Crime and Violence

Fast Facts

■ The majority of Island County residents feel that their neighborhoods are extremely safe or quite safe (92.3 %). Overall Island County has much lower crime rates than other regions in Washington State and the United States.

■ Island County residents tend to live in their homes for a number of years, with 68.2% living in their current residency for 2 years or more. (BRFSS) U.S. Census reports 62.5% living in Island County for 5 years or more.

■ Island County has had an increased number of violent crimes to adults and children in the past three years.

■ A number of residents (15.1%) feel there is not enough safe and affordable housing available in the area. 8.7% have been unable to obtain safe and affordable housing.

■ Island County had 7 assault-homicides in the years 1997-2001. The United States has the highest youth homicide and suicide rates among the 26 wealthiest nations (Source: *Commission for the Prevention of Youth Violence*).

■ In 2002, the Island County's Sheriff Department gave more traffic citations (1,929 compared to 1,816 in 2001), and accidents rates dropped slightly (from 1,192 in 2001 to 1,093 in 2002).

■ Jail bookings in 1999 show a disproportionate number of 18-23 year olds. The proportion of juveniles (16%) is high compared to entire adult proportion (84%). Jail bookings were predominantly male (79%).

■ In 1998, 1 in 5 women age 18 or older on the Washington State BRFSS reported experiencing some physical injury from an intimate partner during their lifetime. Island County data shows 5 adults were sexually assaulted in 1998, 7 in 1999 and ten children in 1998 and 1999. Island County had 9 domestic-related fatalities (victims/abuser suicides) from 1997-2002.

■ In 2000, approximately 6% of childbearing women reported physical violence by a husband or partner around the time of pregnancy (12 months prior to pregnancy through 3 months post partum) in Washington State.

■ There were 415 cases investigated by Child Protective Services for child abuse and neglect in Island County in 2002. Child maltreatment causes suffering directly, has long-term effects on physical and emotional well-being,[1] and increases the risks of delinquency, substance abuse, adolescent pregnancy, suicide attempts, and HIV-risk behaviors as the affected child grows up.[2,3,4]

■ 42.9% of 8th graders, 33.3% of 10th graders, and 11% of 12th graders report being physically abused by an adult. HYS, 2002

■ Child abuse is a serious problem by any measure, but accurate measurement is hindered by underreporting, varying definitions, changes in community perceptions over time, and other issues.[5] Nurse home visiting to high-risk families during pregnancy and infancy can reduce maltreatment for up to 15 years.[6] There is a need for more accurate measures and for development and evaluation of long-term, multifaceted programs that are effective in preventing maltreatment.

■ Crime rates rose in the first half of 2002, with Western states seeing particularly large increases in crime, particularly motor vehicle theft, murders, and property crimes.

Identified Issues

■ ***The number of children (and percent of all children) age birth to 17 referred as victims of maltreatment and judged to merit an investigation has increased in Island County (394 in 1998, 441 in 2000). In 2000-2001, there were 2 incidents of child homicide and one incident of shaken baby syndrome.***

■ ***There is an upward trend in teen runaways from 1997 to 2000 (from 250 to over 400 respectively).***

■ ***Island County lacks parent support and education programs as well as early intervention/prevention programs. There is a lack of programs and/or resources available to new parents and/or parents in families that are "at risk". This issue was added by CHAB to reflect the belief that early intervention/prevention programs for young children and their families (e.g. the Healthy Families project) are a demonstrated way to prevent violence in society.***

Background and Introduction

Crime takes a toll on the health of our communities through loss of life, fear from physical safety, property damage, disintegration of community cohesion, diversion of public resources from social services, and incarceration. Feeling safe and secure at home, work, and play is essential to people's sense of well-being. Within families, the socioeconomic factors, cultural norms, attitudes towards violence and antisocial behavior, and intergenerational transmition of violent behaviors are suspected to be contributing factors. The use of alcohol and drugs, and access to firearms contribute to increased crime and violence.

Social circumstances in childhood and in adulthood affect individual health outcomes. The social, cultural, and familial norms and environment combine to produce *risk factors* that may put individuals at risk for making unhealthy lifestyle choices, especially with regard to substance abuse and behaviors often linked to substance abuse. Conversely, *protective factors* serve to moderate the influence of risk factors. Indicators of a population's health may be found in data on chronic mental illness, depression, suicide (attempted and completed), child abuse reports, drug and alcohol abuse, domestic violence, and crime. Data in these areas, however,

can be woefully incomplete and difficult to compare due to inconsistent data collection and voluntary reporting policies.

Crime Rates

While crime and arrest rates can be a helpful tool in assessing a community's health, the data may be incomplete. Arrest policies vary from one law enforcement jurisdiction to another. Also, not all law enforcement agencies report their crime and arrest statistics to state authorities because such reporting is voluntary. Arrests are tracked by location of the crime, rather than where the perpetrator lives, and if multiple offenses occur in the same event, only the most serious offense is counted.

Violent crime includes murder, rape, robbery, and aggravated assault (assault with a weapon or with intent to cause severe injury). *Property crime* includes burglary, larceny-theft, motor vehicle theft, and arson.

Homicide

In 2000, Washington's age-adjusted homicide rate was 3.4 per 100,000 population. This was the lowest rate reported since 1980. Homicide trends have changed over time. A downward trend began in 1992 and continues to date. The overall trend is a decline of approximately 2.8% per year. Historically, national homicide rates have been substantially higher than Washington's. The US and state trends are parallel, however, with US homicide rates showing a pattern of decline much like that reported for Washington. Explanations for these declines include gun control efforts (at both the federal and local levels), changes in drug markets (the decline of crack cocaine), and economic shifts (high employment in the flourishing economy of the late 1990s).[7]

Between 1998 – 2000, nearly a third of homicide victims were younger than 25, and 71% were male. Homicide rates were highest for 15 – 24 year-old males, 12.0 per 100,000, or nearly four times the rate in the general population. The excess risk for death by homicide among males appeared to diminish at the upper and lower ends of the age distribution except for children less than one year of age. Analysis of gender differences in homicide rates for age groupings under 15 and over 65 is difficult because the annual counts are small. Detecting significant differences requires several years of data.

Nationally, African Americans are at particularly high risk of homicide. In the US in 1998, the age-adjusted homicide rate for African Americans was 22.6 per 100,000, nearly 3.5 times the rate in the total population. Race is a complex concept. It can be a proxy measure of social and economic factors that are related to the incidence of violence. There is no basis for attributing homicide rates to cultural or biological characteristics of any race or ethnic group.

Poverty has been associated with murders of friends and acquaintances, children, and spouses. It has also been identified as a factor in robbery-related murders of strangers.[8] Homicide rates also vary by level of education. In the US in 1998, the homicide rate per 100,000 people age 25 to 64 with less than a high school education was 17.1, nearly 2.5 times the rate in the general population.

Many rural counties have higher homicide rates than the state average. The risk for death by homicide in Washington State is highest for males 15 – 24 years of age. Many (22.7%) homicides were domestic violence incidents and 8.5% of forcible rape totals were domestic violence incidents. In 1999, data shows that a number of homicide victims knew the offender (wife-6, girlfriend-7, daughter-7, son-7).

Each year there are a number of juvenile murders. In 1999, there were ten 0-4 year olds, six 5-9 year olds, five 10-14 year olds, and eleven 15-17 year olds. Of all the juvenile murders that year 50% (n=16) were child abuse victims.

Other Measures of Impact and Burden

Years of life lost.

Because homicide occurs mostly among young people, it is very costly in terms of years of potential life lost. In Washington, death due to homicide is the third leading cause of death among young people age 15 to 24, following unintentional injury and suicide.

Non-fatal injuries.

Death is the most extreme outcome of assaultive violence. National data on nonfatal injuries indicate that for every homicide death, there are 87 nonfatal assault-related injuries treated and released from hospital emergency rooms. In Washington, there are nearly six assault-related hospitalizations for every homicide death.

Family and social impacts.

Homicide strongly impacts surviving family members and other loved ones of the victim. Research on homicide as a risk factor for post traumatic stress disorder (PTSD) showed that nearly 10% of a national sample had lost a family member or close friend to homicide, and that 23% had developed PTSD at a subsequent point in their lifetimes. [9]

Risk and Protective Factors

The following factors have been found or suggested to be associated with homicide based on empirical research. These are factors which predispose a person to homicide, either as victim or perpetrator.

Poverty.

Poverty has been identified as a factor associated with homicide.

Drug and alcohol consumption.

Drug and alcohol consumption have been associated with all types of homicide except child homicides. Many studies have shown that about half of all victims and perpetrators had consumed alcohol before the homicide.[7] Alcohol and drug use can contribute to homicide by reducing inhibitions against aggressive behavior and encouraging a variety of other high-risk behaviors.

Availability of firearms.

More than half (56%) of homicides in Washington are committed with firearms. The availability of handguns is associated with firearm-related homicide rates.[7,10]

Cultural and psychosocial influences.

Several cultural factors have been identified as predisposing a person to homicide, either as victim or perpetrator.[7] These include:

- Male belief in physical prowess, toughness, and search for thrills and action.
- Underdeveloped verbal and conflict resolution skills.
- History of child abuse.
- Neurological and psychological disorders.
- History of intimate partner violence

There are certain populations with higher risk for being a homicide victim. Homicide takes its greatest toll among males; young people (15 – 24 years of age); and racial/ethnic minorities. At greatest risk are African American males 15 – 24 years of age. Most homicides are committed by someone known to the victim.[7] In the majority of cases, the perpetrator is a family member, friend, or acquaintance. Based on homicide arrest statistics, homicide perpetrators as a group are similar to homicide victims with respect to age, gender, and race/ethnicity. However, distinct differences are evident in homicides between intimate partners. (See section on Domestic Violence).

