides comprise 12% of all CA homicides.



Sources. National Coalition Against Domestic Violence (NCADV) CA Fact Sheet <https://www.speakcdn.com/assets/2497/california.pdf>. Family Justice Center Alliance CA Gun Laws. <https://www.speakcdn.com/assets/2497/california.pdf>.

Domestic Violence in California

- California domestic violence calls per year decreased by 14% from 181,362 in 2005 to 155,965 in 2014.
- Domestic violence calls involving a firearm decreased 34% from 1,233 in 2005 to 813 in 2014, and domestic violence incidents involving a weapon decreased 31% from 93,027 to 66,645 during the same period.

Sources. National Coalition Against Domestic Violence (NCADV) CA Fact Sheet

<https://www.speakcdn.com/assets/2497/california.pdf>. Family Justice Center Alliance CA Gun Laws.

<https://www.familyjusticecenter.org/california-model-state-domestic-violence-prevention-gun-laws/>.

Alameda County Domestic Violence Deaths



Domestic Violence Fatality Review Team (DVFRT)

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- Established 1996 (*Statute: California Penal Code §11163.3-11163.6*).
- Comprised of domestic violence advocates and service providers, health care, law enforcement, legal aid, and public health professionals.
- Purposes
 - To review Alameda County deaths (homicides and suicides) and determine if the deaths were due to domestic violence.
 - To identify demographic trends in Domestic Violence deaths (gender, age, race/ethnicity, geography).
 - To understand the circumstances of domestic violence deaths in Alameda County and identify areas to intervene to prevent future incidents.
 - To discuss and support public policy interventions to protect domestic violence survivors and family members of victims.



- The Domestic Violence fatality review team was established in 1996 as part of California Penal Code Statute *§11163.3-11163.6*.
- The Alameda County DVFRT is comprised of domestic violence advocates and service providers in health care, law enforcement, social services, legal aid, and public health.
- The DVFRT was formed to
 - Review Alameda County deaths (homicides and suicides) and determine if the deaths was due to domestic violence
 - Identify demographic trends in Domestic Violence deaths (gender, age, race/ethnicity, geography)
 - Understand the circumstances of domestic violence deaths in Alameda County
 - Identify areas to intervene to prevent future incidents; and discuss and support public policy interventions to protect domestic violence survivors and family members of victims.

Circumstances of DVFRT Deaths in Alameda County, 2006-2016

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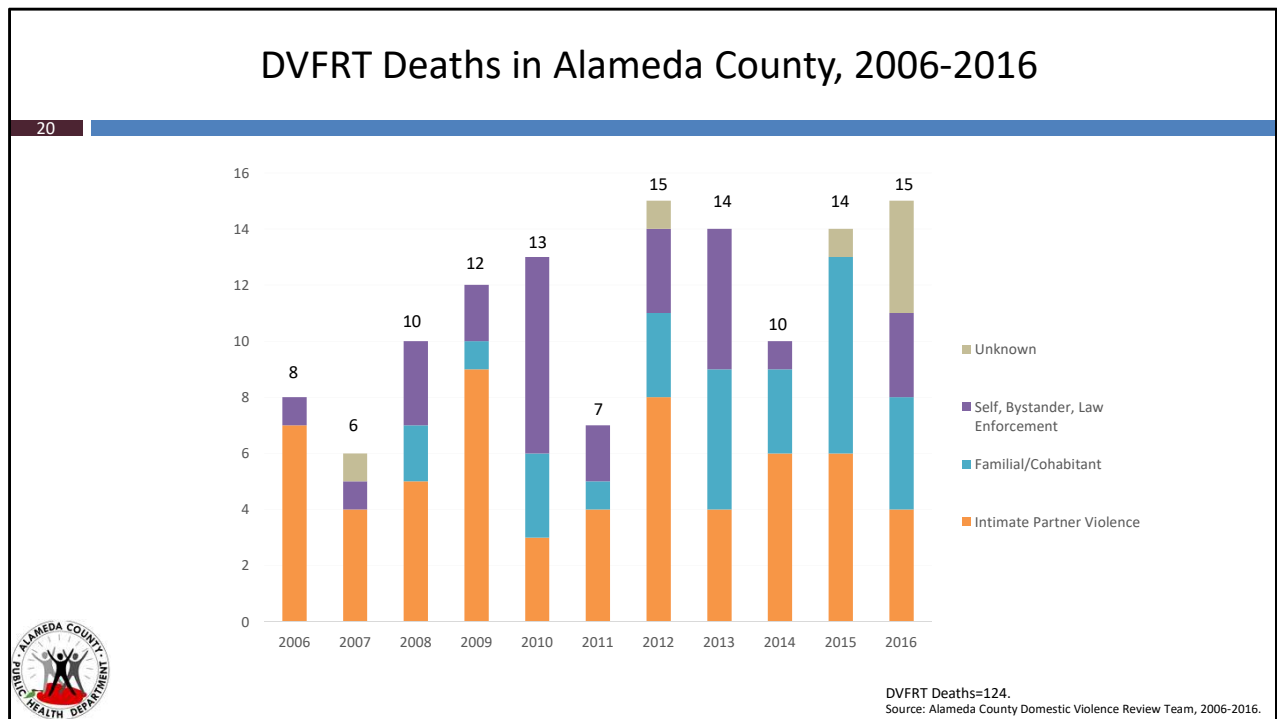
Between 2006-2016 DVFRT identified

- 102 Domestic Violence Events, resulting in 124 deaths
 - 57 Intimate Partner Deaths; 21 Familial/Cohabitant Deaths; 17 Suicide, Bystander, Law Enforcement Deaths; 7 Unknown Violence Type Deaths
- Average of 11 deaths per year
- 98 victims: 70 females and 28 males
- 26 of the perpetrators were killed or committed suicide, all males
- Average age of victim: 40 years (Range: 1-96 years)



Source: Alameda County Domestic Violence Review Team, 2006-2016.

Source: Alameda County Domestic Violence Review Team, 2006-2016.

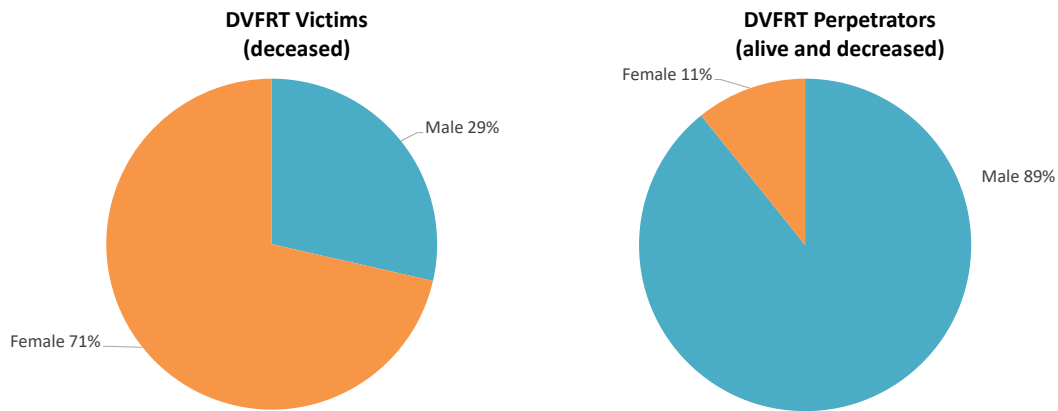


- This figure shows the number of annual Domestic Violence Fatality Review Team (DVFRT) deaths by category of domestic violence based on the relationship between the victim and perpetrators from 2006-2016.
- There are yearly fluctuations in the number of deaths, however since 2008 DVFRT confirmed about 10-15 domestic violence deaths per year in Alameda County.
- The majority of the DVFRT deaths were due to intimate partner violence (IPV), followed by familial/cohabitant violence.
- Unknown deaths are those deaths where domestic violence is suspected but remains unconfirmed due to lack of evidence.

Source: Alameda County Domestic Violence Review Team, 2006-2016.

