



## Data Update of

# A Profile of Family Violence In Alameda County: A Call For Action

*Prepared by*

Maternal Child and Adolescent Health Section  
Community Assessment Planning and Education Unit  
**Alameda County Public Health Department**

*In collaboration with Community Partners*

**December 2005**



## Acknowledgements

This report was prepared under the leadership of the Maternal, Child and Adolescent Health (MCAH) Section of Alameda County Public Health Department (ACPHD) with the support of the State MCAH Branch. The project was led by Quamrun Eldridge, MCAH Coordinator. Technical assistance was provided by the Community Assessment, Planning and Education (CAPE) Unit of ACPHD. Janet Brown, an epidemiologist in the CAPE Unit, was the main author and analyst for this report. Special thanks to Sonia Jain in the CAPE Unit for her contribution to the report.

We wish to thank Nancy O'Malley, Chief Assistant District Attorney for Alameda County, for providing data on domestic violence (DV)-related homicide and the DV-related Temporary Restraining Orders issued by the Alameda County Courts, and the five Alameda County DV shelters—A Safe Place, Shelter Against Violent Environments (SAVE), Emergency Shelter Program (ESP), Building Futures with Women and Children (BFWC) and Tri-Valley Haven—for providing information on their individual shelters.

We also thank Hillary Larkin, Physician Assistant and Coordinator of the Sexual Assault Program at Highland General Hospital. Hillary collected and provided 11 years of DV data from Highland's Emergency Department.

Finally, we are grateful for the continued collaboration and support of:

- Alameda County Domestic Violence Collaborative members,
- Alameda County Board of Supervisors,
- Alameda County Public Health Department staff,
- Family Violence Law Center,
- Alice Park, Alameda County Social Services Agency, and
- MCAH State partners

For copies or comments, please contact:

Maternal Child and Adolescent Health Section  
Alameda County Public Health Department  
1000 Broadway, Suite 500  
Oakland, CA 94607  
Phone: (510) 208-5966

---

## Table of Contents

Executive Summary.....	1
Introduction .....	3
Socio-Demographics of Alameda County.....	4
Deaths Related to Domestic Violence.....	5
Temporary Restraining Orders .....	8
Domestic Violence-Related Calls to Law Enforcement.....	8
Battered Women’s Shelters and Other Domestic Violence Services .....	10
Domestic Violence-Related Visits to Highland’s Emergency Department.....	12
New Directions .....	14
Technical Notes .....	15
References .....	16

## Executive Summary

In an attempt to better document the extent of domestic violence (DV) and understand the gaps in services, the Maternal, Child and Adolescent Health Section of Alameda County Public Health Department has been actively gathering local data from the criminal justice system, hospitals, shelters, and legal services.

In this report, a selected set of indicators from DV-related calls to police to the most severe form of violence resulting in death are presented for Alameda County for the most recent data available (in most cases 2003). The report covers overall trends in DV over time, the magnitude of the problem, and disparities by race, age and sex, where the data are available. Information on related risk factors (e.g., conflict in relationships, poverty) are not available. Although the report is limited by the availability of the local data and does not present a comprehensive picture of domestic violence in Alameda County, we hope that it will demonstrate the extent of the problem.

### Overall Trends

It is hard to tell in what direction the picture of DV is changing because while some indicators seem to suggest that the severity is decreasing, others suggest the opposite. The number of calls to police declined from 10,634 in 1990 to 6,491 in 2003. These data do not tell us whether there was a decrease in the occurrence of domestic violence or a decrease in the willingness to report a DV incident to the police. While the number of calls to shelters decreased slightly compared to three years ago, the use of the other shelter services, such as the number of clients sheltered, the bed nights, and the use of legal services, increased in the past three years. In the fiscal year 2003, a total of 11,899 calls were received by 24-hour crisis lines by the 5 shelters in Alameda County; of these, about 10% stayed in the shelters, with a total of 35,006 bed nights.

The number of temporary restraining orders issued in 2004 was 3,100, an increase of 38% since 2000. The average number of DV-related deaths has decreased slightly from an average 20 in 1998-2000 to 17 in 2001-2003. In addition, gun use as a cause of DV-related deaths has gone down from 57% to 45%, while knife use has more than doubled from 13% to 29%.

## **Profile of Perpetrators and Victims**

Between 2001 and 2003, about 79% of domestic violence victims in Alameda County were killed by their partner (i.e., husband, boyfriend, wife or girlfriend) or an ex-partner (i.e., ex-husband or ex-boyfriend). In most cases (80%) this assailant was male. There were no cases of females killing their ex-partners whereas 24% of all domestic violence death victims were killed by their male ex-partners. A substantial proportion of domestic violence deaths were due to children killing their parents (13%). Among the 49 deaths that occurred from 2001-2003, 48% were African American, up from 35% in 1996-2000.

Approximately 84% of the DV victims who went to Highland General Hospital's Emergency Department were female and 16% were male. The vast majority of assailants were males who assaulted females (78%). Four percent were males who assaulted males, 11% were females who assaulted males and 6% were females who assaulted females.