Child Abuse and Neglect

Child abuse and neglect is the victimization of children through physical violence, sexual abuse, or neglect of basic needs. What is known about the prevalence of child abuse and neglect in Island County is obtained from the records of reported abuse to the state Child Protective Services (CPS), a program within the Department of Social and Health Services, Division of Child and Family Services. As noted previously, data may be incomplete and inconsistent from county to county for a number of reasons.

Definition: Behavior which is outside the norms of conduct and entails a substantial risk of causing a child physical or emotional harm. Four categories of maltreatment are physical abuse, sexual abuse, neglect, and emotional maltreatment.[1] In this report, child abuse and neglect are measured by the number of children in referrals accepted for investigation by Child Protective Services.[11]

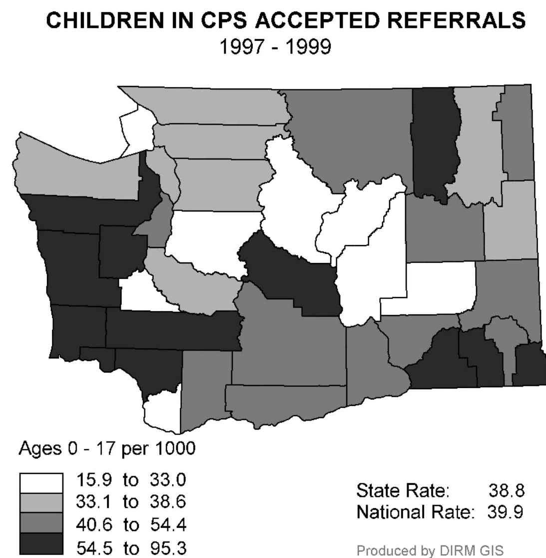
A report of suspected child abuse or neglect is a referral. If there is enough information for CPS to investigate, the referral is accepted. Children are counted more than once if they are reported more than once during the year. Physical abuse is the most easily detected and documented form of child maltreatment. However, neglected children deprived of the basic necessities of family, home, and medical care may suffer devastating effects in the long-term.

It is important to remember that the CPS divisions of DSHS may differ from year to year in actual staff available to handle reports and in ways that influence the public perception of accessibility. Community norms may also differ in that what might be reported to CPS in one community may not be a concern in another area.

Children are placed in out-of-home care as a last resort to protect the child from further abuse. Abused children can grow up to need mental health services and can contribute to the problem of violent behavior as teenagers and adults. Child abuse and neglect has an enormous, impact on the community, state, society as a whole, and future generations.

In 2000, almost 40,000 different children in Washington were involved as victims or potential victims in a Child Protective Services (CPS). Accepted referrals (requiring investigation) is equivalent to a rate of 25.9 per 1000 children. These numbers suggest that, compared to many factors affecting the health of children, child maltreatment is relatively common. Of the total children (not unduplicated) involved in accepted referrals in 2000, 61% were involved in referrals for neglect, 23% for physical abuse, 7% for sexual abuse, and 9% for other forms of abuse such as emotional abuse, mental injury, exploitation, or abandonment.

Washington's CPS referral acceptance rates (the percent of referrals that are accepted for investigation) dropped from 62% in 1991 to 52% in 2000. The apparent reduction in the number of children in CPS accepted referrals between 1991 and 2000 might be due to changes in CPS referral acceptance rates, changes in public willingness to report abuse, or an actual decline in abuse. Although deaths of children aged 14 years and younger declined nationally by over 20% between 1989 and 1996, child death rates from homicide remained stable.[12]



In 2000, children age 6-12 had the highest rate of accepted referrals (46.2 per 1,000 children), followed by 0-6 (40.7 per 1,000 children) and 13-17 (21.6 per 1,000 children). These differences might reflect variability in reporting (e.g. schools can serve as reporters only for school-age children). Overall rates were similar for boys and girls. National 1999 CPS data suggest that age and gender differences vary by type of maltreatment. Based on children who were found by a CPS agency to have experienced or be at risk for maltreatment, nationally, neglect rates were highest for age 0-3, regardless of gender. Girls were four times more likely than boys to be sexually abused. Rates of physical abuse of boys and girls were similar; however, girls were abused at later ages. The peaks were age 12-15 for girls and 4-11 for boys.

Other Measures of Impact and Burden

One-fifth to one-quarter of Washington adults and adolescents report some history of childhood physical or sexual abuse. Because females are more often sexually abused, lifetime rates of abuse are higher for females than males. Rates (and 95% confidence intervals) for each type of abuse are provided in the following table, based on a 1995 Washington school-based survey of youth in grades 9-12[2,3] and a 1997 Washington Behavioral Risk Factor Surveillance System household survey of adults.[4]

	Teen Females	Teen Males	Adult Females	Adult Males
Sexual Abuse	9.2% (± 2)	2.4% (± 1)	13.8% (± 2)	4.6% (± 1)
Physical Abuse	10.7% (± 1)	12.1% (± 2)	4.4% (± 1)	9.4% (± 2)
Both Types of Abuse	14.6% (± 2)	2.6% (± 1)	6.6% (± 1)	2.2% (± 1)

Rates of self-reported history of being sexually abused in Washington are average compared to surveys of the US and of other states. For example, the estimated prevalence of childhood sexual abuse reported by adult women in Washington was 20.4%, compared to 17.3% – 24.0% in a 1991 US survey.[13] Less comparative information is available for lifetime rates of childhood physical abuse.

Risk and Protective Factors

Child maltreatment is associated with other family and community problems. Emotional maltreatment may underlie all other kinds of abuse and neglect in that it involves a lack of responsiveness to the child's needs. Conversely, parents who are sensitive and responsive to their children's needs, keep a safe and healthy home environment, and have strong communications and problem-solving skills are unlikely to be abusive or neglectful.

Family characteristics.

Child maltreatment has been consistently associated with parental poverty, unemployment, lack of education, young maternal age, large family size, and short intervals between births.[14,15] The reasons for these associations are not known, but relatively scarce economic and psychological resources for each child might play a role.

Poverty.

Data from a variety of sources (CPS records, national surveys, schools, and population samples) converge in suggesting that physical abuse is about three times more common in low-income families.[16] CPS records and community sources also suggest that neglect and emotional abuse are associated with poverty; studies of sexual abuse and poverty have had mixed results.[6,16]

Intergenerational patterns.

Parents who were themselves maltreated as children are more likely to maltreat their own children. Nine studies indicated a median of a four-fold increase in risk.[17] Studies of parents who were maltreated suggest that those who received therapy or had a supportive spouse were less likely to maltraet their own children.[18] Being abused as a child can affect later parenting by harming the ability to form positive attachments, modeling negative behaviors, creating emotional instability, or through other processes.

Psychological and attitudinal factors and substance abuse.
Psychological diagnoses including depression, antisocial personality, and substance abuse have been associated with child maltreatment, although not all studies find these associations. In a community-based survey,[19] parents who reported an alcohol or drug disorder had a fivefold increase in risk for also reporting physical abuse and a ninefold increase in risk for also reporting neglect compared to other parents matched for age, race, gender, site, and socioeconomic status. In a 17-year longitudinal study, families in which the mother reported an alcohol or drug disorder or police involvement had more than a fourfold increase in risk for each type of maltreatment measured (physical and sexual abuse and neglect).[20] A recent review of studies on characteristics of physical child abusers,[21] most of which studied mothers, concluded that they had high levels of hostility, low levels of self-esteem and empathy, and attributed more negative intents to children's behavior than those who were not abusive.

Job loss.
High rates of job loss precede increases in child abuse at a community level.[22] It is hypothesized that stresses associated with job loss contribute to maltreatment. As noted earlier, unemployment, like low income, is also associated with child abuse and neglect in studies of families (as opposed to communities).

Poor social relationships.
Maltreating parents are described as isolated, and they report less social support than other parents. The causal relationships are not known. Efforts to improve social support in neglectful families have had mixed results,[23] and some evidence indicates that families with more risk for abuse are more likely to drop out of treatment programs.[24]

Domestic violence.
Domestic violence and child abuse often occur in the same families, based on population-based surveys, research on battered women, and official records. In one review, 16 of 20 studies using samples of either battered women or abused children found that the other type of abuse occurred in at least 40% of the families.[25] Exposure to violence between parents is increasingly viewed as being emotionally abusive in itself.

Child characteristics.
Although it has been hypothesized that children who were born prematurely, were low birth-weight, or had an illness or handicap were more likely to be maltreated, research in this area has had inconsistent results. It seems probable that any apparent effect is due to the association of child characteristics with poverty or other risk factors.[14] For example, some evidence suggests that mothers who later maltreat their children are less likely to get prenatal care or to provide adequate nutrition to the fetus. Children with behavior problems are also more likely than other children to be maltreated, but the behavior problems might be the result, rather than the cause, of maltreatment.[26]

"No one had yet realized the wealth of sympathy, the kindness and generosity hidden in the soul of a child. The effort of every true education should be to unlock that treasure"
–Emma Goldman

Domestic Violence

Domestic violence is any violence by one family member against another family member and affects men, women and children and all social classes. Dating partners and roommates are also covered under this state law. Violent acts include a pattern of controlling behavior that consists of physical, sexual and/or psychological assaults.

Though awareness of domestic violence and the damage it causes have been steadily increasing in our society, it is estimated that only 10% of domestic violence incidents are reported to police. Reasons for this are most likely the fear of social stigma and the complicated emotional relationship that exists between the abuser and the abused.

State and local trends show an increase in domestic violence arrests, as well as in the numbers of people seeking crisis help, resources and advocacy. These trends may be due to an increase in awareness and reporting rather than changes in the actual frequency of domestic violence.

