

**A Longitudinal Analysis of Intimate Partner violence: Risk of Victimization and
Reactions to Violence**

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Abstract

In this paper, we use the 1996-1999 longitudinally linked National Crime Victimization Survey (NCVS) to explore factors associated with intimate partner victimization and compare victims of intimate partner violence to other violent crime victims considering the odds of self-defensive actions, the likelihood of injury, and chances of seeking help through the police or medical establishments. We pay particular attention to racial and class (education and income) differences. Preliminary findings suggest that intimate partner violence is most heavily concentrated among women age 16-49, women more likely partnered with men than those younger or older. Analyses focus on this age group. Findings reveal that minority women are less likely to report an assault by an intimate than are White women. Lower household income is associated with higher risk of assault. Victims of intimate partner violence are more likely than other victims to sustain an injury and to contact the police following assault.

Introduction

In the past, intimate partner violence was largely condoned. People pretended it did not happen, felt it was a ‘family matter’ and they should not interfere, or blamed the victim’s supposedly provocative behavior for its occurrence. Although this still happens, these reactions are far less common today. There is greater censure of the behavior with much public discourse. Many have attempted to document the prevalence of intimate partner violence. However, few have looked at more than one interview with a woman to examine the likelihood of reporting an assault. This study does just that. It also study compares the assaults of women violently victimized by an intimate to those experienced

by other victimized and non-victimized women by considering self-defensive actions, injury and help-seeking behaviors.

Research Findings on the Extent and Nature of Intimate Partner Violence

Table 1 describes previous studies that have examined the prevalence of intimate partner violence using nationally representative data. It shows information on the sample, the time frame, the study design/methods and the prevalence rates.

[Table 1 About Here]

Klaus and Rand (1984) found very low rates in the 1973-1981 waves of the National Crime Survey. Several factors are cited as reasons. For instance, the context of a crime survey makes it unlikely that incidents not normally considered criminal, are reported. Interview privacy, though desired, was not always attainable; and shame may prevent many from disclosing their experiences. It is also worth noting that this study took place prior to the redesign which added better probes about assaults by an intimate (see Bachman and Taylor 1994).

Rennison (2000) computed more current rates using the redesigned National Crime Victimization Survey (NCVS). The 2001 NCVS rates are presented in Table 1. Although these rates are much higher than those found by Klaus and Rand, they are still substantially lower than those found by other surveys. Note, however, that these studies did not link a woman's interviews to assess victimization over the entire three-year interview period. Rather, all of the interviews in a twelve-month period were analyzed. Hence, the rates represent a snapshot of victimization in a fairly narrow window and often include two interviews with the same respondent. If a woman interviewed twice

reported intimate partner victimization at only one of her interviews, her other interview would appear to be reported by a non-victim (despite her victimization within the year surrounding that interview), inflating the proportion of nonvictims. Alternatively, a woman reporting victimizations during both interviews in the twelve-month period would be counted twice. In general, because it is highly unlikely that a woman reports being victimized during each interview, the actual proportion of women who were victimized will be higher than the proportion of interviews in which the respondent discloses an incident. Finally, these rates were computed using bounded NCVS interviews. That is, the interviews were all “bounded” by an earlier interview 6 months ago, which provided a concrete time referent (see: ICPSR 2001). Thus, it is not surprising that the rates are lower than those found in other, unbounded surveys.

Morse (1995) analyzed data from four waves of the National Youth Survey collected at the University of Colorado, Boulder. Her results for heterosexual married or cohabiting couples indicate high prevalence of intimate partner assault within the past year: ranging from a rate of 54.5% of couples when respondents were between 18-24 years old (and a smaller proportion were in married/cohabiting relationships) to 32.4% by the time respondents reached their late twenties to early thirties. Morse attributes this change (as well as the discrepancy between the rates she found and rates from other studies) to the age range of the sample, varying from one at which violence peaks to one at the start of its decline (Other studies in Table 1 included women of younger and older ages; such women are less likely to have intimate partners). Another factor that may contribute to her higher rates is that the conflict tactics scale was administered in structured, face-to-face interviews, rather than by telephone as were many of the other

studies cited in Table 1. Morse found that rates for severe violence were drastically lower, ranging from 25.5% in the first wave analyzed to 15.8% in the last wave (Data Not Shown in Table 3.1). In the Morse data, rates of any female perpetrated violence and of severe female perpetrated violence were higher than those of male perpetrated violence across the years. However, Morse (1995) carefully addresses gender differences in the nature, context and consequences of assault.