Similar to proportions of homicides due to domestic violence, 84% of domestic violence victims who went to the Emergency Department were assaulted by their partner (71%) or ex-partner (13%). Four percent of spousal assaults were on same-sex partners. An additional 5% were assaulted by another immediate family member (i.e., brother, sister, mother, father, son or daughter) and 8% by a more distant relative (brother-in-law, uncle, cousin, grandson, etc.). The remaining 3% were assaulted by a neighbor, a friend or a roommate (not specified as a domestic partner).

## **Place of Domestic Violence**

Home continues to be the primary location of fatalities in Alameda County, reiterating that the most severe forms of domestic violence are experienced behind closed doors.

Domestic violence is indeed a societal problem in which the general community, the neighbors, family, and service providers must find creative and safe ways to intervene early on.

## Introduction

The report “A Profile of Family Violence In Alameda County: A Call for Action” published in May 2003 elicited a lot of interest and resulted in many requests to update the information. The report can be downloaded from the Alameda County Public Health Department at <http://www.acphd.org> under Data and Reports, Domestic Violence or directly at [http://www.acphd.org/AXBYCZ/Admin/DataReports/dvinac\\_may03.pdf](http://www.acphd.org/AXBYCZ/Admin/DataReports/dvinac_may03.pdf). The purpose of this current report is to provide as much updated information as possible on domestic violence in Alameda County.

Under Family Code section 6200 et seq., known as the *Domestic Violence Prevention Act*, and specifically at Family Code section 6211, domestic violence is defined as:

Abuse perpetrated against any of the following persons:

- (a) A spouse or former spouse;
- (b) a cohabitant or former cohabitant;  
(*cohabitant* means a person who regularly resides in the household. Family Code sect. 6205.);
- (c) A person with whom the respondent is having or has had a dating relationship;  
(a *dating relationship* means frequent, intimate associations primarily characterized by the expectation of affection or sexual involvement independent of financial considerations. Family Code sect. 6210.);
- (d) a person with whom the respondent has a child;
- (e) a child of a party....;
- (f) any other person related by consanguinity (blood relationship) or affinity (kinship) within the second degree (a family member to the second degree, e.g., an aunt, uncle, cousin, grandparent.)

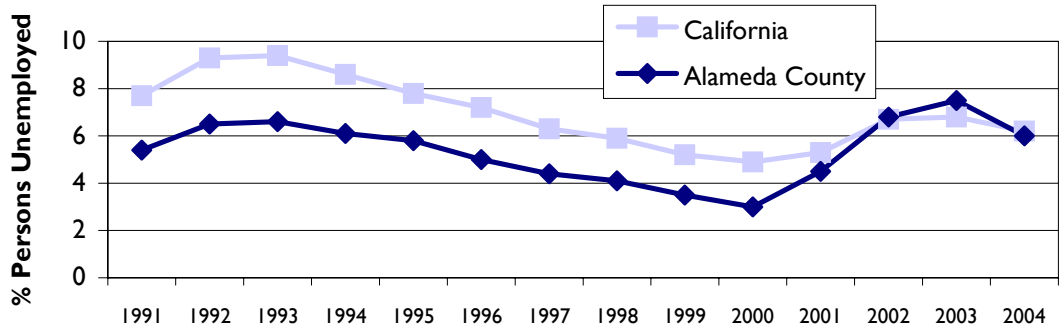
Data for this report was collected by the Maternal, Child and Adolescent Health Section of Alameda County Public Health Department from hospitals, shelters, legal services and police departments. Selected indicators include information on unemployment rates, DV deaths, DV temporary restraining orders, DV calls to law enforcement, clients served at women’s shelters and DV-related visits to Highland General Hospital’s Emergency Department. The information on Emergency Department DV-related visits is being published for the first time.

While this report includes as much DV data as possible, we recognize that the data presented does not represent the full picture of domestic violence. There is no systematic data collection for domestic violence in Alameda County. Many burning questions concerning DV cannot be answered because the data is not being collected in a coordinated and standardized way.

We hope the information in this report galvanizes all sectors of Alameda County to work together in preventing domestic violence in Alameda County. We welcome your feedback and suggestions for future reports.

## Socio-Demographics of Alameda County

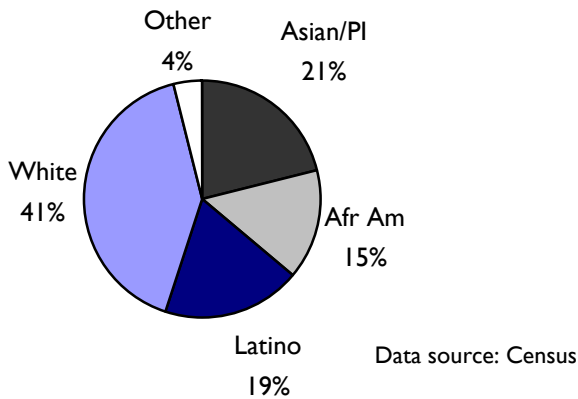
Figure 1: Average Annual Unemployment Rate, Alameda County and California 1991-2004



Data source: Employment Development Department, Labor Market Information

In 2000, unemployment rates started climbing in Alameda County and in California. In 2004, the unemployment rate was 6% for Alameda County and California. While women of all economic backgrounds experience domestic violence, there is a significant link between poverty and an increased incidence of domestic violence (U.S. Department of Justice, 2000). In addition, it has been shown that women who experienced male-perpetrated domestic violence were more likely to experience spells of unemployment, have health problems and be welfare recipients (Lloyd and Taluc,1999).