Domestic violence is one of the causes of injuries and deaths in women. An estimated 10% – 20% of emergency department visits by women with partners and 30% of homicides of women are a result of domestic violence. One in five Washington women reports being injured by domestic violence sometime in her lifetime. Domestic violence also is associated with less optimal social, emotional, and cognitive development of children who are witnesses, and, at least for boys, with perpetuating violence in the next generation. Effective approaches to the recognition and prevention of domestic violence need to be developed and evaluated.

According to the 1998-1999 Washington Behavioral Risk Factor Surveillance System, 1%-2% of women reported experiencing intimate partner violence in the past year and 24% in their lifetimes.[27] These findings, from the 1995-1996 National Violence Against Women Survey, are similar to national figures of 1% and 22%, respectively.[28] In the 1998 Washington BRFSS, one in 13 Washington women reported going to the doctor sometime in their lives because of an injury from an intimate partner, and a similar number reported that they needed to see a doctor, but didn't.

Various sources of data suggest that this level of violence toward women is actually less than or equal to the amount reported in the mid to early 1990s.

■ Data from the Washington Association of Sheriffs and Police Chiefs indicate that in Washington, domestic violence-related offenses have not changed dramatically since 1996. In 2000, there were 51,550 domestic violence offenses reported to the police, equivalent to 875 per 100,000 population.

■ According to national Federal Bureau of Investigation homicide data, intimate partners account for 30% of homicides of females and 6% of homicides of males, based on homicides for which the relationship is known. Nationally, domestic violence homicides decreased during 1993 – 1998 for black females and for both black and white males but did not decrease for white females.[29]

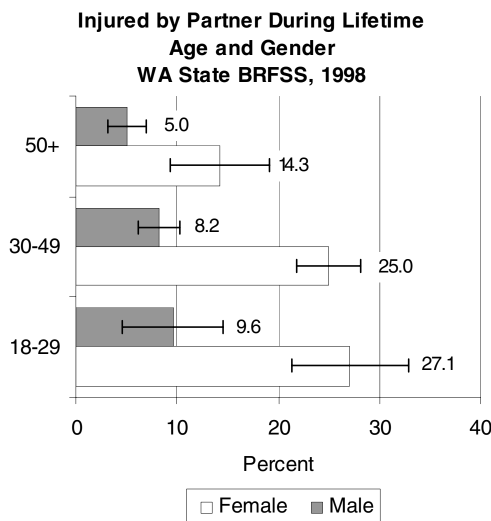
National data from the National Crime Victimization Survey show a significant decline in self-reports of experiencing violence, from 9.8 per 1,000 women in 1993 to 7.7 in 1998.[29] However, apparent trends might be due to changes in awareness and reporting rather than domestic violence events.

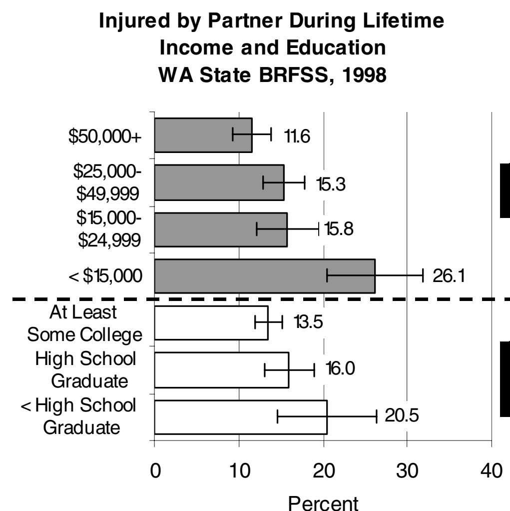
Domestic violence offenses are those crimes reported to a police or sheriff's department and involving a domestic relationship, regardless of whether an arrest was made. Data are compiled and reported by the Washington Association of Sheriffs and Police Chiefs (WASPC). Statutorily defined domestic relationships include spouses, former spouses, people who have a child in common, people related by blood or through marriage, and adults who reside together in the same household. The domestic violence related crimes include criminal homicide, forcible rape, robbery, assault, burglary, larceny, motor vehicle theft, arson, and violations of protection and no-contact orders. Single events in which multiple crimes are committed are classified according to the most serious crime involved, in the order listed above.

City police and county sheriff's departments reporting domestic violence offenses to WASPC cover approximately 98% of the state population; however, non-reporting agencies exist in more than one-third of the counties, so that for these (primarily rural) counties, rates cannot be computed accurately.

Variations and Risk Factors in Domestic Violence

Urban/rural data are not available at the state level. However, according to the 1993 – 1998 National Crime Victimization Survey, women in rural and suburban areas reported significantly less intimate partner violence (8 per 1,000 women) compared to urban women (10 per 1,000 women). However, these are relatively small differences (less than one-half of a percent of the population.). The 1998 BRFSS survey found women were at more than three times the risk of injury due to domestic violence during their lifetimes than men, and individuals younger than





age 50 were more likely to report injury than those 50 or older. These results are similar to national patterns. The National Crime Victimization Survey found women are about five times more likely than men to report intimate partner violence in the past year (7.7 per 1,000 women in 1998, 1.5 per 1,000 men). The highest rate was for women ages 20 – 24 (21 per 1,000 women); this was about seven times the peak rate for men (3 per 1,000 men ages 25 – 34).

The 1995 –1996 National Violence Against Women Survey measured racial/ethnic differences in the rates of women reporting ever being physically assaulted by an intimate partner. American Indian/Alaska Native women reported the highest rates of assault (30.7% ± 9.6%), followed by mixed race (27.0% ± 4.4%), African-American (26.3% ± 3.1%), white (21.3% ± 1.0%), and Asian/Pacific Islander women (12.8% ± 5.7%). Hispanic women (21.2% ± 3.2%) reported rates similar to non-Hispanic women (22.1% ± 1.0%).

Although domestic violence occurs at all economic levels, domestic violence offenders are more often of low income and low occupational status than non-offenders.[29] Washington data are depicted below. These are similar to those reported in the 1993 – 1998 National Crime Victimization Survey,[29] which found rates of domestic violence decreased with each level of increasing family income. A possible factor contributing to this association is that access to economic resources increases women's choices of housing and legal remedies.

Other Measures of Impact and Burden

***Effects on children exposed to domestic violence*.**
Recent reviewers consistently conclude that children exposed to domestic violence are at increased risk for problems in their behavioral, emotional, social, and cognitive development.[30] Although many of the studies reviewed did not control for possible associations between witnessing domestic violence and demographic characteristics, child maltreatment, or residency in a shelter, similar results were obtained in studies that did consider these factors.[31,32,33]

***Intergenerational patterns of abuse*.**
Domestic violence can have long-lasting effects on future generations. Among males, there is a relatively consistent association between witnessing domestic violence as a child and perpetration of violence in adulthood. In one study, over 40% of men who had been violent towards their wives reported seeing their fathers hit their mothers compared to 6% of nonviolent men.[34] Although research on female victims is mixed, a well-controlled study of 1,443 women seeking medical care (55% of whom had experienced some type of intimate partner violence) found a fourfold increase in risk of partner physical and sexual abuse, and a threefold risk of physical abuse only, among those women who reported that their fathers were physically abusive to their mothers.[35]

***Health impacts on the victim*.**
Studies in hospitals and emergency rooms have identified domestic violence as an often-unrecognized factor in female patient injuries. Approximately one-fifth of non-motor vehicle injuries of women with partners are due to domestic violence.[36] In a recent study in King County, Washington, 1355 women who were victims of domestic violence had more hospitalizations with injury and poisoning, digestive system diseases, assault or attempted suicide, psychiatric, and any diagnoses than non-abused women of similar age.[37] Domestic violence during pregnancy can result in miscarriage, fetal injury, and low birth weight.

Victims of domestic violence experience high levels of depression, post-traumatic stress symptoms, suicidal thoughts, and suicide.[38] In a study of emergency room patients, 19% of the women without and 81% of the women with a history of suicide attempts had experienced domestic violence.[36]

More severe and chronic violence, sexual assault, and death threats are associated with higher levels of distress.

***Homicide*.**
Several studies suggest that victims of domestic violence have an increased risk of being homicide victims. A study of women homicide victims and controls matched by neighborhood, race, and age in three Washington counties found a fourfold risk of homicide associated with a history of domestic violence.[39] An estimated 50% of domestic homicides are preceded by five or more calls to the police, and 41% are preceded by a visit to an emergency room with an injury-related complaint in the past year.[40] About 30% of domestic homicides are by women, with a substantial majority of these occurring in response to male aggression and threat.[41] The rate of female homicides of male partners declined steadily between 1980 and 1995, coinciding with increased services for victims of domestic violence, but this was not matched by a decrease in male homicides of female partners, leading to an increased gender gap in homicide rates.[41] Although data are limited, law enforcement officers, children, family and friends may also be killed by domestic violence offenders.[42]

Risk and Protective Factors

Gender and age.
As noted earlier, women are at increased risk for violence, especially severe and injurious violence, than men. Young women (age 20 – 24) are at the highest risk.

Marital status.
In Washington in 1998, 44% (± 6%) of divorced or separated women reported ever experiencing an injury from an intimate partner, followed by 20% (± 5%) of single women, 16% (± 3%) of married women, and 11% (± 4%) of widows. The reasons for the high rates of violence reported by divorced women might include both heightened risk of violence during separation or divorce and a greater likelihood of divorce in couples in which there is domestic violence.

***Experiencing family violence as a child*.**
The association between being abused as a child and domestic violence is a relatively consistent finding, both for offenders and victims. In one study of more than 1,207 women, those who reported receiving repeated severe beatings as children had more than three times the risk of being the victim of domestic violence as an adult.[43] Another study found that almost four times as many male batterers reported having been physically abused as children, compared to non-abusing men.[44] As noted earlier, men who witness parental domestic violence as children are more likely than other men to be offenders, while women who witness parental abuse might be more likely to be victims.