Straus and colleagues found that in 1975, 16% of all married/cohabiting couples in the National Family Violence Survey (NFVS) reported one or more assaults during the year. In a 1985 follow up study, the rate was similar at 15.8% (Straus and Gelles 1990). Straus and Gelles claim that partner violence is underreported and conclude that their numbers represent a lower bound on actual incidence of assault.

Despite this claim, Straus and Gelles (1990) find higher rates of intimate partner violence than do most other researchers, the dramatic exception being Morse (1995) (see Table 3.1). However, their numbers are not directly comparable because they refer only to those currently residing with an intimate partner, the group most “at risk” of intimate partner assault.

Tjaden and Thoennes (2000b) used similar survey techniques to examine the prevalence of intimate partner assault among all adults. They found much lower rates, 1.5% of women and 0.9% of men reported violent victimization by an intimate in the past year. When analyses were restricted to married/cohabiting couples of the opposite sex (Tjaden and Thoennes 2000b:151), findings were similar: 1.4% of women and 0.8% of men “reported being raped, physically assaulted, and/or stalked by a current or former marital/opposite-sex cohabiting partner in the 12 months preceding the survey.” Tjaden

and Thoennes (Tjaden and Thoennes 2000a) discuss how their findings differ from those of Straus and Gelles (1990) and highlight the possibility that differences in survey presentation and analytic categorization explain the differential rates found in each study.¹ Additionally, Tjaden and Thoennes use a modified version of the Conflict Tactics Scale employed by Straus and Gelles, as well as other survey instruments.

Lower rates are also found by Zlotnick, et al (1998), who studied married and cohabiting couples in the National Survey of Families and Households (NSFH) , suggesting that Straus and Gelles (1990) have relatively unique findings and that actual rates are either much lower or people are generally far more reticent about this topic. The context or presentation of the Straus and Gelles survey may have invited greater disclosure.

Regardless of which study is considered, there is no doubt that intimate partner violence against women remains a social problem. Although prevalence estimates are quite low, when the rates are applied to the entire U.S. population, it is clear that a large number of women are being victimized at home. For example, if the sex-specific rates found by Rennison (2003) are applied to the population of women and men represented in the 2000 census, over 66 million victims are calculated (9.6 million male victims and nearly 57 million female victims) (United States Census Bureau). Additionally, it is worth noting that intimate partner violence has declined at a slower rate than other types of violence (Rennison and Welchans 2000; see also: Rennison 1999) (see: “Rennison

¹ If a male or female respondent reports a victimization in the National Family Violence Resurvey, it is also counted as a perpetration for the opposite sex when rates are tabulated in Straus and Gelles’ analyses (Tjaden and Thoennes 2000a). However, given findings that men and women report differently (See, for example: Bohannon et al. 1995), it may not be valid to combine these reports, as doing so may inflate estimates. This would partially explain why Straus and Gelles (1990) find much higher prevalence rates among married and cohabiting couples than do other researchers.

1999). We anticipate that, like other studies of victimization data, our findings will show lower rates of reporting violent victimization by an intimate than do studies using other types of survey instruments (i.e. the conflict tactics scale). However, when we compute the rate of women victimized, that is when we consider the number of women *ever* reporting victimization, rather than the number of interviews with a report of intimate partner assault, we anticipate finding higher rates of assault than the other studies of crime victimization data.

Incident Characteristics

Self-Defense

Prior research on self-defense was conducted within the context of who precipitated the violence. Scholars have found that women are more likely than men to assault their intimates in response to partner-precipitated violence (see Kurz 1993; Morse 1995). However, the extant research neglects to explore which victimized women act in self-defense. We anticipate that victims of intimate partner violence are less likely than other crime victims to act in self-defense, given their affection for the perpetrator and potential fear of worsening the situation.

Injury

Past research on injury has typically used injury as a dependent variable to show how men and women suffer differently from intimate partner violence (see Brush 1990). These studies firmly establish that women are more likely than men to be hurt when assaulted by an intimate partner. This research justifies analyzing women and men

separately; yet, it does not consider which victimized women are most likely to sustain an injury.

Injury is an important outcome to examine for several reasons. Injury could increase dependency upon and fear of the perpetrator (Dugan and Apel 2005 discuss the likelihood that some victims stay in violent marriages for fear that their partners would retaliate if they tried to leave.), decreasing the likelihood of divorce/separation and individual mobility; (i.e. the injured victim could be less likely to separate from her partner). Alternatively, the injury can serve as a “wake-up call” leading women to exit the relationship. Browne (1987) found that victims of intimate partner violence who killed their partners often did so after escalation in violence, to levels that had not been experienced before. Further, because of the greater likelihood that they are victimized at home, in private, and because the motivation is likely not a robbery, I anticipate that victims of intimate partner violence victims may be injured more often than other victims.

