Summary of Reportable Injuries in Oklahoma

Intimate Partner Violence Injuries in Oklahoma

Sheryll Brown, M.P.H.
Epidemiologist
Injury Prevention Service
Oklahoma State Department of Health

Sue Mallonee, R.N., M.P.H.
Chief, Injury Prevention Service

Shelli Stephens Stidham
Director

December 2002

For more information or copies of summary reports on other injuries, please contact:

Injury Prevention Service
Oklahoma State Department of Health
1000 N.E. 10th • Oklahoma City, Oklahoma 73117-1299 • (405) 271-3430
http://ips.health.ok.gov
Intimate Partner Violence Injuries in Oklahoma

Background

Intimate partner violence (IPV) injuries became a reportable condition in January 2000. Intimate partner violence injuries are defined as injuries inflicted by an assault from an intimate partner that result in death or treatment at a hospital. Intimate partners include current and former marital and non-marital partners, dating partners, and same sex partners. Beginning July 2000, the Oklahoma State Department of Health began surveillance in the Oklahoma City Metropolitan Statistical Area (OCMSA) (includes Oklahoma, Cleveland, Canadian, Pottawatomie, Logan, and McClain counties). Data were collected on persons 15 years of age and older treated at a hospital for IPV injuries (inpatients and outpatients) from emergency department IPV injury report forms and medical records reviews. Supplemental information was collected from police reports and newspapers. Additionally, data on past year prevalence of IPV, frequency of injury, and services used was collected among women 18-44 years of age in the OCMSA through the Women’s Health Survey (a random digit telephone survey using Behavioral Risk Factor Surveillance System methodology). Data on fatal IPV injuries were collected statewide through the Office of the Chief Medical Examiner.

Figure 1. Rates of Nonfatal IPV Injuries by Age and Gender*, OCMSA, July 1, 2000 – December 31, 2001

- 1,151 persons were treated for IPV injuries during the 18-month period.
- 96% of persons were treated and released from an emergency department and 4% were hospitalized.
- The average age of injured persons was 32 years; ranging from 13-82 years of age.
- 90% of persons treated were female.
- The rate of IPV injury among females was 8.6 times higher than the rate for males (146 and 17, respectively).
  - Among females, the rate of IPV injuries peaked at 25-34 years of age.
For all races, the IPV injury rate was higher for women than for men.

African Americans had the highest rate of IPV injury (208), followed by Native Americans (99), Hispanics (70), whites (66), and Asians (15).

The rate among African Americans was 3.2 times higher than the rate among whites and 3 times higher than the rate for Hispanics.

The rate of IPV injury among residents of the OCMSA was 83 per 100,000 population for persons 15 years of age and older.

OCMSA county rates ranged from 46 per 100,000 in Canadian County to 115 per 100,000 in Pottawatomie County.

The rate of IPV injury in Pottawatomie County was over twice the rate in Canadian, Cleveland, and McClain counties.
The perpetrator of the assault injury was a current partner (spouse or non-marital partner) for 83% of females and 81% of males.

- Former partners were perpetrators of the assault for 14% of female and 8% of male IPV cases.
- Same-sex partners were the perpetrators in 8% of male IPV cases and less than 1% of female IPV cases.
- More often, the perpetrator was a non-marital partner (58%) than a marital partner (42%), whether current or former.

The greatest number of IPV injuries occurred on Saturdays (222 cases).

- Over one-third (37%) of all IPV cases occurred on a weekend (either Saturday or Sunday).
- Over half of the injuries with a known time occurred between the hours of 4 p.m. and midnight, 27% of injuries occurred between midnight and 8 a.m., and 20% of injuries occurred between 8 a.m. and 4 p.m.
Table 1. Types of Nonfatal IPV Injuries,* OCMSA, July 1, 2000 – December 31, 2001

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Number (Percent)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue***</td>
<td>904 (82%)</td>
</tr>
<tr>
<td>Strain/sprain</td>
<td>182 (16%)</td>
</tr>
<tr>
<td>Fractures/dislocations</td>
<td>142 (13%)</td>
</tr>
<tr>
<td>Brain</td>
<td>132 (12%)</td>
</tr>
<tr>
<td>Eye injury</td>
<td>71 (6%)</td>
</tr>
<tr>
<td>Stab wound</td>
<td>32 (3%)</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>21 (2%)</td>
</tr>
<tr>
<td>Other injuries</td>
<td>49 (4%)</td>
</tr>
</tbody>
</table>

*Specific injury data was documented for 1,108 cases.
**Percents add to more than 100% because individuals sustained multiple types of injuries.
***Includes bruises, scrapes, and cuts.