***Personality factors and substance use*.**
Men who are violent toward female partners, especially those who are severely violent, show higher rates of antisocial personality (e.g., lawbreaking), psychological distress, marital maladjustment, and attitudes supportive of spouse assault than nonviolent men.[45,46] Frequent alcohol use is a consistent factor associated with domestic violence offenders.[47] However, since this

association might be due to more likelihood of antisocial personality and not drinking per se, reducing drinking may not in itself affect domestic violence. For victims, only low self-esteem has been relatively consistently identified as a differentiating factor; it might be a result of violence.

Incompatibility and conflict in the couple's relationship.
Research on characteristics of relationships has found consistent associations between domestic violence and high levels of verbal aggression, religious and educational incompatibility, and cohabiting as opposed to being married.[28, 48]

Childbearing women.
Pregnant women and women who have recently given birth might be at increased risk of domestic violence. However, the relatively young age of most pregnant women might be the true risk factor, not the pregnancy, since most violence is toward young women.[29] The 1996 – 1999 Pregnancy Risk Assessment Monitoring System (PRAMS) in Washington found that three to four percent of childbearing women reported physical violence by a husband or partner during the year prior to the child's birth. Nationwide estimates range from 1% to 20% depending upon the study definition of assaults and the population studied.[49]

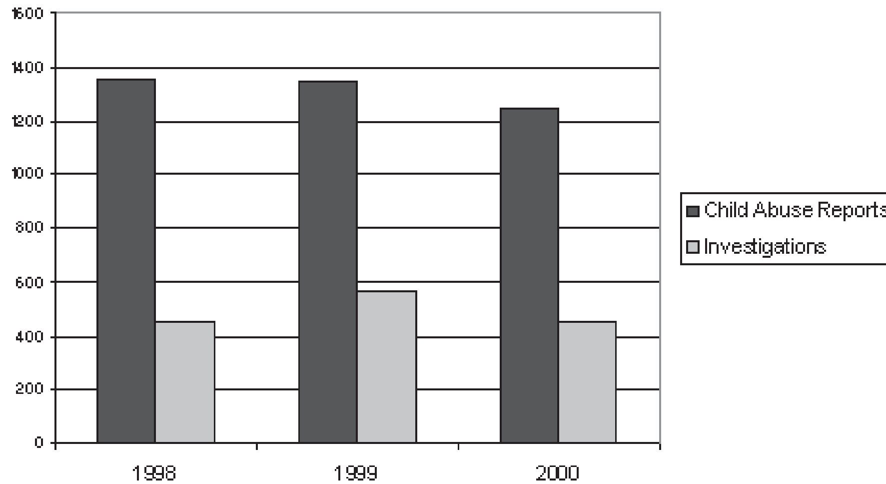
Local Findings of Child Abuse and Neglect

In Island County the Sheriff's Department seems to be receiving fewer calls for service regarding child abuse. They received 70 calls in 1998, 58 calls in 1999, and 49 calls in the year 2000. In 2000, Island County Sheriff's Department arrested 8 sexual offenders—3 individuals for child molestation, 4 individuals for child rape in the 1st degree and 1 individual for child rape in the 3rd degree.

Year	Number of reports to CPS	Number of Cases Investigated	Other local children served by Family Reconciliation	Other local children served by Child Welfare Service	Local children placed in "Out of Home"
1995	1661	439			
1996	1540	482			
1997	1154	573	189	97	156 *
1998	1348	450	337	91	158 *
1999	1342	565	313	54	108 *
2000	1248	452	270	53	105 *
2001	1399	426	113	51	86
2002	854	415			

** May include repeats, starting in 2001 the actual number of individuals is reported.*
Source: Island County CPS referrals as reported by Department of Social and Health Services biennium

IC CPS Reports/Investigations

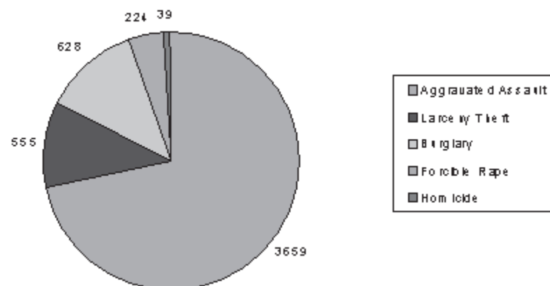


The actual number of total child abuse and neglect reports made to CPS in Island County over the last eight years reveals an upward trend peaking in 1995-1996. CPS reports decreased through year 2000, but increased again in 2001. In 2002, Child Protective Services changed their reporting system, making comparisons inaccurate. According to Whidbey Island CPS, 60% of the cases involve physical abuse, 72% involve physical neglect, and 6% are sexual abuse cases. The largest contributing factor appears to be substance abuse. Island County Sheriff's office has also seen an increase from 2000-2002.

Domestic Violence

Over the past few years, there has been an increase/decease in the number of clients served by the local domestic violence/sexual assault program, Citizens Against Domestic and Sexual Assault (CADA), which provides shelter, education and advocacy for victims of domestic violence and sexual assault and their families. CADA serves all of Whidbey Island and Camano Island. Their services are free and confidential. In fiscal year 2003 (7/1/02 – 6/30/03) CADA served 906 clients (one-time or active case management) and actively case managed 97 victims of sexual assault and 188 victims of domestic violence. Fifty adult females and 49 children were served in emergency shelters. Since July 1, 2003, CADA has served 301 clients and actively managed 18 victims of sexual assault and 75 victims of domestic violence. Again, this may not be due to an increase in domestic violence but rather increasing community awareness that the program exists, changing community norms, and increased staff to serve more clients.

WA State 1999 Domestic Violence Related Offenses



In Island County the Sheriff's Department and the Oak Harbor Police Department report dispute calls to the state. In 1999, the Island County Sheriff's Department reported 489 calls, 516 calls in 2000, 536 calls in 2001, and 624 calls in 2002.

The Violence Prevention Act passed by the Washington State Legislature in 1994 mandates state and local health departments to monitor violence and to participate in community-based violence reduction initiatives. Domestic violence and sexual assault services are available throughout the county. Education in the schools and general community is offered on anger management, impulse control and prevention and identification of domestic violence. Mediation programs for youth and the general public are available, and self-defense classes are also offered.

The records of Island County Superior Court also reflect the presence of domestic violence in Island County. From October 2000 through November 2001, Island County held 334 protective order hearings, representing over 200 victims.

Island County's Citizens Against Domestic and Sexual Assault (CADA) averages 35-45 calls a month requesting help with protection order paperwork and 25 to 40 people who are looking seeking assistance for support as they go to court. CADA averages 20-25 new clients a month.

CADA monitors protection orders, on a monthly basis in order to monitor trends. Data from 2001 and 2002 show very similar trends on a month-by-month basis. Their data show summer months having the highest level of monthly protection orders and February and March having the lowest. CADA's program targeting vulnerable adults is to be discontinued in 2003.

Between July of 2001 and June of 2002, CADA served 57 victims with disabilities. A CADA needs assessment of vulnerable adults showed 55% of law enforcement personnel (16 out of 29) said they have suspected a vulnerable adult they have had contact with might be a victim of mistreatment. Law enforcement respondents also reported that they had 28 calls in 3 months time resulting in 26 reportings to Adult Protective Services (APS).

Crime Rates

Overall crime rates have fallen slightly for both Washington State and Island County; however, there have been recent national reports (2003) indicated increases in rates, especially in the Western United States.

Washington State has several reports that focused on crime and the legal system; including the Reported Index Crimes provided by the Washington Association of Sheriffs and Police Chiefs (see Table below). The Island County Sheriff's Department also has an annual report and Superior Court filings are reported by the Office of the Administrator.

Island County Sheriff's Office
Calls for Service 1993–2002

	1993	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*[1]	**2001**	*2002*
Abandoned Vehicles	255	283	232	234	233	349	333	637	753	763
Assists - Public	661	426	934	807	1212	1701	2220	2725	2600	1914
Alarms	602	612	719	756	712	873	1000	967	887	955
Animal Problem	404	396	486	479	635	1430	1347	1916	1885	1872
Assaults	183	197	209	180	266	239	306	262	243	300
Bad Checks	28	21	48	73	17	21	44	46	63	60
Burn Complaints										312
Burglaries	328	218	230	304	366	379	368	408	429	425
Child Abuse	140	105	61	63	67	70	58	49	68	75
Court Ord. Violation	133	150	229	189	179	184	142	214	234	203
Cust. Interference	36	48	46	58	43	48	41	51	80	70
Domestic Disputes	383	519	412	378	470	559	489	516	536	624
Drug/Liq. Violations	88	135	183	157	193	261	558	514	542	533
Found Property	141	150	148	173	139	156	186	274	253	313
Harassment	587	769	467	489	471	472	306	485	338	399
Homicides	0	1	2	3	2	0	0	0	0	2
Illegal Dumping	84	72	65	68	83	83	110	131	122	150
Malicious Mischief	783	813	890	863	745	837	549	882	745	736
Marine Incident	187	185	229	181	129	203	253	271	307	155
Miscellaneous[2]	1306	2379	3184	2970	2970	2709	4187	4547	4923	4161
Missing Persons	125	100	86	93	109	118	127	192	141	138
Nuisances	407	485	475	490	478	611	349	411	417	463
Prowlers	198	186	137	132	73	64	119	135	115	119
Robbery	0	3	8	6	2	2	5	3	7	5
Runaway Juveniles	229	277	408	370	346	292	320	409	233	164
Sexual Assaults	39	75	107	72	52	59	58	55	63	100
Shots Fired	293	326	263	250	200	192	398	431	417	427
Stolen Vehicles	89	93	78	80	79	84	88	87	105	129
Suicidal Subjects	98	108	106	101	110	120	128	102	73	133
Susp. Circumstances	1075	1241	1218	1257	1238	1360	1366	1302	1371	1482
Thefts	795	718	728	748	785	756	742	791	649	813
Traffic Related	1353	1715	1646	1806	2285	2008	2165	2155	2349	2684
Trespassing	314	291	266	240	305	349	407	449	437	451
Unattended Deaths	34	34	42	32	29	42	31	32	26	54
Vehicle Accidents	834	859	1027	1086	780	1015	930	1024	1162	1093
Vehicle Prowls	192	117	142	184	136	147	230	176	220	143
TOTAL	**12404**	**14087**	**15511**	**15372**	**15939**	**17813**	**19860**	**22909**	**22773**	**22480**

continued next page

[1] In 1997, with the inception of the County's Centralized Emergency Communication Center, I-Com, a change in incident accounting occurred. The Island County Sheriff's Office discontinued dispatching for Fire and Medical services. Deputies still respond to these calls, but not as primary units. This chart reflects these changes.

