



Violence Between Intimate Partners in Hawai'i Data from BFRSS, PRAMS and YRBS

Background

Violence between intimate partners has important health consequences that impact a wide range of individuals. This type of violence often includes both physical and psychological components. While it can affect anyone, the overwhelming burden occurs in women [1]. The annual cost is estimated at \$5.8 billion in the United States (which includes medical and mental health costs and lost productivity) [2].

Risk factors for both perpetration and victimization include:

Individual factors: drug and alcohol use (particularly heavy drinking), seeing or being a victim of violence as a child, unemployment, young age, low income, low academic achievement, depression and personality disorders

Relationship factors: marital conflict, marital instability, male dominance in family, economic stress

Community factors: weak sanctions against domestic violence, poverty, low social capital

Societal factors: traditional gender norms, social norms supportive of violence [1]

Data Sources

In Hawai'i, this type of violence is captured through various data sources. However, definitions and labels vary from source to source. Some terms for this type of violence include partner abuse, partner violence, intimate partner violence, domestic abuse, and domestic violence. It has been challenging to compare results across data sets given the varying definitions.

This factsheet serves to provide a snapshot of violence between intimate partners from various sources. These sources illustrate the far-reaching scope of violence between partners from youth through adulthood. It must be understood that these data sources can not be directly compared. They are used herein to document the prevalence of violence between partners and used to provide recommendations for further action and research. This factsheet uses the term intimate partner violence (IPV).

Suggested Citation

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Data Highlights

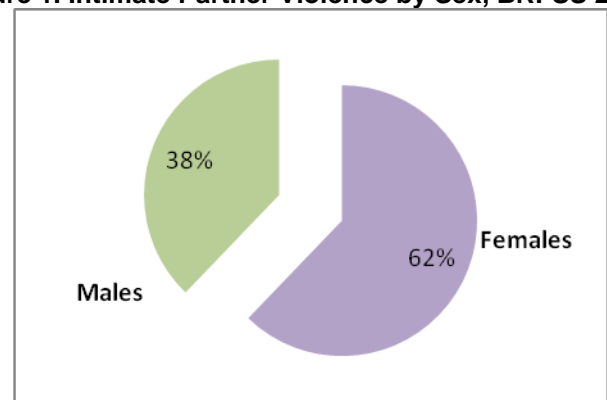
- 12% of the general population in Hawai'i reports experiencing intimate partner violence at some point in their lives.
- Those who are multiracial in the general adult population were more likely to report experiencing intimate partner violence than those who were of a single race.
- About 1 in 16 women experience intimate partner violence around the time of their most recent pregnancy.
- Women in the lowest education and income groups reported higher prevalence of intimate partner violence around the time of their most recent pregnancy.
- 1 in 8 high school students report experiencing intimate partner violence.

BRFSS Data

Behavioral Risk Factor Surveillance Survey (BRFSS) data from eighteen states in 2005 indicate that 15.6% of people reported intimate partner violence at some point in their lives (20.2% of women and 10.7% of men) [2]. Two-thirds of people reporting intimate partner violence were women. In addition, those who were multiracial, those with less education and those with a lower income level were at increased risk of experiencing intimate partner violence.

11.9% of adults in Hawai'i in 2007 self-reported IPV, as determined by having ever *been hit, slapped, punched, kicked or hurt in any way* by an intimate partner. Of those who experienced IPV, 62% were women and 38% were men.

Figure 1. Intimate Partner Violence by Sex, BRFSS 2007



There were few differences in reported IPV estimates by age group, income, education and county. Between 10 and 15 percent of individuals in each of these groups experienced IPV (Table 1).

Chinese and Japanese groups reported the lowest IPV estimates, Filipinos, Hispanics, Other Asian, and Pacific Islanders reported intermediate estimates, while Caucasian, Hawaiian and those who report more than one race had the highest estimates.