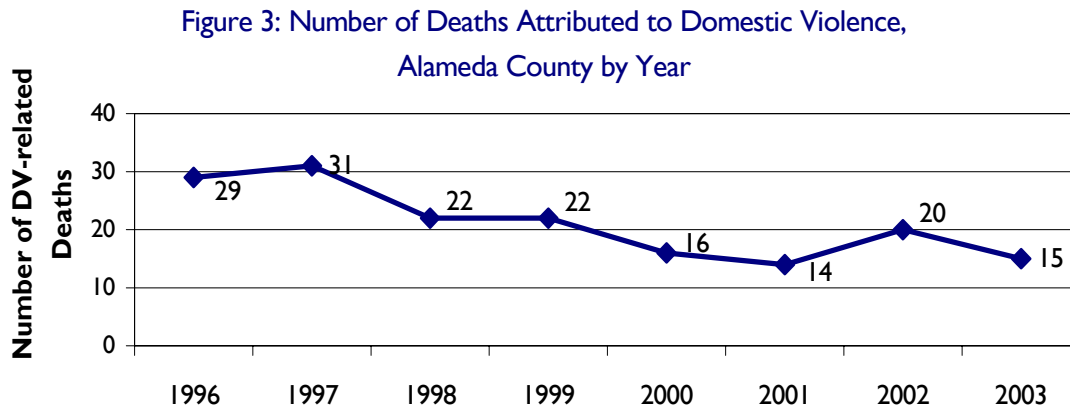
Figure 2: Racial/Ethnic Distribution of Total Population, Alameda County, 2000



In 2000, Alameda County had a population of 1.4 million. African Americans made up 15% of the county’s population; Asians/Pacific Islanders, 21%; Whites, 41%; and Latinos, 19%.

## Deaths Related to Domestic Violence

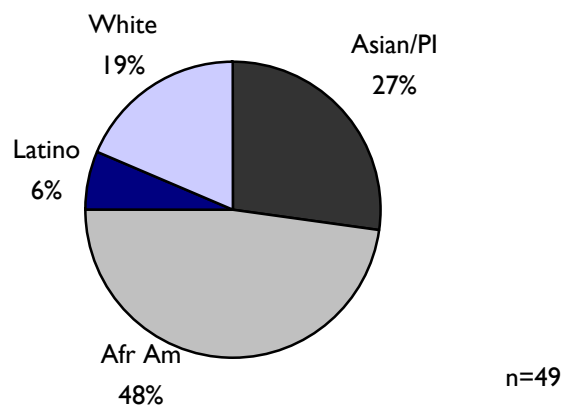
The annual number of domestic violence deaths declined from 29 in 1996 to a low of 14 in 2001, increased again to 20 in 2002, then dropped to 15 in 2003. Additional years of data will be needed to determine if the leveling off observed from 2000 to 2003 continues.



Note: The number of DV deaths in 2000 were revised from 18 to 16 since publication of the last report.  
 Data source: Alameda County Death Review Team

There were a total of 49 domestic violence-related deaths in Alameda County from 2001 to 2003. Nearly half (48%) of them were to African Americans; over one-fourth (27%) were to Asians/Pacific Islanders; one in five (19%) were to Whites; and one in twenty (6%) were to Latinos. In contrast, African Americans made up only 15% of the county’s population, which means that African Americans are at much higher risk of a DV-related death than any other racial or ethnic group. In addition, the percentage of all DV-related deaths that were African Americans increased from 35% in 1996-2000 to 48% in 2001-2003.

**Figure 4: Racial/Ethnic Distribution of Domestic Violence-Related Deaths, Alameda County 2001-2003**

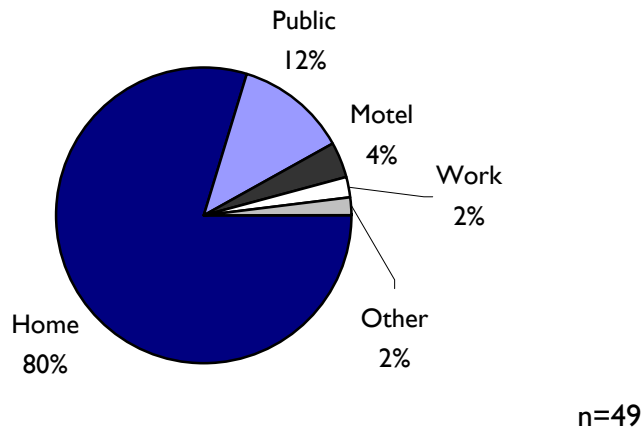


Data source: Alameda County Death Review Team



The majority of the domestic violence-related deaths (80%) occurred at home, 12% in a public place, 4% in a motel, 2% at a workplace and 2% in another location.

