

The Epidemiology of Domestic Violence

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Violence very frequently takes place in the home. With a large focus often placed on violence from crime, we often lose the perspective that a large degree of violence takes place in the home. Further, the centuries old desire to maintain a family unit leads to a general under-reporting of the problem.

The following lecture outlines what is currently known and understood regarding domestic violence. It reports first on the issues that surround the surveillance of domestic violence and injuries from domestic violence. It then follows with a discussion of our current knowledge of the epidemiology of child maltreatment, followed by a discussion and description of the information available on intimate partner violence and elder abuse respectively.

The objectives for this lecture are to:

1. Present the basis and current understanding of the epidemiology of domestic violence, and
2. Understand the limitations which affect current injury data and data systems for domestic violence.

Key Points

1. What is being measured?
2. What is NOT being measured?
3. How does this affect the results?

Throughout this lecture, I'm going to be constantly reiterating the same general message: know what the data is, what it is measuring, what is it missing, and how does this affect the results – while these questions are standard for any research, the nuances in DV research can be very different.

Definition of Violence

.....To understand violence, you
need to define violence

How would you define
domestic violence?

The first step to understanding any problem, including that of domestic violence, is to define what the problem is and to establish a method to measure it. Domestic violence can be many things. It can be characterized by physical violence, attempted physical violence, threats, neglect, intimidation, sexual abuse, and psychological abuse against a family member.

In this light, the question to pose is, “how would you define domestic violence”?

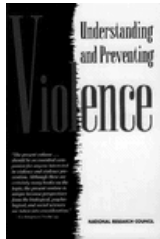
Defining Domestic Violence

- **domestic violence**

noun: violence committed by one member of a family or household against another

- The National Research Council defines violence as:

- behaviour by individuals that intentionally threaten, attempt, or inflict physical harm on others

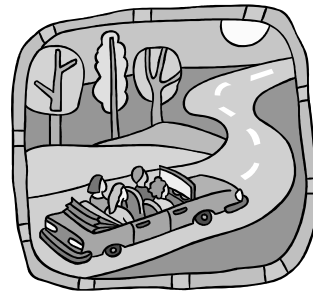


Domestic abuse encompasses a number of behaviors perpetrated among family members.

Abuse can include attempted or completed physical assault, rape and sexual coercion, neglect, and psychological assault using threats, intimidation, and harassment.

Who is Affected by Domestic Violence?

- Children
- Intimate Partners (IP)
- Elders



The literature often uses DV as a synonym for violence against women, the stereotype being a woman beaten by her husband, however, the Domestic violence field also includes:

Child abuse and maltreatment

Intimate partner violence: spouses, same-sex partners, dating couples, and former partners

-victims can be men or women

And Elder abuse which is understudied but has gained attention in recent years with the aging population

Data Sources

You are planning to do a study of domestic violence using pre-existing data.

Where would you look?

- Medical sources
- State sources
- Government surveys

Use Blackboard

Which surveillance system is likely to provide the best estimates for domestic violence?

These surveillance systems, though, have some very notable limitations that, in practice, diminish the confidence in the data available on domestic violence.

The next set of slides will review these shortcomings and provide an answer to the question posed here, “Which system is best?”

Surveillance in Domestic Violence

- Hospital Admissions
- Trauma Center Admissions
- Emergency Department Admissions
- State-based Reporting Systems
- Government Surveys
 - National Criminal Victimization Survey
 - National Incidence Survey
 - Behavioral Risk Factor Survey
 - National Violence Against Women Survey

Several surveillance systems exist that provide data on the frequency of domestic violence and the characteristics of the victims of domestic violence. These systems are listed in this slide. Three fundamental types of systems exist; (a) medical record based systems, (b) state-based reporting systems, and (c) government or large surveys.

Examples of medical record based systems include hospital discharge data and emergency department data. State-based reporting systems exist for child maltreatment in all 50 states. In these systems, reports of child abuse are filed with child protection authorities in the state and are used to investigate the suspicion of maltreatment and verify it. Several government surveys have been conducted over time to assess the frequency of domestic violence. The National Crime Victimization Survey is the most regularly occurring of these instruments and includes questions related to domestic violence. The National Incidence Survey has been conducted to identify the frequency of child maltreatment. One part of this survey, though, is the state-based reporting data. The National Violence Against Women Survey was conducted in 1996-97 to identify the frequency of violence against women.

Medical Sources



- Hospital Records
- Trauma Center Records
- Emergency Department

Recommended: Rudman WJ. **Coding and Documentation of Domestic Violence.** December, 2000. Available at:
<http://endabuse.org/programs/healthcare/files/codingpaper.pdf>

In general, existing sources of data include hospital records, trauma center records, ED records, and state and government surveys.

