

Domestic Violence

Domestic violence is an important public health issue.

- A higher percentage of women reported intimate partner violence compared to men.
- Antioch, Concord, Martinez, Pittsburg, Richmond and San Pablo had higher rates of domestic violence calls compared to the county overall.
- Antioch, Concord, Martinez, Oakley and the unincorporated areas of the county had higher rates of domestic violence arrests than the county overall.

Domestic violence, or intimate partner violence (IPV), describes physical, sexual or psychological harm that occurs between two people in a close relationship. This includes but is not limited to physical violence, sexual violence, threats and emotional abuse. This section presents information on three indicators of domestic violence: experience with intimate partner violence, domestic violence calls and domestic violence arrests. These indicators move from the broad to more specific dimensions of this issue.

Domestic violence is underreported in every community. The indicators included below come from anonymous telephone surveys, calls to a community-based domestic violence service provider, police reports and arrests. They do not provide a complete picture of domestic violence in Contra Costa. Each of these indicators reflects different community norms in understanding domestic violence, willingness to report it and the response of the authorities. As community norms change and domestic violence is more effectively addressed, some of these indicators—reports of violence and arrests—may paradoxically increase before eventually declining over time.

According to 2007 estimates from the California Health Interview Survey, 103,000 Contra Costa adults between the ages of 18 and 65 have ever experienced physical or sexual violence by an intimate partner. The prevalence of IPV in Contra Costa County (15.4%) was similar to the prevalence for the greater Bay Area (17.0%) and California overall (17.2%). It is estimated that 790,000 people in the greater Bay Area have experienced IPV since age 18.

Table 1 ■ Experienced intimate partner violence since age 18

Adults 18–65 Years, 2007

	Cases	Prevalence
California	3,993,000	17.2%
Greater Bay Area	790,000	17.0%
Contra Costa	103,000	15.4%

These estimates are not age-adjusted.

Women experienced more than two-thirds (68.5%) of all the IPV cases in the greater Bay Area and reported a significantly higher prevalence (23.2%) of intimate partner violence compared to men (10.8%).

Table 2 ■ Experienced intimate partner violence since age 18

Greater Bay Area Adults 18–65 Years, 2007

	Cases	Percent	Prevalence
Women	541,000	68.5%	23.2%*
Men	249,000	31.5%	10.8%
Total	790,000	100.0%	17.0%

These estimates are not age-adjusted.

* Statistically higher rates compared to men.



Editor's note: Analyses of Contra Costa intimate partner violence by gender, age or race/ethnicity were not possible due to small sample size, but we can look at the Greater Bay Area overall for an indication of the prevalence of intimate partner violence in these subgroups.

Young adults (aged 18–24) reported a lower prevalence of intimate partner violence (10.0%) than the greater Bay Area overall (17.0%). It is important to note that this may be the result of the survey question, which asks about experience after age 18.

Table 3 ■ Experienced intimate partner violence since age 18

Greater Bay Area Adults 18–65 Years, 2007

	Cases	Percent	Prevalence
18–24 years	62,000	7.8%	10.0%**
25–39 years	247,000	31.2%	16.2%
40–65 years	481,000	60.9%	19.3%
Total	790,000	100.0%	17.0%

These estimates are not age-adjusted.

** Significantly lower rate compared to the greater Bay Area overall.

The highest number of IPV cases was reported by whites (469,000) followed by Latinos (110,000), Asians/Pacific Islanders (96,000), African Americans (71,000), people of two or more races (33,000) and American Indian/Alaska Native (12,000). Whites (20.6%) and American Indian/Alaska Natives (52.3%) had significantly higher prevalence of intimate partner violence compared to the greater Bay Area overall (17.0%). Latinos (11.6%) and Asians/Pacific Islanders (9.6%) reported significantly lower prevalence than the greater Bay Area overall.

Table 4 ■ Experienced intimate partner violence since age 18

Greater Bay Area Adults 18–65 Years, 2007

	Cases	Percent	Prevalence
White	469,000	59.4%	20.6%*
Latino	110,000	13.9%	11.6%**
Asian/Pacific Islander	96,000	12.2%	9.6%**
African American	71,000	9.0%	23.0%
American Indian/Alaska Native	12,000	1.5%	52.3%*
Total	790,000	100.0%	17.0%

These estimates are not age-adjusted.

* Significantly higher rate compared to the greater Bay Area overall.