Gender Comparison: DVFRT Victims & Perpetrators, 2006-2016

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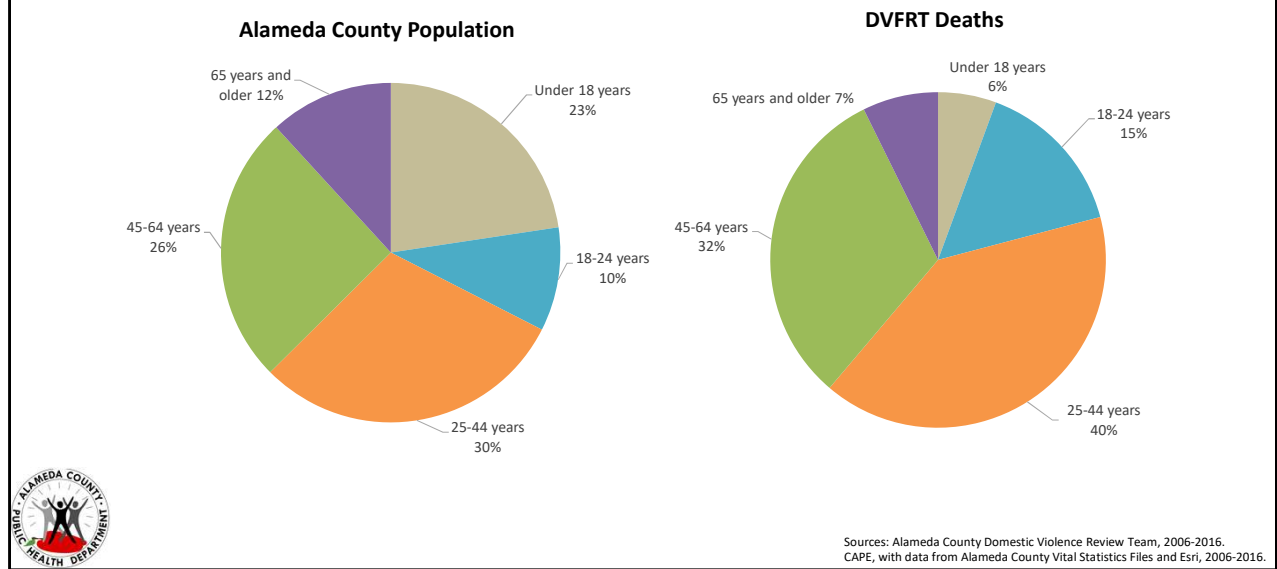
Source: Alameda County Domestic Violence Review Team, 2006-2016.

- These two figures show the gender of DVFRT victims (deceased) compared to DVFRT perpetrators (both alive and deceased) from 2006-2016.
- The majority of victims (71%) were female and the majority of perpetrators (89%) were male.
- This gender imbalance between female victims and male perpetrators is consistent with national data.

Source: Alameda County Domestic Violence Review Team, 2006-2016.

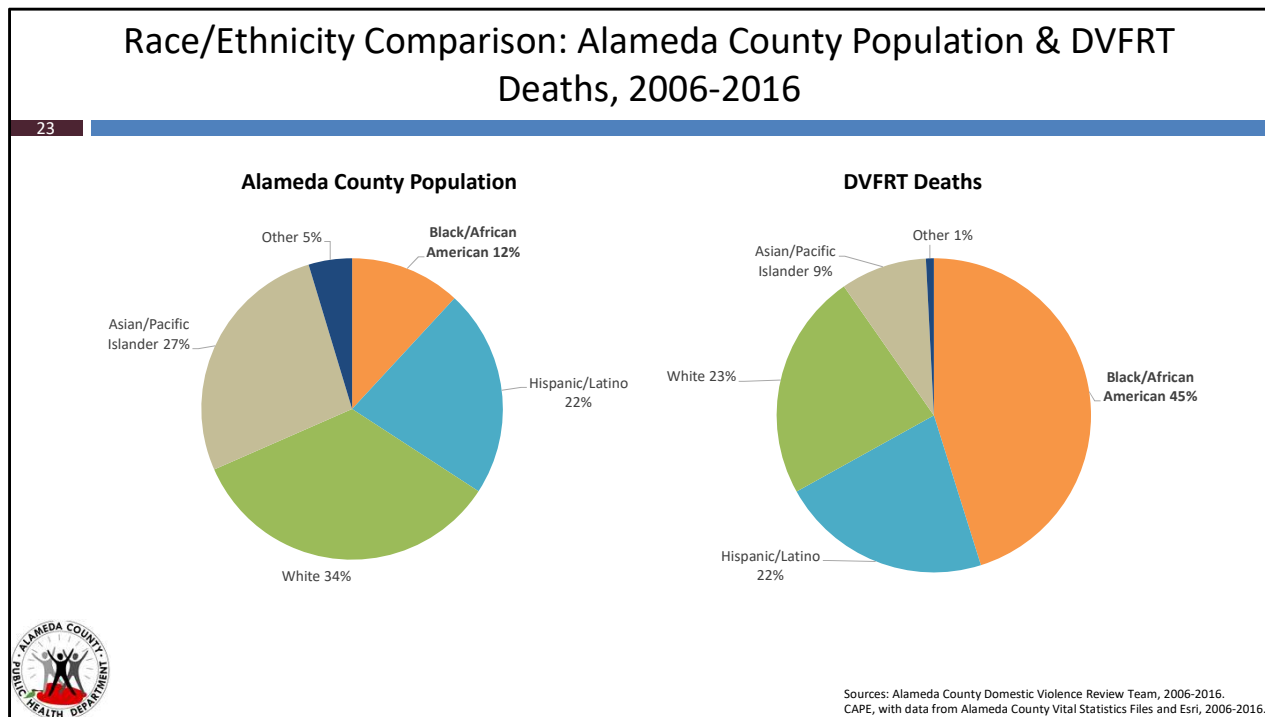
Age Comparison: Alameda County Population & DVFRT Deaths, 2006-2016

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- This figure shows the percentage of the Alameda County population by age category compared to the percentage of DVFRT deaths by the same age categories.
- The pie charts would have the same size slices if the age at death for DV deaths were in proportion to the Alameda County population.
- This is not the case as the majority of DV deaths were to residents 18-64 years (87%) with the largest age percentage among those 18-44 years.
- The very young and older populations have fewer DV deaths compared to young adult and middle aged residents.
- As mentioned previously average age of DV death is 40 years.

Sources: Alameda County Domestic Violence Review Team, 2006-2016. CAPE, with data from Alameda County Vital Statistics Files and Esri, 2006-2016.

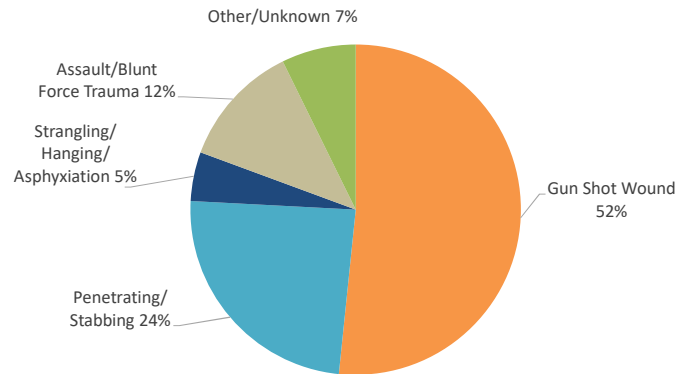


- This figure compares the percentage of the Alameda County population by racial/ethnic group to the percentage of DVFRT deaths by the same racial/ethnic group categories
- The pie charts would have the same size slices if the race/ethnic group composition of DV deaths were in proportion to the Alameda County population.
- This is not the case as African American/Blacks comprise a disproportionate share of DVFRT deaths (45%) compared to their share of the AC population (12%).
- Hispanic/Latinos comprise the same share of DVFRT deaths compared to their share of the AC population (22%).
- Whites and Asian/Pacific Islanders comprise smaller shares of DVFRT deaths compared to their shares of the AC population.
- The Alameda County data is consistent with national DV death data by race/ethnicity.

Sources: Alameda County Domestic Violence Review Team, 2006-2016. CAPE, with data from Alameda County Vital Statistics Files and Esri, 2006-2016.