Table 1. Estimates of Intimate Partner Violence by Demographic Characteristics, BRFSS, 2007

	IPV % (95%CI)*
Overall	11.9 (10.9-13.1)
Sex	
Female	14.7 (13.1-16.3)
Male	9.1 (7.7-10.7)
Age Group	
18-24	14.8 (10.6-20.1)
25-34	15.3 (12.1-19.1)
35-44	13.3 (11.0-15.9)
45-54	13.7 (11.7-16.0)
55-64	10.4 (8.7-12.4)
65+	4.9 (3.8-6.3)
County	
Hawai'i	14.4 (12.5-16.7)
Honolulu	11.3 (9.9-12.8)
Kauai	13.7 (10.4-17.9)
Maui	12.3 (10.2-14.8)
Multiracial	
Single Race	10.4 (9.2-11.8)
Multiracial	16.1 (13.9-18.7)
Specific Race	
Caucasian	15.5 (13.6-17.7)
Chinese	5.5 (2.5-11.7)
Filipino	7.9 (4.8-12.7)
Japanese	5.1 (3.5-7.3)
Pacific Islander ⁱ	9.8 (3.6-23.9)
Other Asian ⁱ	9.5 (3.9-21.4)
Hispanic ⁱ	8.8 (3.6-19.9)
Multiracial Hawaiian ⁱⁱ	14.8 (11.9-18.3)
Multiracial/Non Hawaiian	14.9 (12.5-17.5)
All Others ⁱⁱⁱ	17.8 (10.0-29.5)
Income Group	
< \$15,000	15.6 (11.6-20.7)
\$15,000 - \$24,999	11.6 (9.1-14.7)
\$25,000 - \$34,999	11.5 (8.4-15.6)
\$35,000 - \$49,999	13.9 (11.1-17.2)
\$50,000 +	11.6 (10.2-13.3)
Education Group	
< High School	10.3 (6.2-16.5)
High School Graduate	11.8 (9.9-14.0)
Some College	13.8 (11.7-16.3)
College Graduate	10.6 (9.2-12.2)

*Note: 95% CI refers to the 95% confidence interval around estimate.

ⁱ Does not represent one ethnic group, rather a US Census-based race.

ⁱⁱ Single race Hawaiians were too few to disaggregate

ⁱⁱⁱ Includes Black, Native American, Spanish, Other and those missing race.

About the BRFSS Data

The **Behavioral Risk Factor Surveillance Survey (BRFSS)** is a self-reported telephone survey that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury in the adult population. About 6,500 people in Hawai'i are surveyed each year. Data from 2007 was analyzed for Hawai'i. **Intimate Partner Violence (IPV)** is defined as ever having been hit, slapped, punched, kicked or hurt in any way by an intimate partner. Participants select up to six race categories. Based on these selections, participants were categorized as being of a **single race** or **multiracial**. A **Specific Race** was also determined based on the responses into the groups shown in Table 1.

PRAMS Data

National estimates of intimate partner violence among women who were recently pregnant ranged from 4% to 8% from 2004-2007 aggregated data. Predictors of IPV during pregnancy were the partner did not want the pregnancy, having had a recent divorce or separation and someone close to the woman having had a drug/alcohol problem. Maternal characteristics (age, education, race, marital status, didn't want pregnancy) were less important predictors [4].

In Hawai'i from 2004-2008, 6.5% of women reported ever having been pushed, hit, slapped, kicked, choked, or physically hurt in any other way by a current or former partner around the time of their most recent pregnancy.

Table 2. Estimates of Intimate Partner Violence by Demographic Characteristics, Hawai'i PRAMS 2004-2008

