



Violence

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Violence

BACKGROUND

National

Violent Deaths

In the United States, approximately 50,000 violent deaths occur each year and cost over \$52 billion in medical care and lost productivity. According to the Centers for Disease Control and Prevention (CDC), violence results from intentional use of threatened or actual physical force (including the use of poisons/drugs) or power, against oneself, another person, group, or community.¹

In 2006, more than 33,000 suicides occurred in the United States and 18,000 persons were victims of homicide. Suicide rates for males were highest among persons age 75 and older (35.7 per 100,000), and among females ages 45 to 54 (8.4 per 100,000).³ Fifty-one percent of suicides and 69% of homicides involve firearms. Firearm-related incidents are the second leading cause of injury death in the United States.¹

The National Violent Death Reporting System (NVDRS) is a federally funded surveillance system created in 2003 to track violent deaths. Eighteen states currently participate, including Oklahoma. The NVDRS was created as a tool for criminal justice, public health, and injury prevention communities and their partners to assist in understanding and ultimately reducing violent death events through planning, policy, and prevention programs at local, state, and national levels.² Violent deaths tracked in the system include suicides, homicides, deaths from legal intervention, unintentional firearm deaths, deaths of undetermined manner, and deaths resulting from acts of terrorism.

Sexual Violence

Approximately 11% of women and 2% of men report being raped at sometime in their lives. For 60% of female victims and 69% of male victims the first rape occurred before the age of 18. Among female victims, the perpetrators of the rape were most often intimate partners (30%), family members (24%), or acquaintances (20%). Among male victims, perpetrators were reported to be acquaintances (32%), family members (18%), friends (18%), or intimate partners (16%).³

Intimate Partner Violence

From 2001 to 2005 in the United States, 22% of females and 4% of males 12 years of age or older had experienced nonfatal intimate partner violence (IPV) in their lifetime. Both males and females who were separated or divorced had the greatest risk of victimization, and those who were married or widowed had the lowest risk of experiencing IPV. In most cases, victims reported that the offender's age was close to their own age. Forty-two percent of all nonfatal IPV victims reported that alcohol or drugs were involved. Nonfatal IPV most often occurred between the hours of 6:00 p.m. and 6:00 a.m. The majority of victimizations among males (60%) and females (63%) occurred at the victim's home.⁴

In general, IPV-related homicides declined among both males and females between 2001 and 2005. Females accounted for 30% of IPV-related homicides and males accounted for 5% of IPV-related homicides. Between 1976 and 2005, approximately 11% of homicide victims were suspected to have been killed by an intimate partner. In recent years, approximately 3% of all male homicide victims and one-third of all female homicide victims were killed by an intimate partner.⁴

Bullying

In a 2001 study, approximately 30% of students in the United States reported being involved in moderate or frequent bullying, either as a bully (13%), a victim (11%), or as both (6%). In a study of 8 to 11 year olds and 12 to 15 year olds, students identified bullying and teasing as the most serious problem for their age groups – more than drugs or alcohol, sex, violence, discrimination or other problems. Sixty percent of pre-teens characterized as bullies in middle school had at least one criminal conviction by the age of 24. Twenty percent of student perpetrators in school-related homicide incidents were known to have been victims of bullying.^{5,6}

Oklahoma

An annual average of 891 violent deaths of Oklahoma residents occurred in Oklahoma from 2004 to 2006. More than half (58%) of the deaths were suicides, 24% were homicides, 16% were undetermined manner deaths, 1% were legal intervention deaths, and 1% were unintentional firearm deaths. There were no terrorism deaths in Oklahoma during this period. Seventy-three percent of the victims were male and 27% were female. The majority of the injuries (74%) occurred on a home premise. Four percent of violent deaths occurred while the person was in custody or in the process of being arrested, 22 victims were homeless, and 18% of violent death victims had served in the United States Armed Forces. Forty-one percent of all violent deaths in Oklahoma were among Oklahoma and Tulsa County residents. The rate of violent death per 100,000 population was generally higher in eastern Oklahoma, and lower in the Panhandle and western regions of the state.²