We've talked about the strengths and weaknesses of Medical sources of data for injury research before. It tends to capture only data on significant injuries. However, there is a bit more to it in DV research. This data is really only going to capture victim information – nothing on the perpetrator. Furthermore, the victim has to identify the incident as being caused by abuse, or the injuries have to be specific enough for the medical personnel to suspect abuse – such as a spiral fracture in a child's arm. Thus, we have under identification even among cases with injury significant enough to warrant medical attention.

Data from these sources relies on E-coding which is not well developed to distinguish DV from other violent acts.

Definition of Health Care Events Related to Domestic Violence

- Based on N-codes and E-codes
 - 995.80 to 995.85 adult physical abuse
 - 995.50 child abuse
 - E coding to distinguish domestic violence is relatively poor
 - E967.x

Health record based surveillance systems depend upon ICD coding to identify injuries related to domestic violence. The most important factor in these systems is the presence or non-presence of an N-code or E-code to distinguish the cause of the injury. The Adult Physical Abuse code (995.81) is the primary code that identifies each recorded incidence of DV. The physical abuse codes for adults, though, can range from 995.80 to 995.85, where the 4th and 5th digit codes describe the type of abuse sexual, physical, etc. One child abuse N-code is 995.50.

Violence related E-codes include those related to homicide and assault and range E960-E969. Domestic violence is distinguished most often by the E-codes E967 and the presence of a fourth digit to identify the perpetrator. E-coding to distinguish perpetrators is very poor, and may appear in fewer than 20% of all documented domestic violence cases (Rudman).

For additional information, see: Rudman WJ. **Coding and Documentation of Domestic Violence**. December, 2000. Available at:
<http://endabuse.org/programs/healthcare/files/codingpaper.pdf>

State Based Reporting

- State-based Reporting
 - Child Protective Services
 - Uniform Crime Reports
 - National Incident-Based Reporting System (NIBRS)
 - Supplementary Homicide Report (SHR)

State based reporting involves the use of reports from child protection services, Uniform Crime reports, NIBRS, and the supplementary homicide reports. This data is collected by law enforcement at the state level and tallied by the federal government, Department of Justice.

This data provides prevalence only for incidents reported and can be influenced by factors such as race and SES which can bias the detection of these incidents.

perpetrator information but only a little information on the victim.

Definitions of child abuse, DV, and Elder abuse vary state to state.

Uniform crime reports: the FBI's primary objective is to generate a reliable set of crime statistics for use in law enforcement administration, operation, and management. Law enforcement officials use these data for their designed purposes. To ensure these data are uniformly reported, the FBI provides contributing law enforcement agencies with a handbook that explains how to classify and score offenses and provides uniform crime offense definitions. Acknowledging that offense definitions may vary from state to state, the FBI cautions agencies to report offenses not according to local or state statutes but according to the UCR guidelines.

Uniform Crime Reporting Program formulated the National Incident-Based Reporting System (NIBRS). NIBRS presents comprehensive, detailed information about crime incidents to law enforcement, researchers, governmental planners, students of crime, and the general public.

The National Incident-Based Reporting System (NIBRS) was developed by the FBI and is the result of a collaborative effort between the FBI and local, state, and national criminal justice agencies and professional organizations. While the UCR is a summary-level data collection system, NIBRS is incident based, the data comes directly from participating agencies and includes more detailed information on the crimes

SHR collects information about the circumstance surrounding homicides, but will not capture nonfatal events. – State level.

All of these data sources are subject to the problem that they are not usually collected for the purpose of researching DV, administrative data from hospitals are coded for insurance purposes, which as you are seeing with the narrative text data set, may not represent the injuries as precisely as we would like.

State based reporting is usually used for purposes of crime prevention and tracking of crime incidence. They often overlook victim information beyond a few select details like age, gender, and relationship to the perpetrator.

State-based Programs Related to Domestic Violence

- Based on reporting to state agencies
 - most frequently for child maltreatment
 - definition of violence is not standard across the states
 - reporting is subject to knowledge of the issues to medical, educational, and legal personnel

State-based reporting surveillance systems depend upon the reporting of domestic violence by medical professionals, education professionals, legal officers, and others. These systems differ by state, and may require mandatory reporting in some locations or voluntary reporting. This type of system is most common for reporting child maltreatment. Reporting for child maltreatment tends to be mandatory across the states. A few states now also require reporting of violence against women by medical professionals. Other states have voluntary reporting systems in this area, but most states have no systems related to violence against women or elder maltreatment.

