

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

DOMESTIC VIOLENCE DATA SOURCES AND ESTIMATES

2025 UPDATES

OFFICE OF WOMEN'S HEALTH | OFFICE OF VIOLENCE PREVENTION



LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

RAQUAEL JOINER, PHD

Research Analyst, Office of Women's Health

SUSIE BALDWIN, MD, MPH, FACPM

Medical Director, Office of Women's Health

ISABELLE STERNFELD, MSPH

Supervising Epidemiologist, Office of Violence Prevention

NICOLLE PERRAS, MPH, MA, LMFT

Executive Director, Sexual Assault Council

MARIA CARTER-CUADRA, MPH

Intern, Office of Women's Health

NIKITA SATISH, MPH

Intern, Office of Women's Health

LAN PHAM

Executive Director, Domestic Violence Council

ANDREA WELSING, MPH

Director, Office of Violence Prevention

ELLEN EIDEM, MS

Director, Office of Women's Health

ACKNOWLEDGEMENTS

Thank you to previous Department of Public Health colleagues who contributed to earlier drafts of this report:

Katie Chun, MA, PhD

Eve Sheedy, Esq.

Heidi Nguyen, MPH

Stephany Angarita, MPH

Diane Estrada, MPH

Kriztian Luna, MPH

Fred Dominguez, MPH

Suggested Citation: Joiner R. J., Baldwin S., Sternfeld I., Perras N., Carter-Cuadra M., Satish N., Pham L., Welsing A., Eidem E. (2025) *Los Angeles County Domestic Violence Data Sources and Estimates: 2025 Update*. Los Angeles, CA: Los Angeles County Department of Public Health.

TABLE OF CONTENTS

List of Figures and Tables.....	iv
Overview	1
Understanding the Domestic Violence Data Universe.....	2
Criminal Justice Data.....	4
National Criminal Justice Domestic Violence Data sources	4
State & Local Criminal Justice Domestic Violence Data sources	6
Morbidity and Mortality Data	9
National Morbidity and Mortality Domestic Violence Data Sources	10
Local Morbidity and Mortality Domestic Violence Data Sources	11
Hotline and Direct Services Reporting Data	12
National Hotline and Direct Services Domestic Violence Data Sources	13
Local Hotline and Direct Services Domestic Violence Data Sources	14
Self-Reported Survey Data	15
National Self-Report Survey Domestic Violence Data Sources	16
Local Self-Report Survey Domestic Violence Data Sources.....	19
Conclusion	23
Strengths and Limitations.....	24
Recommendations	25
Concluding Statement	27
Appendix A: National Criminal Justice Data Sources: Additional Information & Accessibility	31
Appendix B: State and Local Criminal Justice Data Sources: Additional Information & Accessibility	32
Appendix C: National Morbidity & Mortality Data Sources: Additional Information & Accessibility	33
Appendix D: State and Local Morbidity & Mortality Data Sources: Additional Information & Accessibility.....	34
Appendix E: National Hotline & Direct Services Data Sources: Additional Information & Accessibility ...	35
Appendix F: State and Local Hotline & Direct Services Data Sources: Additional Information & Accessibility	36
Appendix G: National Survey Data Sources: Additional Information & Accessibility.....	37
Appendix H: State and Local Survey Data Sources: Additional Information & Accessibility.....	40

LIST OF FIGURES AND TABLES

Figure 1. The Population of Victims and Survivors of Domestic Violence (DV).....	3
Figure 2. The flow of family violence statistics through the justice data systems.	4
Table 1. Observations of DV and Strengths an Limitations of National Criminal Justice Data Source	6
Table 2. Observations of DV and Strengths and Limitations of Local Criminal Justice Data Sources	7
Table 3. Observations of DV and Strengths and Limitations of National Morbidity & Mortality Data Sources	11
Table 4. Observations of DV and Strengths and Limitations of Local Morbidity & Mortality Data Sources	12
Table 5. Observations of DV and Strengths and Limitations of National Hotline & Direct Services Data Sources	13
Table 6. Observations of DV and Strengths and Limitations of Local Hotline &Direct Service Data Sources	14
Table 7. Observations of DV and Strengths and Limitations of National Survey Data Sources.....	18
Table 8. Observations of DV and Strengths and Limitations of Local Survey Data Sources	21

OVERVIEW

The U.S. Centers for Disease Control and Prevention (CDC) defines domestic violence (DV), or intimate partner violence* (IPV), as any physical violence, sexual violence, stalking, or psychological aggression perpetrated by a current or former intimate or romantic partner, including spouses, boyfriends, girlfriends, ongoing sexual partners, and dating partners.¹

Given this broad definition of DV and the fact that DV data come from a wide variety of national, state, and local data systems, there is not a single standardized way of measuring DV occurrences. Toward that end, a 2010 report on DV data sources by the Los Angeles County (LAC) Department of Public Health Injury and Violence Prevention Program called attention to the lack of standardized and comprehensive data for measuring DV nationally and within LAC.² Four main categories of data were highlighted in the 2010 report: (1) law enforcement and criminal justice data, (2) morbidity and mortality data, (3) hotline and direct services data and (4) self-reported survey data.

As described in the original report and elaborated further in this report, data collected by these different entities help provide a piece of the overall picture of DV *but still fall short of measuring the true population prevalence of DV.*² That is, each entity measures DV occurrences in ways that are relevant to their work, service, or mission. For example, prevalence of DV based on criminal justice data relies upon *reported crimes* involving DV, whereas self-reported surveys may include DV occurrences that are not reported to authorities or, while harmful, are not considered a crime (e.g., some psychological forms of DV). Further, even within a specific data system, measures of DV occurrence may vary. For example, within criminal justice data, the definition of DV is subject to varying interpretations and judgment calls by law enforcement agencies and individual officers.³ Thus, data across multiple systems must be triangulated to obtain reliable estimates of DV.

The 2010 report identified barriers to the collection of comprehensive, consistent data on DV, including (1) stigma and fear around reporting, (2) differing definitions of DV by various systems, researchers and surveys, (3) omitting survivors who do not seek system-level or institutional support, (4) lack of linkages among data sources, making it impossible to distinguish individuals who have interacted with multiple systems or who have repeated encounters with one system, and (5) reliance on primary sources such as criminal justice and homicide data that exclusively utilize measures of physical injury or death related to DV, leaving the emotional, financial, psychological, social and intergenerational costs of DV unmeasured.² The report concludes, “comprehensive DV data is unattainable from a single source” and “multiple sources together may lack the specificity that advocates, researchers and others seek to describe and monitor DV.” Fifteen years later, DV remains a pressing public health issue, yet the true magnitude of the problem remains unknown due to many of the same issues, creating challenges for planning prevention efforts and meeting victim/survivor needs.

* Note: For the purposes of this report, we use the terms *domestic violence* (DV) and *intimate partner violence* (IPV) interchangeably.

The aim of this 2025 report is to provide an update on national and local DV data sources, with a focus on prevalence of DV in LAC. National level data are helpful in contextualizing local rates and trends and evaluating the effectiveness of local policies and interventions. For example, if DV rates are rising nationally, a significantly smaller increase in DV rates at the local level *may* suggest that local policies or interventions are effective. In highlighting national and local DV data sources, we additionally identified persisting data gaps around DV data and provide new recommendations for improved data collection. As with other common public health issues such as sexually transmitted infections, tobacco use, and alcohol consumption, accurate data are crucial for identifying, explaining, prioritizing, addressing, and evaluating responses to stop and prevent DV.

We begin by introducing a visual model for understanding how observations of DV from different data sources relate to the total population of DV victims and survivors.

We then highlight the strengths and limitations of (1) Criminal Justice, (2) Morbidity and Mortality, (3) Hotline and Direct Services, and (4) Self-Reported Survey DV data sources (references and access information for each data source can be found in [Appendices A-H](#)).

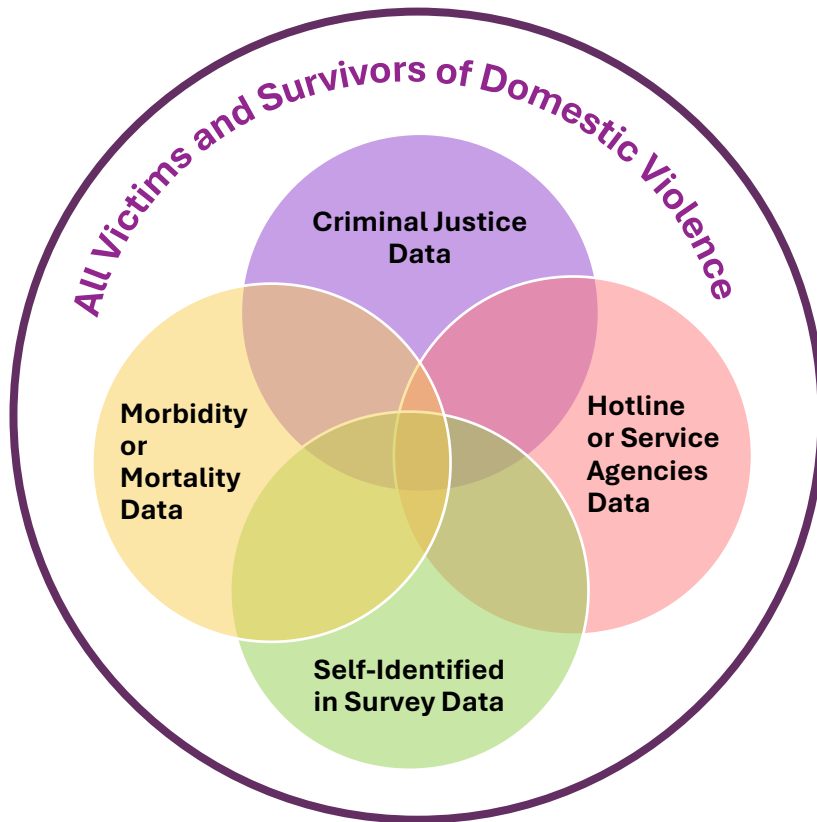
Although some survivors, may appear across multiple data streams, others remain entirely absent from existing datasets. Recognizing these gaps, we conclude by providing recommendations for the collection of new streams of data that will support monitoring DV and evaluating the effectiveness of our interventions to help DV victims and survivors.

UNDERSTANDING THE DOMESTIC VIOLENCE DATA UNIVERSE

Because the prevalence of DV remains elusive, we aimed to understand how various data sources assess DV. Figure 1 is adapted from Weiner & Hala's graphic focused on identifying human trafficking victims, a population that has also been described as difficult to quantify because of its “invisibility.”⁴ The larger circle represents the full population of DV victims/survivors, including those whose victimization went unrecognized or unrecorded.

Within the larger circle, the smaller shaded circles show the subpopulations of DV victims/survivors whose experiences of DV can be quantify through (1) criminal justice, (2) morbidity and mortality, (3) hotline and direct services, and (4) self-reported population survey data. We know these separate but, in some cases, overlapping groups exist; however, we do not know (a) the amount of overlap of survivor/victim data across these data sources, (2) how much of the total DV population falls outside of each of these shaded circles, and (c) in majority of cases, the true number of DV victims/survivors that fall into each subpopulation in which data do exist.