- The most common types of nonfatal IPV injuries were bruises, scrapes, and cuts, followed by strains/sprains, fractures and dislocations, and brain injuries.
- Other nonfatal injuries included ruptured tympanic membranes, choking (strangulation), burns, dental injuries, amputations, gunshot wounds, spinal cord injuries, and poisoning.

Figure 6. Body Region of Nonfatal IPV Injuries,*
OCMSA, July 1, 2000 – December 31, 2001

*An average of 2.7 injuries per person were documented. The body region injured was specified for 2,926 injuries.

- Nonfatal injuries were most commonly on the head, neck, and face, followed by the upper extremities.
  - 47% of cuts and scrapes, and 40% of bruises documented were to the head, neck, or face.
  - Over half (52%) of all fractures/dislocations were to the face and nearly one-third (32%) were to the upper extremities.
- Neck strains were the most common type of strain/sprain (41%) followed by upper extremity strains (26%).
Forty-five IPV deaths were identified statewide (1.1 per 100,000 population 15 years of age and older). Eighty-two percent of victims were female and 18% were male. The average age of persons who died was 41 years of age; ages ranged from 18-74 years of age. Ten (22%) persons who died were residents of the OCMSA. In 31% (14/45) of the IPV deaths, the perpetrator also committed suicide.

The IPV death rate among females was 4.5 times higher than among males. The IPV death rate among African Americans was 3 times higher than the rate among Native Americans, and 5.3 times higher than the rate among whites.
Figure 9. IPV Death Rates by Age and Gender, Oklahoma, July 1, 2000 – December 31, 2001

- Among females, IPV death rates peaked from ages 35 through 54 years.
- Among males, IPV death rates peaked at ages 25-44 years.
- Fifty-four percent of the IPV deaths were caused by gunshot wounds, 20% by stabbing, 9% by blunt trauma, 4% by strangulation, 4% by multiple injuries, and 9% by other causes.
  - Other causes included smoke inhalation (1), exsanguination (1), and undetermined (1).

Figure 10. Past Year Prevalence of Physical or Sexual IPV Among Women, Women’s Health Survey, OCMSA, March 1, 2001 – April 30, 2002*

- Only women, 18-44 years of age, who were residents of the OCMSA, and who were married or had been in a relationship in the past 12 months were surveyed.
  - The average age of respondents was 32 years of age.
  - 68% were married, 27% were single, and 5% were divorced or separated.
  - 74% were white, 9% African American, 8% Hispanic, 5% Native American, and 2% Asian.
- 11% of women reported physical or sexual IPV in the past year, including 5% who reported experiencing severe physical and/or sexual abuse by an intimate partner.
Figure 11. Past Year Prevalence of Injury Among Women Reporting Physical or Sexual IPV, *Women’s Health Survey, OCMSA, March 1, 2001 – April 30, 2002*

- Over half of the women who reported physical IPV or forced sexual IPV in the past year said they had been injured at least once by their partner; one in 10 reported they had been severely injured.
- Among women who reported physical IPV or forced sexual IPV in the past year, 23% reported severe bruising, 12% a black eye, 17% bloody lip or face welts, and 5% reported being unconscious or passing out due to the IPV-related injury.
  - Severe injuries included: being knocked out, chipped/ knocked out teeth, broken bone/nose, miscarriage/ complications of pregnancy, and internal injuries.

Figure 12. Past Year Use of Medical Care for IPV Injuries Among Women, *Women’s Health Survey, OCMSA, March 1, 2001 – April 30, 2002*

- Women who reported physical IPV or forced sexual IPV were asked about their past year use of medical care.
  - 12% of women reported that they needed to see a doctor at least once in the past year because of injuries caused by their partner, but did not go.
  - 6% of women were treated in an emergency department.
  - 7% of women were treated by a private doctor or dentist.