[2] Miscellaneous Category includes: 911 Hangups, Disorderly Conduct, County Ordinance Violations, Disputes, Fire Works, Forgery, Game Violations, Shoreline Management Act Violations, Warrant Arrests etc.

Island County's rate of violent crimes are low compared to Washington State (see table below).

Violent Crimes, 2000	WA State *	Island County *
Property Crimes	4736.0	571.6
Murder	3.3	1.4
Forcible Rape	46.4	39.1
Robbery	98.6	12.6
Aggrevated Assault	221.3	51.7
Burglary	907.3	809.1
Vehicle	594.1	155.1

* Rate per 100,000

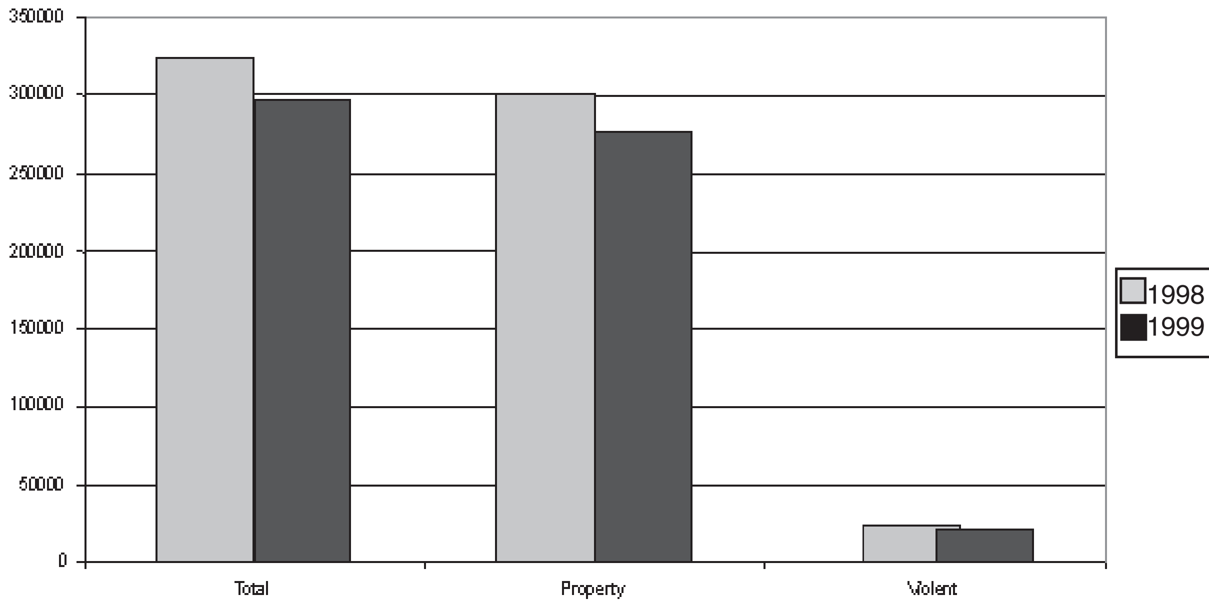
Source: Island County Sheriff's Department

Island County Superior Court Filings

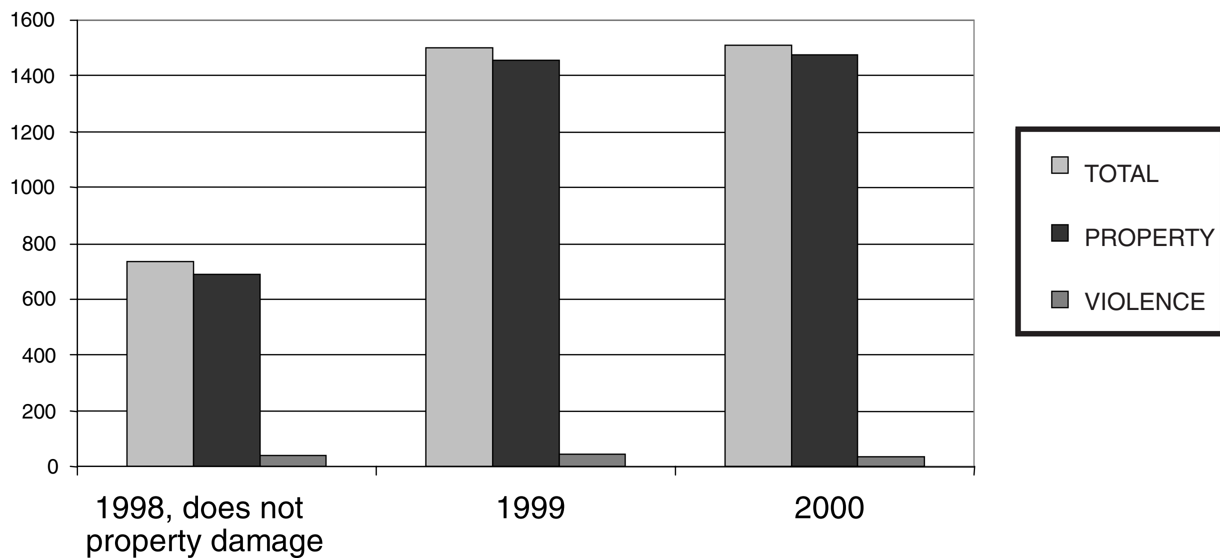
	1995	1996	1997	1998	1999	2000	2001
Homicide	3	1	1	0	3		
Sex Crimes	11	7	10	12	10		
Robbery	5	2	1	4	7		
Assault	12	12	11	14	26		
Property Crimes	52	33	54	55	65		
Drug Crimes	27	33	28	50	67		
Other Felony	17	25	15	30	38		
Total	127	113	120	165	216		

Source: Island County Office of the Administrator

WA State Overall Crime Rates (Trends)



Island County Overall Crime Rates (Trends)



Homicide

Homicide accounted for 200 deaths in Washington in 2000 (age-adjusted death rate: 3.4 per 100,000 population). Throughout much of the nation and state there has been a decline in homicide rates in recent years. However, Island County had incidents in 2000-2002 that show homicide/domestic violence and child abuse are issues that need to be addressed in Island County. In 2002, two women were murdered and one victim was saved by police shooting the offender. In 2000-2001 Island County also had two incidents of child homicide—one resulting in a child death and one in a child with "shaken baby syndrome".

Traffic Violations

The following table is traffic violations reported by the Washington State Patrol ([1]) and the Island County Sheriff's Office ([2]).

	1998 [2]	1999 [2]	2000 [1]	2001 [1]
Accidents [2]			1192	1093
Citations [2]			1816	1929
Fatalities			5	5
DUI	289	222	170	164
Total Violations			20,149	20,691
Seatbelt			3734	850
Speeding			2072	2961
Drug Violations	222	267		
Suspended Driver	294	340		

Juvenile Arrests in Island County

IN 2003, the Governor's Juvenile Justice Advisory Committee (GJJAC) provided an analysis and summary of data from the Washington Uniform Crime Reporting (WUCR) on juvenile arrests and crime. They report that the 2001 juvenile arrest rate of 62.3 per 1,000 (for youth ages 10-17) is the lowest reported for Washington Sate prior to 1980 and is a 10% decrease from the 2000 rate of 68.9 per 1,000. Juveniles comprise 17% of the total number of 2001 arrests statewide, a decrease from 20% in 2000. Adults continue to represent a significantly larger proportion of arrests for drug and alcohol offenses (88%) compared to juvenile arrests (12%). A large proportion of juvenile crime is for property crimes and larceny (theft) (although both have also fallen in 2001). Juveniles represent less than one-fifth (20%) of the total arrests for violent crimes in 2001.

There is under-reporting by law enforcement in Island County. (Island County Sheriff's Office and Coupeville Police Department did not report data and Oak Harbor reported in a format that is still in the developmental stage so is not included in totals.) In 2001, Island County reporting jurisdictions only reported arrests of 5 juveniles for violent crimes, 51 for property crimes, 22 for drug and alcohol arrests, and 23 for other crimes. Due to extreme differences in data from previous years, it is impossible to track data trends.