Mechanism of Death: DVFRT Deaths, 2006-2016

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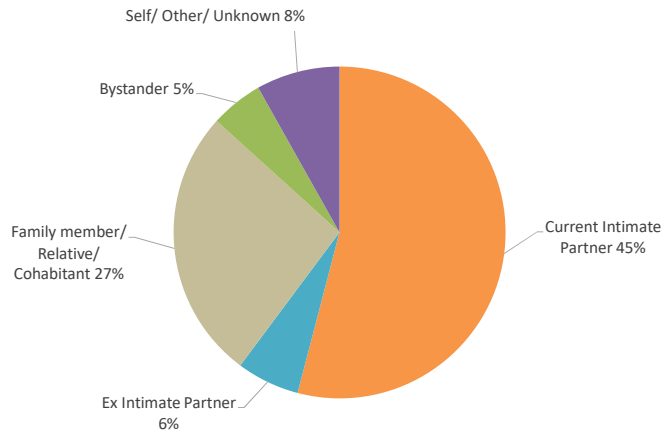
Source: Alameda County Domestic Violence Review Team, 2006-2016.

- This figure shows the percentage share of DVFRT deaths by mechanism from 2006-2016.
- About one-half of deaths (52%) were due to gunshot wounds (e.g. committed using firearms).
- About one-quarter (24%) of DVFRT deaths were due to penetrating or stabbing (e.g. committed using a knife or other sharp object).
- 12% of deaths were due to assault or blunt force trauma (e.g. committed using hands, fists, feet or a heavy object) and 5% were due to strangling, hanging or asphyxiation.

Source: Alameda County Domestic Violence Review Team, 2006-2016.

Perpetrator Relationship to Victim: DVFRT Deaths, 2006-2016

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DVFRT Victims=98.
Source: Alameda County Domestic Violence Review Team, 2006-2016.

- This figure shows the perpetrator relationship to the victim for DVFRT deaths from 2006-2016.
- Almost one-half of DVFRT deaths (45%) were committed by current intimate partners and over one-quarter (27%) were committed by family members, relatives or cohabitants.

Source: Alameda County Domestic Violence Review Team, 2006-2016

Underreporting Female IPV-related Homicides in Alameda County, 2006-2016

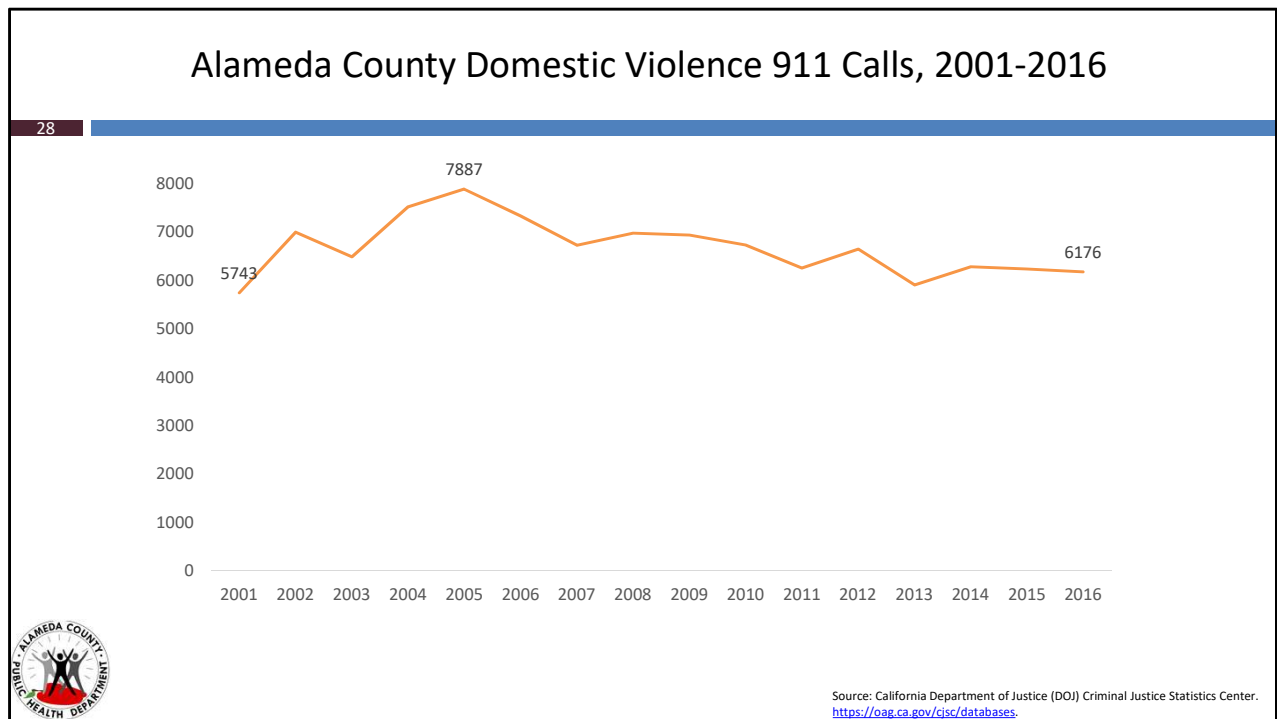
26

- Recall, in the US about 50% (1 in 2) of female homicides are IPV-related.
- Between 2006-2016, Alameda County experienced 212 female homicides.
- Using the US estimate, we would expect 106 of the Alameda County female homicides to be IPV-related.
- DVFRT confirmed 51 Female IPV homicides. This is 1/2 the number expected in the same time period.
- After a death it can be difficult to confirm intimate partner relationships.



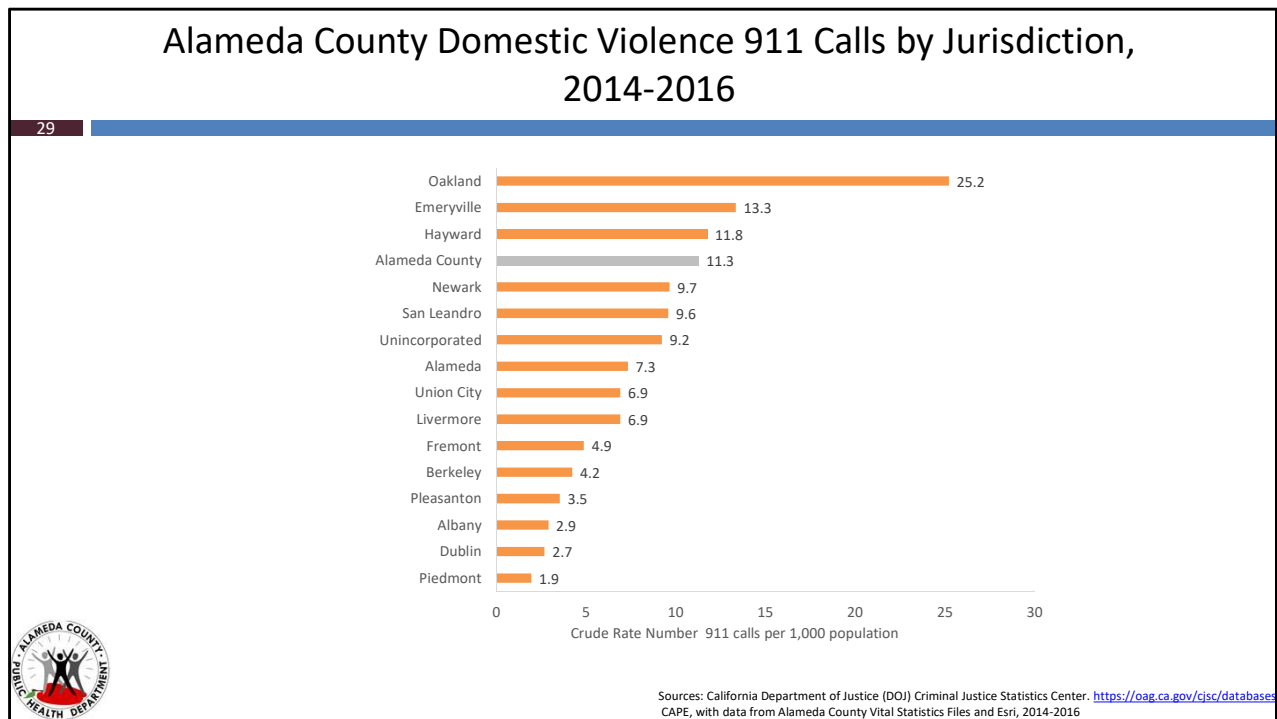
Domestic Violence 911 Calls





- This figure shows the number of Domestic Violence related 911 calls in Alameda County from 2001 to 2016.
- The number of calls ranges from a low of 5,743 in 2001 to a high of 7,887 in 2004.
- Since 2014 there have been about 6,000 domestic violence related 911 calls in Alameda County each year.