At this time, no standard exists across the states for defining and measuring episodes of domestic violence. Thus, it is difficult to establish a national pattern of child maltreatment or violence against women based upon these systems. Another limitation inherent in these systems is that the cases reported are dependent upon the information presented to the professional and their knowledge or suspicion for maltreatment. Several studies have shown, for example, that reporting of child maltreatment to state agencies can be influenced by race.

Government Surveys

- Government Surveys
 - National Crime Victimization Survey (NCVS)
 - National Violence Against Women Survey (NVAW)



Government surveys have the opportunity to capture both victim and perpetrator information depending on the design. However, like medical records, these data sources are subject to underreporting and biases due to social desirability and legal issues.

(NCVS) gathers data about crimes using an ongoing, nationally representative sample of households in the United States. NCVS data include information about crime victims (age, gender, race ethnicity, marital status, income, and educational level), criminal offenders (gender, race, approximate age, and victim-offender relationships) and the nature of the crime (for example, time and place of occurrence, use of weapons and nature of injury). NCVS victimization data include incidents reported and not reported to police.

NVAWS - Survey on the prevalence and incidence of rape, physical assault, and stalking; the rate of injury among rape and physical assault victims; and injured victims' use of medical services. –Does not capture emotional abuse, neglect

Assessed: Physical assault they experienced as children by adult caretakers. Physical assault they experienced as adults by any type of assailant. Forcible rape and stalking they experienced at any time in their life by any type of perpetrator.

conducted from November 1995 to May 1996. Data is not recent.

Other surveys sometimes collect additional data like the Behavioral Risk Factors Surveillance System which sometimes include modules on DV or child abuse but these are not done on a regular basis.

Surveys Related to Domestic Violence

- Self-report of violence based upon interviews
 - Aside from the NCVS, these surveys are not regularly collected
 - Definition of violence in surveys is not standard
 - There may be extensive under-reporting of violence

Surveys of individuals are another form of surveillance. By definition, violence is self-identified by asking individuals if they have been exposed to violence in a previous period of time. Most surveys of domestic violence are not collected on a regular basis, aside from the NCVS. The primary concern with surveys is that individuals may under-report their exposure to domestic violence. This may be due to several reasons, including fear of reprisal from family member, embarrassment, or an attitude that this issue is a family matter and should be handled within the family.

So, to answer the question posed earlier. There is no one form of surveillance system that is best for domestic violence. For child maltreatment, the state-based reporting systems provide the most extensive data, but have been shown to be limited in their generalizability. For violence against women, the survey methodologies have proven to be the best system, but these are not yet frequent in occurrence. Elder maltreatment, at this point, is largely unstudied, and no one system is preferable in this area.

What do we know about Child Maltreatment?

Much debate surrounds the current estimates of the incidence of child abuse and the risk factors pertaining to both victims and perpetrators. Several initiatives, though, have taken place to improve our understanding of child abuse. On a national level, the greatest developments have been focused on the gathering of reported cases of child abuse from child protection agencies, and the initiation of surveys to assess the incidence and prevalence of maltreatment. These actions are important to note from an injury perspective, because they represent some of the first, large scale, monitoring activities for child abuse. The CDC is also now establishing surveillance systems for child maltreatment, giving hope that even more information will become available in the near future.

Epidemiology of Child Abuse

- Maltreatment
 - “behavior towards another person, which a) is outside the norms of conduct, and b) entails a substantial risk of causing physical or emotional harm”
 - » Physical Abuse
 - » Sexual Abuse
 - » Emotional & Psychological Abuse
 - » Neglect

Christoffel et al., 1992 cited in National Research Council, Understanding Child Abuse and Neglect

Act of commission or omission

Physical abuse – beatings, burns, severe physical punishment

Sexual abuse – incest, sexual assault, fondling of genitals, exposure to indecent acts, involvement in child porn.

Neglect – certain deficiencies in caretaker obligations that harm physical or psychological health

Emo Abu. – verbal abuse, belittlement, symbolic acts of terrorization, lack of nurturance

These are general definitions from the National Research Council – the definitions vary by survey and are usually more specific for purposes of operationalization in research studies.

Types of Maltreatment

- **Physical abuse:** physical acts by a parent, guardian or caretaker that caused physical injury to the child.
- **Neglect (including medical neglect):** the failure by the caretaker to provide needed, age-appropriate care (or provide for the health care) of the child.
- **Sexual abuse:** the involvement of a child in incest, or sexual assault by a relative or caretaker, includes fondling and exposure to indecent acts.