Help Seeking

Earlier research on help seeking behavior following an assault by an intimate has examined the problematic nature of the medical and legal services encountered by victims. The medical system has historically treated women’s injuries without intervening or identifying women experiencing intimate partner violence and the legal system does not always offer desired protection and intervention (see “; Dworkin, 1993; Martin, 1995; Warshaw, 1993 Stark, Flitcraft, and Frazier 1979). Little research has examined the factors associated with seeking help after crime victimization.

There is some empirical evidence to suggest that women victimized by an intimate partner have different help-seeking patterns than those assaulted by non-intimates. In her study of the 1993 Canadian Violence Against Women Survey, Kaukinen (2002) found that those assaulted by a spouse or cohabiting partner were more likely than those victimized by a dating partner, another known offender or a stranger to either seek little or no help or to seek substantial help (by telling family and friends *and* notifying a formal agency). Such victims were least likely to disclose to personal networks alone. Kaukinen's findings suggest that assault by a spouse or cohabiting partner may most often be concealed but "once the process of disclosure is initiated, women victimized by spousal offenders may no longer be able to conceal or normalize the violent actions of their abuser" (Kaukinen 2002:28-29). Dugan and Apel (2005) compared victims of severe spousal violence to victims of severe stranger violence and generally find that those victimized by strangers are more likely to contact the police. While Felson and Pare (2005) find that victims are least likely to report the assault to the authorities if the offender is known and victims of sexual assault.² They also examined reasons given by victims for not contacting police and found: "If the offender was a partner, victims were more likely to fear reprisal and think that the police could not do anything to help" (2005). Further, third parties are least likely to contact the authorities when the dispute is between intimates. Given these findings and the shame that is often involved, I think intimate partner violence victims will be less likely to notify the police or seek medical help than other victims.

² However, victims of intimate partner violence are not more or less likely to contact the authorities than victims of other violence by a known offender.

Variations by Race/Ethnicity and Social Class

Relatively little research has examined whether intimate partner violence differs for women of diverse racial or ethnic backgrounds, or for women with different levels of education and income. Many scholars have called for such research, drawing attention to societal factors that may inhibit some minority women from fully accessing resources and services available in their communities. For example, Crenshaw (1993) addresses macro level processes that influence the services needed by Black battered women: "... the burdens of illiteracy, responsibility for child care, poverty, lack of job skills, and pervasive discrimination weigh down many battered women of color who are trying to escape the cycle of abuse" (Crenshaw 1993:115; see also Kanuha, 1996; Mama, 1989; Rasche, 1988; Crenshaw 1996).

One recent study addresses the differential crime rates for women of diverse racial and ethnic origins. Dugan and Apel (2003) use NCVS data to compare the violent victimization experiences of non-Hispanic White, non-Hispanic Black, Hispanic, Native American, and Asian/Pacific Islander women.³ Their findings not only suggest that victimization rates differ, but also that risk and protective factors for violence depend upon a woman's race or ethnicity. For example, their research further revealed that living in public housing is only an important risk factor for Hispanic and Black women.

The decision to seek help likely depends on a woman's previous experiences with the legal and medical systems, as well as her perceptions of these institutions. These experiences and perceptions likely vary with race. Peterson (1999) explains that women of color and/or low economic status may perceive barriers to legal protection, and thus be less willing to rely on the police. Crenshaw (1996) echoes this concern, noting the

³ Their study investigated all violent victimization, not just violations by an intimate partner.

hostility many women of color perceive from the police and the desire many have to keep their private lives out of the public domain. Thus, minority women likely experience the legal and medical establishments very differently as a result of discrimination and stereotypes as well as cultural differences in the meaning of help seeking and the expectations of the establishments.

There is some historical evidence to suggest that Blacks may be less willing to notify the police after an assault than Whites (Block 1974). However, this finding is for all assaults, not just those by intimate partners and disappears once income is held constant.

In a more recent study of attitudes about the acceptability of calling the police after 49 distinct crime types, Greenberg and Ruback (1992:121) found: "In general, the Latinos and the Koreans were less approving of calling the police than were Blacks and whites." However, most items did not include the victim-offender relationship and the one measure asking about the acceptability of calling the police after "A man beats his wife with his fist. She requires hospitalization" did not yield racial differences. Further, generally calling the police was viewed as acceptable.

Also worth noting is that minority respondents may be less willing to report crimes, or certain crimes on surveys than White women. If so this may be due to differences in interpretation or definition, or simply differences in willingness to disclose such incidents to an interviewer. Although this is challenging to test directly, there is evidence that Black, Asian and Hispanic women report less sexual harassment than White women (Kohlman 2000). While it is possible that the experiences differ by race, it is also realistic that the true difference may be in reporting.

