Violence Between Intimate Partners in Hawaii Across the Life Span

Background

Violence between intimate partners is a significant public health problem with impacts across the life span due to physical, sexual, and psycological harm from a current or former partner [1]. Data from the 2011 National Intimate Partner Violence Survey reported that 27.3% of women and 11.5% of men in US experienced at least one negative impact related to violence from an intimate partner [2]. Some of these impacts include bruises, broken bones, chronic stress, reproductive disorders, sexually transmitted disease, unintended pregnancies, substance use, anxiety, depression, suicide, absenteeism, and lost productivity. The annual cost in 2003 of IPV was estimated at $8.3 billion in the United States, including medical and mental health costs and lost productivity [3]. Risk factors for both perpetration and victimization include [4]:

- **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 legal sanctions against domestic violence perpetrators, poverty, low social capital
- **Societal factors**: traditional gender norms, social norms supportive of violence

Data Sources

In Hawaii, data related to violence among intimate partners is collected through various data sources. Some terms for this type of violence include partner abuse, partner violence, intimate partner violence, domestic abuse, sexual violence, and domestic violence. Therefore, definitions and labels vary among sources making it challenging to compare results across data sets.

This factsheet provides a snapshot of violence between intimate partners data in Hawaii from various population based data sources and illustrates the far-reaching scope of violence between partners from youth through adulthood. However, it must be understood that information from these data sources can not be directly compared due to differences in how the questions are asked and even due to how the data is collected. The data sources are used to document the prevalence of violence between partners and to provide recommendations for further action and research. This factsheet uses the terms intimate partner violence (IPV), physical dating violence (PDV), and sexual dating violence (SDV) depending on the particular data source.

Suggested Citation

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Data Highlights

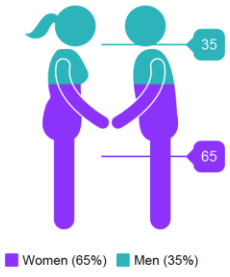
- *13% of the general adult population in Hawaii report experiencing IPV at some point in their lives with estimates higher in females (15.8%) than males (10.2%).*
- *Those who are White, Native Hawaiian, and Other in the general adult population were more likely to report experiencing IPV than those who identify as Japanese, Filipino, or Chinese.*
- *About 1 in 16 women experience IPV around the time of their most recent pregnancy.*
- *Women in the youngest age and income groups reported higher prevalence of IPV around the time of their most recent pregnancy.*
- *Nearly 1 in 5 middle school students report experiencing physical dating violence (PDV) and 1 in 30 report sexual dating violence (SDV).*
- *1 in 10 high school students report experiencing PDV, and 1 in 12 high school students report experiencing SDV.*

BRFSS Data

In the 2013 Hawaii Behavioral Risk Factor Surveillance Survey (BRFSS), 13.0% of adults self-reported IPV (Table 1). Overall, IPV prevalence among women is 15.8%, which is significantly higher than the IPV prevalence among men at 10.2%. Among those reporting IPV, 65% were women and 35% were men (Figure 1). Senior adults (aged 65 or older) reported significantly lower IPV prevalence than adults in other age groups. When IPV prevalence among all counties were compared to Honolulu (11.9%), only Maui County (17.8%) had a significantly higher IPV prevalence.

Those identifying as White or Native Hawaiian each had an IPV prevalence of 17.5%, while those identifying as Chinese, Filipino, and Japanese had lower estimates (5.2%, 6.3%, and 8.6%, respectively; Table 1). IPV prevalence was significantly higher for those who rented a home (18.2%) or those without medical insurance (18.5%) compared to those who owned a home (10.2%) or had medical insurance.

Figure 1. Intimate Partner Violence by Sex, BRFSS, 2013



For every 100 people that reported IPV, 65 were women

Table 1. Estimates of Intimate Partner Violence by Demographic Characteristics, BRFSS, 2013

	IPV% (95% CI)*
Overall	**13.0** (11.9-14.3)
Sex	
Female	15.8 (14.1-17.7)
Male	10.2 (8.6-12.0)
Age	
18-34	16.4 (13.8-19.5)
35-49	15.2 (12.7-18.1)
50-64	12.5 (10.7-14.6)
65+	5.9 (4.6-7.5)
County	
Hawaii	14.9 (12.5-17.7)
Honolulu	11.9 (10.4-13.5)
Kauai	13.8 (10.9-17.3)
Maui	17.8 (14.7-21.2)
Race/Ethnicity	
White	17.5 (15.5-19.7)
Native Hawaiian	17.5 (13.8-21.9)
Chinese	5.2 (2.6-10.3)
Filipino	6.3 (4.1-9.5)
Japanese	8.6 (6.5-11.3)
Other Asian[i]	4.6 (2.0-10.3)
Other Pacific Islander[i]	16.8 (9.8-27.4)
Other[ii]	19.0 (13.5-26.1)
Education	
No HS Diploma or GED	15.8 (10.1-23.9)
HS Diploma or GED	13.0 (10.8-15.5)
Some College	14.5 (12.4-16.9)
College Graduate	10.7 (9.2-12.3)
Home Status	
Own	10.2 (8.9-11.8)
Rent or Other Arrangement	18.2 (16.2-20.5)
Insurance Status	
Insured	12.6 (11.4-13.9)
Uninsured	18.5 (14.5-23.4)