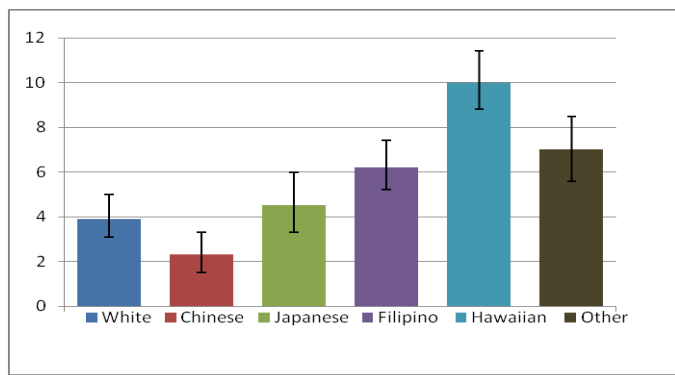
	IPV % (95% CI)
Overall	6.5 (6.0-7.1)
Income Group	
< \$10,000	14.3* (12.3-16.6)
\$10,000 - \$34,999	8.5* (7.2-10.1)
\$35,000 - \$49,999	4.3* (3.4-5.4)
\$50,000+	2.5 (1.9-3.3)
Education Group	
< High School	13.1**(10.7-16.0)
High School Graduate	8.2**(7.3-9.3)
Some College	5.5**(4.6-6.5)
College Graduate	2.7 (2.1-3.4)
County	
Hawai'i	8.7 [†] (7.1-10.7)
Honolulu	5.8 (5.2-6.4)
Kauai	8.4 (6.0-11.6)
Maui	8.0 [†] (6.3-10.1)

*significant difference from 50,000+ p<.05

** significant difference from college graduate p<.05

[†]significantly different from Honolulu at p<.05

Figure 2. Intimate Partner Violence Before and During Most Recent Pregnancy by Ethnicity, Hawai'i PRAMS 2004-2008



Statistically significant differences were reported between education, income and ethnic groups. In addition, the prevalence of IPV around the time of pregnancy was significantly lower in Honolulu County than Maui and Hawaii counties (Table 2).

About the PRAMS Data

The Hawai'i **Pregnancy Risk Assessment Monitoring System (PRAMS)** is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during and just after pregnancy. Every year in Hawai'i, about 2,000 women who deliver an infant are randomly selected to participate. **Intimate Partner Violence (IPV)** is a combined variable from 4 questions asking if the woman had ever been pushed, hit, slapped, kicked, choked, or physically hurt in any other way by a current or former partner twelve months before or during current pregnancy. **Race** is singly coded based on mother's self-report from the birth certificate.

YRBS Data

In 2007, 13% of high school students in Hawai'i reported having ever been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the previous 12 months. This was comparable to the national prevalence estimate of 9.9%.

No statistically significant differences were seen between age groups or grades in prevalence of IPV. Cell sizes were too small to do meaningful comparison by ethnicity.

About the YRBS Data

The **Youth Risk Behavior Survey** is a self-reported, school-based survey of public high school students that monitors priority health-risk behaviors. It is administered in Hawai'i every other year. **Intimate partner violence** is assessed by asking "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" Students who responded that they did not have a boyfriend or girlfriend in past 12 months were excluded from analysis. **Sexual violence (SV)** is assessed by asking "Have you ever been physically forced to have sexual intercourse when you did not want to?" Students are asked to select up to eight **race** categories then grouped in to single and multiple race groupings.

Table 3. Estimates of Intimate Partner Violence Hawai'i YRBS, 2007

	Total % (95% CI)	Males	Females
Total	13.2 (10.4-16.7)	13.9 (9.6-19.8)	12.5 (9.1-16.8)
Grade			
9	9.6 (5.3-16.8)	12.0 (6.5-21.0)	7.3 (2.0-23.1)
10	16.7 (11.3-23.8)	14.4 (4.9-35.5)	18.9 (12.3-27.8)
11	13.8 (9.7-19.3)	14.8 (9.0-23.3)	12.8 (6.9-22.5)
12	12.5 (7.1-21.1)	13.5 (6.3-26.5)	11.6 (5.3-23.5)

Discussion

Intimate partner violence has a wide impact in Hawai'i. 12% of the general adult population and 13% of the public high school student population reported having been physically hurt by an intimate partner. However, only 6% of recently pregnant women reported being hurt by an intimate partner in the year before or during their most recent pregnancy.

Underreporting amongst the population of pregnant women due to reporting stigma, or public health messaging pertaining to violence toward pregnant women may account for the discrepancies with estimates in the general and student populations.

More specific differences between the general populations and PRAMS population exist:

Race/Ethnicity:

The Hawai'i BRFSS data shows higher estimates of IPV among Caucasians, Hawaiians, Pacific Islanders, and those who report more than one race compared to most Asian race groups.