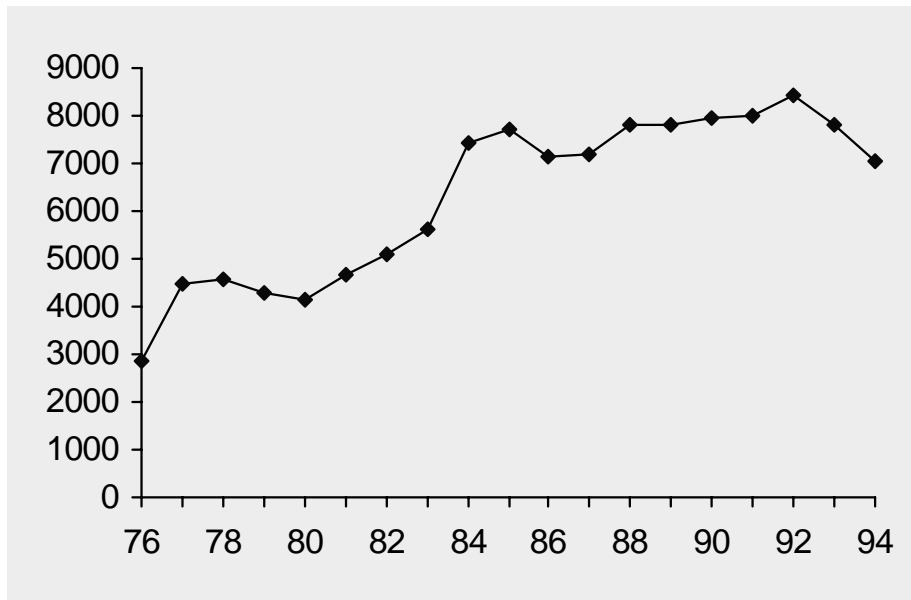
One of the pressing issues in the child abuse literature is the lack of a standard definition of abuse. Most researchers agree that child maltreatment pertains to persons under the age of 18 years. Beyond that, the literature is marked by a variety of definitions.

Several factors may explain the lack of standardization in the definition of child abuse. In the clinical setting, the diagnosis of maltreatment has been termed by some as “a judgment call”. Abuse cases presenting for treatment may look similar in symptoms and injuries to normal trauma cases. While common signs have been advocated to cause a professional to suspect abuse (e.g. physical histories inconsistent with an accidental cause or inconsistent with the explained cause by the parent), other indications are not so clear cut for abuse (e.g. delay in seeking care, parental denial of injuries) these indications do not always confirm that abuse was the precipitating cause of the injury.

Also of note is that the definition of maltreatment has expanded over the years. Early reports considered only physical injuries from abuse. Today, a broader scope involving physical abuse, neglect, sexual abuse, and emotional abuse exists.

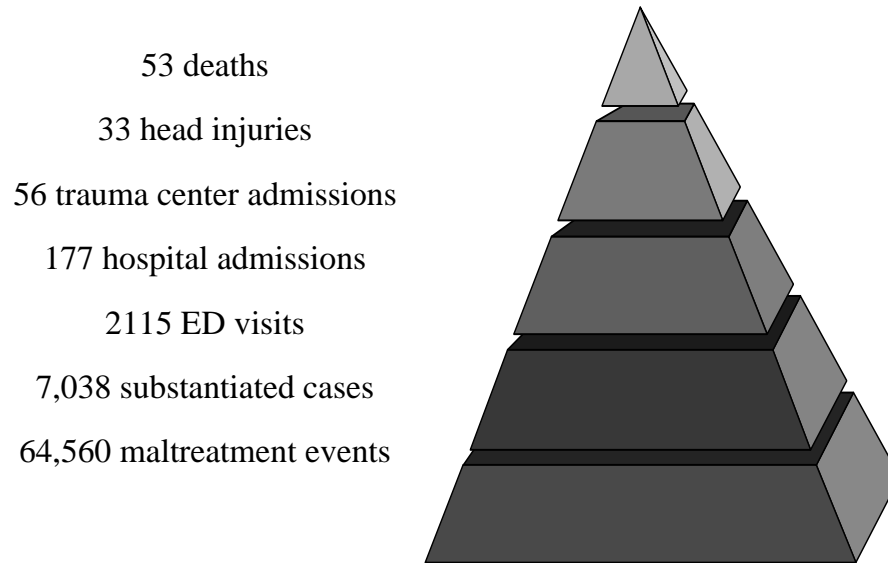
This slide notes the definitions applied in the Pennsylvania reporting system. In Pennsylvania, maltreatment is defined in a roughly similar fashion. A victim of child abuse is *an individual, younger than 18 years, who has sustained serious physical, mental, or sexual injury, or serious physical neglect as a result of acts or omissions by a parent, paramour of the parent, person residing in the same home as the child, or a person responsible for the child's welfare.* The categorization of maltreatment is further defined as noted above.