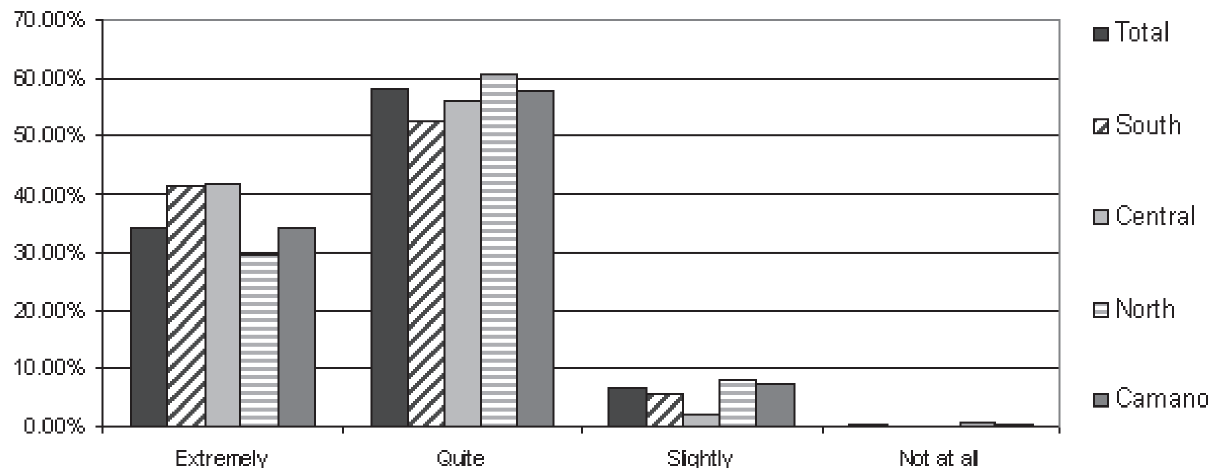
Homeownership, Crime, School and Neighborhood Safety

Owning a home, being part of a neighborhood, and feeling safe and secure can all be measures that protect a community from crime and violence. Island County has several significant findings that are an advantage to county residents and may help maintain our significantly lower rates of crime. BRFSS data, U.S. Census data, and Healthy Youth Survey data provide Island County with a wealth of data regarding home ownership, mobility among residents and community stability/connectedness.

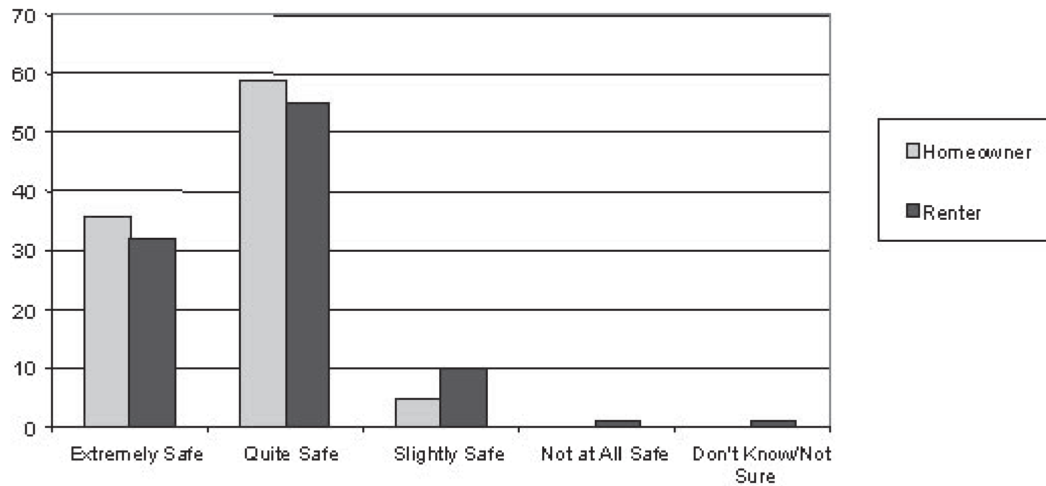
The BRFSS showed the majority of Island County respondent reported they owned their own home (68%) while 30% rented. The majority of homeowners (85%) had lived in their neighborhoods at least 2 years (33% of renters had lived in their home that long).

When asked how safe from crime they consider their neighborhood to be, the majority of respondents to the 2000 Island County BRFSS said extremely safe (34.3%) or quite safe (58%). 95% of homeowners and 87% of renters rated their neighborhoods "quite safe," or "extremely safe." Residents of Oak Harbor were significantly less likely to rate their neighborhood as "extremely safe" (30%) as compared to Central and South Whidbey residents (41%).

Those with household incomes of $50,000 or higher were more likely to rate their neighborhoods as extremely safe (43.4%) than were those with household incomes below $50,000 (32%). Persons with incomes of less than $20,000 were almost twice as likely to rate their neighborhoods as slightly safe or not safe (10.6% vs. 5.6%).



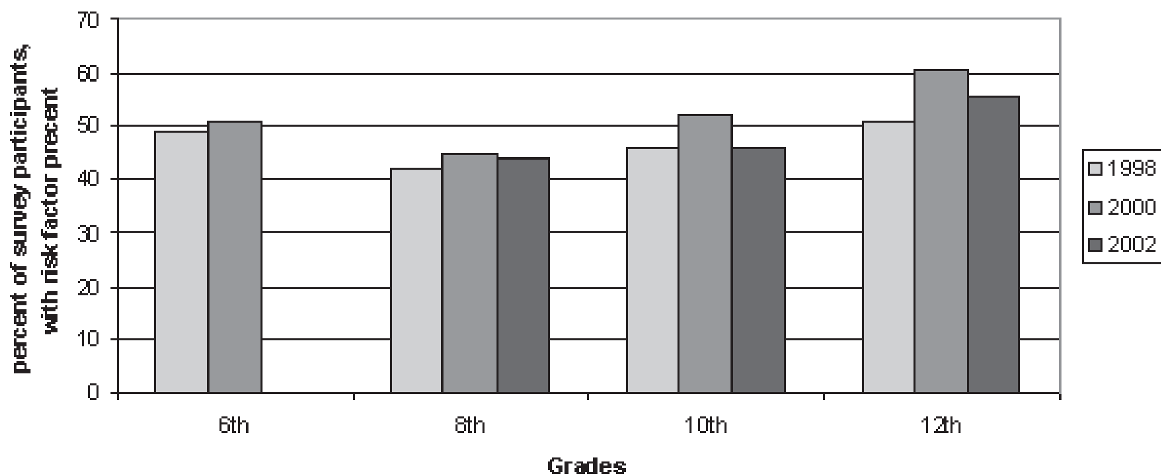
Neighborhood Safety Rating by Homeowners and Renters

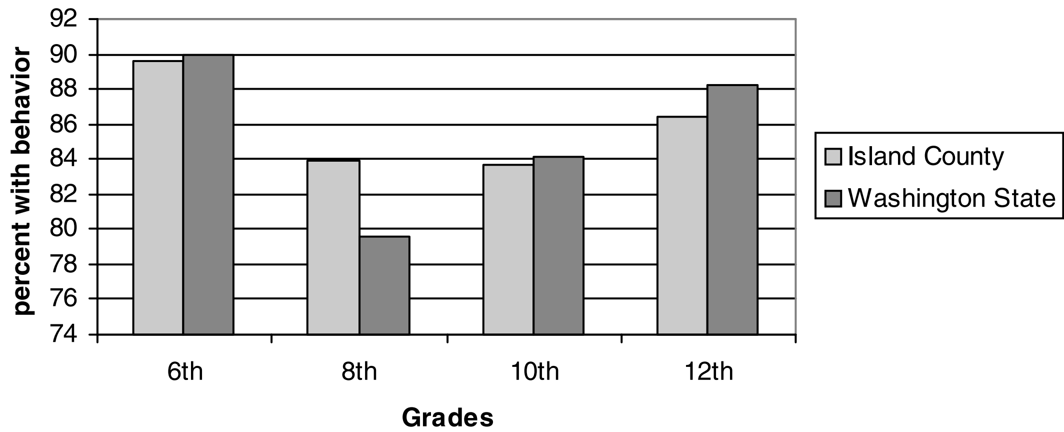


Source: Island County BRFSS, 2000-2001

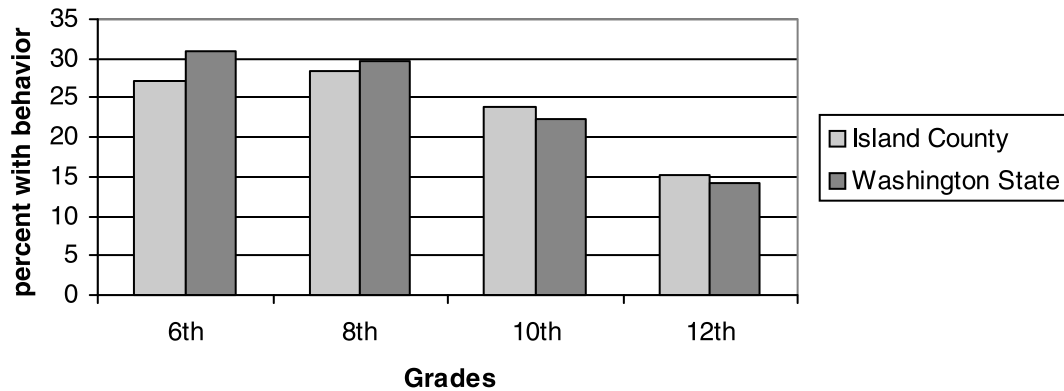
The Healthy Youth Survey (HYS) asked students to rate how attached they felt to their neighborhood as well as how safe they felt at school. Students were asked whether they had been bullied at school. The HYS also reports whether students carried a weapon and whether they carried a weapon to school. This data is included in the unintentional injury chapter.

