
A Review of Male Violence Against Women in Hawaii

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Abstract

This review attempts to emphasize the urgency in addressing issues of violence against women in Hawaii. It demonstrates that violence against women is a significant, challenging, and often overwhelming and overlooked public health problem. While attention to this problem has dramatically increased, more needs to be done to end violence against women and improve the well-being of women and our society as a whole.

Introduction

Acts of violence are everyday events in the lives of women in Hawaii, impacting all women whether or not they directly experience violence. Violence occurs in the home, at the workplace, and in the community. It is most typically perpetrated by a man known to the woman with at least one in ten women experiencing violence in any given year and as many as four in five women experiencing violence at some time during their lifespan.¹⁻² This equates to one woman every nine seconds. However, these figures are extremely suspect, and most likely conservative, due to the high degree of under-reporting. Violence against women is, therefore, a significant public health issue in Hawaii.

The direct health consequences of violence against women are multiple. Health implications include, but are not limited to, physical injuries, rape, suicide attempts, substance abuse, miscarriage, gynecological symptoms, psychosomatic complaints (head aches, muscle aches, sleep disturbances, and eating disorders), and psychiatric illness. However, these health consequences represent only the most linear effects of violence. Violence against women impacts many other lives. For example, disturbances in social and emotional development, long-term psychological sequelae and an increased propensity for aggression have been identified among children that witness violence.³ Studies also indicate that the abuse of women in the home begins before the abuse of children. As a result of sexual assault, marriages, jobs, and family and social networks may be jeopardized.⁴ Additionally, violence against

women can threaten and shape every woman's life, even when she herself is not a victim.⁵ Its affects can be seen in the choices women make—where they choose or are allowed to work; what events they feel safe attending; when and where they walk; what they say and do at home.

However, it was not until 1971 that research efforts focused on violence against women as distinct from child abuse or psychiatric studies.⁶ Perhaps even more startling is that the United Nations has only recently recognized it as a fundamental abuse of women's rights⁷ and passed the declaration on the elimination of violence against women regardless of custom, tradition or religious consideration.⁸ Women from the Pacific nations were the first to express strong regional concern about violence against women,⁹ stating that fear of male violence is the worst aspect of being female as early as 1988.¹⁰ In Hawaii, early efforts are documented by the first spousal abuse law in 1972 (HRS Section 709-906, Abuse of Family and Household Members). Since then, efforts to prevent and intervene have dramatically increased. However, major gaps remain.

This review article describes the epidemiology of violence against women in Hawaii and the difficulties in estimating the extent of the problem. It also highlights implications and strategies for health care providers.

Epidemiology

Estimates provided in this article are based on local data, when available. However, there are only a few studies that have been conducted locally. This information is accentuated by national and international surveys from populations deemed comparative to Hawaii's based on inclusion of indigenous, immigrant and dominant cultures. Unfortunately, all of these sources provide discrepant estimates. Accurately estimating rates of violence against women is hindered by the lack of data.¹¹ There are no epidemiologic, periodic, nor standardized databases from which to reliably estimate the extent of violence against women.¹² There is sufficient literature to suggest that under-reporting is a problem and, as a result incidence and prevalence estimates are low.^{for examples, see 11, 13-15}

While crime statistics and clinical studies indicate a serious problem, they are gross underestimates when compared with epidemiological surveys.¹⁶ The following information demonstrates that violence against women in the home, the work place and the community clearly poses a serious threat to the health and safety of women in Hawaii, even when glaringly undercounted.

Violence in the Home

The most frequent type of violence against women is abuse of women by their current or former intimate male partners, a form of violence in the home or domestic violence.^{7,17} Estimates of women abused by their partners vary from 10% in the last year to as much

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as 80% over the course of their lifetime.^{2,3,7,12,18} However, Hawaii's lifetime estimate, extrapolated from a Kauai survey, is only 14% with an additional 6% of women who reported the abuse to no one.¹⁹ This seemingly low figure equates to nearly 50,000 women in the State of Hawaii. Additionally, more than one third of women studied stated that they knew someone who had been hit, kicked or beaten up by someone in the household.²⁰ This discrepancy whereby a greater percentage of respondents have personally known an abused woman than admit to being abused themselves has been found in other studies of non-metropolitan areas.^{19,21} It is considered to be a more accurate estimate.