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

[i] A US Census-based definition that includes detailed ethnic responses.

[ii] A US Census-based definition, includes more than one race and Hispanic or Latino origin.

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. Data from the 2013 Hawaii BRFSS was analyzed. **Intimate Partner Violence (IPV)** is defined as ever having been hit, slapped, punched, kicked, or hurt in any way by an intimate partner. In Table 1, specific race/ethnicity groups were determined based on the participant responses.

PRAMS Data

From 2012-2015, among women who recently had a live birth in Hawaii, 6.1% reported ever having been pushed, hit, slapped, kicked, choked, physically hurt, frightened for their safety, having their daily activities controlled, or forced to take part in any sexual activity in any other way by a current or former partner around the time of their most recent pregnancy (Table 2). Hawaii County had the highest prevalence of IPV (7.6%) while Honolulu County has the lowest prevalence of IPV (5.6%) but the difference was not statistically significant. Native Hawaiian (8.8%) had a higher prevalence of IPV compared to White (3.6%) and Others (4.5%; Table 2, Figure 2).

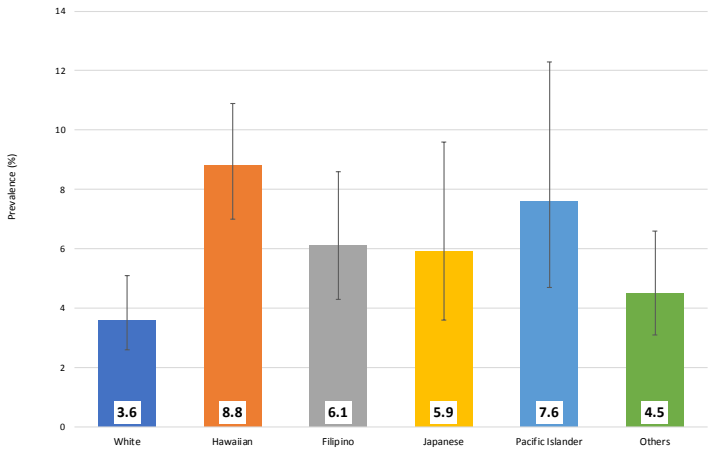
Mothers with annual incomes less than $17,000 (12.1%) experienced higher IPV compared to those with higher incomes. More than 14% of mothers who were under 20 years of age experienced IPV which was significantly higher than all other age groups (except the 20-24-year-old age group where it was lower but not statistically different; Table 2).

Table 2. Estimates of Intimate Partner Violence by Demographic Characteristics, Hawaii PRAMS 2012-2015

	IPV % (95% CI)*
Overall	6.1 (5.3-7.0)
County	
Hawaii	7.6 (6.2-9.3)
Honolulu	5.6 (4.6-6.8)
Kauai	6.7 (5.3-8.4)
Maui	7.4 (6.0-9.0)
Race	
White	3.6 (2.6-5.1)
Native Hawaiian	8.8 (7.0-10.9)
Filipino	6.1 (4.3-8.6)
Japanese	5.9 (3.6-9.6)
Other Pacific Islander	7.6 (4.7-12.3)
Others	4.5 (3.1-6.6)
Income Group	
<$17,000	12.1 (9.8-14.8)
$17,001 - $26,000	5.5 (3.8-8.0)
$26,001 - $34,000	4.2 (2.6-6.9)
$34,001 - $51,000	4.6 (3.0-7.2)
$51,001 +	3.7 (2.7-5.1)
Age Group (Years)	
Under 20	14.3 (9.7-20.7)
20-24	8.1 (6.1-10.5)
25-34	4.9 (4.0-6.1)
35-39	4.4 (2.9-6.6)
40 or over	9.0 (4.8-16.4)

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

Figure 2. Intimate Partner Violence Before and During Most Recent Pregnancy by Race, Hawaii PRAMS, 2012-2015



About the PRAMS Data

The Hawaii **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 Hawaii, 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, physically hurt, frightened for their safety, having their daily activities controlled, or forced to take part in any sexual activity in any other way by a current or former partner twelve months before or during the current pregnancy. **Race** is singly coded based on the mother's self-report from the birth certificate.