Suicides

In Oklahoma, suicide is the fourth leading cause of death among persons 1 to 44 years of age. Suicide was the most prevalent type of violent death, accounting for 1,544 deaths (14.5 suicides

annually per 100,000 population) from 2004 to 2006. During this time period, the rate of suicide increased by 5%. Seventy-eight percent of suicide victims were male and 22% were female. In 42 suicide deaths, victims killed at least one other person before taking their own life, resulting in 51 homicide deaths. Males 75 to 84 years of age had the highest suicide rate among all ages. Females at greatest risk for suicide were women 35 to 54 years of age. White males had the highest suicide rate (23.9), followed by Native American males (23.2), black males (10.6), and Asian males (3.0). Firearms were used in 59% of the suicide deaths, hanging/strangulation was used in 18%, poisoning in 17%, and other methods were used in 5% of suicides. A substantial number of suicides were associated with a current depressed mood, intimate partner problem, mental health problem, or crisis in the past two weeks. Physical health problems were more often associated with suicide among persons 65 years of age and older. Intimate partner problems were more often associated with suicides of persons less than 65 years of age. Almost one in five suicide victims had a history of suicide attempts, and 29% had stated their intent or expressed suicidal feelings to another person.²

Homicides

In Oklahoma, homicide is the fifth leading cause of death for persons 1 to 44 years of age. From 2004 to 2006, there were approximately 210 homicide deaths annually. Seventy-three percent of homicide victims were male and 27% were female. Males ages 15 to 34 had the highest rate of homicide. Females 25 to 34 years of age had the highest rate of homicide among females (4.9 per 100,000 population).²

Victims were often the acquaintances, intimate partners, family members, friends or roommates, or other known person of the suspect. Females were more often killed by an intimate partner or family member, and males were more often killed by an acquaintance or rival gang member. The suspect was a stranger in 15% of homicides. An

argument or interpersonal conflict was a precipitating factor in 40% of homicides, and 23% of homicides were precipitated by a crime. Suspected drug dealing or illegal drug use was involved in 17%, and 10% were gang-related incidents. Firearms were used in 60% of homicides, sharp or blunt instruments were used in 23%, hanging/strangulation in 5%, and other weapons were used in 12%.²

Unintentional Firearm-Related Deaths

An average of 10 deaths per year were associated with unintentional firearm injuries. The majority (83%) of victims were male and nearly half of all unintentional firearm-related deaths were among males less than 25 years of age. Circumstances surrounding the deaths included playing around with a gun (47%), showing a gun (20%), hunting (10%), loading the gun (7%), and target shooting (7%). In 37% of firearm-related incidents, the shooter thought the gun was unloaded and in 13% of incidents, the gun discharged when it was dropped.²

Sexual Violence

In 2007, there were over 1,500 rapes and attempted rapes (85.1 per 100,000 females) reported to the Uniform Crime Reporting System by Oklahoma law enforcement officers. However, it is well known that the prevalence of rape is higher than crime statistics indicate. Survey data consistently supports this fact. According to the Oklahoma Women's Health Survey, from 2001 to 2003, 12% of women 18 to 44 years of age reported that they had been threatened, coerced, or physically forced to engage in sexual acts since their 18th birthday. Approximately two percent had been forced to engage in sex in the past 12 months.⁷

The 2008 Behavioral Risk Factor Surveillance System data estimated that 7% of Oklahomans 18 years of age and older (12% of women and 1% of men) had been sexually assaulted in their lifetime. The 2007 Youth Risk Behavior Survey

estimated that 8% of high school students (12% of girls and 4% of boys) had been physically forced to have sexual intercourse they did not want.⁷

In a statewide sexual assault survey conducted by the Oklahoma University Public Opinion Learning Laboratory in 2006, nearly one-third of women 18 to 35 years of age reported they had been sexually assaulted in their lifetime, and 1% had been sexually assaulted in the past 12 months. Among women who were sexually assaulted, three out of four women were younger than 18 years of age when the first sexual assault occurred. Most incidents occurred in a home and the perpetrators were most often current or former intimate partners.⁷