** Significantly lower rate compared to the greater Bay Area overall.

Another measure of domestic violence in Contra Costa County is the number of calls for domestic violence that come into STAND! For Families Free of Violence, a community-based organization that works with residents affected by domestic violence. Calls to STAND! demonstrate the distribution of calls in cities across the county.

Between 2006 and 2008, there were 17,797 calls from the county's 19 major cities and its unincorporated areas. Residents of Antioch, Concord and Richmond each made more than 500 calls per year. These three cities also had significantly higher rates of domestic violence calls than the county overall, as did Pittsburg (9.2 per 1,000), Martinez (8.8 per 1,000) and San Pablo (8.6 per 1,000).

Antioch had the highest rate (10.3 per 1,000), significantly higher than the county overall (5.7 per 1,000) and all other cities. Several cities had significantly lower rates than the county: Brentwood (4.8 per 1,000), Pleasant Hill (4.6 per 1,000), Walnut Creek (4.6 per 1,000), Oakley (4.1 per 1,000), Hercules (3.0 per 1,000), El Cerrito (2.5 per 1,000), Lafayette (2.3 per 1,000), Clayton (1.5 per 1,000), Danville (1.0 per 1,000), San Ramon (1.0 per 1,000) and Orinda (0.6 per 1,000). The unincorporated areas of the county also had a significantly lower rate of calls (3.1 per 1,000).

Table 5 ■ Domestic violence calls to STAND! by selected communities

Contra Costa County, 2006–2008

	Number	Percent	Rate
Antioch	3,098	17.4%	10.3*
Concord	3,083	17.3%	8.3*
Richmond	2,763	15.5%	8.9*
Pittsburg	1,754	9.9%	9.2*
Unincorporated	1,547	8.7%	3.1**
Martinez	956	5.4%	8.8*
Walnut Creek	910	5.1%	4.6**
San Pablo	803	4.5%	8.6*
Brentwood	725	4.1%	4.8**
Pleasant Hill	463	2.6%	4.6**
Oakley	411	2.3%	4.1**
Pinole	312	1.8%	5.4
Hercules	220	1.2%	3.0**
San Ramon	183	1.0%	1.0**
El Cerrito	177	1.0%	2.5**
Lafayette	162	0.9%	2.3**
Danville	133	0.7%	1.0**
Clayton	49	0.3%	1.5**
Orinda	31	0.2%	0.6**
Moraga	17	0.1%	NA
Contra Costa	17,797	100.0%	5.7

These are rates per 1,000 population.

* Significantly higher rate when compared to the county overall.

** Significantly lower rate when compared to the county overall.

An indicator that points out the severity of domestic violence is the number of domestic violence calls for assistance involving weapons. Between 2006 and 2008, there were 2,535 of these calls in Contra Costa County. Residents of Concord, Richmond, Antioch and the unincorporated areas of the county averaged more than 100 domestic violence calls that involved weapons each year. Pinole (2.8 per 1,000), Hercules (2.0 per 1,000), Concord (1.6 per 1,000), Richmond (1.1 per 1,000), Antioch (1.1 per 1,000) and Pleasant Hill (1.1 per 1,000) all had rates significantly higher than the county overall (0.8 per 1,000). San Ramon (0.2 per 1,000), Brentwood (0.3 per 1,000), Danville (0.3 per 1,000), the unincorporated areas of the county (0.7 per 1,000), Martinez (0.6 per 1,000) and Pittsburg (0.4 per 1,000) all had rates significantly lower than the county overall.

Table 6 ■ Domestic violence related calls to law enforcement involving weapons by selected communities

Contra Costa County, 2006-2008

	Number	Percent	Rate
Concord	607	23.9%	1.6*
Richmond	339	13.4%	1.1*
Unincorporated	337	13.3%	0.7**
Antioch	323	12.7%	1.1*
Pinole	160	6.3%	2.8*
Hercules	147	5.8%	2.0*
Pleasant Hill	105	4.1%	1.1*
Oakley	82	3.2%	0.8
Martinez	67	2.6%	0.6**
Pittsburg	67	2.6%	0.4**
San Pablo	61	2.4%	0.7
El Cerrito	52	2.1%	0.7
Brentwood	41	1.6%	0.3**
San Ramon	40	1.6%	0.2**
Danville	33	1.3%	0.3**
Moraga	18	0.7%	NA
Walnut Creek	18	0.7%	NA
Clayton	17	0.7%	NA
Lafayette	12	0.5%	NA
Orinda	9	0.4%	NA
Contra Costa	2,535	100.0%	0.8

These are rates per 1,000 population.