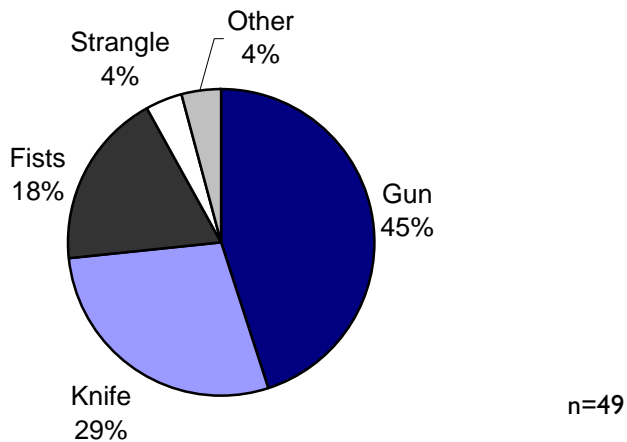
Figure 5: Location of Domestic Violence Deaths  
Alameda County, 2001-2003



Data source: Alameda County Death Review Team

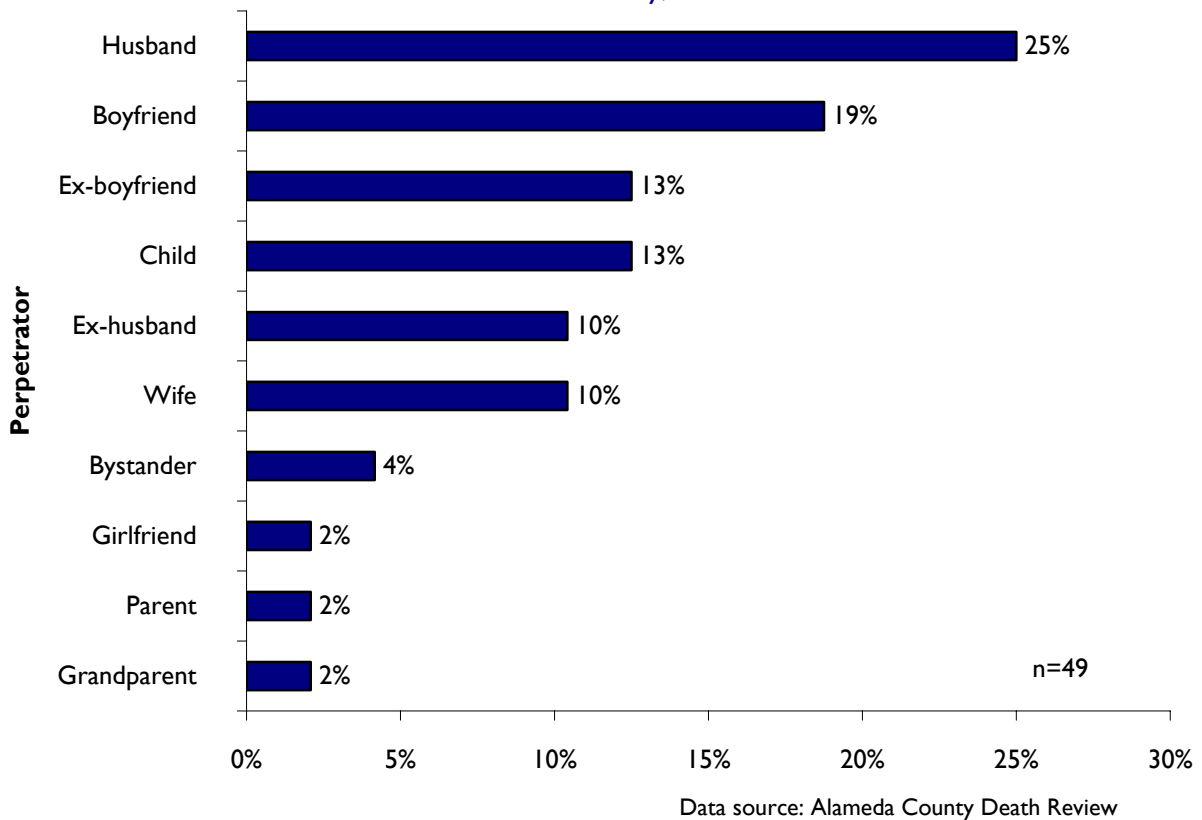
By far the most common manner of death involved the use of a gun (45%), followed by a knife (29%) and fists (18%). Strangulation was the cause of death in 4% of cases and 4% were from other causes. The manner of death shifted slightly from the last DV report. Between 1996 and 2000, a higher percentage of deaths involved a gun (57%) and fewer a knife (13%).