Figure 1. The Population of Victims and Survivors of Domestic Violence (DV)



- **Victims/Survivors of Domestic Violence** who have suffered some form of DV may or may not be represented in reporting by various entities. While some victims/survivors will be represented in one or multiple data sources, a proportion remain “invisible,” or not quantified in any of these data sources.
- **Victims/Survivors Identified in Criminal Justice** become known to the criminal justice system through law enforcement or court involvement. This population includes some victims/survivors in the other three categories.
- **Victims/Survivors Identified in Morbidity/Mortality Data** require or seek medical attention or have died with domestic violence listed as the cause of death. This population includes some victims/survivors identified in the other three categories.
- **Victims/Survivors Identified in Hotline/Direct Services Data** become known to non-governmental, governmental, or other hotline, or other service organizations (e.g., community- and faith-based organizations, child welfare agencies, shelters, substance abuse treatment facilities, clinics) through their own or other persons’ reports. This population includes some victims/survivors in the other three categories.
- **Victims/Survivors Self-Identified in Survey Data** respond to questions about their experiences of domestic violence in population based, self-reported surveys. This population includes some victims/survivors identified in the other three categories.

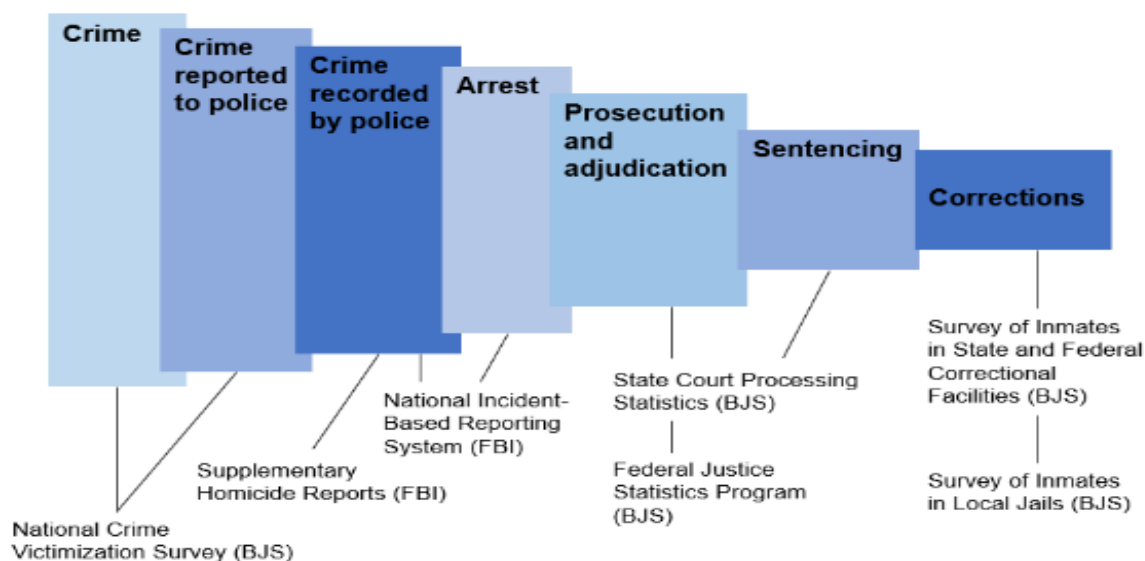
Estimating the total population prevalence of DV is complicated by its (1) recurrent and evolving nature (e.g., digital violence), (2) conflation and co-occurrence with other types of violence, and (3) our changing understanding of victims' experiences of DV. One of the strongest predictors of experiencing DV is having previously experienced or witnessed DV.⁵ “Family Violence” is often conflated with DV; therefore, incidents involving other family members may or may not be counted in DV numbers. Sexual violence, even when perpetrated against an intimate partner, may not be counted as domestic violence, notwithstanding the fact that sexual abuse occurs in many DV cases. Other forms of violence, such as financial violence, which may be devastating to survivors, is often not measured at all, thereby preventing development of needed resources.

The remainder of this report presents detailed information including the number of observations of people impacted by DV from various sources, and the strengths and limitations of national and local DV data sources relevant to LAC. We hope that this report can be used as a resource when discussing the prevalence of DV in LAC and working to improve prevention and holistic responses.

CRIMINAL JUSTICE DATA

Figure 2 shows the flow of family violence data through justice data systems. “Family violence” is sometimes used interchangeably with domestic violence but may also include violence among members of a family or household who are not intimate partners.

Figure 2. The flow of family violence statistics through the justice data systems.



Adapted from: Bureau of Justice Statistics, “Family Violence Statistics,” 2005, p. 4. Note that some crime is not reported to police, some crime reported to police is not recorded, and some conduct reported to police is not crime. Graphic available from <https://bjs.ojp.gov/content/pub/pdf/fvs10.pdf>

DV data from the criminal justice system includes calls for assistance to law enforcement, arrest data, crimes reported to law enforcement, court prosecution, adjudication and sentencing data, and correctional facility data on people incarcerated in jails and prisons. This information is compiled by local, state, and federal law enforcement and criminal justice agencies. Problems with law enforcement data include (1) inconsistent application of penal code definitions by different agencies,³ (2) failure to determine the relationship between the victim and perpetrator in assaults or other acts of violence^{6,7}, and (3) systemic racism and other biases (e.g., sexism, homophobia) reflected in individual officer and system wide law enforcement responses.^{8,9}

Importantly, law enforcement is not responsible for determining the existence of DV. Rather, law enforcement focuses on counting and addressing specific penal code violations. These violations reflect only a small part of abusive conduct, and perhaps the greatest limitation of criminal justice data is that it includes only incidents of DV that are reported to law enforcement. The 2022 National Crime Victimization Survey found that only 54% of violent crimes related to DV were reported to law enforcement,¹⁰ and this national estimate likely varies between communities (e.g., due to variation in comfort with reporting crimes to law enforcement).⁸

In 2021, the National Domestic Violence Hotline conducted a study of over 1,500 survivors of intimate partner violence, finding approximately 82% of survivors had reported their experiences to law enforcement, while 12% had not.¹¹ Among those who had not called police, 92% reported feeling “very or somewhat afraid or concerned about how the police would react.” Reasons for this fear or concern included being blamed or not believed (75%), the police doing nothing (71%), or police “arresting the partner, causing harm but no ultimate punishment” (41%). Over half of survivors (52%) mentioned wanting to keep the violence private and 49% expressed fear of their partner as a reason for avoiding contact with police. Among survivors who called the police, 55% reported “feeling discriminated against in some way,” with 25% threatened with arrest. Forty percent stated that calling the police made no difference and 39% said they felt less safe after calling police. Only 20% of survivors said they felt safer after calling police. More than three-quarters of people who called the police expressed fear or concern about calling in the future.

NATIONAL CRIMINAL JUSTICE DOMESTIC VIOLENCE DATA SOURCES

The FBI’s Uniform Crime Reporting (UCR) - National Incident-Based Crime Reporting System (NIBRS)

NIBRS was developed to replace the older UCR summary reporting system. NIBRS collects more detailed data on crimes reported to law enforcement than previous reporting systems. For each crime incident, the system collects information on the offenses (type of crime, location), the offenders (demographics), victims (demographics, circumstances related to the victimization), and the relationship between the victim(s) and offender(s). This can help identify crimes that involve domestic violence. It also allows for multiple types of crimes to be reported for a single incident/victim, whereas previous systems only allowed for the reporting of the most serious offense that was part of an incident.

NIBRS became the national standard for crime reporting in 2021 and represents a meaningful improvement in law enforcement data collection since the publication of the 2010 report. Yet, an important caveat to NIBRS is that participation is voluntary and not every law enforcement agency reports to NIBRS because the transition requires significant investments in technology, staff training, and data management capacity.¹² In California as of May 2024, 74% of law enforcement agencies report data, including those on DV, to the program, covering 64% of the state’s population.

Table 1 outlines the strengths and limitations of NIBRS data.

TABLE 1. Observations of DV and Strengths and Limitations of National Criminal Justice Data Source

Data Source/ Year	Observations	Strengths	Limitations
2023 National Incident-Based Reporting System (NIBRS)	• 1,014,069 Incidents • 1,062,632 Victimizations	• Information on victim and incident, including relationship between victim and offender. • Publicly and easily accessible • Updated Annually	• Not a random sample of all law enforcement agencies • Agencies may not identify which incidents involve DV/IPV the same way. • Not all DV/IPV incidents may be reported to law enforcement

Note. NIBRS domestic violence data consists of violent crimes reported to law enforcement agencies where the victim and suspect were identified as intimate partners. Data available from the Law Enforcement Agency Reported Crime Analysis Tool (LEARCAT), available online at learcat.bjs.ojp.gov. Year represents the most recent year of data available.

STATE AND LOCAL CRIMINAL JUSTICE DOMESTIC VIOLENCE DATA SOURCES

State of California, Department of Justice, OpenJustice

The California Department of Justice publishes criminal justice data shared by local law enforcement agencies throughout California. This includes data on the total number of DV-related calls for service received by law enforcement, the number of these calls for service that involved weapons, and the description of the type of weapon reported. Data are available by year and can be viewed either by individual law enforcement agencies or at the county level. Though this data source can provide information about whether a weapon was involved or whether there was strangulation or suffocation, according to California Penal Code section 13730, it is not required that law enforcement report the type of weapon involved in a DV related call. However, in LA County during 2023, the type of weapon was reported for all incidents involving a weapon. Since there are 46 local law enforcement agencies in LA County, OpenJustice is a useful source of countywide information.

Los Angeles Sheriff’s Department (LASD)

LASD covers all unincorporated areas of LAC as well as 42 cities in the County that contract with LASD for law enforcement services. LASD makes crime data publicly available on their website. The crime data includes date, time, and location of each crime reported to LASD. For some specific types of crimes (aggravated assault and non-aggravated assault, for instance), the statistical code description in the data indicates which incidents are related to DV.

Los Angeles Police Department (LAPD)

LAPD provides law enforcement services for the City of Los Angeles. LAPD makes crime data and data on DV calls for service publicly available on the City of LA’s open data portal. Crime data includes the date and time of incident, the incident location, victim demographics, type of crime, weapon used (if any), and codes that can be used to identify circumstances related to the crime, including DV. Call for service data includes date and time of call, general location of call (reporting district), and type of call.

Los Angeles County District Attorney Case Data
(Data can be requested by emailing pra@da.lacounty.gov)

The LAC District Attorney's Office Violent Death Review process examines cases of violent deaths, including homicides and murder-suicides, to identify patterns, risk factors, and potential system gaps. As a part of this process, data are collected on intimate partner violence and intimate sexual abuse, separate from intimate partner homicide. Data on the number of cases reviewed, number of cases filed, and number of jury trials for intimate partner homicide, intimate partner sexual abuse, and intimate partner violence may be requested. Importantly, many IPV and intimate sexual abuse cases are declined for prosecution due to legal standards requiring strong, admissible evidence likely to lead to conviction, especially when there is no independent corroboration. In DV cases, victims’ reluctance to cooperate, often due to safety, fear, or financial dependency, contributes to higher rates of rejection and dismissal.¹³ Therefore, data for number of cases filed and number of jury trials may greatly underestimate the prevalence of DV.