* Significantly higher rate when compared to the county overall.

** Significantly lower rate when compared to the county overall.

The number of arrests for domestic violence can also be an indicator of the distribution of domestic violence. Between 2005-2006, there were 6,826 arrests for domestic violence in Contra Costa County. These arrests were made across the county, but Concord (1,893) had the highest number of arrests, followed by Antioch (1,476) and the unincorporated areas as a whole (1,242). Almost half of all domestic violence arrests (49.3%) occurred in Antioch and Concord.

Antioch (7.4 per 1,000), Concord (7.7 per 1,000), Martinez (7.4 per 1,000), Oakley (4.7 per 1,000) and the unincorporated areas of the county (3.8 per 1,000) had significantly higher rates of domestic violence arrests than the county overall (3.3 per 1,000). Several cities had significantly lower rates: Pittsburg (2.4 per 1,000), Orinda (2.3 per 1,000), Danville (2.2 per 1,000), Brentwood (2.2 per 1,000), San Ramon (1.9 per 1,000), Pleasant Hill (1.7 per 1,000), Lafayette (1.6 per 1,000) and Walnut Creek (0.9 per 1,000). The aggregate domestic violence arrest rate for Richmond, El Cerrito, Hercules, Pinole and San Pablo combined (0.2 per 1,000) was also significantly lower than the county overall.

Table 7 ■ Domestic violence arrests by selected communities

Contra Costa County, 2005-2006

	Number	Percent	Rate
Concord	1,893	27.7%	7.7*
Antioch	1,476	21.6%	7.4*
Unincorporated	1,242	18.2%	3.8*
Martinez	535	7.8%	7.4*
Pittsburg	298	4.4%	2.4**
Oakley	289	4.2%	4.7*
San Ramon	224	3.3%	1.9**
Brentwood	206	3.0%	2.2**
Danville	189	2.8%	2.2**
Walnut Creek	123	1.8%	0.9**
Pleasant Hill	111	1.6%	1.7**
Orinda	82	1.2%	2.3**
Lafayette	75	1.1%	1.6**
Richmond +	74	1.1%	0.2**
Moraga	9	0.1%	NA
Contra Costa	6,826	99.9%	3.3

These are rates per 1,000 population.

These estimates are not age-adjusted.

* Significantly higher rate when compared to the county overall.

** Significantly lower rate when compared to the county overall.

(+) Richmond statistics includes data for El Cerrito, Hercules, Pinole and San Pablo.

What is domestic violence?

Domestic violence (sometimes called “intimate partner violence” or IPV) is a serious, preventable public health problem that affects millions of Americans. Domestic violence occurs between two people in a close relationship. This includes current and former spouses and dating partners. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.¹ Domestic violence can vary in frequency and severity. It occurs on a continuum, ranging from one punch or hit to chronic, severe battering. Domestic violence includes four types of behavior:

- Physical violence is when a person hurts or tries to hurt a partner by hitting, kicking, strangling or other type of physical force.
- Sexual violence is forcing a partner to take part in a sex act when the partner does not consent.
- Threats of physical or sexual violence include the use of words, gestures, weapons or other means to communicate the intent to cause harm.
- Emotional abuse is threatening a partner or his or her possessions or loved ones, or harming a partner’s sense of self-worth. Examples are stalking, name-calling, intimidation, or not letting a partner see friends and family. Often, domestic violence starts with emotional abuse. This behavior can progress to physical or sexual assault. Several types of domestic violence may occur together.¹

Why is domestic violence important?

Domestic violence can affect health in many ways. The longer the violence goes on, the more serious the effects. Many victims suffer physical injuries. Some are minor, like cuts and bruises. Others are more serious and can cause lasting disabilities or death. These include broken bones, internal bleeding and head trauma.²

Not all injuries are physical. Domestic violence can also cause emotional harm. The anger and stress that victims feel may lead to eating disorders, depression and loss of self-esteem. Some victims even think about or commit suicide. Witnessing domestic violence, usually involving caretakers, can have a dramatic negative effect on children, impacting health throughout the child's life course and into the next generation.

Domestic violence is linked to harmful health behaviors as well. Victims are more likely to smoke, abuse alcohol, use drugs and engage in risky sexual activity.²

Who is at the greatest risk for domestic violence?