Source: California Department of Justice (DOJ) Criminal Justice Statistics Center.
<https://oag.ca.gov/cjsc/databases>.

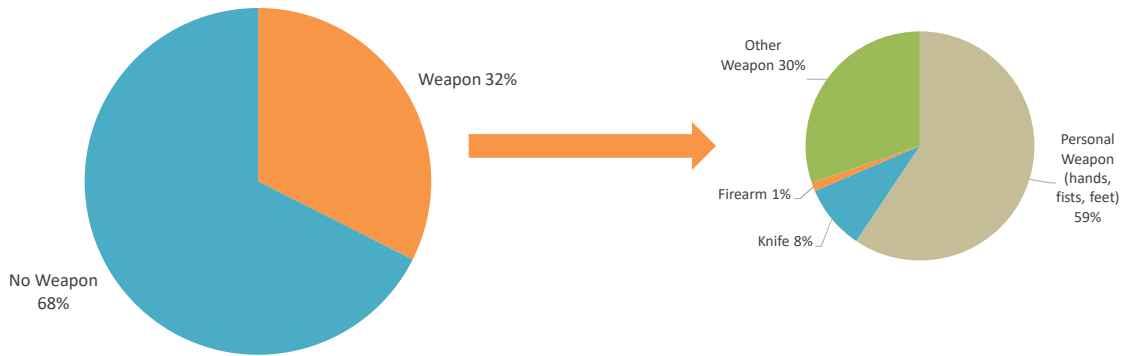


- **911 Domestic Violence Call Rate:** number of DV related calls by jurisdiction/population in that jurisdiction*100,000 population.
- This figure shows the domestic violence related 911 call rate by jurisdiction from 2014-2016. (The jurisdiction is defined by jurisdiction responding agency. For example, Oakland includes OPD responses.)
- The Alameda County DV related 911 call rate was 11.3 per 100,000 population.
- Oakland had the highest rate of DV related 911 calls at 25.2 per 100,000 Oakland population in 2014-2016.
- Emeryville and Hayward also had high DV 911 call rates (13.3 and 11.8 respectively).
- Albany, Dublin and Piedmont had the lowest DV 911 call rates by jurisdiction from 2014-2016.
- Recall that less than one-half of all DV incidents are reported to the police so these rates are likely underestimates.
- Individuals who feel vulnerable to law enforcement presence (for example, immigrants and people of color) as well as those with more resources may be less likely to call 911 for a DV related incident.

Sources: California Department of Justice (DOJ) Criminal Justice Statistics Center.
<https://oag.ca.gov/cjisc/databases>. CAPE, with data from Alameda County Vital Statistics Files and Esri, 2014-2016.

Weapon Used: Alameda County Domestic Violence 911 Calls, 2016

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Source: California Department of Justice (DOJ) Criminal Justice Statistics Center.
<https://oag.ca.gov/cjsc/databases>.

- The pie chart on the left shows the percentage share of 911 Domestic Violence related (DV) calls where a weapon was involved versus no weapon.
- In 2016, about one-third of DV 911 calls involved a weapon versus two-thirds that did not.
- The pie chart on the right shows type of weapon involved for the 2,059 DV 911 calls that involved a weapon in 2016.
- 59% of these 911 calls involved hands, fists or feet, 8% involved a knife and 1% involved a firearm.

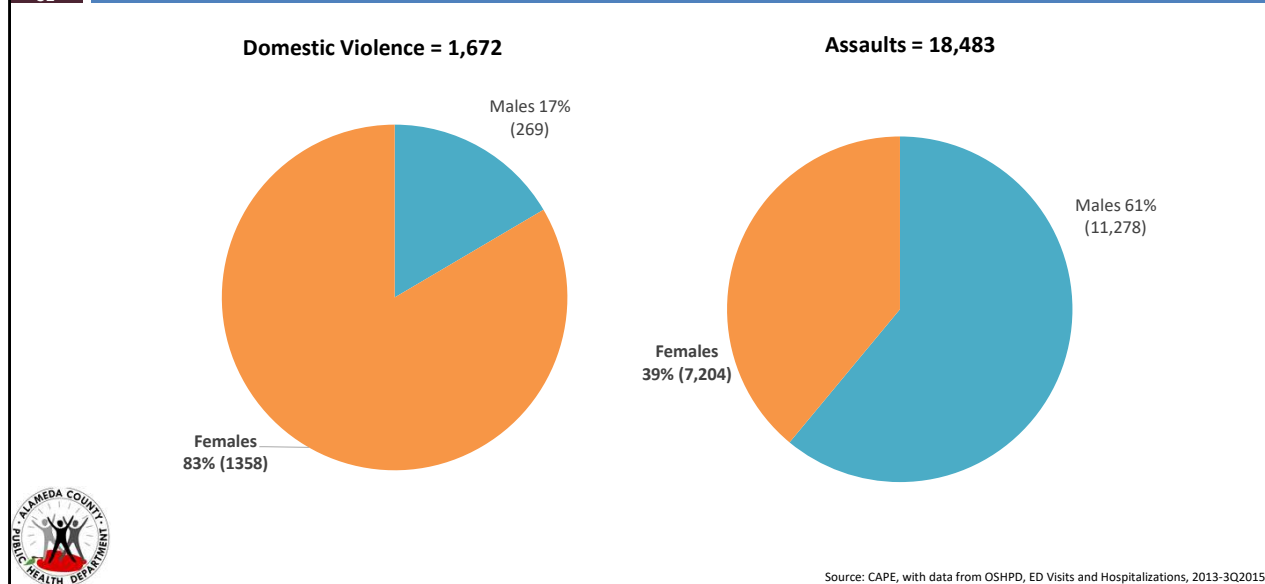
Source: California Department of Justice (DOJ) Criminal Justice Statistics Center.
<https://oag.ca.gov/cjsc/databases>.

Domestic Violence and Assault Hospital Visits



Gender Comparison: Domestic Violence & Assault Hospital Visits, 2013-3Q2015

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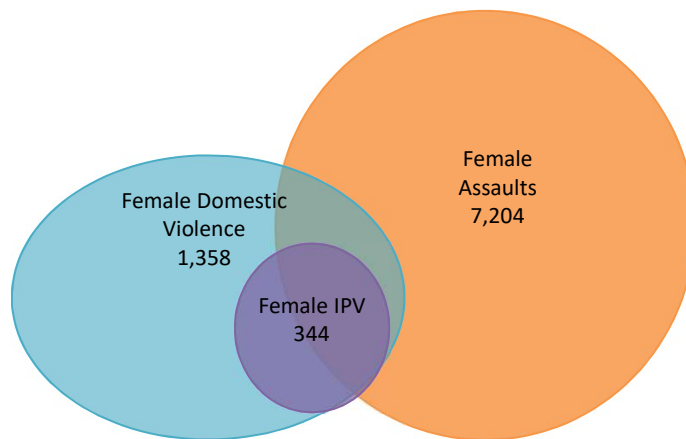
- Hospital Visits include both Emergency Department Visits and Inpatient Hospitalizations.
- From 2013 to the third quarter of 2015 there were 1,672 domestic violence hospital visits and 18,483 assault hospital visits.
- The figure on the left shows the gender composition of DV hospital visits in which the majority (83%) were female.
- The figure on the right shows the gender composition of assault hospital visits in which the majority (61%) were male.
- This DV gender bias in hospital visits is consistent with national data.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2013-3Q2015.

Definitions: Hospital Visits

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- Female Only- Emergency Department Visits and Hospitalizations (ICD9 codes)

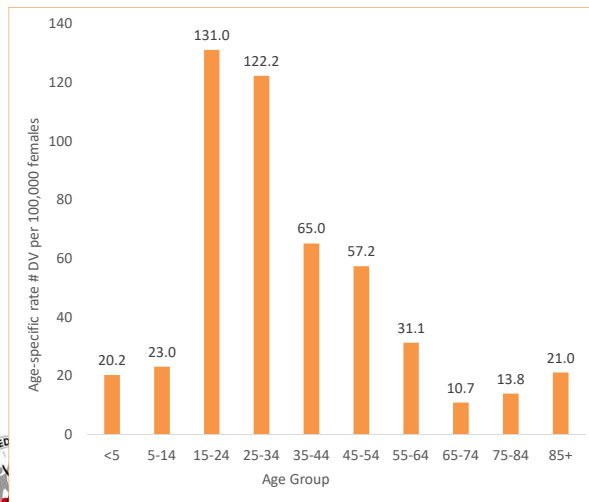


- Because the majority of domestic violence hospital visits are among females, Alameda County Public Health Department (ACPHD) defined domestic violence hospital visits for this analysis by limiting to female only emergency department visits and hospitalizations.
- Hospitals define domestic violence differently in their systems, some only identify it as assault.
- As a result, ACPHD created two categories: (1) female domestic violence hospital visits and (2) female assault hospital visits using ICD9 coding in the first 5 diagnostic categories.
- The purpose of defining domestic violence in this manner was to include a lower estimate (female domestic violence) and a higher estimate (female assaults). The true rate is likely somewhere in between.