Table 2 provides updated information as well as the strengths and limitations of data from these local Criminal Justice data sources.

TABLE 2. Observations of DV and Strengths and Limitations of State and Local Criminal Justice Data Sources

Data Source	Year	Observations	Strengths	Limitations
CA Department of Justice (DOJ) [for LAC overall]	2024	36,720 DV-related calls	• Data available by county or for individual jurisdictions. • Data are updated annually	• DV reporting may vary from agency to agency • Cannot link repeated occurrences (e.g., same perpetrator or victim). • No demographic data

Data Source	Year	Observations	Strengths	Limitations
			- Information on weapon involvement - Novice user interface for non-expert users	- No outcome data are included; calls to law enforcement include both calls that resulted in arrest and those that did not. - Reported cases are a lower-bound estimate
LA Police Department, Calls for service ^a <i>[for City of Los Angeles]</i>	2023 ^b	9,723 DV- related calls	- Data updated daily - More complete than CA DOJ - Location information to identify smaller areas	- Only City of Los Angeles - No demographic information - Unclear how DV incidents are identified
LA Police Department, Crimes <i>[for City of Los Angeles]</i>	2023 ^c	17,023 DV-related violent crimes (homicide, aggravated assault, simple assault, robbery, rape)	- Data updated daily - Victim demographics, weapon, incident location - Multiple crime types	- Only City of Los Angeles - No data on offenders
Los Angeles Sheriff's Department, Crimes <i>[for unincorporated areas + 42 contract cities]</i>	2023	7,462 DV-related crimes (aggravated assaults and non-aggravated assaults)	- Annual data files available after the end of each year; current year data updated after the end of each month - Location of injury	- Only for unincorporated areas and cities that contract with LASD - No demographic information - Reported cases are an underestimate
LAC District Attorney Case Data <i>[for LAC overall]</i>	2023	Intimate Partner Homicide: 32 cases filed; 14 cases declined ^d Intimate Partner Sexual Abuse: 24 cases filed; 255 cases declined Intimate Partner Violence: 3,892 cases filed; 14,945 cases declined	- Data available monthly - Intimate partner defined separately from family member (i.e., intimate partner violence is distinguished from other violence between other family members)	- Need to provide specific timeframes and parameters (e.g., cases reviewed, cases filed) - No demographic information - Most DV cases reviewed are not filed for prosecution

Note. Year of the data presented. ^a Calls for service capture all DV-related calls made to LAPD, regardless of whether they result in an official crime report. ^b Estimates may change periodically due to weekly updates; data were accessed 07/16/2025. ^c Estimates may change periodically due to weekly updates; data were accessed 9/12/24. ^d Many IPV and sexual abuse cases are declined because strong, admissible evidence is required for prosecution, and victims' safety concerns, fear, or financial dependence often limit cooperation.

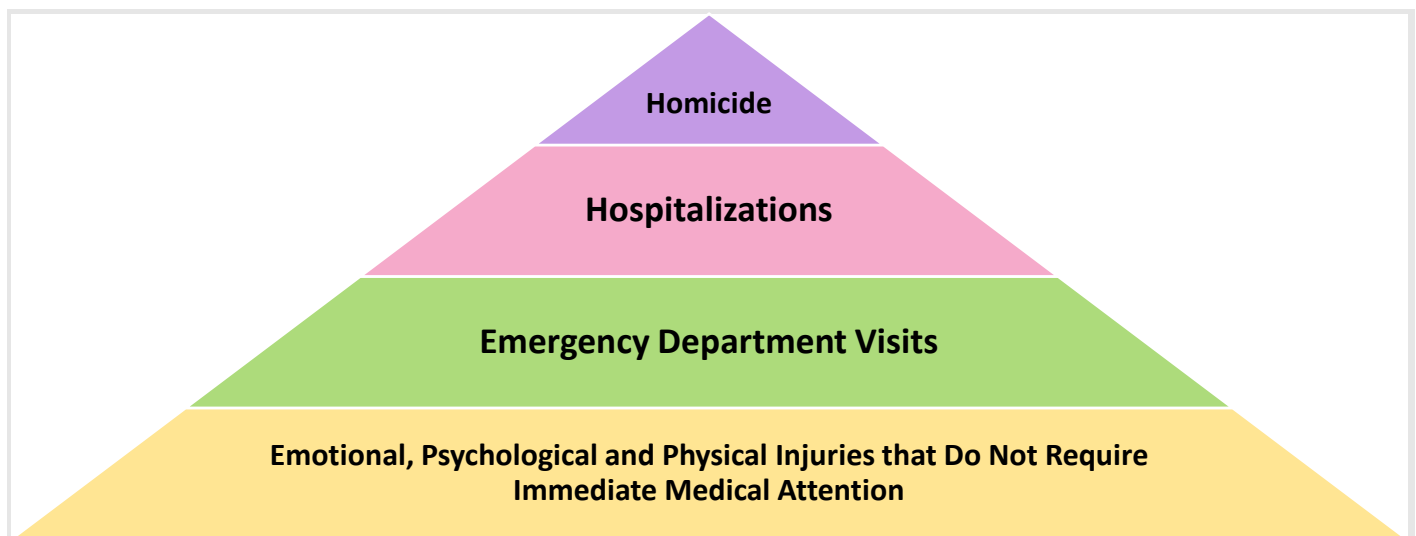
Example Studies Utilizing Criminal Justice Data on DV:

- 1) Hubbell, J. T. (2024). Elucidating intimate partner violence rate disparities between same- and opposite-sex couples: A Demographic Approach. *Journal of Interpersonal Violence*, 39(3-4), 651-675. Retrieved July 21, 2025, from <https://doi.org/10.1177/08862605231197781>
- 2) Miller, A. R., Segal, C. and Spencer, M. K. (2024). Effects of the COVID-19 pandemic on domestic violence in Los Angeles. *Economica*, 91(361), 163-187. Retrieved July 21, 2025, from <https://doi.org/10.1111/ecca.12493>

MORBIDITY AND MORTALITY DATA

Morbidity reflects rates of disease in a population, while mortality reflects death. DV occurrence can be captured by morbidity and mortality data sources, as depicted in Figure 3.² The pyramid displays a spectrum of DV occurrences, with the top of the pyramid depicting the most physically severe cases of DV, homicides, followed by hospitalizations for DV-related injuries, then emergency department visits, and finally victimizations that do not require medical attention. Although DV-related fatalities do occur, cases with less severe physical or non-physical injuries are far more common.

FIGURE 3. Pyramid structure of domestic violence cases by severity of injury sustained.²



Morbidity and mortality data sources include emergency medical services and hospital data, along with mortality data from death certificates and medical examiner records. Morbidity and mortality data utilizes a system of International Classification of Diseases (ICD) codes to identify either the diseases/conditions that were medically treated or that were a cause of death. For both fatal and non-fatal injuries, the codes specifically can identify the manner (e.g., homicide/assault, unintentional, suicide/self-inflicted) and cause (e.g., firearm, motor vehicle crash, stabbing, etc.) of the injury. For morbidity data, multiple codes can be reported for each visit, and additional codes for assault injuries can provide information on which incidents may be related to domestic violence.

A limitation of morbidity data is that they are only able to capture the proportion of DV occurrences representing individuals who receive medical attention. Moreover, specifying DV as a health care diagnosis is dependent on patient disclosure, provider recognition, and medical record documentation of DV. DV can be an unrecognized contributor to common illnesses and causes of death, increasing risk for cardiovascular disease, diabetes, and all-cause mortality.²

Recent changes in hospitalization and emergency department ICD codes have further complicated the process of identifying trends in the data, as new ICD-10 codes do not match ICD-9 codes.¹⁴ Indeed, ICD-10 codes provide greater granularity than ICD-9 codes, enabling more opportunities to precisely document IPV-related injuries, yet this has come with trade-offs. Despite attempts at standardizing the diagnosis codes used to represent DV (i.e., in 2021 the Uniform Data System established a standardized set of five ICD-10 codes to identify IPV: T74.11, T76.11, T.69.11, Z63.0, Y07.0), there remains little consensus and “wide variation” in ICD-10 codes used to represent DV.^{14,15}

For mortality data, the codes used identify manner and cause of death are in use, but additional codes to provide information on domestic violence and other circumstances are not regularly used. On a more promising note, the National Violent Death Reporting System (NVDRS – see next section) links multiple data sources together to provide more detailed information about the circumstances surrounding violent deaths, including circumstances such as domestic violence, whether others were also injured or killed in the incident, and the victim’s relationship to the suspect.

NATIONAL MORBIDITY AND MORTALITY DOMESTIC VIOLENCE DATA SOURCES

National Violent Death Reporting System

The National Violent Death Reporting System (NVDRS) data, accessible through the interactive Web-based Injury Statistics Query and Reporting System (WISQARS), includes information on fatal injuries due to homicide, suicide, undetermined violent deaths, deaths caused by law enforcement (excluding executions), and unintentional firearm deaths. The NVDRS provides comprehensive details on circumstances leading to death, toxicology, weapons, injuries, and other incident characteristics, making it more detailed than other death databases like the National Vital Statistics System. It also allows multiple deaths that are part of the same incident to be linked together, including homicide-suicides, which are frequently related to intimate partner violence.¹⁴ Violent deaths are defined by NVDRS as those resulting from the intentional use of force or power. Data is sourced from law enforcement reports, medical examiners reports, and death certificates. NVDRS began data collection in 2003 and now covers all 50 states, the District of Columbia, and Puerto Rico, with updates provided annually. However, for large, populous states, such as California, participation is not yet statewide due to limited federal funding for ongoing training, data quality assurance, and coordination.¹⁶ In 2022, 32 of 58 counties in California (representing 67.7% of the state’s population) participated in NVDRS.

Table 3 highlights this national mortality data source, briefly detailing the strengths and limitations of the dataset and an estimated range of DV occurrences.

TABLE 3. Observations of DV and Strengths and Limitations of National Morbidity & Mortality Data Sources

Data Source/ Year	Observations	Strengths	Limitations
2022 National Violent Death Reporting System (NVDRS)	1,524 IPV-related homicides	• Data on specific injuries and incident characteristics • Links multiple deaths from same incident • Data compiled across multiple sources	• Focus on only deaths • Lacking state-wide coverage of US, including full coverage of CA • Variability in case reporting

Note: Although all 50 states participate, some states, including California, have only partial participation at the county level.

STATE AND LOCAL MORBIDITY AND MORTALITY DOMESTIC VIOLENCE DATA SOURCES

California Department of Health Care Access and Information

The California Department of Health Care Access and Information (HCAI) provides data on hospitalizations and emergency department visits that can be categorized by ICD (International Classification of Diseases) codes, as described in the introduction to morbidity and mortality data. These codes can be used to identify medical visits that are likely to be related to domestic violence.¹⁷ Data available include patient demographics, zip code of patient's residence, insurance used, ICD codes describing diagnoses and manner/cause of injury, cost of hospital stay (not available for emergency department visits), and procedures performed.