However, there is also some evidence to suggest that Black victims of intimate partner violence may be more likely than White victims to report their assaults to the police. Bachman and Coker (1995) found that Black women victimized by a Black male intimate were significantly more likely to report the assault to the police than were White women victimized by a White intimate. Further, Black perpetrators were more likely to be arrested than were White perpetrators. Thus there are mixed findings on the importance of race in reporting to the police.

Results

Who is victimized?

The NCVS includes women age 12 and older. In Table 2, we show the rates of intimate partner violence by age group for all women. The overall rate is 11.6 intimate partner victims per 1,000 women. However, the rates are concentrated among those aged 16-49, the group selected for analyses. Rates vary in this sample from 11.7 victims of intimate partner violence per 1,000 women age 16-19 years old to 21.5 per 1,000 women 20-24 years old. Females under age 16 have a much lower rate of intimate partner violence (2.3/1,000 women), as do those 50-64 (2.9/1,000) and those 65 and over (0.4/1,000). Females under age 16 are most likely to have close parental supervision and awareness of their intimate relationships. Older women are less likely to be partnered given higher rates of male mortality. Additionally, prior research has shown that intimate partner violence is concentrated among this age group (see: Rennison and Welchans 2000).

[Table 2 About Here]

In order to further describe the victims of intimate partner violence, we examined the rates of reporting an intimate partner assault by race and class. We present the rate of intimate partner assault by race and class for all women and for those in the 16-49 age range in Table 3. The sample size is listed to illustrate small samples in some categories, justifying the combination of race categories into a minority status indicator for multivariate analyses. Once we select on victimization or other criteria, there are often insufficient cases to analyze each racial group.

[Table 3 About Here]

Of the 27,765 women age 16-49 in the sample, 433 report at least one assault by an intimate partner. Note that this represents a rate (16 intimate partner violence victims per 1,000 women) that is somewhat higher than that found in earlier crime studies that did not link women over time (Klaus and Rand 1984; Rennison 2003). However, it probably still represents a lower bound on actual intimate partner violence, given underreporting and given that the denominator includes women not partnered with men (partner status cannot be determined for unmarried women as non-marital relationships cannot be identified in the NCVS). Table 3 shows that for all women, all racial groups, all income and education levels, and regardless of public housing residence, rates of intimate violence are greater among those in the 16-49 age range. This illustrates that our focus on women age 16-49 is warranted. Note, however, that the magnitude of the difference differs dramatically by race and class characteristics. For example, whereas rates for low-income women aged 16-49 are nearly 1.5 times the rates for low-income women aged 12 and up, the risk for high-income women is only slightly elevated in the age restricted sample.

Table 3 also reveals that Asian women are the least likely to have been victimized by an intimate, while Native American women are far more likely than any other women to have been recently assaulted by an intimate. However, little can be made of this finding given the very small number of women of Asian and Native American descent. Large sampling variability could account for the differences. The rate of victimization is also low for Hispanic women, while Black and White women experience intimate partner assaults at roughly the same rate. This table reveals that rates of intimate partner victimization decline with increased education and income. Finally, rates for public housing residents are higher than those for the full sample. Overall, this table suggests that there are race and class differences in the rates at which women report intimate partner assault. This is tested below in multivariate analyses, where interactions between race and class are also considered. Note that these findings may indicate the actual rates do differ by race and class, or may simply refer race and class differences in reporting. Kohlman found lower rates of reporting sexual harassment by Blacks, Asians and Hispanics, yet it is unclear if this pattern applies to intimate assaults (2000). However, prior research evidence suggests *higher* rates of police reporting by Blacks following intimate assault (Bachman and Coker 1995), which may suggest a greater willingness to disclose assault.

What is the Nature of Intimate Partner Assault?

Table 4 is restricted to victims of intimate partner violence. we show the relationship between intimate partner victim and offender and the type of crime(s) reported. Since it is possible for a woman to report multiple victimizations, there may be

multiple relationship or crime codes reported (i.e. the percentages can sum to more than 100percent).

[Table 4 About Here]

Nearly sixty percent of intimate partner violence victims report that their boyfriend or former boyfriend was the assailant during one or more incidents of partner violence. Almost thirty percent report that their husband assaulted them and just over fifteen percent report assaults by a former spouse. Thus, it appears that victimization is split between the context of formalized, committed relationships and less committed ones.