Intimate Partner Violence

A special study conducted in 2002 found an estimated 2,457 persons 15 years of age and older were treated and released from Oklahoma hospital emergency departments for nonfatal IPV injuries; 91% were females and 9% were males. An additional 81 females 15 years of age and older were hospitalized as a result of IPV injuries. Over half of persons treated and released in emergency departments were single (54%), 29% were married, 14% were divorced or separated, and less than 1% were widowed. The marital status was unknown for 4% of persons treated. The IPV injury rate among females (157.8) was more than 10 times higher than for males (15.6). For females, the IPV injury rate was highest among 25 to 34 year olds (309.9) and for males, the IPV injury rate was highest among 35 to 44 year olds (29.9). The highest rate of IPV injury was among African Americans (327.1), followed by Native Americans (107.9), and whites (63.6). The perpetrator of the IPV assault was a current partner for 90% of females and 98% of males.

From 1999 to 2007, 325 homicide deaths occurred as a result of IPV accounting for an average of 36 deaths annually (1.0 per 100,000 population). Thirty-one percent of victims were

among males and 69% among females. IPV-related deaths included 296 intimate partner victims and 29 bystanders killed in the incidents. Intimate partner victims ranged in age from 16 to 19 years of age and bystander victims ranged from infants to persons 59 years of age. Excluding bystanders, the rate of intimate partner homicide among females (1.3 per 100,000) was 2.6 times higher than the rate among males (0.5 per 100,000). Oklahoma and Tulsa county residents accounted for 42% of IPV-related homicide victims. However, the highest rates of IPV-related homicides were generally in the southeastern region of the state. Five counties (McCurtain, Delaware, Pittsburg, Craig, and LeFlore) were two or more times the overall state rate (1.0 per 100,000). African Americans had the highest rate of IPV-related homicide compared to other races. The IPV-related homicide rate among African American females (3.6 per 100,000) was three times higher than the rate among white females (1.2) and 3.6 times higher than the rate among Native American females (1.0). Among African American males (2.2), the rate was 7.3 times higher than the rate among Native American males (0.3) and 4.4 times higher than the rate among white males (0.5).

In 2002, the death to injury ratio among women 18 to 44 years of age for IPV was estimated at one death for every 2,010 emergency department visits for IPV injuries.

Bullying

In 2005, the Oklahoma State Department of Health conducted a study to determine bullying perceptions of Oklahoma students. Of the 7,848 students in third, fifth, and seventh grades who completed a survey, 33% reported occasional, often, or daily involvement in bullying. Twelve percent of students were involved as a bully, 14% as a victim, and 7% as both a bully and a victim. Students were physically bullied by being pushed, hit, or having things taken away from them often or daily (14%) or socially bullied by

name-calling, put downs, hurtful teasing, or being purposely left out of a group often or daily (23%). Eight percent of fifth and seventh graders were sexually bullied frequently or daily by words, touches, or gestures of a sexual nature. Sixty-nine percent of seventh graders, 54% of fifth graders, and 40% of third graders reported that bullying was a weekly or daily occurrence at their schools. Nearly two-thirds of students who were frequently bullied and half of students who had not been bullied indicated they would feel safer at school if there was better adult supervision.⁵

PROGRESS

Funding

The Injury Prevention Service (IPS) receives annual funding from the CDC to participate in NVDRS. NVDRS funding may only be used for surveillance activities. NVDRS funding is used to maintain the Oklahoma Violent Death Reporting System (OK-VDRS) and supports IPS administrative and professional personnel working on OK-VDRS. Funding is also used to support a contract with the OSBI to provide law enforcement data.

The IPS receives funding from the CDC through the Rape Prevention Education (RPE) grant. RPE grant funds are primarily used for prevention activities. RPE funds are used to support IPS administrative and professional personnel working in rape prevention, four local prevention programs, and training. Two percent of RPE funds may be used for sexual assault surveillance. These surveillance funds are used to support sexual assault questions on the annual Behavioral Risk Factor Surveillance System survey.