Los Angeles County Violent Death Reporting System

The Los Angeles County Violent Death Reporting System (LAC-VDRS) is the local implementation of, and subset of, the National Violent Death Reporting System. While the NVDRS aggregates standardized data from all participating states and territories, LAC-VDRS focuses specifically on violent deaths occurring in Los Angeles County and provides more detailed, locally collected information. LAC-VDRS monitors the trends and circumstances of violent deaths in LAC using multiple sources of data—death certificates, medical examiner reports, toxicology results, law enforcement, and media reports. The data include comprehensive information on who is killed (age, race/ethnicity, gender, etc.), when and where the fatal injury occurred, how the injury occurred (firearm, stabbing, fall, etc.), toxicology results for the victim, and what circumstances may have led to the death (fight, gangs, job loss, mental health, etc.). Additionally, the dataset allows for examining incidents in which multiple deaths occur, including murder-suicides. LAC-VDRS is administered locally by the Department of Public Health's Office of Violence Prevention with partners including the LAC Department of Medical Examiner, LAC Sheriff's Department, Los Angeles Police Department, and Long Beach Police Department.

Table 4 provides updated information as well as the strengths and limitations of data from California HCAI and LAC -VDRS.

TABLE 4. Observations of DV and Strengths and Limitations of State and Local Morbidity & Mortality Data Sources

Data Source	Year	Observations	Strengths	Limitations
California Department of Health Care Access and Information (HCAI) [visits made by LAC residents]	2022	897 visits for assaults related to DV/IPV treated in hospitals and emergency departments	• Data on specific injuries & morbidity • Victim demographics	• Inconsistent ICD-9 to ICD-10 codes changes in 2015 • Codes that indicate DV may not be consistently used. • Dependent on patient disclosure and documentation by providers
LAC Violent Death Reporting System [Deaths occurring in LAC]	2022	49 homicides related to IPV (including non-intimate partners)	• Sub-county data available • Data are compiled from multiple sources • Victim and suspect demographics • Incident information	• DV-related deaths under-reported • Long delay in reporting (i.e., 1.5 – 2 years) • County-wide variation in data availability

Example Studies Utilizing Morbidity and Mortality Data on DV:

- 1) Nguyen BL, Lyons BH, Forsberg K, et al. Surveillance for Violent Deaths — National Violent Death Reporting System, 48 States, the District of Columbia, and Puerto Rico, 2021. *MMWR Surveill Summ* 2023;72(No. SS-5):1–38. Retrieved July 21, 2025, from <https://www.cdc.gov/mmwr/volumes/73/ss/ss7305a1.htm>
- 2) Medel-Herrero A, Shumway M, Smiley-Jewell S, Bonomi A, Reidy D. The impact of the Great Recession on California domestic violence events, and related hospitalizations and emergency service visits. *Preventive Medicine*. 2020;139:106186. Retrieved July 21, 2025, from <https://doi.org/10.1016/j.ypmed.2020.106186>
- 3) Perras N, Sternfeld I, Fei S, Fischer B, Richards G, Chun K. Analysis of Domestic Violence Related Homicides in Los Angeles County: Media Portrayals, Demographics, and Precipitating Circumstances. *J Fam Violence*. 2020 Sep 21:1-8. Retrieved July 21, 2025, from <https://doi.org/10.1007/s10896-020-00202-z>

HOTLINE AND DIRECT SERVICES REPORTING DATA

Non-profit organizations provide direct services, training, and assistance for those impacted by DV including survivors, their families, and friends. Some organizations specialize in working with those who cause harm/perpetrate DV. DV hotline and direct service delivery data are generated from the number of calls, clients served, or services delivered.

Hotlines allow for anonymous calling, thereby providing an extra layer of safety for survivors who choose to reach out. However, this makes it impossible to identify trends and repeat callers for service. Additionally, these data provide imprecise measures of DV because some people will call the hotlines who are not personally impacted, including those seeking guidance in how to help a friend, family member or colleague; people experiencing homelessness who are looking for housing; and other callers with concerns unrelated to DV.

NATIONAL HOTLINE AND DIRECT SERVICES DOMESTIC VIOLENCE DATA SOURCES

National Domestic Violence Hotline

The National Domestic Violence Hotline (NDVH) is a non-profit organization that was established in 1996 as part of the Violence Against Women Act (VAWA). NDVH offers crisis intervention, information, and referrals for victims and perpetrators of DV, their families, and friends. NDVH operates a telephone crisis line that takes calls 24-hours per day, 365 days per year. Referral information is available for all 50 states, Puerto Rico and the U.S. Virgin Islands, and in more than 170 different languages through interpreter services, with a TTY line available for the Deaf, Deaf-Blind and Hard of Hearing. Callers are not required to provide any personal identifying information to receive services. NDVH maintains both national and state-level data on the calls they receive on their website, further variables and trend data need to be requested.

National Network to End Domestic Violence

The National Network to End Domestic Violence (NNEDV) was founded more than 25 years ago to be the leading voice for survivors of DV and their allies. Today, NNEDV provides training and assistance to the statewide and territorial coalitions against domestic violence representing 56 state and U.S. territory coalitions against DV. It also furthers public awareness of DV and works to change beliefs that condone IPV. Annual reports, national and state, highlight survey responses from identified DV programs. The reports contain data on number of services provided, education and prevention trainings, and unmet requests for services per day.

Table 5 provides updated information as well as the strengths and limitations of data from NDVH and NNEDV.

TABLE 5. Observations of DV and Strengths and Limitations of National Hotline & Direct Services Data Sources

Data Source	Year	Observations	Strengths	Limitations
National Domestic Violence Hotline*	2022	426,052 abuse reports	- Statistics on number of calls, texts, and chats to hotline - Demographic data of callers available - Data on DV survivor needs	Repeat service users cannot be identified
National Network to End Domestic Violence	2024	79,088 clients served	- Data can be stratified by state - Data are timely - Information about DV support	- Repeat callers unable to be identified - Caller type undifferentiated (e.g., DV victim versus friend of DV victim)

Note. Hotline and direct reporting services data are generated from the number of calls, clients served, or services delivered.

STATE AND LOCAL HOTLINE AND DIRECT SERVICES DOMESTIC VIOLENCE DATA SOURCES

Los Angeles County Domestic Violence Hotline

The LAC Domestic Violence Hotline, housed within the LAC Department of Public Health, acts as a switchboard to connect DV victims with local agencies (i.e. shelters, legal aid, etc.). The 24/7 hotline redirects callers to local agencies based on the caller's preferred language and zip code. Data on the number of calls that the hotline receives is tracked monthly dating back to 2018. In 2023, a total of 6,123 calls were received.

Table 6 provides the most recent estimates of DV from Local Hotline and Direct Service data sources.

TABLE 6. Observations of DV and Strengths and Limitations of Local Hotline & Direct Service Data Sources

Data Source	Year	Observations	Strengths	Limitations
Los Angeles County Domestic Violence Hotline	2023	6,123 total calls	- Data are timely, updated every month - Information about DV services in LA County	- Repeat calls and callers unable to be identified - Caller type undifferentiated (e.g., DV victim versus friend of DV victim)

Data Source	Year	Observations	Strengths	Limitations
Los Angeles County Contracted Domestic Violence Supportive Services (DVSS) & Shelter-Based Providers (DVSBP)	2023 - 2024	DVSBP: 17,902 call-in requests* DVSS: 3,010 survivors case management services; 1,219 legal services	• Updated annually • Information about DV services in LA County	• Only includes LAC Public Health funded services, not county-wide • Data from DVSS and DVSBP, as well as service receipt, not independent from one another • Limited public access

Note. Hotline and direct reporting services data are generated from the number of calls, clients served, or services delivered.

*This number likely includes repeated calls to one or more shelters

Example Studies Utilizing Hotline and Direct Services Data on DV:

- 1) Richards TN, Nix J, Mourtgos SM, Adams IT. (2021) Comparing 911 and emergency hotline calls for domestic violence in seven cities: What happened when people started staying home due to COVID-19? *Criminology Public Policy*. 2021 Aug;20(3):573-591. Retrieved July 21, 2025, from <https://doi.org/10.1111/1745-9133.12564>
- 2) Taylor, S., Stallings, A., Greenstein, S., Ochoa, A., Said, A., Salinas, N., Becerril, N., Guevara, W., & Phan, M. (2024). Serving IPV Survivors in Culturally Diverse Communities: Perspectives From Current Service Providers. *Violence Against Women*, 30(8), 1866-1882. Retrieved July 21, 2025, from <https://doi.org/10.1177/10778012241239938>

SELF-REPORTED SURVEY DATA

A major advantage of surveys allowing for respondent self-reporting of data is that they can distinguish between various forms of DV, such as physical, sexual, financial, and psychological abuse. In this way, self-reported surveys are vital DV data sources because they can capture DV occurrences that are outside of criminal justice, health care, or DV hotline and service provider systems. Typically, each survey has a different purpose, target population, and methodology, all of which influence the type of DV data collected, and survey questions can utilize different time frames, like measuring lifetime exposure versus experiencing DV during last 12 months. Understanding how each survey is conducted and its target population can help determine how the data can be utilized. Tables 7 and 8 respectively provide a list of national and local self-reported surveys with the most recent observations of DV occurrences provided for each dataset and a brief description of the strengths and limitations of each survey. [Appendices A and B](#) provide details on the type of survey, sample size, and the DV-related questions used in each survey.

The 2010 version of this report found that although self-report surveys *may* include more comprehensive measures of DV, most survey data on DV came from broader surveys of health that contained only one or two questions on DV.² Indeed, only two of the eleven surveys from the 2010 report asked questions on physical, sexual, and psychological abuse. Since this report, however, much progress has been made. In our review, four out of the ten self-report survey data sources described below included questions on physical, sexual, and psychological abuse and six out of the ten surveys assessed the different forms of DV separately, allowing for an examination of distinct DV occurrence. Further, three surveys assessed stalking, and one survey assessed financial abuse, in addition to physical, sexual, and psychological abuse (see [Appendices G and H](#) for details on DV questions from each survey).

While progress has been made on assessing DV more broadly in self-reported survey data, definitions of DV have continued to evolve across the last decade and publicly available self-reported survey data still fail to capture the full spectrum of abuse (e.g., digital abuse and reproductive coercion control). In general, there are also disadvantages to self-reported data, including (1) sampling bias, (2) stigma and survivors' reluctance to disclose DV, and (3) survivors not characterizing abusive events as DV due to cultural and linguistic barriers associated with survey items.¹⁸

NATIONAL SELF-REPORT SURVEY DOMESTIC VIOLENCE DATA SOURCES

National Crime Victimization Survey (NCVS)

The Bureau of Justice Statistics' (BJS) National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of about 135,000 households, composed of nearly 225,000 persons, on the frequency, characteristics, and consequences of criminal victimization in the United States. The NCVS collects information on nonfatal personal crimes (i.e., rape or sexual assault, robbery, aggravated and simple assault, and personal larceny) and household property crimes (i.e., burglary, motor vehicle theft, and other theft) both reported and not reported to police. Survey respondents provide information about themselves (e.g., age, sex, race and Hispanic origin, marital status, education level, and income) and whether they experienced a victimization. For each victimization incident, the NCVS collects information about the offender (e.g., age, race and Hispanic origin, sex, and victim-offender relationship), characteristics of the crime (e.g., time and place of occurrence, use of weapons, nature of injury, and economic consequences), whether the crime was reported to police, reasons the crime was or was not reported, and victim experiences with the criminal justice system. DV is determined by examining nonfatal DV including rape, sexual assault, robbery, aggravated assault, and simple assault committed by an offender who was the victim's current or former spouse, boyfriend, or girlfriend.