Substantiated Cases of Child Maltreatment, Pennsylvania, 1976-1994



The frequency of child maltreatment is often gathered from state-based reporting systems. This slide depicts the results from the State of Pennsylvania. In general, there appears to be a decline in the number of significant cases of abuse from 1992 forwards. The general decline in substantiated maltreatment has continued to the year 1998. However, the conclusion that child abuse is declining has been criticized because of possible differences in reporting methods over time.

The Pyramid of Child Maltreatment in Pennsylvania, 1994



This figure outlines the injury pyramid for events related to physical child abuse and neglect in Pennsylvania for the year 1994. The injury pyramid graphically portrays the data available on child maltreatment. It illustrates the nature of maltreatment by its likely magnitude of severity. Less severe events occur more frequently in number and appear at the bottom of the pyramid. Severe events, such as those requiring hospitalization or resulting in death, occur much less frequently in number and are highlighted at the top of the pyramid.

What do we know about Violence Against Women?

Violence against women is an issue of serious concern in the United States today. There is increasing recognition of the impact of violence against women by husbands, partners, or boyfriends. Several recent events have heightened the awareness of the public to the consequences of such violence. These polarizing events include the murder of Nicole Brown Simpson and the passage of the Violence Against Women Act.

Understanding the significance of domestic violence can be extremely difficult. Several hundred studies exist on the subject. Advocacy groups and others with an interest in violence against women have published various factsheets on the frequency and impact of domestic violence. Each study and each factsheet says something different.

Terminology of IPV

- Intimate Partner Violence (IPV) – relatively new term
- Also called: domestic violence, domestic abuse, spousal abuse, battery, violence against women

Terms have changed in the literature over the years. The new term being used is intimate partner violence, to acknowledge the full range of relationships involved and the acknowledgment that both men and women can be victims.

This broader term, of course, leads to more variety in the definitions and difficult in comparing rates over time. For example...

Who is an intimate?

NCVS	SHR	NVAWS
Spouse	Husband/wife	Spouse
Ex-spouse	Ex-husband/ex-wife	Ex-spouse
	Common-law husband or wife	Cohabiting partner
Boyfriend/girlfriend	Boyfriend/girlfriend	Boyfriend/girlfriend
Ex-boyfriend/ex-girlfriend		
Same sex relationship	Same sex relationship	
		Date

National crime victimization survey:

Supplemental homicide report from UCR

National violence against women survey: <http://www.ncjrs.gov/pdffiles1/nij/183781.pdf>

Notice they don't cover exactly the same categories, the FBI DOJ uses data from all of these sources – so the take home point here is to know where the data are coming from

Estimates of the Frequency of Domestic Violence Against Women seen in Medical Settings

Study	Sample Size	Definition and Method	Trauma from Abuse	One year Prevalence	Lifetime Prevalence
McCauley	1952	Physical and sexual abuse reported in physician practices		5.5%	33%
Gin	453	Physical and sexual abuse and threats by current partner reported in internal medicine clinics		14%	28%
Goldberg	492	Physical abuse reported in an urban emergency department			22%
Dearwater	3455	Physical or sexual abuse reported in community hospital emergency departments	2.2%	14.4%	36.9%
McLeer	412	Physical abuse identified in trauma patients in urban emergency department	30%		
Abbott	648	Physical abuse or threats reported in urban, acute care emergency departments and clinics	2.7%	15.3%	54.2%
Muelleman	9057	Physical trauma identified in ten emergency departments	3.1%		

Several estimates of the frequency of violence between intimate adults exist. Given the nature of intimate partner violence (IPV), though, it remains difficult to ascertain its true incidence and prevalence.

Two fundamental issues influence most of the estimates reported on the frequency of domestic violence. First, various definitions of domestic or intimate partner violence have been applied in the studies conducted. Second, the methods of measuring violence have differed significantly. Thus, the published prevalence rates for domestic violence vary greatly and depend upon the definitions and methods applied. An illustration of this point can be seen in the table illustrated here.

IPV

Table 1. Unweighted counts and weighted prevalence estimates of intimate partner violence, by gender

Violence experienced	Women			Men		
	n	%	95% CI	n	%	95% CI
Lifetime						
Any	11,552	26.4	25.7–27.2	4175	15.9	15.1–16.7
Threatened physical	8,682	19.2	18.6–19.9	2369	8.7	8.1–9.3
Attempted physical	6,498	14.5	13.9–15.1	2809	10.3	9.7–11.0
Completed physical	8,976	20.2	19.5–20.9	2839	10.7	10.1–11.4
Unwanted sex	4,508	10.2	9.7–10.7	378	1.5	1.2–1.8
Completed physical and/or unwanted sex	10,243	23.6	22.9–24.3	3035	11.5	10.8–12.2
12-month						
Completed physical and/or unwanted sex	588	1.4	1.2–1.7	166	0.7	0.5–0.9
Injury	284	0.8	0.6–1.0	54	0.2 ^a	0.1–0.4

^aPotentially unstable estimate, 0.23<relative standard error<0.30.

