



## Injury and Violence Prevention

15

Lead Agency: Centers for Disease Control and Prevention

### Contents

Goal    p. 15-2

Overview    p. 15-2

    Issues and Trends    p. 15-2

    Disparities    p. 15-3

    Opportunities    p. 15-3

    Interim Progress Toward Year 2000 Objectives    p. 15-3

Reproductive Health–Related Objectives    p. 15-4

Terminology    p. 15-8

References    p. 15-9

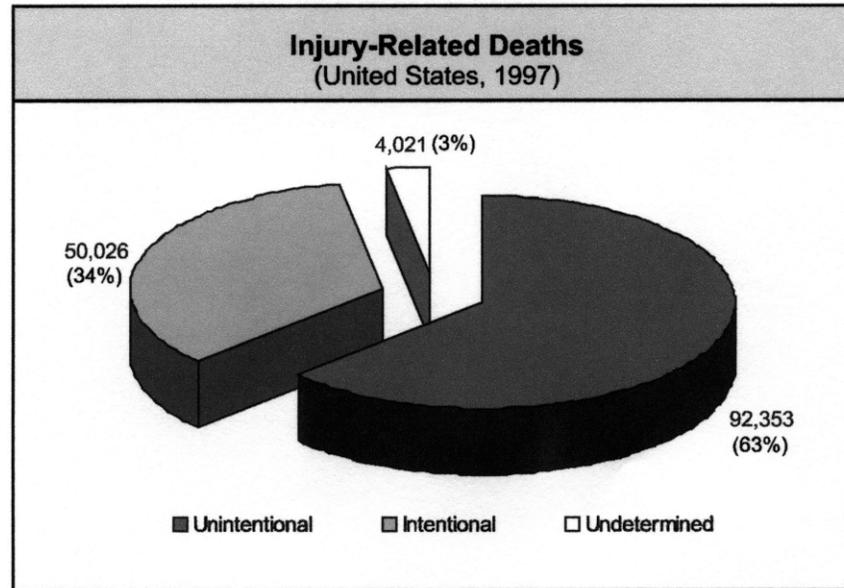


## Goal

**Reduce injuries, disabilities, and deaths due to unintentional injuries and violence.**

## Overview

The risk of injury is so great that most persons sustain a significant injury at some time during their lives.<sup>1</sup> Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.<sup>2</sup>



**Source:** CDC, NCHS. National Vital Statistics System (NVSS), 1997.

## Issues and Trends

### Violence and Abuse Prevention

Violence in the United States is pervasive and can change quality of life. Reports of children killing children in schools are shocking and cause parents to worry about the safety of their children at school. Reports of gang violence make persons fearful for their safety. Intimate partner violence and sexual assault threaten people in all walks of life.

Violence claims the lives of many of the Nation’s young persons and threatens the health and well-being of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.<sup>3</sup>

Youth continue to be involved as both perpetrators and victims of violence. The elderly, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know. Examples of general issues that impeded the public health response to progress in this area include the lack of comparable data sources, lack of standardized definitions and definitional issues, lack of resources to adequately establish consistent tracking systems, and lack of resources to fund promising prevention programs.

**Disparities**

Homicide victimization is especially high among African American and Hispanic youths. In 1995, African American males and females aged 15 to 24 years had homicide rates (74.4/100,000) that were more than twice the rate of their Hispanic counterparts (34.1/100,000) and nearly 14 times the rate of their white non-Hispanic counterparts (5.4/100,000).<sup>4</sup>

**Opportunities**

Poverty, discrimination, lack of education, and lack of employment opportunities are important risk factors for violence and must be addressed as part of any comprehensive solution to the epidemic of violence. Strategies for reducing violence should begin early in life, before violent beliefs and behavioral patterns can be adopted.

Many potentially effective culturally and linguistically competent intervention strategies for violence prevention exist, such as parent training, mentoring, home visitation, and education.<sup>5</sup> Evaluation of ongoing programs is a major component to help identify effective approaches for violence prevention. The public health approach to violence prevention is multidisciplinary, encouraging experts from scientific disciplines, organizations, and communities to work together to find solutions to violence in our Nation.

**Interim Progress Toward Year 2000 Objectives**

Violence prevention objectives showing progress were firearm-related deaths, partner abuse, rape and attempted rape, physical fighting among adolescents 14 to 17 years of age, and the number of States with firearm storage laws.

Note: Data are from Centers for Disease Control and Prevention, National Center for Health Statistics, *Healthy People 2000 Review, 1998-99*.



## REPRODUCTIVE HEALTH–RELATED OBJECTIVES

### Injury and Violence Prevention

#### Goal:

Reduce disabilities, injuries, and deaths due to unintentional injuries and violence.

