Domestic Violence in England: a cross-sectional survey of community prevalence and its impact on health-related factors

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Faculty of Health and Social Care Sciences
Definition of Domestic Violence

“Any incident or pattern of incidents controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional” (Home Office website, 2013)

- It can also be referred to as Intimate Partner Violence (IPV)
- This definition includes issues of concern to Black and other Minority Ethnic communities such as ‘honour killings’.
Facts about Domestic Violence

- Domestic violence is a crime which usually happens behind closed doors and many incidents are not reported to the police or other statutory agencies.

- It occurs across the world, in various cultures and affects people across society, irrespective of economic status.
UK Facts

- There are no reliable national data on the general incidence of DV in the UK

- British Crime Survey (BCS) 2011: 45% women and 26% men had experienced at least one incident of inter-personal violence in their lifetimes

- BCS 2011: Women were much more likely than men to be victims of multiple incidents of different types of domestic abuse (partner abuse, family abuse, sexual assault and stalking) and in particular of sexual violence

(From: Women’s Aid website)
The Wheel of Power and Control
(the Duluth Model, 1984)
The DoVE Project

- DoVE (Domestic Violence in Europe) is one of the few multi-cultural/cross-national projects concerning DV in the world with general population samples of women and men.

- It adopts a public health perspective.

- It presents a unique opportunity to make an impact not only in the UK and Europe, but also worldwide.
Project Partners

Ghent
Ludwigsburg
Athens
Budapest
Granada
Ostersund
Porto
London

http://www.doveproject.eu/
Project Details

• Funded by the Executive Agency for Health and Consumers (EAHC), a European Union body
• June 2009 – December 2011

• DoVE UK Team:
  – Dr Eleni Hatzidimitriadou, Reader in Social Work
  – Jane Lindsay, Principal Lecturer in Social Work
  – Anna Matczak, Research Assistant
    (at the School of Social Work, Faculty of Health and Social Care Sciences, Kingston University/St George’s University of London)
Aims of Project

1. To describe DV experiences in Europe using a clear definition and an established measure of DV in a randomly selected, representative, proportionally stratified sample of the total population (women/men aged 18-64 years) living in urban centres in 8 EU states.

2. To develop a research methodology for the multi-national detection of DV against women and men, its risk factors and effects.

3. To contribute to a public health strategy for managing DV primarily in the 8 participating countries by disseminating survey findings and policy/practice knowledge to key stakeholders.
Methodology

- **Design** - epidemiological study; quantitative cross-sectional design

- **Survey tool** - comprising a selection of standard psychometric scales measuring intimate partner violence (IPV) and related factors such as health status, mental well-being, PTSD and social support

- **Sampling** – random, representative, stratified sample from general population in urban centres.

- **Exclusion criteria** - people living in institutions, people with severe mental illness or severe learning disabilities, people who do not speak native language, people who are not country residents
DoVE Variables

Age – Gender - Ethnicity
Marital Status - Children
Education
Income - Employment
Lifestyle Factors

Health
Mental Health
Social Support
Health Care Utilisation

DOMESTIC VIOLENCE

Intimate Partner Violence
Prevalence – Mutuality - Severity – Escalation - Frequency – Initiation
Socio-economic issues re IPV

Controlling Behaviours
Post-Traumatic Stress Disorder
Childhood Abuse
DoVE Tool: Core Questionnaire

- **Demographics** - 18 questions
- **Health Status** - SF-36 Health Survey (Gandek & Ware, 1998); 36 questions; 8-scale profile of functional health and well-being scores; 2 general dimensions (physical and mental)
- **Lifestyle Factors** – smoking, alcohol use
- **Health Care Utilisation** – 6 questions
- **Social support** - Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al, 1988); 12 questions; 6 questions involve social attachment; 6 questions entail social integration
- **Anxiety and depression** - The Hospital Anxiety and Depression Scale (HADS, Zigmont & Snaith, 1983); 14 questions; 7 questions concern anxiety and 7 depression
DoVE Tool: Self-administered Questionnaire