Data from police records provide an even lower estimate of the incidence of violence in the home in Hawaii. There were approximately 7,000 police reports of misdemeanor domestic violence and over 4,000 arrests in Hawaii during 1994.²² Of these, only 3,000 misdemeanor cases and a few hundred of other felony abuse cases were referred to the prosecuting attorneys' offices. The discrepancy between incidents reported to police departments and those referred to prosecuting attorneys' offices discourages women from reporting. While nearly all of the incidents took place in the home, police incident reports reveal that neighbors were most likely to call and report escalating domestic disputes.¹⁵

The majority of women murdered are killed by present or former partners. Locally, from 1989 to 1992, nearly 100 women were killed by men in Hawaii—and most of the killers were partners, family members, or acquaintances.²³ The risk of being killed by one's significant other 1.3 times higher for women than for men. In a similar Hawaii study conducted by the Attorney General's Office using crime statistics from 1985-1994, 29% of all homicides were the result of domestic violence.²⁴ Of these, women were victims in the majority of cases (63%) and men were the offenders in 87% of cases. While the absolute number of murders in Hawaii have remained relatively stable, the percentage of women murders has almost doubled, primarily as a result of spousal homicide.²²

Homicides between intimates, regardless of whether the victim is male or female, are often preceded by a history of physical and emotional abuse directed at women.^{23,25} In most domestic violence situations, the violence increases in both severity and frequency over time. Most victims are killed when they try to flee from their abusers. Of those women killed by their partners in Hawaii, 60% were killed after they had left the relationship.²⁶ When a woman kills her partner, it is usually in self-defense.²⁷

Additionally, violence in the home is often a precipitating factor for suicides and suicide attempts by women. Abuse may be the single most important precipitant for suicide attempts by women yet identified.¹² In Hawaii, partner conflict in the form of verbal or physical abuse preceded most suicide attempts by women.²⁸ Violence, either an actual assault or fear of it, is inferred in many suicides, accounting for 41% of female suicides in Fiji.²⁹ Attempted suicide, particularly repeated attempts, is a sequela of abuse among women that affects one abused woman in ten.¹²

The extent of violence against women in the home can also be estimated from service utilization records. Victim assistance programs in Hawaii provided services for over 6,300 women who were victims of domestic violence in 1994.²⁶ Additionally, the four largest domestic violence shelters provided a safe haven to over 1,400 victims who were forced to flee their homes in order to

survive. Questionnaires were completed by 311 victims of domestic violence that had accessed services around the state in the Statewide Domestic Violence Survey.¹⁹ Respondents reported escalating violence, frequently with more than one type of violence such as beating, sexual assault and/or verbal abuse and the use of a weapon including guns, knives, household object, and vehicles.

Work-related Violence

Violence is pervasive in the workplace. Historically, work-related violence has been narrowly defined to include only physical assault and homicide that occurs at the workplace and that is associated with work activities.³⁰ Recently, the definition has been broadened to include forms of aggression such as verbal threats, abuse, harassment and any assault or threat that produces psychological harm. Although reporting to the Hawaii Department of Labor is required by OSHA standards, there are no published documents with local data for violence against women in workplace.

Homicides are a major cause of death among workers. However, only 6% of all people killed at work are females.³¹ While the overall occupational injury death rate for men is 12 times higher than the rate for women (9.9 versus 0.8 per 100,000 workers), the male to female ratio of occupational death rates is the lowest for homicide at only 3 to 1. Among women, the leading cause death in the work place is murder, accounting for 40%.

The impact and cost of work place homicide are far outweighed by the prevalence of physical assaults, abusive behavior and threats of violence at work, much of which remains unreported and unrecognized.³² While few studies have documented non-fatal events associated with physical assault, their findings are consistent. Unlike workplace homicides, the majority of non-fatal assaults that involved lost time from work occurred to women.^{33,34} Women had an assault rate of nearly twice that of men (51 versus 26 per 100,000 workers), with the highest assault rates among those employed in health and social services.

Sexual assault in the workplace has not been well studied. Utilizing workers compensation claims from Washington State from 1980-1989, 63 cases of work-related sexual assault were identified during this period.³⁵ The occupations of sexual assault victims were similar to occupations identified for other intentional injuries, primarily health and social services, and the incidents were characterized by isolation from the public and coworkers.

A considerable proportion of threats and harassment in the workplace are perpetrated by co-workers and supervisors (37% and 86%, respectively).³⁰ Data from a nationwide survey using a random, representative sample of 600 civilian workers shows that 19% of respondents reported being harassed in the last 12 months, 10% reported being afraid of becoming a victim and 13% reported having been threatened in the past five years while on the job. While there were no difference in fear and threats between men and women in the workplace, women were more than 1.7 times more likely to report being victims of harassment than men. Harassment was more prevalent when workers reported low levels of group harmony and co-worker support and increased layoffs in the organization.

Violence Against Women in the Community

Women in Hawaii are increasingly at risk from violent and abusive behavior.²³ A 1997 crime victim study by the Department

of the Attorney General indicates that the average crime victim in this state is female, under age 45, and living on Oahu.³⁶ This annual survey found that 10.1 % of women in Hawaii, or nearly 50,000 women, reported being victims of violent crimes. Sixty-six percent of these violent attacks were committed by a person well-known to them and 25% by strangers or casual acquaintances. (The remaining 17% is committed by a family member and constitutes violence in the home.) Less than 1% of women were assaulted with a weapon and 2.1% of women had been beaten. Women were more likely than men to be beaten (60.0% versus 40.0%).