Low Neighborhood Attachment, Island County, 1998-2002

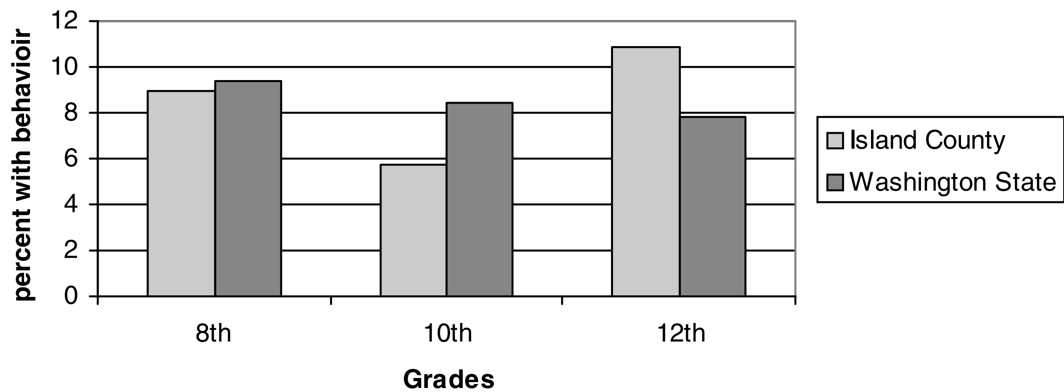




Source: Healthy Youth Survey

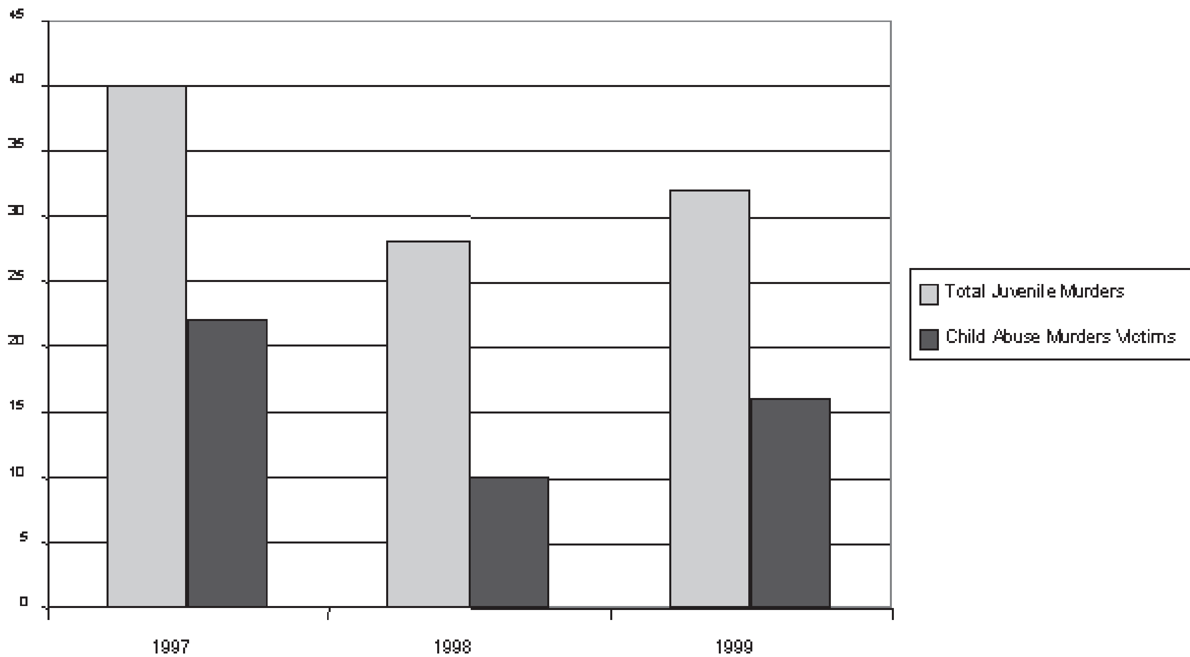


Source: Healthy Youth Survey



Source: Healthy Youth Survey

WA State Juvenile Murders



Definition: All deaths due to injuries inflicted by another person with intent to injure or kill, by any means. For years 1980 through 1998 the applicable underlying cause of death codes are ICD-9 codes E960-E969. For years 1999 and 2000 the applicable death codes are X85-Y09,Y87.1

Intervention Strategies

Overall it is important to provide a broad continuum of services to address the problems of domestic violence, child abuse, substance abuse, and mental illness. These services must include prevention, intervention and treatment in order to fully address these problems. We believe it is important to target youth who demonstrate violent behaviors with early intervention and prevention programs. It is also important to consistently enforce laws pertaining to weapons, tobacco, substance dependence and misuse. Additionally, we need to provide support services for those who may experience violence and abuse in their home situations.

Homicide—Intervention Strategies

Our knowledge of how to prevent injuries and death due to violence is far less extensive than our knowledge of its scope and impact. Experts in the field have suggested that successful strategies to reduce and prevent the incidence of violence should involve broad social changes in our overall approach to violence as well as specific interventions aimed at causes of potential or actual assault or abuse.[50] The interventions should try to reach individuals before a pattern of victimization or interpersonal violence is established, or they should attempt to minimize the consequences and costs of interpersonal violence by providing victims with appropriate support and by helping perpetrators change. The following strategies have been suggested for reducing the incidence of homicide; however, their effectiveness has not been conclusively demonstrated.

Cultural and social

- Promote jobs and employment opportunities for youth.
- Reduce gender inequality and support more flexible male role models.
- Expand services for victims of domestic violence.
- Expand programs to identify and treat abused children.
- Develop and implement media campaigns to educate the public that interpersonal violence is a problem that can be addressed and not an inalterable fact of life.

Education

- Expand health education curricula from elementary to high school to teach children how to manage hostility and aggression with nonviolent means.
- Promote peer counseling and conflict resolution.
- Expand parenting education classes to include violence prevention.

Environment

- Use architectural and social-planning principles to create safe "defensible" space, such as well-lit courtyards and stairwells in housing areas and in public areas.

Health services

- Improve identification, referral, and treatment of people at high risk of violent behavior because of chronic use of alcohol and other drugs.
- Improve identification and treatment of victims and perpetrators of violence by the health care system.

Domestic Violence — Intervention Strategies

Intervention points for domestic violence include primary prevention programs for the general population; individual interventions for victims, offenders, and children; and justice system interventions. Although many of these community and clinical approaches have shown promise, their effectiveness has not been conclusively demonstrated.

Interventions for the general population

School-based programs.

Several primary prevention programs that teach school-age children and adolescents alternative ways of dealing with potentially violent situations and seek to change attitudes about dating violence have shown changes in current attitudes or behaviors. However, one study that assessed behavior a year later found that cognitive changes had been maintained but behavioral improvements had not.[51]

Media roles.

Public education campaigns try to raise awareness of domestic violence as a problem and change attitudes about battering, willingness to intervene in battering, and knowledge of community resources. Information on effectiveness of these programs is not available, but public education campaigns have been part of other successful community prevention programs.

Interventions for victims

Battered women's shelters.

Shelters generally offer short-term residence (four to six weeks) to secure the victim's safety and provide her with information, advocacy, and options. In one experimental study, women who received intensive advocacy services upon leaving the shelter were less likely to experience violence during the next two years than women who did not receive these services.[52] Two studies found that women with incomes of their own and other resources such as child care and social support were less likely to return to the abusive partner.[53]

Counseling.

Advocacy and support services include crisis intervention and individual and group support and are generally aimed at providing safety planning, reinforcing the victim's sense of self-determination, and improving psychological health (for example, increasing self-esteem and decreasing beliefs that the victim is to blame for or can control the abuse). Research is needed on the effectiveness of the various approaches.

Health care responses.

Health care providers are a potentially important source of identification and intervention for victims of domestic violence. Although numerous health professional organizations endorse screening for domestic violence, screening rates in most health care settings remain low.[54] According to PRAMS data, in Washington the percentage of pregnant women who reported that their provider did talk about physical abuse increased from 30% in 1996 to 39% in 1999. The highest rates were among women who went to health department (59%) and community/migrant clinics (51%).

Interventions for offenders

Services include individual counseling and group programs and generally try to stop the violence and change attitudes and behaviors. Although some programs have reported positive effects on subsequent abuse, improvements compared to a control group are generally modest or not statistically significant. Attrition in programs for offenders is high: in a review of 16 studies, a median of 50% of offenders dropped out.[55] Those who completed treatment were more likely to be employed, better educated, and less likely to abuse alcohol or have a criminal history. Research on whether battering history differed between treatment completers and dropouts yielded inconsistent findings.

Interventions for children

Shelters for battered women and other agencies often offer crisis intervention and other services to children as well as their mothers. Although some studies of child treatment programs have shown positive effects,[56] the most important factor in the long-term well-being of the child appears to be the continuing safety of the mother and child.[57]

Justice system interventions

Law enforcement responses comprise an important community contact. Approximately 15% – 50% of the victims of serious domestic violence are known to the police. Pooled results of a large-scale study of five sites suggest that arresting batterers is related to reduced subsequent aggression against the victim.[58] Other studies suggest that arrest policies need to avoid an unintended effect of arresting

victims. Efforts to make the criminal justice system more responsive to the concerns of victims and their children include reforming laws, training police, prosecutorial, and judicial and court personnel; and providing victim advocates and support services for children.

Child Abuse—Intervention Strategies

There has been relatively little research on interventions to prevent maltreatment compared to the large amount of research on causes and effects. However, several programs have shown positive effects on parenting behavior and other measures related to maltreatment.

Home visiting.
A 15-year randomized longitudinal study found that families receiving home visitation during pregnancy and infancy had significantly fewer child maltreatment reports than other families.[6] This program involved nurse home visitors who provided high-risk mothers with information and support. However, maltreatment was not significantly reduced among those families (one-fifth of the sample) in which the mothers reported more than 28 occurrences of violence from their partners during the 15-year period. Program improvements are being made to address this shortcoming but have not yet been evaluated.[59]

Parent training.
Nine studies recently reviewed two well-established parent-training programs for parents of conduct-disordered children and found they were effective on a variety of measures of improving parenting skills and reducing children's problem behaviors.[60] A program for parents of Head Start children also reduced harsh parenting and child conduct problems.[61] However, the children in these studies were not known to be maltreated, and the programs have not been adequately evaluated on their ability to reduce maltreatment.