The NCVS includes crimes that are often excluded from the FBI's Uniform Crime Reporting (UCR) Program (see National Criminal Justice Data Sources above for more information about UCR), such as DV, sexual assault, attempted robberies, verbal threats of rape, simple assault, and crimes not reported to law enforcement.

UCR, on the other hand, includes homicide, arson, commercial crimes, and crimes against children under the age of 12 that are excluded from NCVS. Thus, by understanding the strengths and limitations of both the UCR and NCVS, these datasets can be combined and utilized to understand national DV crime trends.

National Intimate Partner and Sexual Violence Survey

The National Intimate Partner and Sexual Violence Survey (NISVS) was a random digit dial telephone survey conducted by the U.S. Centers for Disease Control and Prevention (CDC) to collect data on these important public health problems and enhance violence prevention efforts. The survey collected data on an ongoing basis (throughout the year) and provided the most comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States. Data on IPV have not been updated since 2016/2017, though as of September 2025, the CDC website notes new estimates are coming from the 2023/2024 survey cycle. Additionally, as of February 2025, these data sets are no longer publicly accessible (though published reports based on CDC analyses of the data are accessible through the website.) There is a court order mandating the CDC to restore the NISVS and other public health datasets.¹⁹ Yet, at the time of publishing this report, these data sets remain unavailable.

United States Transgender Survey

The National Center for Transgender Equality (NCTE) is the nation's leading social justice policy advocacy organization devoted to ending discrimination and violence against transgender people. They surveyed a total of 27,715 respondents in 2015 to understand the experiences of transgender and gender nonconforming people in the United States. NCTE implemented "Survey-Taking Events" where organizations across the country held events where participants could complete the online survey. Questions regarding experiences with IPV were informed by several national surveys including the National Crime Victimization Survey and the National Intimate Partner and Sexual Violence Survey. Figures on IPV from the most recent round of data collection (i.e., 2022) have yet to be released. It is possible that IPV data will be included in the forthcoming full report, which is expected to provide comprehensive findings across health, wellbeing, education, employment, and family life, though no release date has been announced.

Behavior Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted telephone health survey in the world, collecting data from all 50-states as well as the District of Columbia and three U.S. territories. BRFSS collects national data on health-related risk behaviors, chronic health conditions, and use of preventative services. BRFSS includes questions on Adverse Childhood Experiences (ACEs), which include questions about experiences of DV/IPV in the household before age 18.

Youth Risk Behavioral Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults. YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments. With respect to YRBSS data use for LAC, only data for the LA Unified School District or the state of California are available (not county-specific). Questions related to physical and sexual dating violence are included. As of February 2025, these data are no longer publicly accessible. Despite a court order mandating the CDC to restore the YRBSS and other public health datasets,¹⁹ at the time of publishing this report these data remain unavailable.

Table 7 provides updates estimates as well as details of the strengths and limitations of data from National Survey data sources.

TABLE 7. Observations of DV and Strengths and Limitations of National Survey Data Sources

Data Source	Year	Observations	Strengths	Limitations
United States Transgender Survey	2015	54% of sample reported DV	• Largest and most geographically diverse transgender dataset • Data on multiple forms of abuse	• Not conducted regularly • Not fully representative sample
National Intimate Partner and Sexual Violence Survey	2016/ 2017	7.3% of women and 6.8% of men reported sexual violence, physical violence, or stalking in last 12 months	• Measures lifetime prevalence for both men and women • Collects both lifetime and 12-month prevalence data	• Not conducted regularly • Low response rates
National Crime Victimization Survey	2023	1,165,890 DV victimizations	• High participation rate • Updated annually • Documents reported and non-reported crimes • Longitudinal data	• Does not include homicide • Excludes non-violent forms of DV • Crimes by survey year (not year of crime)
Behavioral Risk Factor Surveillance System	2023	10,531 adults report DV in household before age 18	• Moderate response rate • Updated annually	• Data only from 12 states • Adverse Childhood Experiences may not

Data Source	Year	Observations	Strengths	Limitations
				reflect current prevalence rates.
Youth Risk Behavioral Surveillance System	2023	10.4% and 5.9% of high school students reported experiencing physical dating violence and sexual dating violence, respectively in the 12 months prior to survey	• Updated every two years • Provides national, state, and local level data	• Does not measure lifetime prevalence • Only reports of physical and sexual DV • Not all states and school districts participate

Note. Data from survey websites described in the text above. Self-report survey domestic violence data may focus on various forms of DV, such as physical, sexual or emotional abuse; different surveys use different definitions. Survey questions may also utilize different time frames, like measuring lifetime exposure versus experiencing DV during last 12 months.

STATE AND LOCAL SELF-REPORT SURVEY DOMESTIC VIOLENCE DATA SOURCES

California Health Interview Survey

The California Health Interview Survey (CHIS) is the nation's largest state health survey, providing data on social determinants of health and health for Californians overall, as well as across various racial and ethnic groups. CHIS is a population-based telephone survey conducted continuously, collecting information for all age groups on health status, health conditions, health-related behaviors, health insurance coverage, access to health care services, and other health and health-related issues. In 2022, CHIS sampled 24,453 adults (age 18+), 1,169 adolescents (ages 12-17), and 4,067 children (ages 0-11). CHIS included three questions about IPV in 2022. Two questions focus on the experiences of physical and sexual violence by an intimate partner in the last year, and one question asks about participants' experiences of either physical or sexual violence since turning 18. These questions, however, were not repeated in 2023.

Maternal Infant Health Assessment (MIHA) Survey

The Maternal and Infant Health Assessment (MIHA) is an annual, statewide-representative survey conducted by the California Department of Public Health (CDPH). Since its inception in 1999, MIHA has collected self-reported data from approximately 3,500 women each year who have recently given birth. The survey gathers information on maternal and infant health, including experiences before, during, and shortly after pregnancy.

California Violence Experiences Survey

The *California Violence Experiences Survey* (CalVEX) provides a comprehensive look at physical violence (including gun violence), sexual violence (harassment and assault), and intimate partner violence among California adults. It also captures experiences of discrimination, mental health outcomes, and key protective and risk factors for violence. The 2023 survey includes responses from 3,560 California residents aged 18 and older, collected between March and May. The project is currently active with funding through 2025, yet it is unclear at this time if there will be future data collection efforts.

Los Angeles County Health Survey

The Los Angeles County Health Survey (LACHS) is a population-based telephone survey that gathers and analyzes information concerning the health of LAC residents. The data are used for assessing health-related needs of the population, for program planning and policy development, and for program evaluation. In 2023, a total of 9,372 interviews were completed for the adult survey. To date, questions are related to physical and sexual IPV and have been included in 3 survey cycles. The 2023 survey additionally includes questions on stalking, being controlled, and being insulted, humiliated, and intimidated by an intimate partner.

Los Angeles Homeless Services Authority

The Los Angeles Homeless Services Authority (LAHSA) is the lead agency in the Los Angeles Continuum of Care, which is the regional planning body that coordinates housing and services for homeless families and individuals in LAC. Every year, LAHSA implements a point in time “Homeless Count” where a voluntary survey is administered to unhoused individuals. In 2024, the “Homeless Count” surveyed 75,312 sheltered and unsheltered participants. The DV-related results contain data on number of individuals who have experienced “Domestic/Intimate Partner Violence” and who are “Homeless Due to Fleeing Domestic/Intimate Partner Violence.”

Los Angeles Mommy and Baby (LAMB) Project

The LAMB Project was sponsored by the Maternal, Child and Adolescent Health program of the LAC Department of Public Health. The LAMB survey asked mothers who recently delivered a baby about events that happened before, during, and after their pregnancy. The project implemented a mixed data collection method from the CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS). The project had 5,595 eligible respondents in 2016 – in LAC there were 122,941 live births. DV questions are related to whether participants experienced domestic violence/intimate partner abuse during pregnancy. The Lamb Project is no longer active.

Table 8 provides recent estimates of DV prevalence based on State and Local Survey data sources, as well as outlines the strengths and limitations of these data sources.

TABLE 8. Observations of DV and Strengths and Limitations of State and Local Survey Data Sources

Data Source	Year	Observations	Strengths	Limitations
California Health Interview Survey	2022	2.5% reported DV in past year both in LAC and CA; 15% of LAC and 16.4% of state reported experiencing either physical or sexual violence since turning 18.	• Largest state survey in the nation • Conducted in a variety of languages • Mixed-mode survey (web and telephone) • Updated annually • Collects both adult lifetime and 12-month prevalence	• Low household response rate • Only physical and sexual violence • DV/IPV questions not asked every year
Maternal Infant Health Assessment Survey	2019-2021	5.6% reported physical, psychological, or sexual DV during pregnancy, both in LAC and in CA	• Updated annually • Gathers data on a variety of forms of abuse • Provides state and county level data	• Data focused on IPV prior and during pregnancy, not lifetime • Limiting sample size to examine sociodemographic differences • No longer active
California Violence Experiences Survey (CalVEX)	2023	46% reported some form of emotional, controlling, threatening harm to self or others, physical, or sexual violence from a romantic or sexual partner in their lifetime	• Inclusive of gender diverse individuals	• Only a single data point is currently available • Household based probability sample that excludes homeless population • Not disaggregated to county level
LA Mommy and Baby Project (LAMB)	2016	1.9% of sample reported physical violence by baby's father several months prior to survey	• Mixed-mode survey (mail, phone, and web). • Moderate response rate (46%)	• No longer collecting data • Only physical violence • Excludes other former/current partners as potential perpetrators • No longer active

Data Source	Year	Observations	Strengths	Limitations
Youth Risk Behavioral Surveillance System	2023	7.8% and 7.1% of LAUSD high school students reported physical dating violence & sexual dating violence, respectively in the 12 months prior to the survey	• Updated every two years • Provides national, state, and local level data • Provides insights on a vulnerable population	• Does not measure lifetime prevalence • Only includes reports of physical and sexual DV • Data only reflects the 12 months prior to the survey • Not all states and school districts participate
LA Homelessness Services Authority	2025	8.9% of sample are homeless due to DV	• Focus on vulnerable population • Updated annually	• Non-representative sample
LA County Health Survey (LACHS) LA County Health Survey (LACHS)	2023	19% reported lifetime physical or sexual violence, stalking, verbal aggression, or control by an intimate partner 11.2% reported lifetime physical or sexual IPV	• Conducted in a variety of languages • Mixed-mode survey (web and telephone)	• Low response rate • Infrequent data collection

Note. Self-report survey domestic violence data may focus on various forms of DV, such as physical, sexual, or emotional abuse. Survey questions utilize different time frames, like measuring lifetime exposure versus experiencing DV during last 12 months.