Source: **American Journal of Preventive Medicine**
Volume 34, Issue 2, February 2008, Pages 112-118

The 2005 Behav. Risk Factor Surveil. System. Was the first to have an IPV section administered. Questions included men and women.

Pop rep. study of US sponsored by the CDC & P

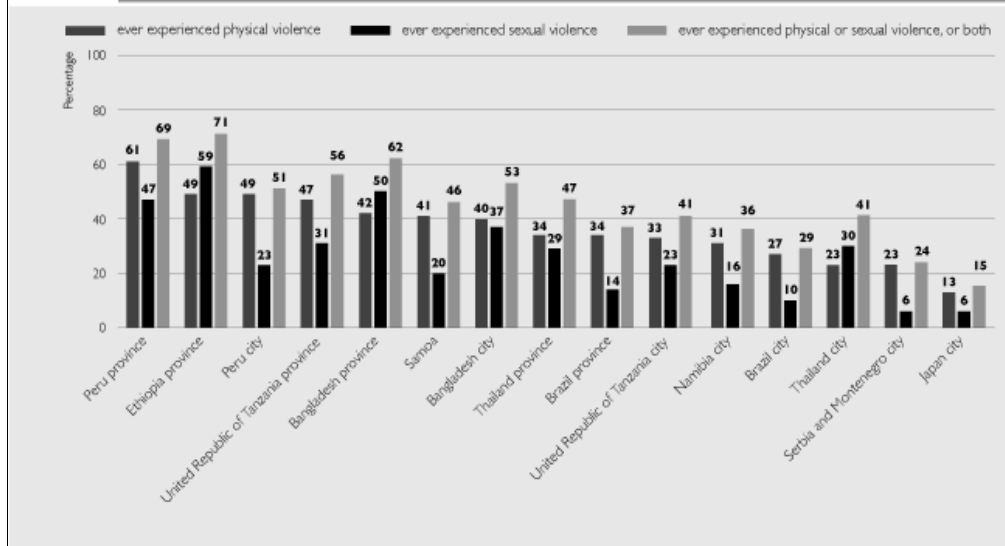
(1 in 4 women)

Random-digit-dialed telephone survey, providing surveillance of health behaviors and health risks among the non-institutionalized adult population of the United States and several U.S. territories

The IPV module included the following four initial questions related to lifetime physical and sexual IPV victimization: (1) Has an intimate partner ever threatened you with physical violence This includes threatening to hit, slap, push, kick, or hurt you in any way; (2) Has an intimate partner ever attempted physical violence against you This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, but they were not able to; (3) Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way; and (4) Have you ever experienced any unwanted sex by a current or former intimate partner Unwanted sex was defined with the following statement: Unwanted sex includes things like putting anything into your vagina (if female), anus, or mouth, or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

WHO Multi-country Study on Women's Health and Domestic Violence against Women

Figure 2 Prevalence of lifetime physical violence and sexual violence by an intimate partner, among ever-partnered women, by site



For the results presented in this report, specially trained teams collected data from over 24 000 women from 15 sites in 10 countries representing diverse cultural settings: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania.

asking direct, clearly worded questions about the respondent's experience of specific acts. For physical violence, women were asked whether a current or former partner had ever:

slapped her, or thrown something at her that could hurt her;

pushed or shoved her;

hit her with a fist or something else that could hurt;

kicked, dragged or beaten her up;

choked or burnt her on purpose;

threatened her with, or actually used a gun, knife or other weapon against her.

Sexual violence was defined by the following three behaviours:

being physically forced to have sexual intercourse against her will;