Additionally, the IPS receives a portion of the Preventive Health and Health Services Block Grant (PHHSBG) for rape prevention. These funds are statutorily allocated for rape services and prevention. PHHSBG funds are used to

support a statewide prevention coordinator contracted through the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) and to fund additional rape prevention activities.

From 1999 to 2004, the IPS received funding from CDC to conduct intimate partner violence surveillance. Currently, the IPS has no funding for activities related to intimate partner violence or for school violence/bullying prevention.

Publications

Peer-Reviewed Publications

- A comparison of two surveillance systems for deaths related to violent injury. *Injury Prevention* 2005;11:58-63.
- Epidemiology of homicide-suicide events—Oklahoma, 1994-2001. *Am J of Forensic Medicine and Pathology* September 2005;26(3):229-235.
- Evaluation of sensitivity and predictive value positive of manner-of-death classifications by using the Oklahoma Violent Death Reporting System. (Submitted to *Injury Prevention*—not released for distribution)
- Intimate partner violence. *Journal of the Oklahoma State Medical Association*. October 2000.
- Students' perceptions of bullying in Oklahoma public schools. *Journal of School Violence* 2009;8:3,216-232.
- Suicide among persons 65 years and older, Oklahoma, 2004. *J Okla State Med Assoc* 2008;101(11):267-270.

Other Publications

- Intimate partner violence injury—Oklahoma, 2002. *MMWR* 2005;54(41):1041-1045.
- *Oklahoma Injury Facts*. September 2003.
- *Violence against women: an assessment of Oklahoma's response*. January 2003.
- *Violence against women: Oklahoma's strategic plan*. January 2003.

Oklahoma Intimate Partner Violence Newsletters

- *Oklahoma Intimate Partner Violence*, A Newsletter for Emergency Department Surveillance, September 2000.
- *Oklahoma Intimate Partner Violence*, A Newsletter for Emergency Department Surveillance, October 2000.
- *Oklahoma Intimate Partner Violence*, A Newsletter for Emergency Department Surveillance, January 2001.

Summary Data Reports

- Fatal and Nonfatal Self-Inflicted Injuries in Oklahoma, 2002-2004
- Injuries in Oklahoma, 2004
- Injuries in Oklahoma, 2005
- Injuries in Oklahoma, 2004-2006
- Intimate Partner Violence Injuries in Oklahoma
- Oklahoma Violent Death Reporting System, 2004-2005
- Oklahoma Violent Death Reporting System, 2004-2006
- Suicide and Suicide Attempts in Oklahoma, 2002
- Summary of Reportable Injuries in Oklahoma, 2002
- Summary of Reportable Injuries in Oklahoma, 2005
- Summary of Violent Deaths in Oklahoma: Oklahoma Violent Death Reporting System, 2004-2006

Injury Update Reports

- Assault in the Oklahoma City Metropolitan Statistical Area
- Attempted and Completed Suicides, Oklahoma, 2002
- Bullying Perceptions of Third, Fifth and Seventh Grade Students in Oklahoma Public Schools, 2005
- Firearms and Homicide
- Firearm-Related Spinal Cord Injuries in Oklahoma, 1988-2002
- Gang-Related Homicides, Oklahoma, 2004-2006

- Methamphetamine Laboratory-Related Fire and Burn Injuries in Oklahoma, 1988-2002
- Oklahoma Violent Death Reporting System
- Suicide Among Persons 65 Years and Older, Oklahoma, 2004
- Undetermined Manner Drug Poisoning Deaths, Oklahoma, 2004-2006
- Violence-Related Deaths Among Youth 10-24 Years, Oklahoma, 2004
- Violence-Related Deaths, Oklahoma, 1987-2001
- Violence-Related Spinal Cord Injury, Oklahoma, 1988-2000
- Violent Deaths in Custody, Oklahoma, 2004-2006
- Work-Related Homicides, Oklahoma, 1998-2004

Fact Sheets

- Adolescent Injury in Oklahoma
- Facts About Sexual Violence
- Firearm Injuries in Oklahoma
- Safety Around Firearms
- Suicide Warning Signs
- Youth Suicide

Pamphlets

- Are You Tired of Hiding in the Shadow of Abuse?