Example Studies Utilizing Public Health Survey Data on DV:

- 1) Ibarra, C. (2023). The COVID-19 pandemic's effect on intimate partner violence against women: A national crime victimization survey analysis (Order No. 30819698). Available from ProQuest Dissertations & Theses Global. (2903788445). Retrieved July 21, 2025, from <https://www.proquest.com/dissertations-theses/covid-19-pandemics-effect-on-intimate-partner/docview/2903788445/se-2>
- 2) Jia, H., & Lubetkin, E. I. (2024). Ranking the Ten Adverse Childhood Experiences: Long-Term Consequences to Health-Related Quality of Life. *American Journal of Preventive Medicine*, 67(2), 265–273. Retrieved July 21, 2025, from <https://doi.org/10.1016/j.amepre.2024.04.001>
- 3) Krackow, E., Meier, J. (2023). Public Perceptions of Psychological and Physical Violence Perpetrated by Males and Females. In: Shackelford, T.K. (eds) *Encyclopedia of Domestic Violence*. Springer, Cham. Retrieved July 21, 2025, from https://doi.org/10.1007/978-3-030-85493-5_1152-1

- 4) Maclin, Beth J, et al. (2024). Toward the Conceptualization and Measurement of Transphobia-Driven Intimate Partner Violence. *Social Science & Medicine*, vol. 341, 1 Jan. 2024, pp. 116532–116532. Retrieved July 21, 2025, from <https://doi.org/10.1016/j.socscimed.2023.116532>

CONCLUSION

Determining the prevalence of DV remains challenging. Barriers to understanding what portion of the population experiences harm by an intimate partner include stigma and reluctance to report; data collection by agencies with various means, goals, and methodologies; and widely varying definitions of DV. Despite these inherent problems, we have identified many data sources to inform DV policies and programmatic efforts in LAC. We also remain optimistic that data collection and sharing can be improved, and DV prevalence better understood, through collaborative approaches that address the limitations described in this report. Indeed, improvements in DV data collection since DPH's *2010 Los Angeles County Domestic Violence Data Sources Report* include (1) survey methodology utilizing broader measures of DV, (2) empirical studies utilizing multiple DV data sources, (3) greater efforts to describe and monitor DV trends at the national level, and (4) acknowledgement of gender diversity in the experience of DV.

First, although there is still not an agreed upon operational definition of DV for use in surveys, many surveys have expanded the scope of questions used to assess DV. For example, population health surveys such as the 2023 Los Angeles County Health Survey now capture stalking and the psychological impact of DV. At the national level, the Youth Behavior Risk Surveillance System assesses both physical and sexual dating violence separately. These advancements reflect meaningful progress since 2010, as surveys have increasingly recognized the complexity of DV and the need for more comprehensive and nuanced data collection.

Second, recent empirical work aiming to assess trends in the prevalence of DV are using multiple data sources to characterize changes in DV more accurately.²⁰⁻²² These studies reveal important nuances in the conclusions that can be drawn depending on the data stream used. For example, during the COVID-19 pandemic, one study showed that some jurisdictions reported increases in calls to police or hotlines, while others experienced decreases—highlighting regional variation in help-seeking behavior.²¹ Additionally, while calls to authorities about DV increased in some areas, other data sources such as hospital visits and police crime records showed declines in physical DV incidents.²⁰ Rather than assuming these differences reflect changes in reporting behavior alone, especially during the pandemic, these findings underscore how different data sources may capture different aspects of DV trends, each shaped by unique social, structural, and situational factors. Thus, these multifaceted approaches to capturing trends in DV mark a significant improvement from 2010, when DV trends were often assessed using single-source data that could mask the complexity of DV experiences and responses across communities.

Third, in 2010, the U.S. Centers for Disease Control launched the National Intimate Partner and Sexual Violence Survey (NISVS) to better describe and monitor the magnitude of intimate partner violence, sexual violence, and stalking in the U.S. The NISVS website describes the survey as “an ongoing, nationally representative survey that gathers timely and reliable national and state-level data” from “adult women and men.” Reports have been shared from the 2011-2012, 2015, and 2016-2017 survey cycles, and in September 2025 CDC released the first report from the 2023-2024 cycle, focused on stalking. Reports on IPV and sexual violence from this cycle are pending, but given shifting priorities at the federal level, the continued existence of the NISVS is not secure, and its data sets have been removed from public access.

Nonetheless, with a comprehensive questionnaire framed around health and behavior, the survey has provided essential data on the scope of these forms of violence, trends, and the impact of violence on survivor health and well-being. It measures experiences of violence in the past 12 months as well as across the lifespan, providing both short- and long-term estimates.

Lastly, improvements have been made in the last 15 years regarding the inclusivity of DV data. At the national level, the 2015 U.S. Transgender Survey, an expansion of the earlier National Transgender Discrimination Survey, collected data on intimate partner violence (IPV) from nearly 28,000 transgender individuals across the U.S. Findings showed that 54% of respondents had experienced violence by an intimate partner, prompting violence prevention advocates and public health professionals to address relationship health more actively among gender-diverse populations. Notably, 24% of respondents reported experiencing severe physical violence by a current or former partner, compared to 18% of the general U.S. population.²³ At the state level, the 2023 California Violence Experiences Survey (CalVEX) collected data from 3,560 adults, including transgender and nonbinary respondents, offering nuanced insights into DV risk.^{24, 25}

For example, 43% of transgender men and 23% of transgender women in California reported experiencing physical violence in the past year, while 42% of transgender men and 56% of nonbinary individuals reported past-year sexual violence. Compared to cisgender women, transgender and nonbinary respondents had significantly higher risks of physical, sexual, and intimate partner violence.

Together, these national and state-level efforts represent a critical shift since 2010 toward more inclusive data collection practices that better capture the experiences of gender-diverse communities and inform more equitable prevention and intervention strategies.

Strengths and Limitations

The strength of this report is its exploration of a diverse set of data sources relevant to LAC that explore multiple forms of DV at both the national and local levels. Nevertheless, we acknowledge that the report is not without limitations. First, our review of data sources is current as of November 2024. Our access to data collected by various law enforcement entities is limited, so internal data available to police departments, City and District Attorneys, and Public Defenders may not be fully represented.

We did not explore utilization of all publicly available data sources, including academic data sources. For example, the [Love Consortium](#) is an academic repository of data on intimate relationships, and some of these datasets may contain measures of DV/IPV. Despite these limitations, this report provides a valuable foundation for understanding the current landscape of DV data sources, while highlighting opportunities for future research to expand and deepen the inclusion of diverse and underutilized datasets.

Recommendations

The current report discusses law enforcement data, morbidity and mortality reporting, hotline and direct services data, and survey data. None of these sources can stand alone; rather, we recommend when discussing prevalence of DV, best practice consists of utilization of multiple data sources and an understanding of the limitations of each source. We offer the following recommendations for improving the quality of DV/IPV data collected through these sources, including to maintain the trend of more inclusive data collection practices that better capture the experiences of gender-diverse communities and inform more equitable prevention and intervention strategies.

Law Enforcement

Law enforcement agencies must train officers on consistent recognition and recording of DV and strengthen the mandatory reporting elements specified in California Penal Code § 13730 (e.g., history of prior DV calls at the address, findings related to firearms or other deadly weapons).²⁶ Research suggests that mandatory incident reports for DV are only filed in approximate 54% of cases.^{10, 27} Further, when incident reports are filed, (1) fragmented systems, (2) inconsistent recording of personal identifiers, (3) varied methods of identifying DV, and (4) reliance on free-text narrative have been found to severely hinder accurate tracking of repeat incidents.²⁸ To address these implementation challenges, law enforcement agencies should (a) adopt uniform and consistent definitions of DV that align with California Penal Code § 13730, routinely training officers and providing quality improvement feedback loops increase compliance with mandatory incident reporting,²⁷ and (b) develop integrated, centralized data systems with standardized case identifiers and structured fields for all § 13730 data points, reducing dependence on narrative text.²⁸

Morbidity and Mortality Reporting

To improve the quality and utility of morbidity and mortality data related to domestic violence (DV), several recommendations should be considered. First, promoting uniform adoption of the five Uniform Data System ICD-10 codes for IPV, alongside integration of IPV screening tools into hospital information systems, would strengthen the ability to track cases and monitor trends over time.^{15, 29} While traditional ICD coding will likely remain the primary method for identifying IPV, a recent study demonstrates that artificial intelligence–based approaches can effectively detect IPV from unstructured electronic health record data, offering a complementary tool to enhance case identification.²⁹

Second, beyond coding, a deeper barrier lies in the capacity and readiness of healthcare professionals to screen for, identify, address, and document DV. Many providers report discomfort, a lack of clarity around their role, and feelings of being overwhelmed— especially when faced with making referrals or navigating the sensitive nature of DV disclosures.³⁰ These challenges underscore the importance of ongoing efforts, such as regular training on the dynamics and health consequences of DV, collaboration with community-based DV service providers and on-site advocates, and feedback on aggregated DV patient outcomes.³⁰⁻³²

Lastly, privacy and the mode of screening are central to both disclosure and documentation. A recent clinical study showed that (1) confidential, patient self-administered electronic screenings detected a higher rate of IPV cases compared to nurse-led oral screenings and (2) embedding screening alerts in patients' Electronic Health Records significantly increased screening adherence.³³ These results highlight how strengthening clinical protocols and documentation systems can improve both the accuracy of DV-related morbidity reporting and the identification of individuals at risk.

Hotline and Direct Services

Effective data collection in DV hotlines and direct services requires robust technology and strong relational trust. We recommend funding and training to help providers build secure, streamlined systems that accurately record client demographics, needs, and services delivered via structured, reliable assessment tools,³⁴ while further allowing safe aggregation and anonymization for evaluation and reporting without breaching confidentiality. To address providers' discomfort and uncertainty around data collection and sharing, specialized trainings should be provided on data management practices that prioritize client safety, autonomy, and empowerment throughout the data gathering process.³⁵

Survey Data

There is not a standardize method for collecting data on DV in population health surveys, and most population health surveys often capture only physical and sexual violence, offering an incomplete picture of IPV.³⁶ Although validated measures of IPV for behavioral research (e.g., Conflict Tactics Scale [CTS2]) assess a broader range of abuse (e.g., verbal aggression and coercive control),³⁷ these instruments were largely validated in WEIRD (i.e., Western, Educated, Industrialized, Rich, Democratic) populations.³⁸ As a result, they may not fully reflect the culturally specific dynamics of abuse or the lived experiences of diverse survivors, such as immigrant communities.¹⁸ Compounding this, DV is continually evolving, and measures must remain responsive to emerging forms of harm, including digital and technology-facilitated abuse.^{39, 40} Strengthening IPV measurement in population-based surveys additionally requires developing survey items that capture not only behaviorally specific occurrences but that also assess frequency, intensity, and duration.³⁸ Finally, surveys should be administered in safe, private settings that encourage disclosure and protect respondent safety.