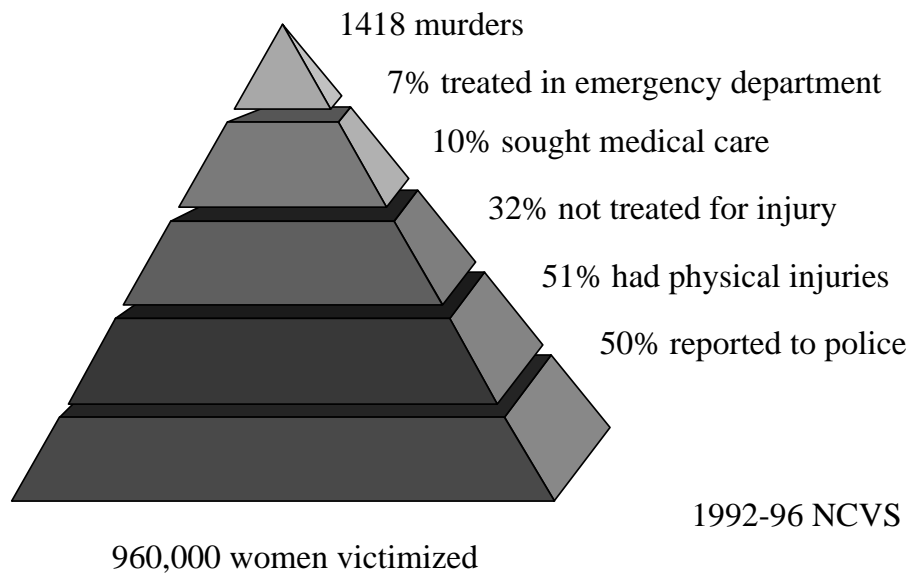
having sexual intercourse because she was afraid of what her partner might do;

being forced to do something sexual she found degrading or humiliating.

Information was also collected about the frequency and the timing of the violence, allowing analysis of the extent to which different forms of violence occurred in the 12 months prior to the interview versus in the woman's lifetime.

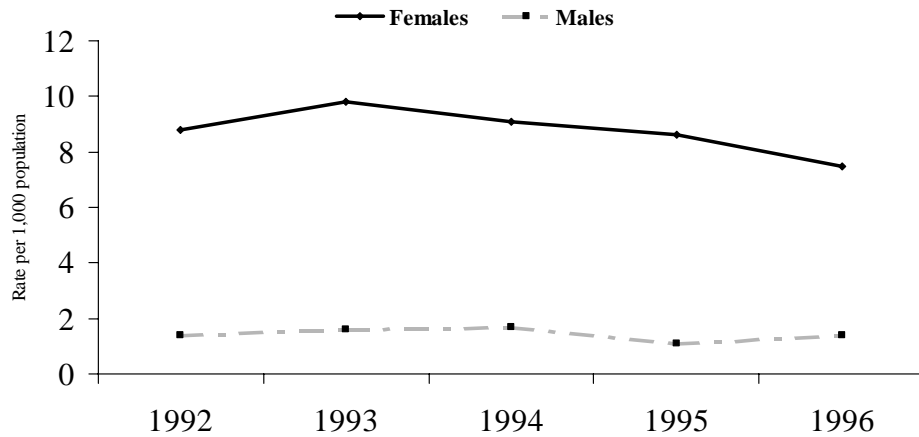
Point: Rates vary widely by country – this suggests that there are modifiable factors that can be addressed to stop this abuse.

The Pyramid of Violence Against Women, U. S.

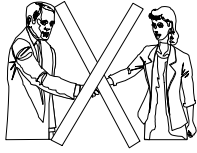


This figure outlines the reported outcomes of violence against women. In general, large numbers of abusive events are not brought to the attention of judicial or medical authorities. Data from the NCVS suggests that only one-half of the women who were victimized by an intimate partner contacted the police regarding the event. Further, about one-half of the women sustained an injury from violence, but only 10% of the women sought medical treatment.

Trends in the rates of violent victimizations by intimates*, United States, 1992 - 1996



To understand if changes in violence are taking place, one must examine information from regular monitoring systems. These systems should identify the frequency of violence with similar definitions over time. At this point, the National Crime Victimization Survey (NCVS) and UCR programs are the only systems that provide regular information on the frequency of IPV. Data from the NCVS indicate that the rate of violent victimization of women by an intimate declined between 1992- 1996; from 9.8 to 7.5 per 1000 women.



Possible Risk Factors

Intimate Partner Violence

- Gender
- Ethnicity
- Socio-Economic Status
- Age ?
- Alcohol ?
- Pregnancy ?
- Psychiatric problems ?

Some studies investigating risk factors for domestic violence exist. These studies tend to lie in the psychology and sociology literature. There are relatively few reports that have investigated risk factors for domestic violence from an epidemiologic perspective.

Gender, race, and SES differences in domestic violence have been the primary factors suggested in the literature. There is a great debate, though, over the role of race in domestic violence, as studies also suggest that reporting of episodes of domestic violence by medical and other professionals is higher for African Americans than Caucasians. Many reports also note a link with alcohol and substance abuse and domestic violence, as well as pregnancy and domestic violence. The strength of these factors as causal components in domestic violence, though, still needs further investigation.

What do we know about Elder Abuse?

The third major segment of family violence is the maltreatment of older persons by other family members or immediate caretakers. Elder abuse has been characterized as an unrecognized or under-recognized problem. It certainly has received less attention and lower levels of resources than both child maltreatment and spouse abuse. However, many believe that the burdens of elder abuse will increase into the future as the number of older individuals increases.