- **Your Relationship** – 6 questions
- **The Revised Conflict Tactics Scale (CTS2)** Straus et al (1996) - 78 items (39 for self and 39 for partner); assessing: physical assault, psychological aggression, negotiation, injury and sexual coercion of partners in a dating, cohabiting or marital relationship
- **Who Did it First** – Graham-Kevan & Archer (2003) Initiation of IPV; 4 items
- **Level of Violence Escalation** - Graham-Kevan & Archer (2003a;b); Escalation of Violence; 4 items
- **Severity of Violence** - Graham-Kevan & Archer (2003); Severity of Violence; 4 items
- **Kegan’s Controlling Behaviours Scale Revised (CBS-R)** - Graham-Kevan & Archer (2003); assessing power/ control/ dominance behaviours for self and partner; 24 items
- **Post-Traumatic Stress Disorder** - the PTSD Symptom Scale (Foa et al, 1997), self-report version; 19 questions
- **Abuse as Child** – (Childhood Trauma Questionnaire Bernstein, Fink, Handelsman & Foote (1994); assessing emotional, physical, and sexual abuse, and emotional and physical neglect; 28 items
DoVe Survey – additional items

- 7 items exploring contextual dependency e.g. financial dependency, issues with social services, immigration status (added by Prof Katreena Scott, University of Toronto)

- 22 items assessing the wider socioeconomic IPV issues; following CTS2 Likert type answers (added by Prof Katreena Scott, University of Toronto)
Fieldwork Strategies

• **TARGET AREAS:**
  – 4 South West London Boroughs: Kingston-upon-Thames, Richmond-upon-Thames, Sutton, Merton
  – Target Sample size = 544

• **STRATEGY 1:** Electoral Registers (4720 invitations were sent)
  – Invitation letters sent + pre-paid slip for replies to be contacted
  – Follow-up letters/emails/phone calls and arrangement of interviews at the university, participant’s home or public location
  – £10 voucher + compensation for travelling expenses

• **STRATEGY 2:** Recruitment in Public Locations (university campuses, hospitals, libraries, council offices) (1280 people were approached)
  – Invitation through posters, websites, local newspapers
  – Organising public events – invite people to visit our stand
  – Scheduling interviews: on the spot, post, coffee-shops
  – Time = Nov/Dec 2010 – April 2011
Domestic Violence against women and men in Europe: Prevalence, determinants, effects and policies/practices (DOVE)

Would you like to contribute to research about domestic violence?

Are you aged between 18 and 64? Do you live in Kingston, Richmond, Sutton or Merton? Dr Eleni Hatzidimitriadou, Jane Lindsay and Anna Matczak. Researchers from Kingston University and St George’s, University, are carrying out a study about domestic violence.

Can you help us? You do not need to have experienced domestic violence. If you want to know more, please contact Anna Matczak. Email: A.Matczak@sgul.kingston.ac.uk Tel: 020 8417 5567
Recruitment of Participants

• Mode of recruitment:
  Electoral Register = 111
  Random route = 460

• Mode of administration:
  Self-administered (whole) = 235
  Face-to-face interview (except from DV section) = 336

• Setting of administration:
  University office = 39
  Home of participant = 72
  By post = 20
  Other = 404 (public locations e.g. University campus, SG and KU hospitals, local libraries)
  Not recorded = 36
FINDINGS FROM THE UK SAMPLE
# Sample Size – Aimed/Actual

<table>
<thead>
<tr>
<th>AGE</th>
<th>WOMEN</th>
<th>MEN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aimed</td>
<td>Actual</td>
<td>Aimed</td>
</tr>
<tr>
<td>18-24</td>
<td>35 (12.9)</td>
<td>54 (18.1)</td>
<td>35 (12.9)</td>
</tr>
<tr>
<td>25-34</td>
<td>70 (25.7)</td>
<td>71 (23.8)</td>
<td>69 (25.4)</td>
</tr>
<tr>
<td>35-44</td>
<td>74 (27.2)</td>
<td>75 (25.2)</td>
<td>72 (26.5)</td>
</tr>
<tr>
<td>45-54</td>
<td>53 (19.5)</td>
<td>61 (20.5)</td>
<td>53 (19.5)</td>
</tr>
<tr>
<td>55-64</td>
<td>40 (14.7)</td>
<td>37 (12.4)</td>
<td>43 (15.8)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>272</td>
<td>298</td>
<td>272</td>
</tr>
</tbody>
</table>
Measurement of IPV