Concluding Statement

In this 2025 report, we aim to offer a timely and comprehensive update on domestic violence (DV) data sources and prevalence in Los Angeles County. While challenges in data collection and interpretation persist, stemming from underreporting, inconsistent definitions, and limited access to agency-specific data, the report highlights notable progress since 2010 and underscores the growing commitment to capture the complexity and prevalence of DV/IPV. By identifying key gaps and proposing recommendations to strengthen data infrastructure, this report sets the stage for more coordinated, inclusive, and evidence-informed approaches to DV prevention and response. Yet these recommendations are increasingly difficult to implement in the current environment: Federal budget cuts and restricted access to previously public data threaten to reverse progress and highlight how fragile DV data infrastructure remains. Continued collaboration and advocacy among public health agencies, researchers, law enforcement, health care providers, and community partners is essential to ensuring continued collection of DV data and that DV data collection efforts are continuously refined to accurately reflect the lived experiences of those impacted and guide effective, equitable interventions.

REFERENCES

- ¹ CDC. About Intimate Partner Violence. Intimate Partner Violence Prevention. January 31, 2025. Accessed April 18, 2025. <https://www.cdc.gov/intimate-partner-violence/about/index.html>
- ² Culross P.L., Fischer K., and Bedair D. Los Angeles County domestic violence data sources. Los Angeles County Department of Public Health. April 2010.
- ³ Bontana R. Crime in California 2023. <https://data-openjustice.doj.ca.gov/sites/default/files/2024-07/Crime%20In%20CA%202023f.pdf>
- ⁴ Weiner NA, Hala N. Measuring Human Trafficking: Lessons from New York City. 2008. Vera Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/224391.pdf>.
- ⁵ Costa BM, Kaestle CE, Walker A, et al. Longitudinal predictors of domestic violence perpetration and victimization: A systematic review. *Aggression and Violent Behavior*. 2015;24:261-272. doi:10.1016/j.avb.2015.06.001
- ⁶ Harrendorf S. Prospects, Problems, and Pitfalls in Comparative Analyses of Criminal Justice Data. *Crime and Justice*. 2018;47:159-207. doi:10.1086/696042
- ⁷ Spohn C, Tellis K. The Criminal Justice System's Response to Sexual Violence. *Violence Against Women*. 2012;18(2):169-192. doi:10.1177/1077801212440020
- ⁸ Lee J, Zhang Y, Hoover LT. Police response to domestic violence: Multilevel factors of arrest decision. *ResearchGate*. Published online December 4, 2024. doi:10.1108/13639511311302524
- ⁹ Decker MR, Holliday CN, Hameeduddin Z, et al. "You Do Not Think of Me as a Human Being": Race and Gender Inequities Intersect to Discourage Police Reporting of Violence against Women. *J Urban Health*. 2019;96(5):772-783. doi:10.1007/s11524-019-00359-z
- ¹⁰ Thompson A, Tapp SN. Criminal Victimization, 2022. Published online 2022. <https://bjs.ojp.gov/document/cv22.pdf>
- ¹¹ Goodmark L. Law Enforcement Experience Report. National Domestic Violence Hotline. Accessed April 18, 2025. https://www.thehotline.org/wp-content/uploads/media/2022/09/2209-Hotline-LES_FINAL.pdf
- ¹² Drawve G, Harris C, Campbell K. National Incident-Based Reporting System (NIBRS). In: *Oxford Research Encyclopedia of Criminology and Criminal Justice*. Oxford University Press; 2024. doi:10.1093/acrefore/9780190264079.013.844
- ¹³ *Reject or Dismiss? A Prosecutor's Dilemma*. 2022. <http://prosecutorialperformanceindicators.org/wp-content/uploads/2022/07/PPI-Reject-Dismiss-Final.pdf>
- ¹⁴ Rebbe R, Adhia A, Eastman AL, Chen M, Winn J. The Measurement of Intimate Partner Violence Using International Classification of Diseases Diagnostic Codes: A Systematic Review. *Trauma, Violence, & Abuse*. 2023;24(4):2165-2180. doi:10.1177/15248380221090977
- ¹⁵ Shum M, Robertson D, Ryus C, Tiyyagura G. The Role of International Classification of Diseases 10 Codes in Intimate Partner Violence Surveillance: Examining the Sensitivity and Specificity of Current Practice. *Annals of Emergency Medicine*. 2024;84(2):220-222. doi:10.1016/j.annemergmed.2024.03.019
- ¹⁶ Forsberg K, Sheats KJ, Blair JM, et al. Surveillance for Violent Deaths — National Violent Death Reporting System, 50 States, the District of Columbia, and Puerto Rico, 2022. *MMWR Surveill Summ*. 2025;74(5):1-42. doi:10.15585/mmwr.ss7405a1

- ¹⁷AbiNader MA, Graham LM, Kafka JM. Examining intimate partner violence-related fatalities: Past sessions and future firections using U.S. national data. *J Fam Viol.* 2023;38(6):1243-1254. doi:10.1007/s10896-022-00487-2
- ¹⁸Newberry JA, Garabedian A, Qin F, et al. Intimate partner violence among foreign born women: A cross-sectional analysis of the National Intimate Partner and Sexual Violence Survey (2010). *J Fam Viol.* Published online April 5, 2025. doi:10.1007/s10896-025-00866-5
- ¹⁹U.S. District Court for the District of Columbia. *Doctors for America v. Office of Personnel Management, et al.* Case No. 25-cv-322. Temporary Restraining Order issued February 11, 2025. Available at: <https://www.doctorsforamerica.org/sr-tro-pc/>. Accessed September 17, 2025.
- ²⁰Miller AR, Segal C, Spencer MK. Effects of the COVID-19 pandemic on domestic violence in Los Angeles. *Economica.* 2024;91(361):163-187. doi:[10.1111/ecca.12493](https://doi.org/10.1111/ecca.12493)
- ²¹Natarajan M, ed. *Domestic Violence: The Five Big Questions*. Routledge; 2017. doi:[10.4324/9781315264905](https://doi.org/10.4324/9781315264905)
- ²²Richards TN, Nix J, Mourtgos SM, Adams IT. Comparing 911 and emergency hotline calls for domestic violence in seven cities: What happened when people started staying home due to COVID-19? *Criminology & Public Policy.* 2021;20(3):573-591. doi:[10.1111/1745-9133.12564](https://doi.org/10.1111/1745-9133.12564)
- ²³James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the U.S. Transgender Survey. *National Center for Transgender Equality*. Washington, DC. December 2016. <https://transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>
- ²⁴Closson K, Boyce SC, Johns N, Inwards-Breland DJ, Thomas EE, Raj A. Physical, Sexual, and Intimate Partner Violence Among Transgender and Gender-Diverse Individuals. *JAMA Netw Open.* 2024;7(6):e2419137. doi:10.1001/jamanetworkopen.2024.19137
- ²⁵Raj A, Johns N, Yore J, Closson K, Kully G, Thomas J. California Violence Experiences Survey (CalVEX) 2023. September 2023. Center on Gender Equity and Health, University of California San Diego and Newcomb Institute, Tulane University.
- ²⁶California Penal Code § 13730. Available at: https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=13730.&lawCode=PEN. Accessed August 7, 2025.
- ²⁷Cerulli C, Edwardsen EA, Hall D, Chan KL, Conner KR. Improving coordinated responses for victims of intimate partner violence: Law enforcement compliance with state-mandated intimate partner violence documentation. *Violence Against Women.* 2015;21(7):897-907. doi:10.1177/1077801215584072.
- ²⁸Phoenix J. Improving police data collection to measure repeat demand: A focus on domestic violence and abuse. *Policing: A Journal of Policy and Practice.* 2023;17:paad022. doi:10.1093/police/paad022
- ²⁹Tabaie A, Zeidan A, Evans D, Smith R, Kamaleswaran R. A Novel Technique to Identify Intimate Partner Violence in a Hospital Setting. *WestJEM.* 2022;23(5):781-788. doi:10.5811/westjem.2022.7.56726
- ³⁰Ambuel B, Hamberger LK, Guse CE, Melzer-Lange M, Phelan MB, Kistner A. Healthcare can change from within: Sustained improvement in the healthcare response to intimate partner violence. *J Fam Viol.* 2013;28(8):833-847. doi:10.1007/s10896-013-9550-9
- ³¹Minsky-Kelly D, Hamberger LK, Pape DA, Wolff M. We've had training, now what? Qualitative analysis of barriers to domestic violence screening and referral in a health care setting. *J Interpers Violence.* 2005;20(10):1288-1309. doi:10.1177/0886260505278861

- ³² Young-Wolff KC, Kotz K, McCaw B. Transforming the Health Care Response to Intimate Partner Violence: Addressing “Wicked Problems”. *JAMA*. 2016;315(23):2517–2518. doi:10.1001/jama.2016.4837
- ³³ Lenert L, Rheingold AA, Simpson KN, et al. Electronic health record–based screening for intimate partner violence: A cluster randomized clinical trial. *JAMA Netw Open*. 2024;7(8):e2425070. doi:10.1001/jamanetworkopen.2024.25070
- ³⁴ Grossmann J, Shor R, Schaefer K, Cattaneo LB. Development of a tool to assess client-centered practice on a domestic violence hotline. *J Soc Work*. 2018;19(1):102-120. doi:10.1177/1468017318757395
- ³⁵ Cannon CM, Rubanovich CK, Dir AL, et al. *Trauma-informed data collection: Best practices for improving outcomes for survivors of intimate partner violence*. *Psychol Serv*. 2020;17(3):335-345. doi:10.1037/ser0000395
- ³⁶ Heise LL, Kotsadam A. Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. *The Lancet Global Health*. 2015;3(6):e332-e340. doi:10.1016/S2214-109X(15)00013-3
- ³⁷ Straus MA, Douglas EM. A Short Form of the Revised Conflict Tactics Scales, and Typologies for Severity and Mutuality. *Violence Vict*. 2004;19(5):507-520. doi:10.1891/vivi.19.5.507.63686
- ³⁸ Chapman H, Gillespie SM. The Revised Conflict Tactics Scales (CTS2): A review of the properties, reliability, and validity of the CTS2 as a measure of partner abuse in community and clinical samples. *Aggression and Violent Behavior*. 2019;44:27-35. doi:10.1016/j.avb.2018.10.006
- ³⁹ Hester M, Walker SJ, Myhill A. *The measurement of domestic abuse – redeveloping the Crime Survey for England and Wales*. *J Fam Viol*. 2023 Feb 15;38(6):1079-1093. doi:10.1007/s10896-023-00507-9
- ⁴⁰ Fissel ER, Graham A, Butler LC, Fisher BS. A New Frontier: The Development and Validation of the Intimate Partner Cyber Abuse Instrument. *Social Science Computer Review*. 2022;40(4):974-993. doi:10.1177/0894439321994618

APPENDIX A: NATIONAL CRIMINAL JUSTICE DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Data Source	Year / Sample	DV Question(s) or Case Identification	Design	Reference/How to Access
National Incident-Based Reporting System (NIBRS)	2023; 1,014,069 incidents; 1,062,632 victimizations	Incidents where victim–offender relationship identified as intimate partner	Administrative, law enforcement	BJS LEARCAT: https://learcat.bjs.ojp.gov