Table 4 shows that the bulk of victimizations were concentrated in four crime categories: simple assault with injury (33.1%), assault without weapon or (21.7%), verbal threat of assault (18.8%) and completed aggravated assault with injury (13.2%). This table shows that the incidents spanned across severity (with heavy concentration in both verbal threats and completed assaults), but were less often sexual assaults (Fewer than nine percent of intimate partner violence victims report completed rape, attempted rape, or sexual assault (without injury, minor injury, or serious injury), and none report the verbal threat of rape).

How do Victims of Intimate Partner Violence React?

In Figure 1, we show the distribution of experiences during and following reported violent crime victimization(s). This figure was constructed using women (rather than women-interviews) as the unit of analysis. For this figure and for Tables 4 and 5 below, we constructed mutually exclusive victimization categories. If a woman ever

reported an incident of intimate partner violence, she is classified as a victim of intimate partner violence. Women who did not report any intimate partner violence, but did have one or more violent victimizations by another known offender are categorized as victims of such violence and so on. Thus a woman with multiple victimizations appears only as a victim of the first type of violence in the hierarchy (intimate partner violence, violence by another known offender, stranger violence victim, nonviolent crime victim). All comparisons are to intimate partner violence victims. Those with no reported victimizations are coded non-victims.

[Figure 1 About Here]

Intimate partner violence victims are more likely than those assaulted by a stranger to act in self-defense. Nearly thirteen percent of women reporting at least one intimate partner victimization indicate that they acted in self-defense at the time of assault. Figure 1 also suggests that intimate partner violence victims may be more likely to suffer an injury during assault than are other violent crime victims. Over half of intimate partner violence victims report at least one injury; fewer than a third of victims violently assaulted by another known offender report any injury and less than a quarter of victims assaulted by a stranger do so. However, among injured victims, the rates of seeking medical attention are similar for those victimized by an intimate or other known offender; about one fifth sought medical care for injuries. The rate for those injured by an unknown offender is slightly higher; nearly thirty percent of such injured victims seek medical help. Intimate partner violence victims are also more likely than any other crime victims (violent or nonviolent) to contact the police. More than half of the intimate partner violence victims notified the police of their assault. These differences suggest that

intimate partner violence victims do have different experiences than other crime victims. The findings show that women violently victimized by an intimate are proactive, engaging in self-defensive actions and contacting the police. There is thus, suggestive evidence that women victimized by their partners are proactive in ending the violence and trying to improve their situation.

In Figure 2, we present the percentage who act in self-defense, sustain an injury, seek medical attention and notifying the police for all intimate partner violence victims by race and ethnicity. There are few statistically significant differences. This is not unexpected given that sample sizes for minority groups, particularly Asians and Native Americans, are small. However, two marginally significant findings emerge. Black victims of partner violence are more likely than White victims to notify the police and Asian victims of partner violence are more likely than White victims to act in self-defense. Finally, since no Asian women sought medical help for injuries sustained during an intimate assault, they were significantly less likely than Whites to sustain an injury. Note that because the sample sizes for many minority groups are so small, subsequent analyses include a minority status indicator instead of the full detail by racial category.

[Figure 2 About Here]

Comparison of Women by Victimization Type

Although our multivariate models are run using the sample of women-interviews, descriptive statistics for all women, and by victimization status are presented at the woman level in Table 5 (independent variables). This is so that comparisons can be made across groups of women.

[Table 5 About Here]

Table 5 reveals that victims of intimate partner violence less often identify as minority women than do non-victims (though they differ little from other victims), intimate partner violence victims report lower levels of educational attainment than other women, yet the difference is most pronounced between them and non-victims. Women victimized by an intimate also report the lowest average household income, \$30,384. It is significantly lower than that reported by all other victims and by non-victims. Finally, women victimized by an intimate are significantly more likely to reside in public housing than are non-victims. These findings suggest that race and class differentiate victimization by an intimate from other victims and nonvictims. These relationships are explored in Table 6 and interactions between race and class are also considered in Table 7.

Victims of intimate partner violence tend to be younger than other women, are less often married, more often divorced or separated, and more often attending school. They are also more transient as evidenced by their lower rates of home ownership and fewer average months at the present address. A higher proportion of victims of intimate partner violence live in a one adult household, while fewer live in two adult households; however, the mean number of children in these homes is significantly larger than in the other samples.

Finally, police notification by someone other than the victim is less common after intimate partner violence than after other violent crimes. Conversely, arrests are more common following intimate partner assaults than after any other crime. Perhaps the police are notified for more serious intimate partner assaults, while they are notified

following less severe victimizations by other offenders. Victims of intimate partner violence reported that the perpetrator was under the influence of drugs or alcohol in nearly forty-five percent of the cases; the rates for other crime victims are significantly and dramatically lower. Note however, that intimate partner victims are the most likely to be aware of the perpetrator's drug/alcohol use. Intimate partner violence victims less often reported the use of a weapon than did other victims of violent crime. Finally, victims of intimate partner violence are more likely than any other crime victims to report serial victimization; that is, they are most likely to report more than six similar acts. There is therefore suggestive evidence that violent victimization by an intimate is different from other types of victimization.