Figure 6: Manner of Domestic Violence Death  
Alameda County, 2001-2003



Data source: Alameda County Death Review Team

Figure 7: Relationship of Perpetrator to Victim,  
Domestic Violence Deaths,  
Alameda County, 2001-2003



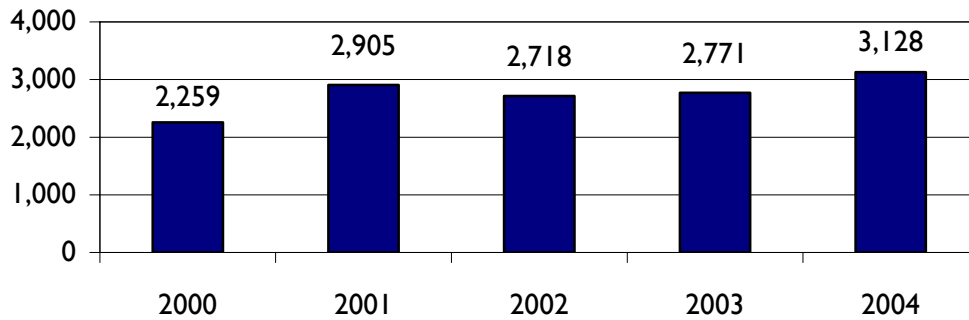
About 79% of domestic violence victims in Alameda County between 2001 and 2003 were killed by their partner (i.e., husband, boyfriend, wife or girlfriend) or an ex-partner (i.e., ex-husband or ex-boyfriend). In most cases (80%) this assailant was male. There were no cases of females killing their ex-partners whereas 23% of all domestic violence death victims were killed by their male ex-partners. A substantial proportion of domestic violence deaths were due to children killing their parents (13%).

Interventions at emergency departments may be an opportunity for prevention. Nationally, 44% of women murdered by their intimate partner had visited an emergency department within two years of the homicide, 93% of whom had at least one injury visit (Crandall et al. 2004).

## Temporary Restraining Orders

According to the Alameda County District Attorney's Office, 3,128 temporary restraining orders (TRO) were filed for domestic violence in 2004, an increase of 13% over the previous year. A TRO for domestic violence is a court order that requires the abuser to stay away from the victims, their family and their home.

Figure 8: The Number of Temporary Restraining Orders Filed for Domestic Violence Cases by Year, Alameda County

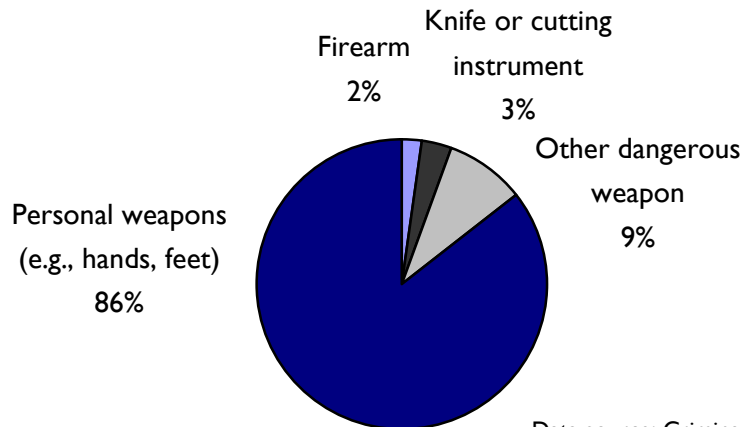


Data source: Alameda County District Attorney's Office

## Domestic Violence-Related Calls to Law Enforcement

In 2003, there were 6,491 DV-related calls to law enforcement, of these 36% involving a weapon. The weapon used in the vast majority of incidents were hands, feet or fists (86%); 3% involved a knife and 2% involved a firearm. Nine percent involved other dangerous weapons. The pattern of weapon involved has changed little from the data reported from 2000.

Figure 9: Domestic Violence-Related Calls for Assistance by Type of Weapon Involved, Alameda County 2003



Data source: Criminal Justice Statistics Center

The number of domestic violence calls to law enforcement jurisdictions has decreased substantially over the last decade. Law enforcement includes city police, county sheriff and BART police. The data do not tell us whether there was a decrease in the occurrence of domestic violence or a decrease in the willingness to report a domestic violence incident to the police.

**Table I: Domestic Violence-Related Calls for Assistance  
Alameda County 1990-2003**

<b>Year</b>	<b>Total</b>	<b># with Weapons</b>	<b>% with Weapons<sup>1</sup></b>
<b>1990</b>	10,634	7,159	67.3%
<b>1991</b>	10,365	7,173	69.2%
<b>1992</b>	11,580	8,180	70.6%
<b>1993</b>	10,733	8,374	78.0%
<b>1994</b>	10,487	8,024	76.5%
<b>1995<sup>2</sup></b>	5,020	4,173	83.1%
<b>1996</b>	8,880	4,701	52.9%
<b>1997</b>	10,917	5,047	46.2%
<b>1998</b>	10,884	5,038	46.3%
<b>1999</b>	9,194	3,729	40.6%
<b>2000</b>	6,283	3,191	50.8%
<b>2001</b>	5,743	2,814	49.0%
<b>2002<sup>3</sup></b>	6,997	2,612	37.3%
<b>2003</b>	6,491	2,341	36.1%

<sup>1</sup> Weapons include hands, feet, fist, firearms, knives, etc.

<sup>2</sup> Oakland Police Department was unable to provide complete data for 1995.