Education and Planning

- Rape and Sexual Violence Prevention: Strategic Planning Convening Summary
- Injury Prevention Works: Strategies for Building Safe Communities
- State Assessment and Comprehensive Plan for Sexual Violence Prevention

Collaboration

The IPS contracts with the OCADVSA to provide a statewide prevention coordinator to facilitate the Oklahoma Sexual Violence Prevention Planning Committee (OSVPPC) and provide ongoing training and technical assistance for sexual violence prevention. The planning committee meets on a quarterly basis.

Additionally, the IPS contracts with four local domestic violence and sexual assault programs to conduct local prevention programs.

The IPS partners with the Oklahoma State Department of Health Vital Records, the Office of the Chief Medical Examiner, the Oklahoma State Bureau of Investigation, and the Oklahoma Child Death Review Board to collect data for the OK-VDRS. The Oklahoma Association of Chiefs of Police assisted in the implementation of OK-VDRS and continues to play a role by serving as liaison to law enforcement and providing leadership for the OK-VDRS advisory committee. The OK-VDRS advisory committee was established in 2003 to provide guidance on surveillance and uses of the data. The advisory committee meets on a semi-annual basis.

IPS personnel serve on the Oklahoma Child Death Review Board and the Oklahoma Domestic Violence Fatality Review Board. Activities on these boards have included multi-organizational collaborative projects aimed at preventing child maltreatment and domestic violence.

Currently, the IPS is collaborating with the University of Oklahoma Health Sciences Center, College of Nursing, Arizona State University, and John Hopkins University School of Nursing on the Oklahoma Lethality Assessment Study. This research study will evaluate a police intervention to prevent domestic violence injuries and deaths.

Programs

Rape Prevention Education

Currently, four domestic violence and sexual assault programs (Tahlequah, Miami, Oklahoma City, and Stillwater) have been funded to develop, implement, and evaluate comprehensive sexual violence prevention programs in their communities. These local programs are funded through the RPE grant. Funding supports a full-time prevention specialist

to conduct activities in one or more of the following areas: Pre-K through 12 schools, colleges and universities, faith communities, and/or media. Each program conducts activities suited to their community and works with community partners and stakeholders.

The state level RPE program focuses on providing training and technical assistance for primary prevention programming and building capacity throughout the state. Several statewide competency-based trainings and workshops on primary prevention have been conducted, including the University of North Carolina Injury Prevention Research Center PREVENT team training and workshops on specific evidence-based or promising programs. Additionally, the state-level RPE program, the statewide prevention coordinator, and the OSVPPC worked together to prepare a statewide assessment and draft comprehensive plan to prevent sexual violence in Oklahoma.

National Violent Death Reporting System

Oklahoma is one of 18 states participating in the NVDRS. The OK-VDRS is a state-based surveillance system. Data is collected from death certificates, medical examiner reports, police reports, and supplemental homicide reports and compiled in a unique database maintained by IPS. The data is de-identified and transmitted to NVDRS on a regular basis. The NVDRS database is maintained by CDC and is accessible to the public through the Web-based Injury Statistics Query and Reporting System (WISQARS). The Oklahoma data is analyzed and disseminated through an annual summary data report, periodic *Injury Update* reports, presentations, and special data requests.

Legislation

In 2006, the Task Force to Stop Sexual Violence was created by House Resolution 1010 and charged with studying funding for victim services, development of prevention education programs,

and improving sexual assault investigations. As a direct result of this task force, a bill was passed requiring six hours of evidence-based sexual assault training for police officers.

The definition relating to assault/battery, and domestic abuse was modified in the 2009 legislative session. Another bill passed in 2009 modified reporting requirements for sexual assault by health care professionals. Also passed in 2009 was a bill requiring individuals found guilty of domestic violence to submit to a DNA test for law enforcement identification purposes.