#### Number Objective Short Title

##### Violence and Abuse Prevention

**15-34.** Physical assault by intimate partners

**15-35.** Rape or attempted rape

**15-36.** Sexual assault other than rape

### HEALTHY PEOPLE 2010 OBJECTIVES

#### Violence and Abuse Prevention

**15-34.** Reduce the rate of physical assault by current or former intimate partners.

**Target:** 3.3 physical assaults per 1,000 persons aged 12 years and older.

**Baseline:** 4.4 physical assaults per 1,000 persons aged 12 years and older by current or former intimate partners occurred in 1998.

**Target setting method:** Better than the best.

**Data source:** National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.

Note: The table below may continue to the following page.

Persons Aged 12 Years and Older, 1998	Physical Assault by Current and/or Former Intimate Partners Rate per 1,000
<b>TOTAL</b>	4.4
<b>Race and ethnicity</b>	
American Indian or Alaska Native	DSU

Persons Aged 12 Years and Older, 1998	Physical Assault by Current and/or Former Intimate Partners Rate per 1,000
Asian or Pacific Islander	DSU
Asian	DNC
Native Hawaiian and other Pacific Islander	DSU
Black or African American	5.1
White	4.3
Hispanic or Latino	3.4
Not Hispanic or Latino	4.4
Black or African American	DNA
White	DNA
<b>Gender</b>	
Female	7.2
Male	1.3
<b>Education level</b>	
Less than high school	DNA
High school graduate	DNA
At least some college	DNA
<b>Sexual orientation</b>	
	DNC

DNA = Data have not been analyzed. DNC = Data are not collected. DSU = Data are statistically unreliable.

Note: The table above may have continued from the previous page.

**15-35.** Reduce the annual rate of rape or attempted rape.

**Target:** 0.7 rapes or attempted rapes per 1,000 persons.

**Baseline:** 0.8 rapes or attempted rapes per 1,000 persons aged 12 years and older occurred in 1998.

**Target setting method:** Better than the best.

**Data source:** National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.



Persons Aged 12 Years and Older, 1998	Rape or Attempted Rape Rate per 1,000
<b>TOTAL</b>	0.8
<b>Race and ethnicity</b>	
Other (Asian/Pacific Islander and American Indian/Alaska Native)	DNA
Native Hawaiian and other Pacific Islander	DNC
Black or African American	DSU
White	0.8
Hispanic or Latino	DSU
Not Hispanic or Latino	0.8
Black or African American	DSU
White	DSU
<b>Gender</b>	
Female	1.4
Male	DSU
<b>Education level</b>	
Less than high school	DNA
High school graduate	DNA
At least some college	DNA
<b>Sexual orientation</b>	DNC
<b>Select populations</b>	
Age groups	
Adolescents aged 12 to 15 years	DSU
Adolescents aged 16 to 19 years	DSU
Young adults aged 20 to 24 years	3.4

DNA = Data have not been analyzed. DNC = Data are not collected. DSU = Data are statistically unreliable.  
 \*New data for population groups will be added when available.

### 15-36. Reduce sexual assault other than rape.

**Target:** 0.4 sexual assaults other than rape per 1,000 persons aged 12 years and older.

**Baseline:** 0.6 sexual assaults other than rape per 1,000 persons aged 12 years and older occurred in 1998.

**Target setting method:** Better than the best.

**Data sources:** National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.

Persons Aged 12 Years and Older, 1998	Sexual Assault Other Than Rape  Rate per 1,000
<b>TOTAL</b>	0.6
<b>Race and ethnicity</b>	
Other (Asian/Pacific Islander and American Indian/Alaska Native)	DSU
Native Hawaiian and other Pacific Islander	DSU
Black or African American	DSU
White	0.5
Hispanic or Latino	DSU
Not Hispanic or Latino	0.7
Black or African American	DNA
White	DNA
<b>Gender</b>	
Female	1.1
Male	DSU
<b>Education level</b>	
Less than high school	DNA
High school graduate	DNA
At least some college	DNA
<b>Sexual orientation</b>	DNC

DNA = Data have not been analyzed. DNC = Data are not collected. DSU = Data are statistically unreliable.

Both females and males experience family and intimate violence and sexual assault. Perpetrators can be the same or opposite sex. Male victimization of females is more common in intimate partner violence and sexual assault.

In 1995, almost 5,000 females in the United States were murdered. In those cases for which the Federal Bureau of Investigation has data on the relationship between the offender and the victim, 85 percent were killed by someone they knew. Nearly half of the females who knew the perpetrators were murdered by a husband, ex-husband, or boyfriend.<sup>6</sup> In 1994, more than 500,000 females were seen in hospital EDs for violence-related injuries, and 37 percent of those females were there for injuries inflicted by spouses, ex-spouses, or nonmarital partners.<sup>7</sup> Although most assault victims survive, they suffer physically and emotionally.