<sup>3</sup> In April 2002, the Criminal Justice Statistics Center modified the definition of personal weapon to include only those assaults that were aggravated. This corresponds to a notable decrease in the number of personal weapons reported.

Data source: Criminal Justice Statistics Center

## Battered Women's Shelters and Other Domestic Violence Services

Data was obtained from five domestic violence shelters that are located in Alameda County. These shelters are Shelter Against Violent Environments (SAVE), Tri-Valley Haven, Building Futures with Women and Children (BFWC), Emergency Shelter Program (ESP), and A Safe Place. Data was collected for the period of July 2003 through June 2004.

According to shelter providers, due to a limited number of bed spaces, not all women and children who are in need of shelter are able to access these services. Many domestic violence shelters provide services other than emergency shelter including counseling, food and clothing, legal assistance (e.g., temporary restraining orders), emergency transportation and housing support.

In the Fiscal Year 2003, the five domestic violence shelters in Alameda County received almost 12,000 crisis calls (*see Table 2*). Just under 10% of the women who called received shelter, many of them with their children. These calls include repeat callers. Additionally, the Family Violence Law Center, which provides legal services to domestic violence clients, received 5,264 crisis calls (*not included in the table*).

About 35,000 bed nights were provided by the five shelters in a year. A bed night is the equivalent of shelter and services for one night for one person. The average stay in a shelter ranged from 26 days per client at BFWC to 40 days per client at ESP.

Comparing the services that were provided by shelters in the last report, i.e., excluding ESP, the number of bed nights provided has increased by 17%, from 22,326 to 26,190, in three years. However, the number of crisis calls decreased slightly from 9,067 to 8,846 in that same time period. In shelters where the information is available (i.e., SAVE, Tri-Valley Haven and BFWC), the number of women and children receiving shelter increased from 643 in FY2000 to 802 in FY2003, a 25% increase. The number of clients who received legal assistance in the two DV shelters that provided this information (i.e., SAVE and Tri-Valley Haven) has increased sharply since 2000. It is hard to tell from these data if the increase in most of the services are a result of an increase in awareness of DV or an increase in need.

**Table 2: Services Provided by the Alameda County Domestic Violence Shelters  
July 2003-June 2004**

<b>Units of Services Provided</b>	<b>SAVE</b>	<b>Tri-Valley Haven</b>	<b>BFWC</b>	<b>A Safe Place</b>	<b>ESP</b>	<b>Estimated Totals</b>
<b># of calls received by 24-hour crisis line</b>	2,435	3,229	3,182	1,722	1,331	11,899
<b># of clients who received individual counseling</b>	257	393	147	51	68	916
<b># of clients served at the administrative office</b>	460	848	170	N/A	N/A	1,478
<b># of women sheltered</b>	166	128	247 <sup>1</sup>	55	110	1,129 <sup>1</sup>
<b># of children sheltered</b>	157	104		49	113	
<b># of children who received counseling</b>	257	81	100	4	32	474
<b># of bed nights<sup>2</sup> provided</b>	8,601	8,512	6,316	2,761	8,816	35,006
<b># of clients who received emergency food and clothing</b>	518	222	232	N/A	N/A	972
<b># of clients who received legal assistance with TRO and other protective and/or custody orders</b>	632	325	65	4	72	1,098
<b># of clients who received emergency transportation</b>	84	93	141	128	N/A	446
<b># of clients who received household establishment assistance</b>	53	26	155	N/A	N/A	234
<b># of clients who received transitional housing assistance</b>	83	134	66	N/A	N/A	283

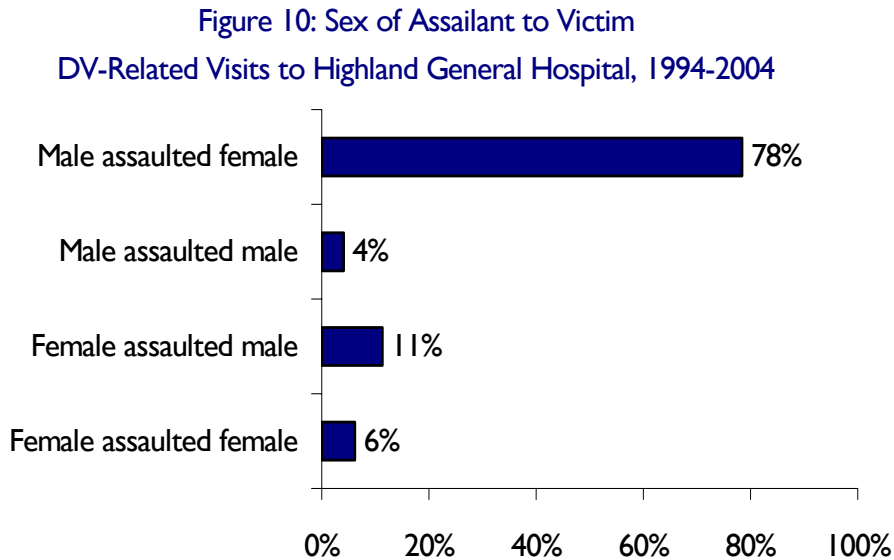
<sup>1</sup> The number of women and the number of children sheltered provided by BFWC was combined. Therefore, the number presented is the total number of clients sheltered.