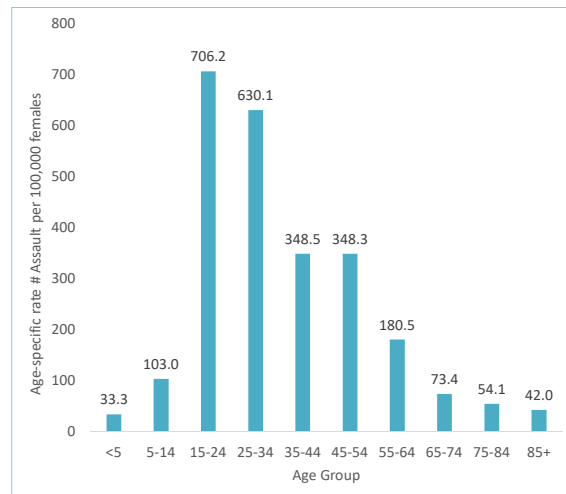
Age Comparison: Female Domestic Violence & Assault Hospital Visits, 2013-3Q2015

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Domestic Violence Hospital Visits



Assault Hospital Visits



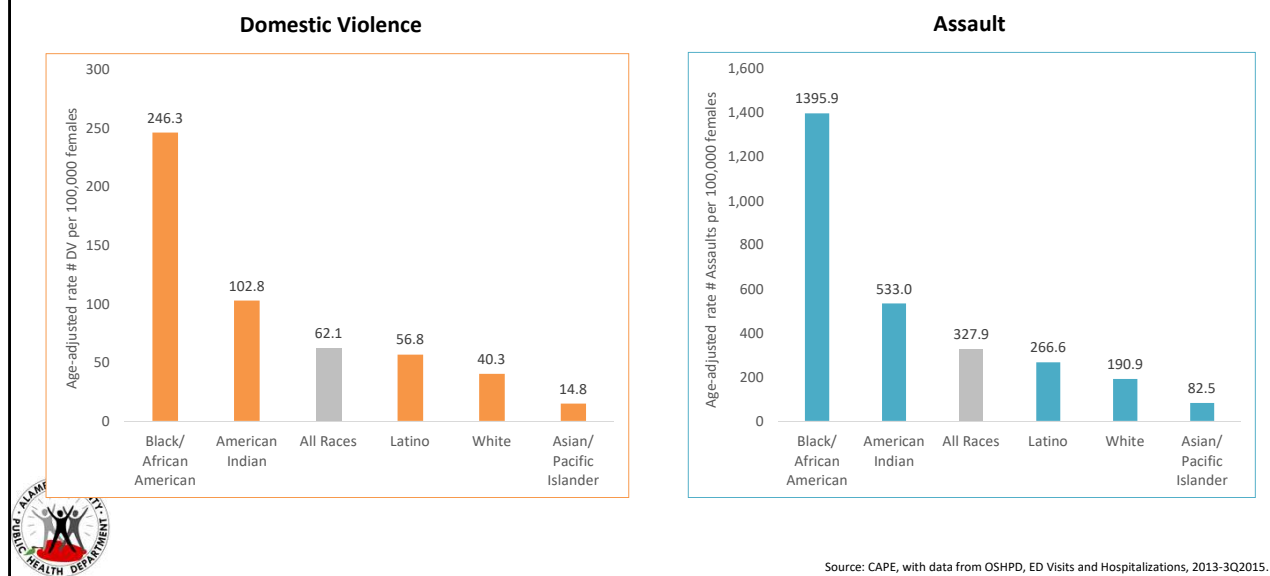
Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2013-3Q2015.

- **Hospital Visit Rate:** number of female ED visits and inpatient hospitalizations/female population by age group per 100,000.
- These figures show the female domestic violence (DV) and assault hospital visit rates by age group in Alameda County from 2013 through the third quarter of 2015.
- Women ages 15-24 years and 25-34 years have the highest DV and assault hospital visit rates.
- Women age 35-54 years also have high DV and assault hospital visits rates.
- The average age for DV Emergency Department visits is 32 years and 44 years for DV hospitalizations (not shown).
- This is consistent with the DV FRT deaths data in that the average age of the DV victim is 40 years.
- Women are coming into Emergency Departments for DV at earlier ages representing an opportunity to intervene and prevent future incidents.
- One additional item worth noting is the increase in DV hospital visits for older females (65 years and above). This may be due to elder abuse.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2013-3Q2015.

Race/Ethnicity Comparison: Female Domestic Violence & Assault Hospital Visits, 2013-3Q2015

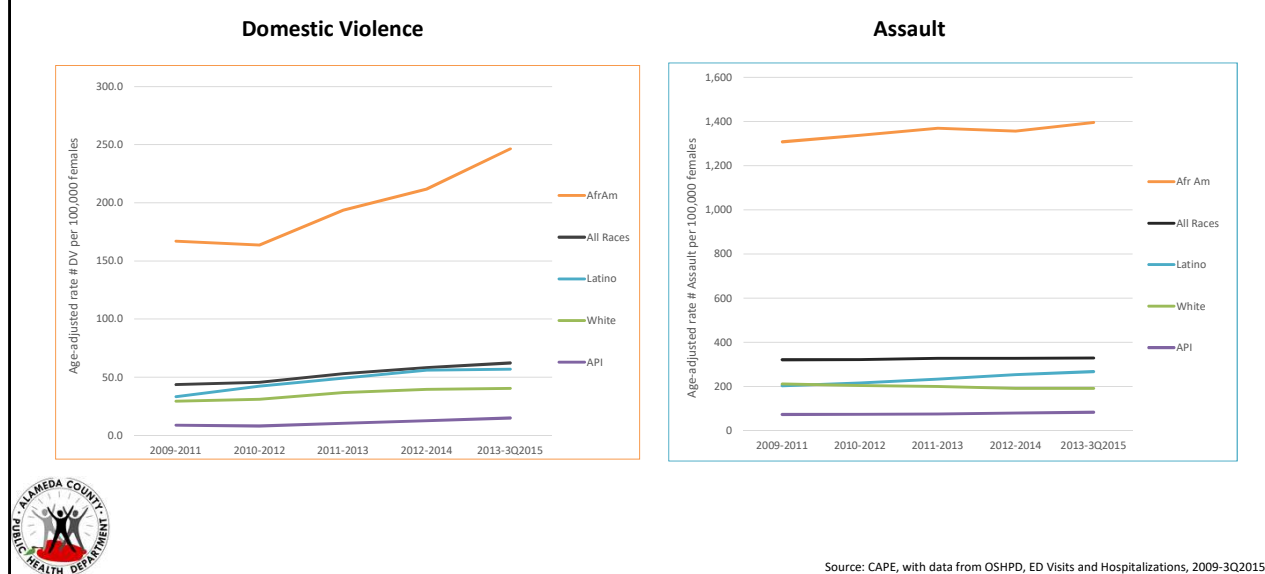
35



- **Hospital Visit Rate:** number of female ED visits and inpatient hospitalizations/female population per 100,000.
- These figures show the female domestic (DV) and assault hospital visit rates by racial/ethnic group in Alameda County from 2013 through the third quarter of 2015.
- African American and American Indian females had the highest DV and assault hospital visit rates in Alameda County. This is consistent with national DV data.
- The Latino DV and assault hospital visit rates were close to the Alameda County rates.
- Whites and Asian/Pacific Islander had the lowest DV and assault hospital visit rates.
- The African American DV hospital visit rate was 16.6 times the Asian Pacific Islander rate. The African American assault hospital visit rate was 16.9 times the Asian Pacific Islander rate.
- National survey data indicates that African American females are more likely to report DV than other race/ethnic groups which could account for some of this inequity.
- Women who seek treatment for DV/assault from their outpatient medical provider are not included in this data.
- There are racial/ethnic inequities in populations seeking treatment through emergency departments versus private providers which could also account for some of this inequity.
- Nevertheless, domestic violence has a disproportionate impact on the African American and American Indian populations in Alameda County given their small population sizes relative to other race/ethnic groups.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2013-3Q2015.