APPENDIX B: STATE AND LOCAL CRIMINAL JUSTICE DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Data Source	Year / Sample	DV Question(s) or Case Identification	Design	Reference/How to Access
CA Dept. of Justice (DOJ) – OpenJustice	2024; 36,720 DV-related calls in LAC	Calls for service flagged as DV; weapon involvement sometimes specified	Administrative, law enforcement	OpenJustice: https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance
LASD Crime Data	2023; 7,462 DV-related assaults	DV identified in statistical code description	Administrative, law enforcement	LASD Data: https://lasd.org/transparency/part1and2crimedata/
LA County DA Case Data	2023; 3,892 IPV cases filed, 14,945 declined	Case records flagged as IPV, intimate partner homicide, or sexual abuse	Administrative, prosecutorial	Request via pra@da.lacounty.gov
LAPD Crime & Calls Data	2024; 36,720 DV calls; 2023; 15,100 DV violent crimes	DV identified in statistical code or call type	Administrative, law enforcement	Current (last 30 days) crime data and annual historical crime files can be downloaded here: https://data.lacity.org/browse?category=Public+Safety

APPENDIX C: NATIONAL MORBIDITY & MORTALITY DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Data Source	Year / Sample	DV Question(s) or Case Identification	Design	Reference / How to Access
National Violent Death Reporting System (NVDRS)	2022; 1,524 IPV- related homicides	Death certificate, law enforcement, and coroner records coded as DV/IPV	Administrative, mortality surveillance	CDC WISQARS: https://wisqars.cdc.gov

APPENDIX D: STATE AND LOCAL MORBIDITY & MORTALITY DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Data Source	Year / Sample	DV Question(s) or Case Identification	Design	Reference / How to Access
CA HCAI (Hospital/ED Data)	2022; 897 DV/IPV- related visits by LAC residents	ICD-10 codes for assault, IPV-related injury	Administrative, morbidity surveillance	CDPH EpiCenter: https://skylab4.cdph.ca.gov/epicenter/
LA County Violent Death Reporting System (LAC-VDRS)	2022; 49 IPV-related homicides	DV circumstances identified in linked medical/legal data	Administrative, mortality surveillance	LAC OVP VDRS: http://publichealth.lacounty.gov/ovp/VDRS.htm or contact the Office of Violence Prevention at OVP_Data@ph.lacounty.gov

APPENDIX E: NATIONAL HOTLINE & DIRECT SERVICES DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Data Source	Year / Sample	DV Question(s) or Case Identification	Design	Reference / How to Access
National Domestic Violence Hotline (NDVH)	2022; 426,052 abuse reports	Caller reports of DV	Hotline data	NDVH Archive: https://www.thehotline.org/stakeholders/research-and-surveys/
National Network to End Domestic Violence (NNEDV)	2024; 79,088 clients served	DV service requests recorded by state coalitions	Annual point-in- time survey	NNEDV: https://nnedv.org/resource-library/?cat_proj=domestic-violence-counts-report

APPENDIX F: STATE AND LOCAL HOTLINE & DIRECT SERVICES

Data Sources: Additional Information & Accessibility

Data Source	Year / Sample	DV Question(s) or Case Identification	Design	Reference / How to Access
LA County DV Hotline	2023; 6,123 calls	Calls redirected to local DV agencies	Hotline data	LAC DV Council: http://publichealth.lacounty.gov/dvcouncil/about/about.htm
LAC DVSS & DVSBP Services	2023–24; DVSBP: 17,902 requests; DVSS: 3,010 case mgmt., 1,219 legal	Service records for survivors	Administrative, services	Internal DPH program data

APPENDIX G: NATIONAL SURVEY DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Survey	Sample Size	DV Question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
Behavioral Risk Factor Surveillance System	445,132 participants	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	No	Population	CDC - 2023 BRFSS Survey Data and Documentation. September 11, 2024. Accessed September 17, 2024. https://www.cdc.gov/brfss/annual_data/annual_2023.html Data pulled from the LLC2023, LLC23V1, and LLC23V3 datasets.
National Crime Victimization Survey	~240,000 persons	-How were you attacked [by current or former intimate partner]?: Raped, Tried to rape, Sexual assault other than rape or attempted rape, Shot, Shot at (but missed), Hit with gun held in hand, Stabbed/cut with knife/sharp weapon, Attempted attack with knife/sharp weapon, Hit by object (other than gun) held in hand, Hit by thrown object, Attempted attack with weapon other than gun/knife/sharp weapon, Hit, slapped, knocked down, Grabbed, held, tripped, jumped, pushed, etc., Other – Specify.	No	Longitudinal	National Crime Victimization Survey (NCVS) Bureau of Justice Statistics. Accessed September 17, 2024. https://bjs.ojp.gov/data-collection/ncvs Years: Annually, 1973-2020. Available online: 2006-2020.

Survey	Sample Size	DV Question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
National Intimate Partner and Sexual Violence Survey	15,152 women and 12,419 men	Intimate partner violence refers to any physical or sexual violence, stalking, and/or psychological aggression by a current or former dating partner or spouse. In this survey intimate partner violence includes contact sexual violence, stalking, physical violence, and psychological aggression.	Yes	Population	Previously accessible via the following website: https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html (not publicly available as of February 2025) Years: 2010, 2015, 2016/2017
United States Transgender Survey	27,715 participants	- Have any of your romantic or sexual partners ever...?: Tried to keep you from seeing or talking to your family or friends, Kept you from having money for your own use, Kept you from leaving the house when you wanted to go, Hurt someone you love, Threatened to hurt a pet or threatened to take a pet away from you, Wouldn't let you have your hormones, Wouldn't let you have other medications, Threatened to call the police on you, Threatened to "out" you, Told you that you weren't a "real" woman or man, Stalked you, Threatened to use your immigration status against you. - Have any of your romantic or sexual partners ever...?: Made threats to physically harm you, Slapped you, Pushed or shoved you, Hit you with a fist or something hard,	Yes	Longitudinal; however unclear if IPV questions are asked at each wave	Download Reports. US Trans Survey. Accessed September 17, 2024. https://ustranssurvey.org/download-reports/ Year: 2015, [022 data pending]

Survey	Sample Size	DV Question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
		Kicked you, Hurt you by pulling your hair, Slammed you against something, Forced you to engage in sexual activity, Tried to hurt you by choking or suffocating you, Beaten you, Burned you on purpose, Used a knife or gun on you.			
Youth Risk Behavioral Surveillance System	17,508 high schoolers	- During the past 12 months, how many times did someone you were dating or going out with, force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.) - During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	Yes	Population	YRBS Explorer (2021) CDC. Accessed September 17, 2024. https://yrbs-explorer.services.cdc.gov/#/ Website: https://www.cdc.gov/healthyyouth/data/yrbs/index.htm (not publicly available as of February 2025) Years: 2013, 2015, 2017, 2019, 2021

Note. “Disaggregated DV questions” refers to whether separate questions were asked for different forms of DV (e.g., physical, sexual, verbal abuse).

APPENDIX H: STATE AND LOCAL SURVEY DATA SOURCES: ADDITIONAL INFORMATION & ACCESSIBILITY

Survey	Sample Size	DV question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
California Health Interview Survey	46,810 adults	-After you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way? - After you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you? “Unwanted” means you did not consent or agree - {After you turned 18/In the past 12 months} did any intimate partner do any of the following: Throw something at you that could hurt you? - {After you turned 18/In the past 12 months} did any intimate partner do any of the following: Push, grab, or slap you? - {After you turned 18/In the past 12 months} did any intimate partner do any of the following: Kick, bite, hit, choke, or beat you up? - {After you turned 18/In the past 12 months} did any intimate partner do any of the following: Threaten you with or use a gun, knife, or other weapon on you? - {After you turned 18/In the past 12 months} did any intimate partner do any of the following: Physically force you to have unwanted sex?	Yes	Population	AskCHIS™. Accessed September 18, 2024. https://healthpolicy.ucla.edu/our-work/askchis

Survey	Sample Size	DV question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
Maternal Infant Health Assessment Survey	98,700 individuals	- During your most recent pregnancy, were you ever frightened for the safety of yourself, your family, or your friends because of the anger or threats of your current or former partner? - During your most recent pregnancy, did your current or former partner try to control most or all of your daily activities? For example, controlling who you talked to or where you could go? - During your most recent pregnancy, did your current or former partner push, hit, slap, kick, choke, or physically hurt you in any way? - During your most recent pregnancy, did your current or former partner force you into any type of unwanted sexual activity after you said or showed that you did not want them to?	Yes	Population	California Department of Public Health. Accessed September 18, 2024. https://www.cdph.ca.gov/Programs/CFH/DMCAH/MHA
California Violence Experiences Survey (CalVEX)	3,560 adults (age 18+)	“Has a current or ex-romantic or sexual partner ever done any of the following when you did not want them to?” (22 behaviors including controlling, threats, physical assaults, choking, use of weapons, forced or attempted forced sex); plus follow-ups on age at occurrence, timing (past 12 mo vs. lifetime), whether still with the partner; also a question on witnessing maternal IPV in childhood.	Yes	Cross-sectional	OPENICPSR: https://www.openicpsr.org/openicpsr/project/199087/version/V1/view

Survey	Sample Size	DV question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
LA County Health Survey	7,002 adults	- Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way? - Have you EVER experienced any unwanted sex by a current or former intimate partner?	Yes	Population	Department of Public Health – Office of Health Assessment and Epidemiology · Accessed September 18, 2024. http://public.health.lacounty.gov/ha/hasurveyintro.htm
LA Homeless Services Authority	75,312 individuals	- Have you experienced any of the following forms of violence or abuse?: Neglect by parent, guardian, other relative, Physical abuse by parent, guardian, other relative, Physical abuse by intimate partner or spouse, Physical abuse by someone else while unsheltered, Sexual abuse by someone else while unsheltered, Sexual abuse by intimate partner or spouse, Sexual abuse by parent, guardian, other relative, Dating Violence, Stalking, Human Trafficking. - Are you currently fleeing violence or abuse?	No	Cross-sectional	2024 Greater Los Angeles Homeless Count Data. Accessed September 18, 2024. https://www.lahsa.org/news?article=976-2024-

Survey	Sample Size	DV question(s)	Disaggregated DV Questions	Design	Reference/ How to Access
		- Are you currently experiencing homelessness because you're fleeing domestic/intimate partner violence, dating violence, sexual assault, or stalking?			greater-los-angeles-homeless-count-data
LA Mommy and Baby Project	5,595 individuals	- During your last pregnancy, did the baby's father do any of the following for you? Hit or slap you when he was angry	No	Population	LA County Public Health Maternal, Child, & Adolescent Health. Accessed September 18, 2024. http://publichealth.lacounty.gov/mch/lamb/LAMB.html

Note. "Disaggregated DV questions" refers to whether separate questions were asked for different forms of DV (e.g., physical, sexual, verbal abuse).