<sup>2</sup> Bed nights: 1 bed night is shelter and services for 1 night for 1 person  
N/A Not available

Data source: Data provided by individual shelters

## DV-Related Visits to Highland's Emergency Department

Since 1994, Highland General Hospital in Oakland has administered a supplemental form for domestic violence cases that present to the Emergency Department. Data collection began in 1994 in anticipation of mandated reporting requirements in 1998 for health care providers who serve domestic violence victims. The form collects information about the victim, the alleged assailant and the circumstances surrounding the injury. Between 1994 and 2004, data has been compiled from 1,497 forms. The results of the preliminary data analysis are presented below.



Note: Percentages do not add up to 100% due to decimal rounding

Data source: Highland Hospital Sexual Assault and Domestic Violence Program

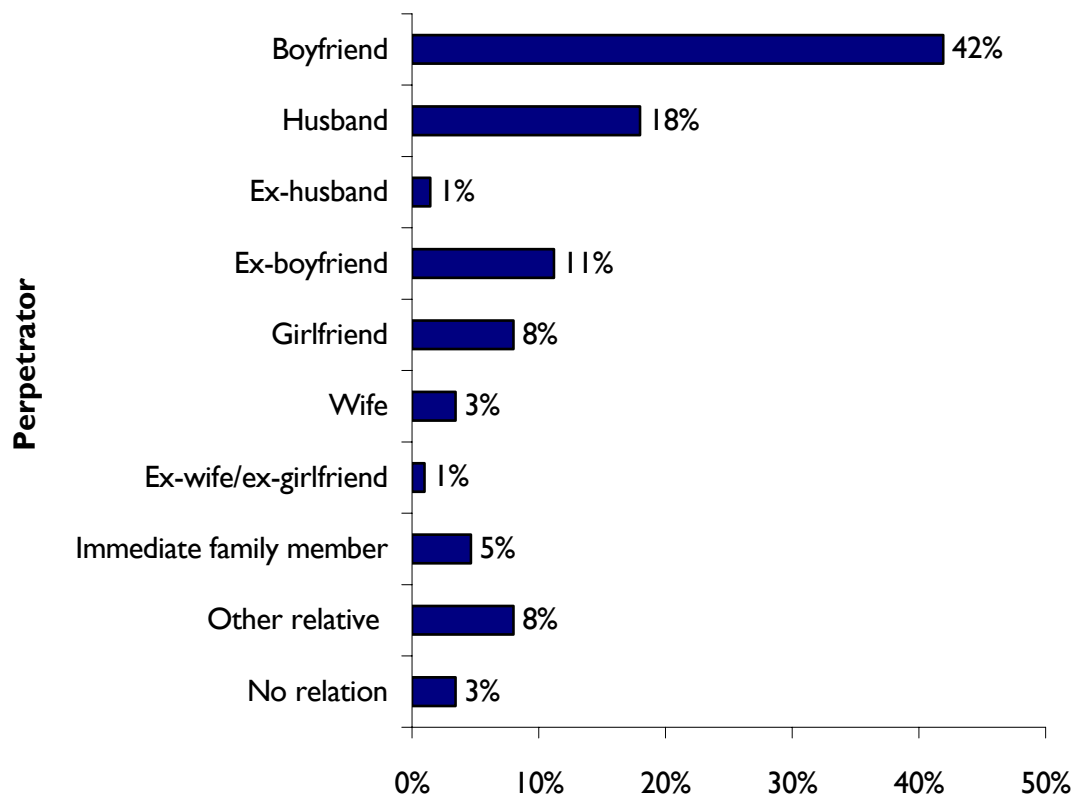
Approximately 84% of the victims were female and 16% were male. The vast majority of assailants were males who assaulted females (78%). Four percent were males who assaulted males, 11% were females who assaulted males and 6% were females who assaulted females. Please note that same sex and opposite sex assaults may be to a partner, ex-partner, relative or a friend. The relationship of the assailant to victim is explored further on the next page (*see Figure 11*). In about 9% of cases, information is missing on the gender of the assailant.

Victims and assailants were mostly between 21 and 45 years old (70% of victims and 75% of assailants). The number of cases is fairly evenly distributed among this 25-year age spread. The youngest victim was 8 years old and the oldest was 86 years old. The youngest assailant was 14 years old and the oldest was 80 years old. Five percent of the victims and 1% of assailants were over 65 years old. Although only 7% of the victims were under 21 years old, this percentage may be lower than true figures as children and youth may be more likely than adults to seek care outside Highland General Hospital, such as at Children's Hospital or at school-based clinics. Fifteen percent of the victims' records and 30% of the assailants' records were missing information on age and were excluded from the analysis.

Similar to proportions of homicides due to domestic violence, 84% of domestic violence victims who went to the Emergency Department were assaulted by their partner (71%) or ex-partner (13%). The figure below presents information on the relationship of the perpetrator to the victim regardless of the sex of the victim. A partner includes girlfriend, boyfriend, wife or husband. The victim of a girlfriend or boyfriend could be of either gender. Men were far more likely to assault an ex-partner than women. Four percent of spousal assaults (specifically identified on the data form) were on same-sex partners.