Race/Ethnicity Trend Comparison: Female Domestic Violence & Assault Hospital Visits, 2009-3Q2015

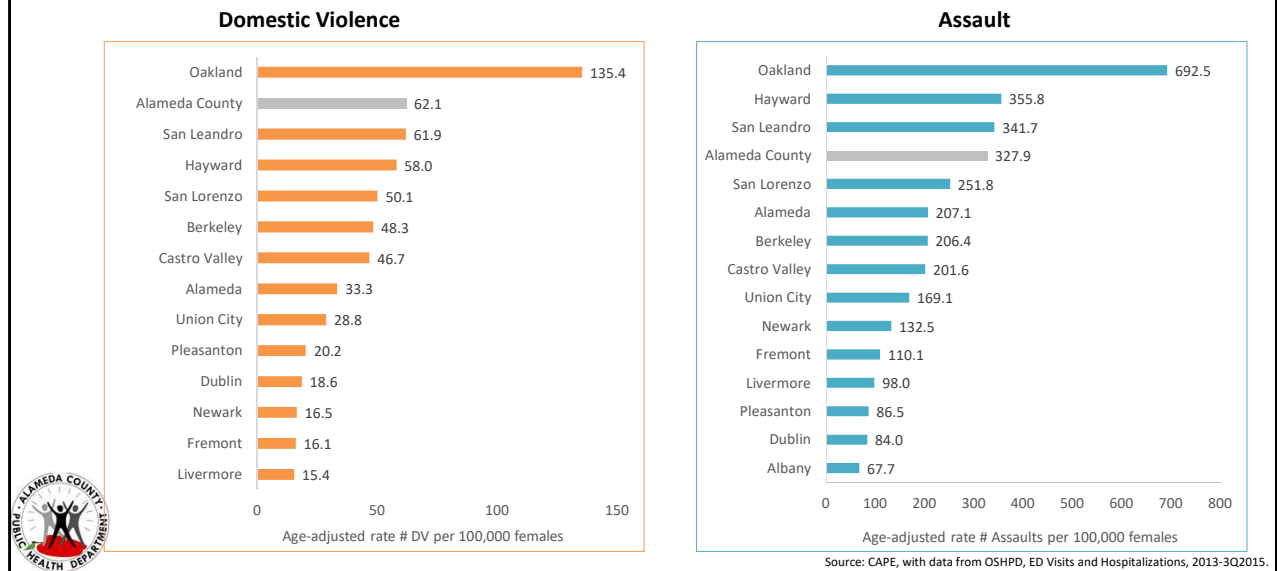


- **Hospital Visit Rate:** number of female ED visits and inpatient hospitalizations/female population per 100,000.
- This figure shows the trend in female domestic violence (DV) and assault hospital visits by race/ethnic group in Alameda County from 2009 to the third quarter of 2015. (Note: 3 year rolling averages are used to smooth the data.)
- The scales of the two figures are different because the assault hospital visit rates were higher than the DV rates.
- The DV rate increased across all race/ethnic groups in Alameda County with African Americans experiencing the greatest increase since 2009.
- The Alameda County female DV hospital visit rate increased from 43.5 in 2009-2011 to 62.1 in 2013-3Q2015.
- The African American female DV hospital visit rate increased by 47% during this time period from 166.9 to 236.3.
- While the Alameda County female assault visit rate remained relatively steady at around 320-330, the African American female assault hospital visit rate increased by 7% during this time period from 1307.9 to 1395.9.
- The African American DV and assault hospital visit rates were over 18 times the Asian Pacific Islander DV and assault rates during this time period.
- There are likely numerous reasons for the increase in DV hospital visit rates and the high African Americans DV and assault hospital visit rates compared to other race/ethnic groups in Alameda County.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.

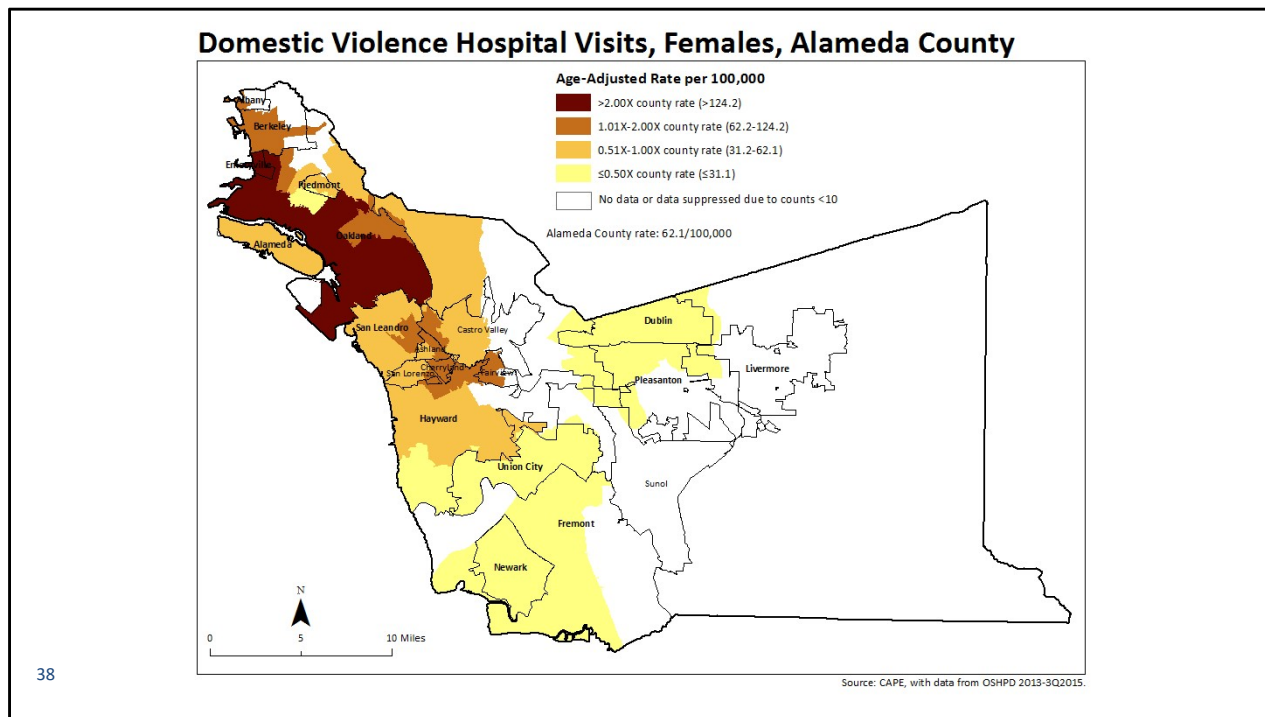
City/Place Comparison: Female Domestic Violence & Assault Hospital Visits, 2013-3Q2015