A bill to develop a model dating violence policy to assist school districts in developing policies for dating violence reporting and response was introduced in 2009. A bill requiring certain agencies to produce informational materials related to emergency contraception was also introduced in 2009. Both of these measures became dormant.

GOALS/OBJECTIVES

Goals

- Improve surveillance of all forms of violence to support violence prevention programs in Oklahoma.
- Increase the number of organizations that are involved in preventing intimate partner and dating violence, sexual violence, youth violence and bullying.
- Improve cultural influences and interactions that promote healthy non-violent relationships through training, technical assistance, and information dissemination.

Objectives

- Maintain the OK-VDRS through 2013.
- Disseminate data and reports on violent deaths in Oklahoma through 2013.
- Maintain partnerships, data use agreements, and contracts with state and local-level

organizations involved in violence surveillance and violence prevention programming through 2015.

- Conduct local sexual assault and intimate partner violence surveys by 2015.
- Implement, review and revise, as needed, the Comprehensive Sexual Violence Prevention Plan for Oklahoma by 2011.
- Provide training for RPE-funded programs, community organizations, providers and other stakeholders on evidence-based practice and research-based curricula for sexual violence prevention through 2013.
- Provide training and build capacity for Pre-K through 12 schools, colleges and universities, and faith communities to provide education on healthy relationships and dating and sexual violence prevention through 2012.
- Partner with organizations to address bullying prevention in schools by 2015.
- Provide data and technical assistance to communities on intimate partner and sexual violence through 2015.
- Participate on the Child Death Review Board and Domestic Violence Fatality Review Board through 2015.
- Evaluate the OK-VDRS surveillance system according to CDC standard guidelines for evaluating public health surveillance systems through 2013.
- Prepare reports on violent death data and widely disseminate to stakeholders through 2013.
- Maintain working relationships with the OK-VDRS data contributors including the Office of the Chief Medical Examiner, Oklahoma State Department of Health Vital Records, Oklahoma State Bureau of Investigation, Oklahoma Child Death Review Board, and the Oklahoma Association of Chiefs of Police through 2013.
- Collect quality data on rape and sexual assaults from multiple data sources to monitor prevalence and incidence and support evaluation efforts by 2013.
- Collect data on intimate partner violence homicides through the OK-VDRS by 2013.
- Provide copies of Medical Examiner reports and death certificate data to the Oklahoma Domestic Violence Fatality Review Board and the Jail Death Reporting System through 2015.
- Work with the Oklahoma State Department of Health School Health and Adolescent Health Programs to support agency efforts to address bullying prevention in Oklahoma schools through 2015.

ACTION PLAN

- Collect violent death data from death certificates, medical examiner reports, police/law enforcement and crime laboratory reports, supplementary homicide reports, and child fatality review records through 2013.
- Determine feasibility of electronically importing data from other agencies by 2010.
- Maintain the OK-VDRS Advisory Committee through 2013.
- Monitor the incidence and characteristics of violent deaths in Oklahoma through 2013.
- Maintain data quality assurance for the OK-VDRS including systematic review of data accuracy, completeness, consistency between reporting sources, and timeliness through 2013.
- Maintain the Oklahoma Sexual Violence Prevention Planning Committee and conduct quarterly meetings through 2010.
- Maintain working relationships with the Oklahoma Coalition against Domestic Violence and Sexual Assault, local RPE-funded programs, and Oklahoma Attorney General's Office through 2015.
- Maintain affiliation with the University of Oklahoma Health Sciences Center College of Public Health and College of Nursing and participate in educational and research activities to increase the knowledge base regarding violence through 2015.

- Attend quarterly meetings between the IPS and Maternal and Child Health to collaborate on adolescent health programs related to healthy relationships, teen dating and sexual violence prevention, school violence, and bullying through 2015.
- Attend Child Death Review Board and Domestic Violence Fatality Review Board meetings monthly through 2015.
- Conduct training and distribute educational materials on intimate partner violence and sexual violence to health care providers and other organizations through 2015.

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