Two percent of women were forced to have sex in the last year.³⁶ In fact, rape and sexual assault are the only violent crimes in Hawaii that have increased over the past few years. Rape is considered by the FBI to be the second most serious crime, following murder. Only 37.5% of those arrested for rape were convicted for felony sex offenses.³⁷ The majority of assaults that lead to an arrest take place between victims and alleged offenders who are either acquaintances or members of the same family. Generally, these assaults occur in private residences (59.7%), although not necessarily the victim's home (32.1%). Approximately 90% of victims were female. These findings are similar to other research that reports more than 90% of adult rape victims are women and 78% of child sexual abuse involves girls.³⁸

A University of Hawaii study found that one out of every three female students identified themselves as having been victims of sexual or attempted sexual assault.²³ Thirty-five percent of males responding to different survey at the University of Hawaii admitted to committing acts which are legally classified as sexual assault. The Honolulu Police Department reported the majority of calls regarding sexual assault on Oahu come from the University area.³⁹ A similar study of college women in New Zealand found that 25% had been victims of rape or attempted rape.⁴⁰

Health Care Interventions

Utilization of services by women who are victims of violence appears to be high. Given the breadth and magnitude of health effects, it is not surprising that between 22% and 54% of all visits to the hospital emergency departments are estimated to be made by victims of emotional or physical abuse.⁴⁵⁻⁴⁷ A recent study among women seeking routine care in a Native American health care facility found similar rates.⁴⁸ While women seek help for as few as one in five assaults, between 40% and 80% of all victims of violence are likely to turn to health workers for assistance at some stage.^{12,49-50} In a national study, 68% of women who experienced severe violence had sought help at least once.⁵¹ In a more recent study, Hutchinson and Hirschel found that 98% of abused women interviewed had sought help from formal sources and 65% seeking some kind of social assistance.⁵²

Yet only 5% of all battered women who seek medical care are identified.^{23,38} Rodriguez and colleagues conducted a qualitative study of abused Latina and Asian women examining barriers to discussing abuse with health care providers.⁵³ Several participants discussed the difficulty of disclosing abuse and asking for help, particularly where providers did not bring up the topic. Participants expressed a desire and expectation for providers to initiate discussions about abuse. Participants also indicated that they would be more willing to get help from their primary care physician, gynecologist or pediatrician.

These findings suggest that women are not only willing to seek help for abuse but frequently do seek help for abuse. The onus is placed on the provider to ask personal questions. However, the role of the provider represents only one of many barriers to help seeking behaviors for abuse.

There are many reasons women do not report their experiences to police or health care providers.³⁸ Victims of violence are stigmatized, thus, by acknowledging their status, they incur some level of devaluation. Qualitative research on women that are abused has found that women are often reluctant to identify themselves because they feel ashamed.⁴¹ Additionally, female victims of violence are seen as instigators or even participants in crime unless strong resistance in the form of serious physical injury can be demonstrated. The two leading problems with the system reported by female victims surveyed in Hawaii were "people made me feel like it was my fault" and "people made me feel like they didn't believe me".¹⁹ The social consequences of help seeking may be one reason that women are also likely to refrain from mentioning the cause of their injuries.⁴²

The reporting behavior of victims has a number of important health implications. Women who do not report violence may not be notified about nor qualify for public-supported health care.⁴³ Women that present with multiple injuries to health care providers and are not identified as victims of violence may fail to receive appropriate treatment for the nonphysical effects of these events.⁴² Psychological abuse is likely to be much more prevalent and less likely to be identified.⁴⁴ Additionally, public funding for services is based on incidence estimates from reporting. There are numerous examples that demonstrate an incongruence between reporting and need for services. For example, funding for shelter in Hawaii are based on incidence estimates using police and survey data. However, Hawaii has insufficient shelter space.¹⁹ As new shelters open or existing shelters expand, they soon fill to maximum capacity.

There is a proliferation of literature on recommendations for improving detection and screening of violence against women, providing training protocols and instruments.^{for examples see 17, 49, 54} McCleer and Anwar found that, after staff training and the introduction of an identification protocol, the percentage of women identified as being battered in the emergency department increased nearly six-fold from 5.6% to 30%.⁵⁵ Yet the implementation of hospital and medical protocol for victims of domestic and sexual violence in Hawaii are inconsistent at best.⁵⁶ Few personnel are appropriately trained and available to properly interact with victims in need of medical care or to conduct forensic exams. This is particularly true for the neighbor islands. Additionally, protocols have primarily been developed for emergency departments. In the Kauai study, 59% of women reported they would seek help from an agency if beaten or sexually abused but only four percent of injured women reported seeking treatment in the emergency department after such an incident.²⁰ All providers need to be prepared to interact with patients that have been victims of violence.^{49,57}

Conclusion

Violence against women is endemic. Acts of violence are everyday events in the lives of women, impacting all women whether or not they directly experience violence. Violence against women is occurring in the home, at the workplace and in the community. This

wide-spread problem has serious and long-term consequences for women, their children and families and their communities. Health care workers are often reluctant or even prepared to become involved in cases of violence against women. Providers must become trained and comfortable asking stressful and personal questions in a nonjudgemental manner. Health care workers have an obligation to identify, treat and provide appropriate resources to victims of violence.

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