An additional 5% were assaulted by another immediate family member (i.e., brother, sister, mother, father, son or daughter) and 8% by a more distant relative (brother-in-law, uncle, cousin, grandson, etc.). The remaining 3% were assaulted by a neighbor, a friend or a roommate (not specified as a domestic partner). The 185 records (or 12%) that did not have information on the relationship of the assailant to the victim were excluded from this analysis.

Figure 11: Relationship of Perpetrator to Victim, DV-Related Visits to Highland Hospital, 1994-2004



Data source: Highland Hospital Sexual Assault and Domestic Violence Program



## New Directions

In the last few years, violence prevention efforts in Alameda County have gained visibility. The Alameda County Board of Supervisors (BOS) is highly committed to violence prevention and has recently adopted the “Strategic Violence Prevention Plan” for Alameda County. This plan addresses many types of violence including domestic violence. BOS Supervisor Alice Lai-Bitker is responsible for DV-related activities ranging from AB 2010 legislation to collect funds for DV prevention efforts, to a day of remembrance for Alameda County residents who died as a result of domestic violence. The Alameda County Public Health Department has identified violence prevention as one its three top priorities and has prevention efforts underway in the areas of child abuse, youth violence, domestic violence and homicide.

Not only is there a high level of commitment toward domestic violence prevention in the county, new resources have been made available. The Alameda County Family Justice Center (ACFJC), which opened in August 2005, is the result of an initiative spearheaded by Chief Assistant District Attorney Nancy O’Malley and Supervisor Alice Lai-Bitker, with partnerships between the City of Oakland, the County of Alameda and more than 50 community partners. The ACFJC is a one-stop assistance center for victims of domestic violence/sexual assault and their children. The center provides a myriad of services including legal assistance, job training, health care, counseling services, access to shelters, and police services. The ACFJC can be contacted at (510)267-8800. In addition, the MCAH Section of Alameda County Public Health Department has received new funds for the Purple Ribbon Program from the California Endowment to improve health care access for mothers and children who are victims of domestic violence.

A remaining challenge is the lack of high quality and comprehensive DV data. It is our hope that readers will review the Alameda County DV data in this report and become familiar with what data is available, but also use it as an impetus to identify what data still needs to be collected. A coordinated effort toward domestic violence data collection is needed to provide a more comprehensive picture of domestic violence, identify who is at risk, how it affects our lives and the community, and above all, how to prevent it.

## Technical Notes

This report updated the data provided in “A Profile of Family Violence In Alameda County: A Call for Action” published in 2003. The first report can be downloaded at [http://www.acphd.org/AXBVCZ/Admin/DataReports/dvinac\\_may03.pdf](http://www.acphd.org/AXBVCZ/Admin/DataReports/dvinac_may03.pdf).

### Data Sources

#### Vital Statistics

Domestic violence-related deaths from each year are compiled and reviewed by the Alameda County Death Review Team. The data was provided by the District Attorney’s Office.

#### Population Data

Population estimates of Alameda County residents by race/ethnicity have not been updated since the last report. They were obtained from US Census 2000. There was no new information for age distribution by gender, for income, or for immigration. Unemployment rates were obtained from the Employment Development Department, Labor Market Information.

#### Shelter Data

Specific shelter data was obtained in aggregate for the most recent fiscal year available (2003) through partnerships with the shelters. Note that all data provided was confidential, anonymous and analyzed in aggregate.

#### DV-Related Visits to Highland’s Emergency Department

Since 1994, Highland Hospital has administered a supplemental form for domestic violence cases that present to the Emergency Department. The form contains information about the victim, the alleged assailant, and the circumstances surrounding the injury.

### Limitations of the Data

The information presented is highly limited in terms of content, severity of the issue, the populations it affects, the extent of the problem, etc. Moreover, domestic violence is a very highly sensitive issue that many battered women do not ever report. It is documented that about half of all female victims of intimate partner violence report an injury of some sort, and about 20% seek medical assistance.

Another limitation of this report is that the same victim may access different resources in the

county. For instance, she may call the police department to report the abuse, a shelter hotline to seek help about it and a legal services agency to obtain a restraining order. This may duplicate counts and may slightly overestimate the number of victims of domestic violence at a population-level. However, it is a more accurate reflection of the use of community resources. Finally, detailed data on child abuse and other types of family violence were not included in this report.

## References

Crandall M, Nathens AB, Kernic MA, Holt VL, Rivara FP. Predicting future injury among women in abusive relationships. *Journal of Trauma-Injury Infection & Critical Care* 2004;56(4):906–12.

Lloyd S, Taluc N. The effects of male violence on female employment. *Violence Against Women* 1999;5:370–92.

U.S. Department of Justice, *Intimate Partner Violence*, May 2000.

Census 2000. <http://www.census.gov>.



---

This report was supported by funds received from the State of California, Department of Health Services, Maternal Child and Adolescent Health Branch.