Some risk factors for domestic violence victimization and perpetration are the same.³

A combination of individual, relational, community and societal factors contribute to the risk of becoming a victim or perpetrator of domestic violence. Understanding these risk factors can help identify various opportunities for prevention.

Individual Risk Factors

- Low self-esteem
- Emotional dependence and insecurity
- Low academic achievement
- Young age
- Heavy alcohol and drug use
- Depression
- Anger and hostility
- Prior history of being physically abusive

Relationship Factors

- Marital conflict (e.g., fights, tension and other struggles)
- Marital instability, divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions

Community Factors

- Poverty and associated factors (e.g., unemployment, overcrowding)
- Lack of strong institutions, relationships and norms that shape a community's social interactions
- Weak community sanctions against domestic violence (e.g., unwillingness of neighbors to intervene in situations where they witness violence)
- Traditional gender norms (e.g., women should stay at home, not enter work force and be submissive; men support the family and make the decisions)³

What can we do about domestic violence?

Early identification of domestic or intimate partner violence (IPV) is key to early and effective intervention. Identification requires community awareness, an understanding that IPV is not a norm and is not acceptable. Just as sexual harassment or date rape existed for years without identification, recognition, or appropriate response until these behaviors were given language and named, organizations, systems and communities must learn to identify IPV and call it by name. Only then can we learn its prevalence, confront its perpetrators, support its victims, and intervene in the cycle of violence that impacts adults and children. The data reported above is incomplete largely because of the failure of all our agencies and communities to fully identify, name, respond to and report episodes of IPV.

Community organizations, churches, agencies and civic groups need to own the issue of IPV, and see it as part of their core mission. At a minimum, agencies and their staff can develop competence in three areas:

- Understanding the concept of IPV and its importance to their core mission
- Identifying clients involved with IPV
- Counseling IPV victims in basic, immediate safety planning.

Health care systems are some of the most important institutions that should own the issue of IPV as core to their mission, as IPV has a devastating impact on the health of individuals, families and children.

Health care staff need to be trained to identify IPV. Basic questions about IPV should be asked in every time a patient interacts with the health care system. Health care staff especially should be trained in the three competencies described above.

As identification, naming and reporting of IPV improves, we will see an initial increase in IPV rates. However, early identification, coupled with community and institutional resources for intervention, should lead to a decrease in homicide, suicide and serious injury associated with IPV. We can measure our initial success in addressing this issue by the increase in reporting and the decrease in morbidity from IPV. Later progress will show as a decrease in real rates of IPV, and a wider community norm of naming and condemning IPV.

Data Sources: Domestic Violence

TABLES

Tables 1–4: Local data about intimate partner violence comes from the California Health Interview Survey's AskCHIS data query system, copyright© 2007 the Regents of the University of California, all rights reserved, available online at: <http://askchis.com/main/default.asp> Respondents (adults aged 18–65) were asked: "Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you in any way?" and "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?" Data analysis performed in May 2010. AskCHIS data are generated from a telephone survey that asks questions to a randomly selected group of residents in Contra Costa and other counties in California. Responses are then weighted to represent the county, region and state as whole. The Greater Bay Area includes the counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma.

Tables 5-7: Data from Zero Tolerance report for Contra Costa County, 2009. Population denominators were included in these reports and were based on California Department of Finance estimates. Any analyses, interpretations or conclusions of the data have been reached by Community Health Assessment, Planning and Evaluation (CHAPE).

Rates were not calculated for any group with fewer than 20 cases due to unstable estimates.

TEXT

1. National Center for Injury Prevention and Control, Centers for Disease Control. (2008) Intimate Partner Violence: Definitions. Retrieved July 10, 2010 at the CDC website:
<http://cdc.gov/ViolencePrevention/intimatepartnerviolence/definitions.html>
2. National Center for Injury Prevention and Control, Centers for Disease Control. (2009). Understanding Intimate Partner Violence: Fact Sheet. Retrieved July 9, 2010 at the CDC website:
http://www.cdc.gov/violenceprevention/pdf/IPV_factsheet-a.pdf
3. National Center for Injury Prevention and Control, Centers for Disease Control. (2009) Intimate Partner Violence: Risk Factors and Protective Factors. Retrieved July 10, 2010 at the CDC website:
<http://cdc.gov/ViolencePrevention/intimatepartnerviolence/riskprotectivefactors.html>