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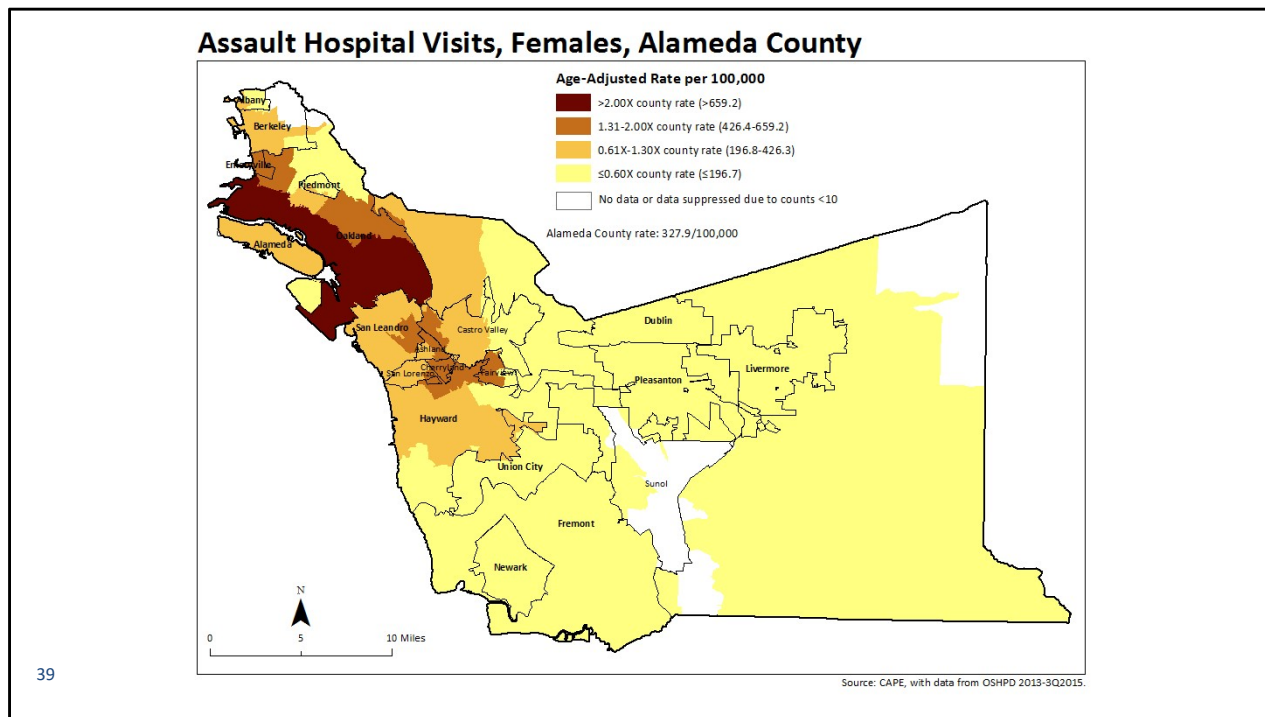
- **Hospital Visit Rate:** number of female ED visits and inpatient hospitalizations/female population per 100,000.
- This figure shows the female domestic violence (DV) and assault hospital visits by city/place of residence in Alameda County from 2013 to the third quarter of 2015.
- Oakland had the highest female DV and assault hospital visit rates at 135.4 and 692.5.
- Hayward, San Leandro, and San Lorenzo had higher assault hospital visit rates compared to other places during this time period.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.



- **Hospital Visit Rate:** number of female ED visits and inpatient hospitalizations/female population per 100,000.
- This map shows the female domestic violence (DV) hospital visits by zip code of residence in Alameda County from 2013 through the third quarter of 2015.
- The areas with the highest DV hospital visit rates are in East and West Oakland and Emeryville. Parts of San Leandro, Ashland, Cherryland and San Lorenzo also had high rates.
- The DV hospital visit rates ranged from a high of 227.0 to a low of 13.5.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.

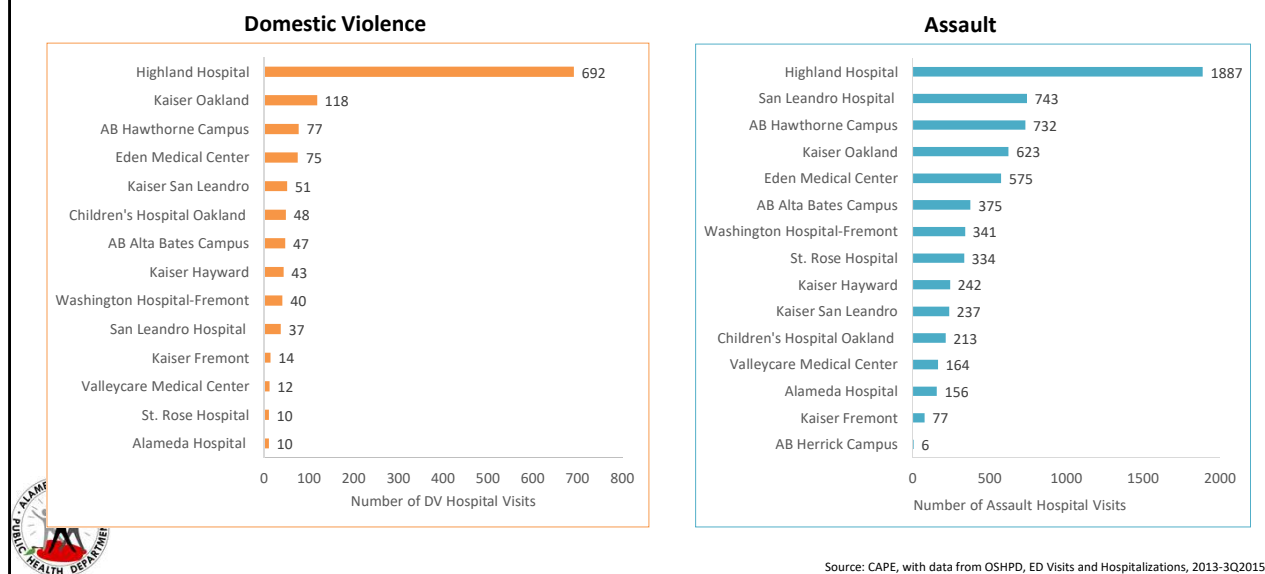


- **Hospital Visit Rate:** number of female ED visits and inpatient hospitalizations/female population per 100,000.
- This map shows the female assault hospital visits by zip code of residence in Alameda County from 2013 through the third quarter of 2015.
- Similar to the previous map, the areas with the highest DV hospital visit rates are in East and West Oakland and Emeryville. Parts of San Leandro, Ashland, Cherryland and San Lorenzo also had high rates.
- The assault hospital visit rates ranged from a high of 1062.0 to a low of 101.8.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.

Health Care Facility Comparison: Female Domestic Violence & Assault Hospital Visits, 2013-3Q2015

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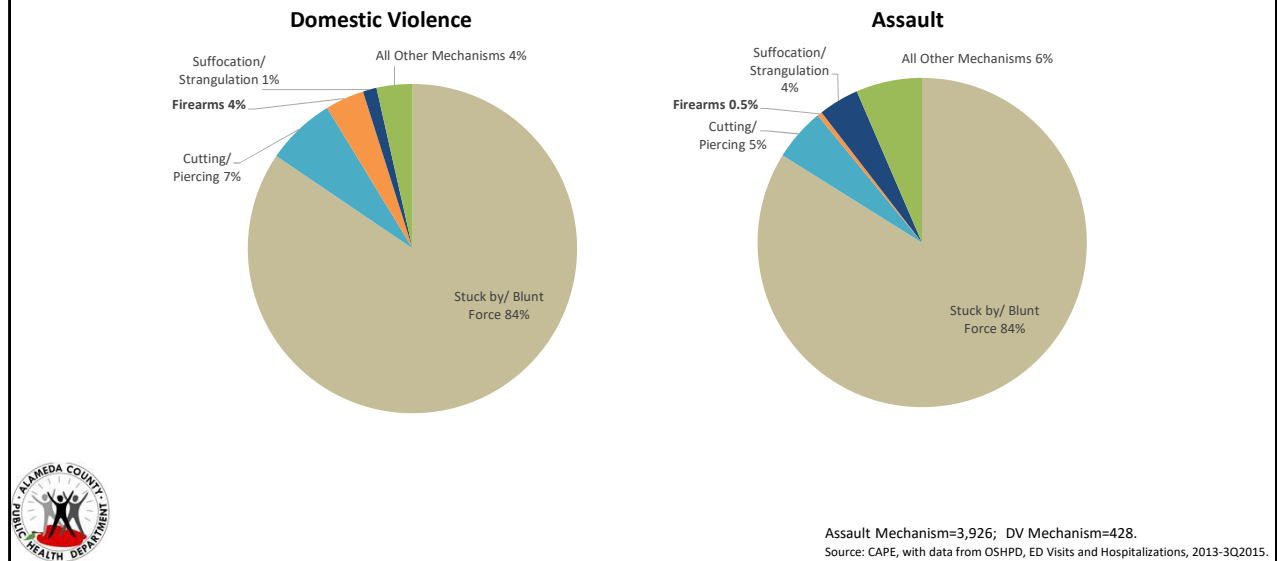


- These figures show the number of female domestic violence (DV) and assault hospital visits by health care facility in Alameda County from 2013 through the third quarter of 2015.
- Highland Hospital had the most DV and assault hospital visits at 692 and 1,887.
- Highland Hospital's number of DV visits is 5.9 times the second highest hospital, and their number of assault visits is 2.5 times the second highest hospital.
- The high numbers of female DV and assault visits at Highland Hospital is likely due to EMS transport of survivors to this facility as well as underreporting at other health care facilities.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.