YRBS Data

In 2015 and 2017, among Hawaii public middle school students who dated or went out with someone during the 12 months before the survey, 17.7% experienced Physical Dating Violence (PDV) (Table 3). Males (20.3%) were more likely to report PDV than females (15.0%). Overall, 3.4% of public middle school students reported sexual dating violence (SDV) with no significant difference by sex. Additionally, there were no significant differences by county, race, and grade level in PDV or SDV experience among middle school students.

Table 3: Estimates of Physical Dating Violence (PDV) and Sexual Dating Violence (SDV) among Public Middle School Students, Hawaii YRBS 2015 & 2017

		PDV Experience		SDV Experience	
Middle School		%	95% CI	%	95% CI
Overall		17.7	(16.3-19.1)	3.4	(3.0-3.9)
County					
	Hawaii	15.6	(13.5-18.0)	4.5	(3.7-5.4)
	Honolulu	18.7	(16.8-20.8)	3.2	(2.6-4.0)
	Kauai	17.9	(15.4-20.7)	3.7	(2.9-4.8)
	Maui	14.9	(13.1-16.9)	3.2	(2.6-4.0)
Race					
	White	17.5	(14.0-21.8)	1.8	(0.9-3.4)
	Native Hawaiian	17.5	(15.6-19.5)	3.8	(3.1-4.7)
	Filipino	15.4	(11.7-19.9)	3.0	(2.2-4.2)
	Japanese	21.6	(13.6-32.6)	1.9	(0.4-8.8)
Sex					
	Male	20.3	(18.2-22.7)	2.8	(2.2-3.6)
	Female	15.0	(12.8-17.4)	4.1	(3.5-4.7)
Grade					
	6th grade	17.3	(15.2-19.6)	3.0	(2.2-4.1)
	7th grade	15.7	(13.2-18.6)	3.0	(2.3-4.0)
	8th grade	19.6	(16.4-23.2)	4.0	(3.2-4.9)

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

Note: Questions differed from middle and high school so estimates not directly comparable

In 2015 and 2017, among Hawaii public high school students who dated or went out with someone during the 12 months before the survey, 10.5% experienced PDV (Table 4). There were no significant differences in PDV by county, race, sex, and grade level. Among public high school students who dated or went out with someone during the 12 months before the survey, 8.5% experienced SDV. Females were more likely to report SDV compared to males and those in 12th grade were more likely to report SDV compared to those in 9th grade. Additionally, there were no significant differences by county and race in SDV experience among high school students.

Table 4: Estimates of Physical Dating Violence (PDV) and Sexual Dating Violence (SDV) among Public High School Students, Hawaii YRBS 2015 & 2017

		PDV Experience		SDV Experience	
HIgh School		%	95% CI	%	95% CI
Overall		10.5	(9.1-12.2)	8.5	(7.8-9.3)
County					
	Hawaii	11.1	(9.4-13.0)	9.3	(8.4-10.4)
	Honolulu	10.4	(8.3-12.9)	8.2	(7.5-9.0)
	Kauai	10.1	(8.2-12.3)	9.6	(8.5-10.8)
	Maui	10.8	(9.1-12.7)	8.7	(7.7-9.7)
Race					
	White	9.5	(6.1-14.5)	7.5	(6.0-9.4)
	Native Hawaiian	9.8	(7.9-11.9)	9.7	(8.4-11.1)
	Filipino	10.5	(7.7-14.1)	8.0	(6.5-9.8)
	Japanese	5.0	(2.8-10.5)	5.9	(3.5-9.8)
Sex					
	Male	10.7	(8.8-13.1)	6.0	(5.3-6.9)
	Female	9.7	(8.3-11.4)	10.7	(9.6-12.0)
Grade					
	9th grade	8.5	(6.5-11.1)	7.2	(6.1-8.6)
	10th grade	12.1	(9.1-16.0)	8.1	(6.9-9.5)
	11th grade	9.3	(7.2-11.9)	8.1	(6.7-9.7)
	12th grade	10.6	(8.6-13.0)	10.5	(8.8-12.7)

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

Note: Questions differed from middle and high school so estimates not directly comparable

About the YRBS Data

The **Youth Risk Behavior Survey (YRBS)** is a self-reported, school-based survey of public high school and middle school students that monitors priority health-risk behaviors. It is administered in Hawaii every other year to about 12,000 students. YRBS uses a two-stage, stratified random sampling method to identify the sample. The sampling frame includes all students currently enrolled in grades 6-12 in a public school in the state of Hawaii. Two samples are taken: one for middle school (grades 6-8) and one for high school (grades 9-12). Results are weighted by sex, grade, and race/ethnicity to ensure accurate representation of the population. **Physical Dating Violence (PDV)** is derived from the question, 'During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.) **Sexual Dating Violence (SDV)** is derived from the question, 'Have you ever been physically forced to have sexual intercourse when you did not want to?'"