Estimates of abuse rates during pregnancy also are a concern. A 1996 literature review indicated that estimated proportions of women experiencing intimate partner violence (IPV) during pregnancy ranged between 0.9 percent and 20.1 percent. The proportion of pregnant women who had experienced IPV at any time in the past ranged between 9.7 percent and 29.7 percent.<sup>8</sup>



Males who are physically violent toward their partners are more likely to be sexually violent toward them and are more likely to use violence toward children.<sup>9</sup> The perpetration of IPV is most common in adults who, as children or adolescents, witnessed IPV or became the targets of violence from their caregivers.<sup>9</sup>

Survey data from 1994 indicate that 407,190 females aged 12 years and older were victims of rape, attempted rape, or sexual assault.<sup>10</sup> Other surveys indicate that the problem is underestimated.<sup>11</sup> For example, the National Women's Study, in conjunction with estimates based on the U.S. Census, suggests that 12.1 million females in the United States have been victims of forcible rape sometime in their lives. According to this study, 0.7 percent or approximately 683,000 of adult females experienced a forcible rape in the last year.<sup>12</sup>

Teen dating violence is a concern that may stem from childhood abuse or other experiences with violence. Battering in teen relationships is very different from IPV that occurs between adults. The issue of teen dating violence requires national attention and prevention efforts that need to continue focusing on adolescent violence within the larger context of family violence.

The nature of intimate partner violence and sexual violence makes such problems difficult to study. Consequently, much remains unknown about the factors that increase or decrease the likelihood that males will behave violently toward females, the factors that endanger or protect females from violence, and the physical and emotional consequences of such violence for females and their children.

## Terminology

**Attempted rape:** Includes males and females, heterosexual and homosexual rape, and verbal threats of rape.

**Homicide:** Fatal injury intentionally caused to one human being by another.

**Injury:** Unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.

**Intimate partner(s):** Refers to spouses, ex-spouses, boyfriends, girlfriends, and former boyfriends and girlfriends (includes same-sex partners). Intimate partners may or may not be cohabitating and need not be engaging in sexual activities.

**Intimate partner violence (IPV):** Actual or threatened physical or sexual violence or psychological and emotional abuse by an intimate partner.

**Premature death:** Dying before life expectancy is reached.

**Rape:** Forced sexual intercourse, including both psychological coercion and physical force. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s) and includes incidents of penetration by a foreign object. Also included are attempted rapes, male and female victims, and heterosexual and homosexual rape.

**Risk factor:** A characteristic that has been demonstrated statistically to be associated with a particular injury.

**Sexual assault:** A wide range of victimizations separate from rape and attempted rape. Included are attacks or attempted attacks of unwanted sexual contact between the victim and the offender that may or may not involve force; includes grabbing or fondling. Verbal threats also are included.

**Unintentional injury:** A type of injury that occurs without purposeful intent.

**Violence:** The intentional use of physical force or power, threatened or actual, against another person or against oneself or against a group of people, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

## References

1. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). Deaths: Final Data for 1997. *National Vital Statistics Reports* 47(19), June 1999.
2. Houk, V.; Brown, S.T.; and Rosenberg, M. One fine solution to the injury problem. *Public Health Reports* 102:5, 1987.
3. Moscicki, E.K.; O'Carroll, P.W.; Rae, D.S.; et al. Suicide Ideation and Attempts: The Epidemiologic Catchment Area Study. In: *Report of the Secretary's Task Force on Youth Suicide*. 4. Washington, DC: U.S. Department of Health and Human Services, 1989.
4. Anderson, R.N.; Kockanck, K.D.; Murphey, S.L. Report of final mortality statistics, 1995. *Monthly Vital Statistics Report* 45(Suppl. 2):11, 1997.
5. National Center for Injury Prevention and Control. *Best Practices for Preventing Violence by Children and Adolescents: A Source Book*. Atlanta, GA: Centers for Disease Control and Prevention, 1999 (in press).
6. Federal Bureau of Investigation. *Crime in the United States: 1996*. Washington, DC: U.S. Government Printing Office, 1997.
7. Bureau of Justice Statistics. *Violence-Related Injuries Treated in Hospital Emergency Departments*. Washington, DC: U.S. Department of Justice, August 1997.
8. Gazmararian, J.A.; Lazorick, S.; Spitz, A.M.; et al. Prevalence of violence against pregnant women. *Journal of the American Medical Association* 275:1915-1920, 1996.
9. Hotaling, G.T., and Sugarman, D.B. An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims* 1:101-124, 1986.
10. U.S. Department of Justice, Bureau of Justice Statistics. *Crime Victimization in the United States, 1994*. Washington, DC: BJS, 1997.
11. Bachman, R., and Taylor, B. The measurement of family violence and rape by the redesigned national crime victimization survey. *Justice Quarterly* 11:701-714, 1994.
12. Kilpatrick, D.G.; Edmunds, C.N.; and Seymour, A.K. *Rape in America: A Report to the Nation*, Arlington, VA: National Victim Center, 1992, 2.