Mechanism Comparison: Domestic Violence & Assault Hospital Visits, 2013-3Q2015

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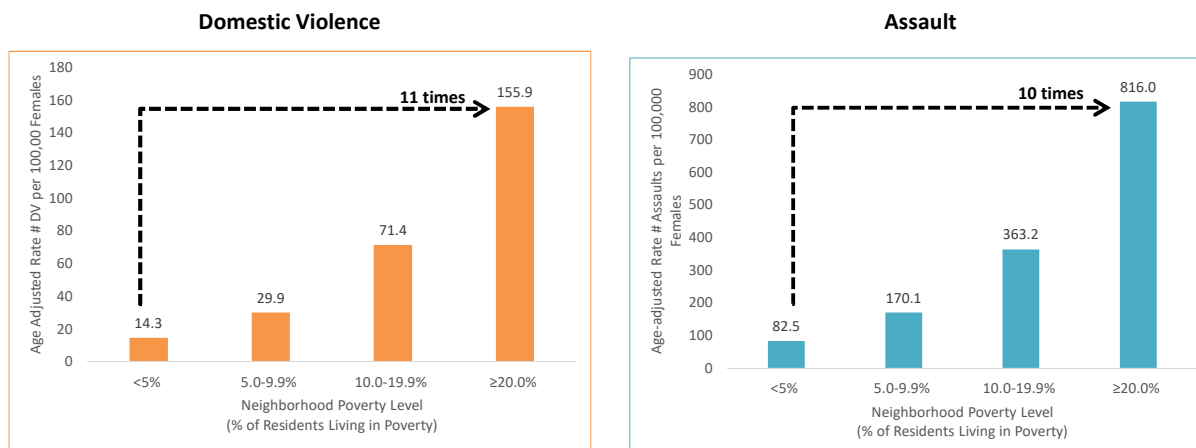


- These figures show the mechanism of assault for female domestic violence (DV) and assault hospital visits for which a mechanism was reported from 2013 through the third quarter of 2015.
- 428 or 32% of DV hospital visits listed a mechanism of assault. 3,926 or 55% of assault hospital visits listed a mechanism of assault.
- “Struck by/blunt force” comprised the majority of DV and assault hospital visits (84%).
- Cutting/piercing wounds comprised 6% of DV and 5% of assault hospital visits.
- Firearms comprised 4% of DV and less than 1% of assault hospital visits.
- Mechanism of assault is substantially underreported for DV and female assault hospital visits.
- These percentages are consistent with mechanism of assault (e.g. type of weapon used) reported from 911 calls (slide 27).

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.

Social Gradient Comparison: Female Domestic Violence & Assault Hospital Visits, 2013-3Q2015

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Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2013-3Q2015.

- **Neighborhood Poverty Level:** Percentage of residents living at or below 100% of the federal poverty level by zip code.
- **Hospital Visit Rate:** Number of female ED visits and inpatient hospitalizations/female population per 100,000.
- These figures show the female domestic violence (DV) and assault hospital visit rate by residents' zip code level of poverty in Alameda County from 2013 to the third quarter of 2015.
- Both of these figures show that DV and assault hospital visits are strongly associated with neighborhood poverty level because the rates increase with each increase in neighborhood poverty (moving left to right on both figures).
- The DV hospital visit rate in the least affluent zip codes is 11 times the DV hospital visit rate in the most affluent zip codes. Similarly, the assault hospital visit rate in the least affluent zip codes is 10 times the assault hospital visit rate in the most affluent zip codes.
- Does this mean there are more incidents of domestic violence in higher poverty neighborhoods? Perhaps, however we know that women in more affluent neighborhoods have greater access to resources such as primary care physicians while women in less affluent neighborhoods are more likely to seek care through emergency departments.
- Nevertheless, this association between domestic violence and poverty is consistent with national data.

Source: CAPE, with data from OSHPD, ED Visits and Hospitalizations, 2009-3Q2015.

Alameda County Public Health Department Efforts



Alameda County Public Health Department Efforts

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- **Vision:** To prevent violence by strengthening families (and communities) over the course of their lives.
- **Current Activities**
 - Domestic Violence Assessment and Response (Reporting/ Referrals)
 - Participating on local and state violence prevention task forces
- **Future Efforts:**
 - Standardize data collection protocols and referral processes
 - Increase ACPHD competency and capacity to identify and respond to Domestic Violence
 - Strengthen partnerships with Domestic Violence advocacy and service organizations



- The Alameda County Public Health Department vision (ACPHD) understands that domestic violence is a significant public health issue in Alameda County.
- ACPHD's vision is to prevent violence by strengthening families (and communities) in Alameda County over the course of their lives.
- ACPHD DV efforts fit within a larger statewide violence prevention and community safety initiative to address violence as a public health issue.

Current Activities

- ACPHD currently utilizes multiple domestic violence (DV) assessment tools and provides referrals to clients in need of DV support and resources.
- ACPHD also participates on the Alameda County Domestic Violence Fatality Review Team and the California Department of Public Health Violence Prevention Task Force.

Future Efforts

- ACPHD will work toward standardizing our data collection and referral processes across the department to ensure that we are consistently assessing DV and making appropriate referrals to the clients we serve.
- In addition, ACPHD will train our workforce to identify and respond to DV incidents among our clients.
- Finally, ACPHD will continue to collaborate with state and local agencies and organizations to support policies that protect DV survivors and prevent future incidents.

Alameda County Domestic Violence Support Services



Alameda County Domestic Violence Support Services

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- **Alameda County Family Justice Center (ACFJC)** www.acfjc.org
 - Made up of over 30 onsite and over 50 offsite agencies and programs that provide services and support to individuals and families who have experienced domestic violence, sexual assault and exploitation, child abuse, elder and dependent adult abuse, and stalking.
 - Address: 470 27th Street, Oakland, CA 94612
 - Phone: (510) 267-8800
- **Alameda County District Attorney's Office Inspectors Division**
 - Provides security for the ACFJC during regular business hours to ensure a safe and secure environment for victims and staff.
 - Contact: John Biletnikoff (510) 267-8811



Alameda County Domestic Violence Support Services (cont.)

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- **Bay Area Women Against Rape (BAWAR)** <http://www.bawar.org/>
 - Provides free in-person counseling to survivors of sexual assault and their significant others.
 - Contact: Sarie Crain (510) 430-1298
- **Family Violence Law Center (FVLC)** <http://fvlc.org/>
 - Provides survivor-centered legal and crisis intervention services, offers prevention education for youth and other community members, and engages in policy work to create systemic change.
 - 24 Hour Crisis Hotline: 1-800-947-8301
 - Contact: Sarie Crain (510) 430-1298



Alameda County Domestic Violence Support Services

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- **A Safe Place** <https://www.asafeplace.org/>
 - Provides battered women and their children emergency and transitional housing services to enable them to break the cycle of violence and regain a sense of self-esteem and personal power.
 - Crisis Line: (510) 536-7233 Main Line: (510) 986-8600
- **Safe Alternatives to Violent Environments(SAVE)** <http://save-dv.org/>
 - Provide alternatives to domestic violence through support services, advocacy and education, and to assist domestic violence victims and their families.
 - Address: 1900 Mowry Ave., Suite 201 Fremont, CA 94538
 - Crisis Line: (510) 794-6055; Main Line: (510) 574-2250
- **Tri-Valley Haven** <http://www.trivalleyhaven.org/>
 - Provides crisis intervention and referrals to services such as our Domestic Violence Services, Sexual Assault Services, Restraining Order Clinics, Sex Trafficking Services, Homeless Services, Food Pantry, and Counseling & Support Groups.
 - Address: 3663 Pacific Avenue, Livermore, CA 94550
 - Crisis Line: 1-800-884-8119; Main Line: (925) 449-5845



We are all stakeholders

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“Either directly or indirectly, violence affects everyone in Alameda County. We all have a stake in ending it, and there is a role that each of us can play...”

- A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint (July 2005).