Probably less is known about elder abuse than any other category of abuse. A U.S. Congress report on elder abuse suggests that 4-5% of elderly Americans experience some kind of mistreatment each year; between one and two million victims. However, the true incidence and prevalence of elder abuse is difficult to quantify. For example, most incidents of elder abuse are not reported to social, justice or medical authorities. Overall, it has been estimated that only one in five cases of elder abuse are reported. Detection and reporting of elder abuse by medical professionals is inordinately low. Further, recognition of elder abuse may be hindered by a lack of knowledge of the warning signs of mistreatment, or by the lack of uniform definitions for elder mistreatment.

Research Methods

You have decided that existing data sources
are not adequate to answer your research
question.

You want to design a new study.

What do you need to consider?

Part 2: I want to veer away from existing data now and focus on the meat of DV research.

A host of methodological, ethical and legal considerations.

We always have to keep in mind that we are broaching a topic that involves embarrassing, traumatic, violent and illegal acts.

Who

- Who are you going to measure?

- Victims?

- Perpetrators?



Perpetrators are prone to social desirability bias, legal concerns, and psychological minimization (she didn't get hurt, it wasn't that bad, I didn't hit him that hard).

Victims also minimize and underreport, afraid for their safety, ashamed, difficult to talk about, can re-induce trauma.

Currently, there is very little data on perpetrators and what is there consists often of those who have come into contact with the legal system.

Once you decided on the general population, you need to figure out your numerator.

What is Your Outcome?

- Physical Injury?
- Psychological Injury?

Physical Injury

- Easiest to identify
- Severity of injury
- What are you missing?
 - Exposed with no injury

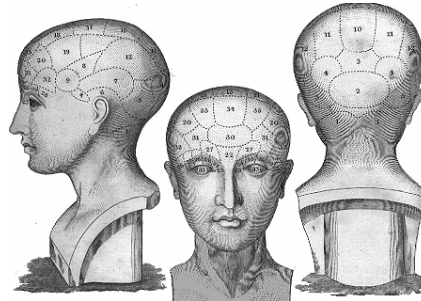


You are going to capture the severest injury but have decreased capture for more minor injuries.

How do you classify neglect? What if an infant was left alone in a car seat in a house for 4hrs but there was no injury this time? They were neglected, but if you are looking at risk factors for neglect would your method capture it? Maybe if it were self report but if you are going by legal records for outcomes you would miss it.

Psychological Injury

- What is the threshold?
- When is it a psychological “bruise” and when is it a “trauma”?
- What does this mean for prevention
 - Primary
 - Secondary
 - Tertiary



Just like with physical injury, an individual’s threshold for psychological injury varies:

-age (developmental stage), genetic stress response, coping responses, social support, previous history of exposure to stressors, even physical environment

How do you measure mental processes and emotion?

Would you look at depression symptoms, a clinical diagnosis?

These give you information about different things.

“Functional impairment”

What is your exposure?

- Experienced or potential for abuse?
- Officially reported, unreported, or both
- Suspected or confirmed
- Attempts or completions
- Type of exposure
 - Physical and/or Neglect
 - Sexual
 - Emotional

Experienced or potential for abuse – are you looking at injury in those experiencing DV or DV occurring among those at risk? This will, in part, be determined by your research question. Maybe you want to look at DV only among married couples...that's fine but you need to recognize that that is only a subset of the IPV field.

Are you using reported incidents? More likely to catch those with injury involved both from hospital and ERs as well as police sources, even retrospective reports will be biased in favor of catching incidents involving physical injury. As mentioned before, certain factors such as race and poverty can bias the cases captured by official reports

Suspected or confirmed? Take the narrative text assignment – those are all cases of suspected child abuse – the confirmation comes from an official investigation which can rely on child protective services resources and ability to investigate, all the way to the timing of the investigation. If they don't get around to investigating for 6 months, evidence of abuse or neglect may be gone.

How about attempts or completions – After a party with a lot of alcohol use a boyfriend tries to force his girlfriend to have sex, but finds himself too drunk to go through with it and passes out, would either of them consider this attempted rape? How likely would it be to be reported.

The type of exposure has a huge impact. How do you measure exposure to emotional abuse? What definition would you use that would be specific enough to apply to a research setting but not be too strict to miss important experiences.

How are You Going to Measure
It?

Domestic Violence is wrought with
ethical considerations unique to this
field of research

Key Lecture Points

- Surveillance for the frequency of domestic violence is not at the same level of development as for other unintentional injuries and for criminal violence
- Several limitations, including differing definitions, poor coding, and under-reporting influence our knowledge of the frequency of domestic violence
- Risk factor analysis in this area is just starting