Identification and screening.
Many health care facilities use multidisciplinary teams to improve identification and case management of maltreated children, and organizations for health care professionals have initiated training programs to increase knowledge for recognizing, diagnosing, documenting, and treating child abuse. Although these programs have not been adequately evaluated, it is likely that their effectiveness depends on the availability and efficacy of other intervention services.[23]

Services to maltreated children.
Programs to prevent adverse consequences of child maltreatment on the child appear to be generally effective, although other efforts are necessary to protect the child from further maltreatment. In a recent review,[24] six out of eight randomized controlled trials of individual and group treatments for sexually abused children and adolescents found positive effects on self-esteem, mood, and/or behavior problems.

Maltreated children who attended therapeutic day care showed better developmental progress than other maltreated children in two sets of small studies,[62,63] and maltreated children in Head Start who were paired with resilient peers had significant social gains.[64] Other studies of programs for physically abused children have shown positive effects, but few have used randomized designs.[24] However, reviewers of over 250 evaluations of the effectiveness of psychotherapy with children have

concluded that psychotherapy is generally helpful in reducing a variety of problems, including some problems associated with maltreatment, such as aggression.

Year 2000 and 2010 Goals

- *Healthy People Year 2000* goal is to reduce abuse and neglect to below 22.6 per 1,000 children per year (1995 Revisions). This goal was based on a combination of data sources, including police, hospitals and schools, as well as CPS records.

- A *Healthy People Year 2010* goal is to reduce verified (substantiated or indicated) abuse to 11.1 per 1,000 children. Comparable Washington data are not available.

- Another *Healthy People Year 2010* goal is to reduce child maltreatment fatalities to 1.5 per 100,000 children. In 1999, six children died who had open CPS cases within the year prior to death, equivalent to a rate of 0.4 fatalities per 100,000 children. This comparison might suggest that the *Healthy People 2010* goal for child maltreatment fatalities has been met. However, preliminary data from Washington Child Death Review investigations suggest these six deaths probably include fewer than half those actually caused by maltreatment.

- *Healthy People Year 2000* goal is to reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples. Based on 1998 – 1999 BRFSS data, the comparable rate in Washington was 10 (± 7) per 1,000, and so it appears that Washington met the *Healthy People Year 2000* goal. The *Healthy People Year 2010* goal is to reduce the rate of physical assault by current or former intimate partners to no more than 3.6 physical assaults per 1,000 people age 12 and older. Comparable Washington data are not available because the BRFSS only includes adults 18 years old or more.

- *Healthy People 2000* goal for homicide is an age-adjusted rate not to exceed 7.2 per 100,000. Washington met this goal. Washington's 2000 rate for homicide was 3.6 per 100,000 if measured in a way comparable to the *Healthy People 2000* goal (that is age-adjusted to the US 1940 standard population and adjusted for changes in ICD-coding described in Appendix B).

- A *HP 2010*, the national goal is a homicide rate of 3.0 per 100,000 or lower. If current trends continue, Washington will meet this goal.

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Data Sources

Washington State Department of Social and Health Services, Children's Administration and Research and Data Analysis..

US Department of Health and Human Services, Administration on Children, Youth and Families (2001). Child Maltreatment 1999, Washington, DC: US Government Printing Office.

The Washington Association of Sheriffs and Police Chiefs provided the Washington Uniform Crime Reports data on domestic violence offenses.

State Death Data: DOH Centers for Health Statistics, Death Record System.

State Hospital Discharge Data: DOH Centers for Health Statistics, Comprehensive Hospital Abstract Reporting System (CHARS).

National Data: National Center for Injury Prevention and Control, National Centers for Health Statistics.

For More Information

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Washington State Department of Health, Offices of Epidemiology (360-236-4248) and Community and Family Health (360-236-3588)

DOH Injury Prevention Program, (360) 236-3693, Email: mary.lemier@doh.wa.gov

Technical Notes

Child abuse and neglect data are from Child Protective Services (CPS) data and were provided by the Department of Social and Health Services Children's Administration. CPS investigates reports of child abuse or neglect in Washington. Washington State law defines abuse or neglect as "the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment' of a child." Reporting of suspected child abuse is mandatory for professionals encountering children (e.g. doctors, teachers). However some child abuse, particularly less severe cases, goes undetected and thus unreported.

This chapter includes information on children in referrals to CPS, specifically, referrals that are "accepted" for investigation. In the case of multiple referrals for the same incident, we have assumed that only one referral was accepted. In addition, reports which do not provide enough information, which have no legal basis for complaint, or where the child cannot be located are not accepted for investigation or further intervention. Also, if the suspected perpetrator is not a caretaker, the case might not be accepted by CPS but might instead be referred to law enforcement authorities for investigation. However, CPS can become involved if the perpetrator is a licensed caretaker, or if the child's parent or guardian refuses to remove the child from a situation which places the child at risk of abuse. These data do not include findings of the subsequent investigation.

Crime and Violence

Local Resources

DOMESTIC VIOLENCE

Citizens Against Domestic & Sexual Abuse (CADA) 24-hour hotline .... (800) 215-5669
CADA, Camano Island .... (360) 629-2232
CADA Administration, 3157 N. Goldie Rd., Oak Harbor .... (360) 675-7781
CADA, North Whidbey .... (360) 215-5669
CADA, Rosewood Women's Resource Center, Langley .... (360) 321-8526
CADA, South Whidbey .... (360) 321-8524
CADA, TTY .... (800) 833-6384
Domestic Violence Hotline, Olympia/Naselle .... (800) 562-6025
Island County Sheriff, Domestic Violence Unit .... (360) 678-4422 or (360) 321-5113
WA Coalition of Sexual Assault Programs (WCSAP), Olympia .... (360) 754-7583

LAW & JUSTICE

Coupeville Town Marshal (business office) 4 NE 7th, Coupeville .... (360) 678-4461
F.B.I. .... (206) 622-0460
Impaired Driving Impact Panel of Island County (IDIPIC), Oak Harbor .... (360) 675-8397
Island County Bar Association, Langley .... (360) 341-3334
Island County District Court, 800 SE 8th Ave., Oak Harbor .... (360) 675-5988
Island County District Court Probation Services, 800 SE 8th St., Oak Harbor .... (360) 675-0777
Island County Juvenile & Family Court Services, 502 N. Main St., Coupeville . (360) 679-7325 or (360) 321-5111 x325
Island County Prosecuting Attorney, Courthouse, Coupeville .... (360) 679-7363
Island County Public Defense Administration, Coupeville .... (360) 679-7326
Island County Sheriff (business office), Courthouse, Coupeville .... (360) 678-4422 or (360) 321-5113
Island County Superior Court, Courthouse, Coupeville .... (360) 679-7361 or (360) 321-5111
Langley Police (business office), 112 2nd St., Langley .... (360) 221-4433
NAS Whidbey Police (business office), Oak Harbor .... (360) 257-3121
Oak Harbor Police (business office), 860 SE Barrington Drive, Oak Harbor .... (360) 679-5551
WA State Patrol (business office), 840 SE 8th Ave., #101, Oak Harbor .... (360) 675-0710

LEGAL ASSISTANCE

American Civil Liberties Union .... (206) 624-2180
Child Support Enforcement (DSHS), Everett .... (800) 729-7580
Dispute Resolution Center, Everett .... (800) 280-4770 or (425) 339-1335
Island County CASA (juvenile court dependency cases only), Coupeville .... (360) 679-7325
I-COM (dispatch services for police, fire, emergency) .... (360) 321-4400 or 679-9567
Island County Courthouse Facilitator, Coupeville .... (360) 679-7361
Northwest Justice Project / CLEAR Program (civil, referrals for low income) . (888) 201-1014 or (206) 424-1519
Northwest Justice Project / CLEAR Senior (over 55) .... (888) 387-7111
Northwest Women's Law Center, Seattle .... (206) 621-7691
Volunteer Lawyer Program of Island County, Oak Harbor .... (360) 675-4750

YOUTH - RUNAWAYS

Child Find Hotline, New York .... (800) 426-5678
Cocoon House, Everett .... (425) 259-5802
Family Help Line .... (800) 932-HOPE (4673)
Family Reconciliation Services (DSHS), Oak Harbor .... (800) 743-0117
Missing Children Clearinghouse, WA State Patrol (I-800 KID-LOST) .... (800) 543-5678
National Runaway Switchboard .... (800) 621-4000
Northwest Network for Youth (referrals & training), Seattle .... (800) 321-8890
Youth Crisis Runaway Hotline, San Diego .... (800) 448-4663

Helpful Internet Sites

Caseloads of the Courts of Washington Annual Reports are developed by the Office of the Administrator of the Courts and are located at http://www.courts.wa.gov/caseload/

Crime offense data from the Washington Association of
Sheriffs and Police Chiefs is posted online. The Crime in Washington State Annual Reports includes data on domestic violence related offenses (aggravated assault, rape, murder) and is at http://www.waspc.org/wucrwibr/index.shtml

Federal Bureau of Investigation, Uniform Crime Reports at http://www.fbi.gov/ucr/ucr.htm

National Archive of Criminal Justice Data, Uniform Crime Reporting Program Data at (http://www.icpsr.umich.edu/NACJD)

Washington State Criminal Justice Data Book at http://www.ofm.wa.gov/forecasting/criminaljustice/criminal9000/index.htm