Multivariate Analyses

To test these relationships and to understand the other factors associated with being recently victimized by an intimate, we modeled the probability of reporting an intimate partner victimization among all women age 16-49 using logistic regression. These findings are presented in Table 6. Descriptive statistics for all woman-interviews used in this model are presented in Appendix 1.

[Table 6 About Here]

Not surprisingly, Table 5.6 reveals that a history of intimate partner assault is associated with a greater likelihood of a recent assault, net of demographic and interview controls. The odds that women who had reported an intimate partner assault in a previous interview is recently victimized by an intimate 1.6 times the odds of those with no history of intimate partner assault.

Minority women are significantly less likely than White women to report that they had recently been assaulted. Education and public housing residence do not differentiate women's odds of being recently victimized by an intimate but the likelihood of reporting a recent victimization by an intimate decreases as household income increases. To consider the ways race and class may jointly influence a woman's risk of intimate partner violence, we tested interactions between race and class variables. Results From these models are presented in Table 7. The negative association between household income and intimate partner violence is stronger for minority women than for white women. There is also an interaction effect between minority status and low educational attainment, such that minority women with low educational attainment have significantly lower rates of reporting intimate partner violence than do such white women.

[Table 7 About Here]

Turning to the demographic characteristics, older women are significantly less likely to report a recent assault, a finding that is consistent with previous research (see: Rennison and Welchans 2000; Zlotnick et al. 1998). Married respondents are less likely than single women to have experienced a recent intimate partner assault, while the odds that divorced or separated women are assaulted is nearly four times that for single women. Women living alone *and* women living with more than one other adult are significantly more likely than those living in homes with 2 adults to report that they were recently assaulted by an intimate. Each child in the home also increases a woman's risk of assault by nearly thirty percent.

The interview characteristics reveal that intimate assaults are less often reported in proxy interviews. During such interviews someone else responds on behalf of the

respondent. Such proxies may not be aware of the assault or may have reasons to deny them. Finally, a woman is far more likely to report a recent intimate partner assault during her first interview, unbounded by a prior one to mark the time frame.

In order to consider differences in the experience and response to victimization by crime type, race and class net of control characteristics, we ran logistic regression models predicting each intervening variable (self-defensive actions, injury and help-seeking).⁴ The sample is restricted to recent victims of any violent crime age 16-49 for models predicting self-defense injury, and a victim's police notification; and to recent, injured victims of violent crime age 16-49, for the model predicting seeking medical help. Descriptive statistics for each sample of woman-interviews are presented in Appendix 2. The results are shown in Table 8. For ease of presentation, this table is limited to odds ratios and significance levels. Appendix 4.3 provides the coefficients and standard errors for each model. Recall that some independent variables were omitted from specific models due to small cell sizes. This is indicated on the tables with a “†” symbol.

[Table 8 About Here]

Odds ratios are above 1 for using self-defense for intimate partner violence victims and other victims of violent crime, though the results are not statistically significant for victims of intimate partner violence and are only marginally significant for other victims of recent violence. Each recent violent victimization by an intimate is associated with increased odds (odds ratio=1.59) of injury. This reinforces earlier research suggesting that women are at greatest risk within the home (see: Straus and

⁴ Since temporality is unknown, we include injury in the model predicting self-defense and self-defense in the model predicting injury. Similarly, seeking medical care is included in the notifying police model and notifying the police is included in the seeking medical care model. Thus, our findings for these suggest associations but are not reflective of a direction of causality. The associations may be inflated due to simultaneity.

Gelles 1990). Type of violent victimization is not predictive of seeking medical care, although it is worth remembering that the sample for this model much smaller, as it only applies to injured victims of violent crime. While not statistically significant, rates of medical help seeking are particularly low for victims of previous intimate partner. This perhaps suggests that a history of violence in an intimate relationship may reduce a woman's likelihood of doing something about it; yet further research is necessary to determine the meaningfulness of this difference that is not statistically significant. Finally, the odds were high that all recent violent crime victims (intimate partner violence victims, as well as others) contacted the police.

Race and class generally have little effect on self-defense, injury and help seeking. The only statistically significant difference to emerge is that violent crime victims with more than a high school degree are less likely to sustain an injury than are those with only a high school degree. Race and class interactions are shown in Table 9. They reveal that the only statistically significant interaction in the model predicting self-defense is between minority status and public housing residence. The interaction suggests that minority women living in public housing are less likely to act in self-defense than are white public housing residents and minorities who do not reside in public housing. However, it is unclear how important this is, given that the main effects are not significant in the additive or the interactive model.