Discussion

Intimate partner and sexual violence have a wide impact in Hawaii along the life course including early adolescence, reproductive years, and into older adulthood. Additionally, there are some differences among population subgroups.

Race/Ethnicity: The Hawaii BRFSS data shows higher estimates of IPV among those who identify as White (1 in 6), Native Hawaiian (1 in 6), and Other (those who report more than one race or being Hispanic/Latino) (1 in 5) compared to most Asian groups. Conversely, the Hawaii PRAMS data indicate that those who identify as White (1 in 28) have the lowest IPV prevalence of all race/ethnic groups. No significant differences were seen among adolescents in PDV and SDV experience. Race categorizations are not identical between the surveys and the data years are different, which may account for some of the differences.

Gender: The Hawaii BRFSS data indicate that among those ever-reporting IPV, 1 in 6 are women and 1 in 10 are men. The 2015 and 2017 YRBS data for high school students indicate that approximately the same proportion of male students report PDV as female students. Definitions of IPV and PDV 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 indicate differences in reporting of IPV by income group, age, or county. The women in the PRAMS dataset, however, report differential levels of IPV based on these socioeconomic factors. Women from the two lower income groups and those under 20 years of age reported much higher prevalence of IPV compared to the highest income group and those in the 25-39-year-old age groups.

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 which limits generalizability since an estimated 1 in 5 students are in private high schools in Hawaii compared to 1 in 10 nationally.

Recommendations

There are many cofactors that impact a person's experience with intimate partner violence. Traditional socio-demographics including race/ethnicity, age, 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. Gender identity should also be further explored due to the greater burden of IPV in populations that are Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) [5].

This additional research could take many forms. Given the limitations of the data, it may be useful to do a cohort study of men and women who have experienced IPV and sexual violence (SV) to further understand causal risk factors and impact across the life span. Also, analysis of hospital discharge and emergency room visits could give an estimate of IPV and SV cases that are seen in the emergency room and hospital setting. However, it may underestimate the burden as people may seek treatment in other settings including primary care and community health centers, or not all. Additionally, IPV and SV may not be documented well in billing claims data.

Geographic visualization or mapping of disease by community has had important implications for prevention and program planning. Maps of IPV and SV "hot spots" in Hawaii may be useful to determine if there are clusters of violence. This could help define risk factors beyond traditional race/ethnicity, age, 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 to make more accurate comparisons between samples.

It is important to do regular quality improvement and evaluation of the effectiveness and impact of IPV and SV prevention and intervention activities to ensure they make a meaningful difference in outcomes. The incorporation of any new research or best practices that emerges from other studies of IPV and SV in Hawaii or in other areas can help further promote best practices to reduce violence among partners.

The lethality or impact of injury of IPV perpetration is not measured in these surveys and it likely has a significant impact on health outcomes related to IPV. This may also account for the high prevalence of reporting by men and middle school boys 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 IPV independent of emotional, psychological, sexual violence and coercion. Research suggests that all forms of violence are linked [6]. The questions in these surveys focus primarily 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 IPV. For example, there is likely some degree of overlap in the experience of SDV and PDV in the public and middle school data which could be further analyzed. Therefore, future research should look to study the interaction between all of these forms of violence. Given the diversity of the population in Hawaii, further studies and programs should be culturally tailored.

Some Resources for Violence Prevention and Intervention

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

University of Hawaii: Prevention, Awareness, Understanding (PAU) Violence Program http://manoa.hawaii.edu/pauviolence/

Hawaii Coalition Against Sexual Assault

Sex Abuse Treatment Center http://satchawaii.com

Hawaii Family Law Clinic, Ala Kuola
https://www.alakuolahawaii.com

Child Abuse and Neglect Prevention, Sexual Violence Prevention, Domestic Violence Prevention, Adolescent Health, and Perinatal Programs within the Hawaii State Department of Health. **Child Death Review, Maternal Mortality Review Committee,** and the **Domestic Violence Fatality Review** facilitated by the Hawaii State Department of Health

Centers for Disease Control and Prevention
https://www.cdc.gov/violenceprevention/index.html

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