The PRAMS data, however, indicate a higher prevalence of IPV among certain Asian groups compared to Caucasians. Race categorizations are not identical between surveys and the sample years are different between these groups, which may account for some of the differences.

Gender:

Both national and Hawai'i BRFSS data indicate that over a third of those reporting intimate partner violence are men. The YRBS high school population indicates that approximately the same proportion of males report IPV as females. Definitions of IPV vary from individual to individual, which may account for the disagreement between data in the BRFSS, YRBS and national research which indicates that victims of IPV are typically females.

Socioeconomics:

The BRFSS data does not show differences in reporting of IPV by income group, education group or county. The women in the PRAMS dataset, however, report differential levels of IPV based on these socioeconomic factors. Less educated women and women from lower income groups report much higher prevalence of IPV compared to the most educated and high income group women, respectively. The women in the PRAMS dataset who report the highest prevalence of IPV show similar reporting to the general population.

Data Limitations

BRFSS is self-reported data obtained from a random digit dialed telephone survey and may under-represent the real burden of IPV. Many of those who are less likely to be included in this type of study (e.g. non-English speaking residents, younger adults without landlines, and homeless individuals) may be more likely to experience IPV.

PRAMS data are also limited by self-report and are subject to reporting biases where respondents may have a desire to portray a positive image. In addition, because it is primarily a mail survey, respondents may systematically experience different prevalence than non-respondents, providing a biased “true” burden of IPV amongst recently pregnant women.

Finally, YRBS data is also limited by self-report. In addition, only public school students are surveyed. In Hawai'i an estimate of 1 in 5 students are in private high schools and not included in YRBS.

Recommendations

There are a myriad of cofactors that impact a person's experience with intimate partner violence. Traditional socio-demographics including race, education and income are the typical focus in most studies. However, given the differential reporting in these three study populations, it would be important to collect information on other family and cultural behaviors as well as other social determinants of health that may contribute to IPV.

This additional research could take many forms. Given the limitations of the data, it would be useful to do a cohort study of men and women who have experienced intimate partner violence, in order to further understand causal risk factors.

Also, analysis of hospital discharge and emergency room visits could give an estimate of intimate partner violence cases that are seen in the emergency room and hospital setting.

As national impetus has dictated, mapping of disease has had important implications for prevention. Therefore, maps of intimate partner violence “hot spots” in Hawai'i would be useful to determine if there are clusters of violence. This could help define risk factors beyond traditional ethnic, education and income lines. This would be especially useful to determine similarities between women in the PRAMS population and those in the BRFSS

population to obtain a baseline demographic in order to make more accurate comparisons between samples.

Given the recent budget and staffing reductions in the State of Hawai'i, it will be valuable to assess current intimate partner violence prevention and intervention programs for efficiency and effectiveness. Tailored recommendations for improvement should then be made, particularly in light of any new research that emerges from other studies of IPV in Hawai'i.

In addition, the lethality or impact of injury of IPV perpetration is not measured in these surveys and may have an impact on health outcomes related to IPV. This may also account for the high prevalence of reporting by men which contradicts national research indicating that IPV is primarily experienced by women, and would be important for further study.

Finally, it is difficult to look at intimate partner violence independently of emotional, psychological and sexual violence and coercion. Research suggests that all forms of violence are linked [5]. The questions in these surveys focus only on the physical components of violence and not the psychological or physical impacts. Other forms of violence are not included in the definition of IPV used in this analysis, however, they are important to consider when looking at intimate partner violence. It should be noted that 1 in 5 10th grade women from 2007 YRBS data reported ever having been forced to have sexual intercourse in their lives. Therefore, future research should look to study the interaction between all of these forms of violence. Given the diversity of Hawai'i's population all future study should be culturally tailored.

Resources for Violence Prevention and Intervention

Perinatal Programs and the Domestic Violence Fatality Review Council within the Hawai'i Department of Health

The **Hawaii State Coalition Against Domestic Violence**
<http://www.hscadv.org/> 808-832-9316

Domestic Violence Action Center

<http://www.stoptheviolence.org/> 1-800-690-6200

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