None of the race*class interactions are significant predictors of injury or seeking medical help (if injured). In the model predicting police notification, the minority*low education and minority*public housing residence are both significant. Minorities with low educational attainment are less likely to alert the police of their assault than are white

women or minority women with a high school diploma. Minority victims of violent crime who reside in public housing are more likely to contact the police than are white women or minority victims residing outside public housing.

[Table 9 About Here]

Turning to the intervening variables, we find that injured victims are 2.7 times as likely to have acted in self-defense than are those violent crime victims who did not sustain an injury. Similarly, results suggest that those who acted in self-defense were more than twice as likely as those who did not to sustain an injury. While the NCVS does not allow determination of temporality, that is we do not know whether the victim was injured first or first tried to defend herself, this is a striking finding. It either suggests that injuries prompt women to counterattack *or* that women who act in self-defense tend to incur more violent reactions. While this finding is not surprising, it suggests women may be proactive in trying to stave off their offenders but seem to pay a price for doing so. More research, with nuanced temporal information is necessary to disentangle this.

According to Model 3 of 7, which is limited to injured victims of violent crime, neither having acted in self-defense nor having contacted the police is predictive of an injured victim's decision to seek medical help. Further, those injured victims who seek medical help, are more likely to have contacted the police. It is sensible that injured women would be more likely to contact the police, since injury, particularly injury severe enough to require medical treatment, provides tangible evidence that indicates a certain level of severity. However, one would also expect self-defense to be positively associated with seeking medical care and contacting the police, given that each of these actions demonstrates help seeking initiative. Further, we would have expected contact with the

police to increase the odds that an injured victim of violent crime would seek medical treatment, either to document her injuries or as a result of police intervention.

The models include controls for demographic and incident characteristics. Briefly, married women are less likely to act in self-defense. None of the characteristics relate to injury. Children decrease the odds that an injured, violently victimized woman seeks help through the medical system. Divorced violent crime victims, those who are the only adult in the home, and those residing with children are more likely to contact the police.

Findings for the incident characteristics are worth discussing as they bear relevance to this project. A perpetrator's weapon use surprisingly has little influence on a violent crime victim's decision to act in self-defense; however, his use of drugs or alcohol is associated with significantly higher odds that a violent crime victim acted in self-defense.

Weapon use does not influence a violent crime victim's risk of injury; however, a perpetrator's substance use is associated with significantly higher odds of sustaining an injury. Series incidents indicate a lower likelihood of injury.

If someone other than the victim notified authorities or if an arrest was made, the victim is significantly more likely to seek medical attention. This is not surprising; others are more likely to intervene and arrests are more likely in incidents with more severe violence. A perpetrator's weapon use significantly elevates the likelihood of seeking medical care if there were injuries.

In order to examine victims of partner violence more closely, we ran logistic regression models predicting the likelihood that a woman recently victimized by an intimate acts in self-defense, is injured, seeks medical attention for injuries, and contacts

the authorities on her own behalf. Appendix 3 shows descriptive statistics for the independent variables for all interviews with reported intimate partner victimization and for such interviews where an injury was reported (the sample in model 3) for women age 16-49 at their first interview. In Table 20, we show odds ratios and statistical significance for models run on woman-interviews with women age 16-49 with recent reports of intimate partner violence. Appendix 5 displays coefficients and odds ratios for these models.

[Table 20 About Here]

Table 20 reveals that the characteristics associated with the intervening variables among women victims of intimate partner violence differ in some important ways from those associations among all female crime victims. Note that while the models in Tables 4.6 predicted any self-defense, injury or help seeking in the past 6 months, this table predicts intervening variables that reflect characteristics of intimate partner violence victimizations only. Thus, a woman reporting multiple victimizations, who reported self-defense only during violent victimization by a stranger, is not considered as having acted in self-defense for the purpose of this model.

It is notable that a history of intimate partner violence has no significant bearing on the nature of current assault. A woman's likelihood of acting in self-defense, sustaining an injury, and seeking medical help are unaffected by whether or not she has previously been victimized by an intimate.

There are no significant differences by race or education in the models run on intimate partner violence victims. However, higher income victims of intimate partner violence are more likely to have responded to intimate partner violence by acting in self-

defense, yet they were not significantly different in their reports of injury or help seeking. Tests for race by class interactions, shown in Table 21, do not offer many further important explanations. None of the race*class interactions are significant in models predicting self-defense or help seeking. In interactive models predicting injury, the minority*low education and minority*high education are both significant. Minorities with low or high educational attainment are more likely to be injured than minority high school graduates and White women.

[Table 21 About Here]

The only significant associations among the intervening variables to hold significance in this sample are that injury predicts self-defense and vice versa. Divorced women victimized by an intimate are less likely to act in self-defense but more likely to contact the police than single women and married victims of recent intimate partner violence are more likely than single victims to report an injury. Intimate partner violence victims who do not live with any other adult (including unmarried, non-cohabiting victims) and those residing with one or more children are more likely to contact the police following assault.

Those intimate partner violence victims whose perpetrators used a weapon have double the odds of victims whose perpetrator did not use a weapon of acting in self-defense. Surprisingly, a perpetrator's drug/alcohol use and serial victimization have little relationship with self-defensive actions.

Weapon use and a perpetrator's drug or alcohol use significantly and dramatically increase the odds that a woman victimized by an intimate sustains an injury. A perpetrator's arrest is associated with an injured intimate partner violence victim's

decision to seek medical care, while a perpetrator's drug or alcohol use decreases the odds that an injured victim seeks care for her injuries.

Finally, weapon use is positively associated with a victim's decision to contact the authorities and serial victimization has a negative relationship with her decision to notify the police. These relationships are not surprising, but what is striking is that many only emerge when the sample is restricted to victims of intimate partner violence, suggesting that being victimized by an intimate is somewhat unique and policies that apply to victimizations more broadly may not be appropriate when the offender is an intimate.

Summary

We first described how victims of violence by a known, non-intimate, stranger violence, nonviolent crime, and non-victimized women differ from victims of intimate partner violence. Next, we presented characteristics of intimate partner victimization. We then discussed what women do in response to the victimization during, or immediately following the assault (self-defensive actions, help-seeking). Then we described the characteristics associated with reporting a recent incident of intimate partner violence. Finally, we showed the characteristics associated with self-defense, injury and help-seeking.

Tables 1 and 2 revealed that assaults are concentrated among women age 16 to 49 and hence the sample for all further analyses is restricted to this age range. Table 3 illustrated very small sample sizes for many race-ethnic groups. This necessitated collapsing race-ethnic variation into a minority status indicator in the regression models.

Women victimized by an intimate report a variety of assaults that span from less

to more severe (Table 4). Strikingly, rates of injury are higher for them than for any other victimized women. Although violent crime victims rarely act in self-defense or seek medical care for their injuries, those victimized by an intimate are most likely to do so. Additionally, more than half of all victims of intimate partner violence do seek police intervention. This suggests that the legal response is extremely important, given that police are likely to encounter a victim shortly after assault.

Bivariate comparisons reveal important distinctions between intimate partner victims and both other victims and non-victimized women on dependent and independent variables. Later chapters address whether the observed differences in outcomes can be attributed to differences in the independent variables (i.e. intimate partner violence victims have many similarities).

Multivariate models considering the factors associated with intimate partner violence reveal that a history of violence by an intimate is associated with recent intimate partner violence. Further, minority women are *less* likely to report intimate partner violence, while those of low income are *more* likely to do so. However, interactive models reveal that women who are members of a minority group and live in homes with lower income are *less* likely than other women to report a recent intimate partner assault.

The multivariate analyses of the intervening variables reveal that across both samples: recent violent crime victims age 16-49 and recent intimate partner violence victims age 16-49, there are strong associations between injury and self-defense. This finding merits attention and further research. It is important to disentangle what is going on so that causality may be determined and policy designed accordingly.

It also appears that while a victim's own calls to the police have little bearing on her decision to seek medical help, or vice versa—a victim's decision to seek help for injuries has no influence on her odds of calling the police—it is striking that others' calls to the police and arrests are both associated with higher odds that a crime victim seeks medical attention for her injuries. This is either very good, or very bad news. It could indicate that the medical establishment is effectively intervening and the authorities are taking action when a woman is hurt by her partner. Alternatively, it could indicate that arrests are only made when a woman is so severely injured that she needs medical attention.

Finally, associations between serial victimization and injury and police notification cause concern. Table 8 shows that those serially victimized are less likely to be injured and less likely to contact the police. This can either suggest that these victimizations represent chronic but not severe victimization, or that the victim has become desensitized to the violence and developed a more extreme definition of "injury." However, intimate partner violence victims reporting serial assaults are no less likely to sustain an injury, but are less likely to contact the authorities than those without serial victimization. This raises concerns about the severity of repeat assault. An understanding of the mechanisms behind the statistical associations is important for determining the causal mechanisms at work so that policy innovations are on track. Perhaps nuanced qualitative data would allow such analyses.