- REVISED CONFLICT TACTICS SCALES (CTS2) – 78 items which are scored as follows (or respondent and her/his partner):
  - 1 = Once in the last year
  - 2 = Twice in the last year
  - 3 = 3-5 times in the last year
  - 4 = 6-10 times in the last year
  - 5 = 11-20 times in the last year
  - 6 = more than 20 times in the last year
  - 7 = not in the last year but it happened in the past
  - 0 = it never happened
CTS2 Scales

- **Negotiation** – these items refer to non-violent behaviours
  - **Emotional**: e.g. I showed my partner I cared even though we disagreed
  - **Cognitive**: e.g. I explained my side of a disagreement to my partner

- **Physical Assault**
  - **Minor**: e.g. I slapped my partner
  - **Severe**: e.g. I threw something at my partner that could hurt

- **Psychological Aggression**
  - **Minor**: e.g. I shouted or yelled at my partner
  - **Severe**: e.g. I stomped out of the room or house or yard during a disagreement

- **Sexual Assault**
  - **Minor**: e.g. I insisted on sex when my partner did not want to (but did not use physical force)
  - **Severe**: e.g. I used force (like hitting, holding down or using a weapon) to make my partner have oral or anal sex

- **Injury**
  - **Minor**: e.g. I had a sprain, bruise or small cut because of a fight with my partner
  - **Severe**: e.g. I went to a doctor because of a fight with my partner
Example of Case definition: Physical Assault - Perpetration

- **Minor**
  - I threw something at my partner that could hurt
  - I twisted my partner’s arm or hair
  - I pushed or shoved my partner
  - I grabbed my partner
  - I slapped my partner

- **Severe**
  - I used a knife or a gun on my partner
  - I punched or hit my partner with something that could hurt
  - I choked my partner
  - I slammed my partner against a wall
  - I beat up my partner
  - I burned or scalded my partner on purpose
  - I kicked my partner
Prevalence of last year Victimisation by Gender in the UK sample

Total N=567

Note: 85.3% of women and 78.1% of men stated that they had used negotiation to resolve issues
**Prevalence of Physical Assault – Victimisation in the last year**

<table>
<thead>
<tr>
<th>Age</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>6 (13.3%)**</td>
<td>10 (40.0%)</td>
<td>16 (22.9)</td>
</tr>
<tr>
<td>25-34</td>
<td>13 (19.1%)</td>
<td>9 (12.9%)</td>
<td>22 (15.9%)</td>
</tr>
<tr>
<td>35-44</td>
<td>15 (20.8%)*</td>
<td>5 (7.2%)</td>
<td>20 (14.2%)</td>
</tr>
<tr>
<td>45-54</td>
<td>9 (15.5%)</td>
<td>8 (18.6%)</td>
<td>17 (16.8%)</td>
</tr>
<tr>
<td>55-64</td>
<td>5 (14.3%)</td>
<td>4 (12.5%)</td>
<td>9 (13.4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48 (17.3%)</strong></td>
<td><strong>36 (15.1%)</strong></td>
<td><strong>84 (31.7%)</strong></td>
</tr>
</tbody>
</table>

Chi square values:  
* p<0.05  
** p<0.01
Prevalence of Lifetime Victimisation by Gender in the UK sample

Total N=567

- Negotiation to avoid violence: 94.30% Women, 90.10% Men
- Psychological aggression: 76.30% Women, 78.40% Men
- Sexual coercion: 33.70% Women, 37.80% Men
- Physical assault: 26.90% Women, 27.00% Men
- Injury: 11.50% Women, 14.90% Men
## Mean scores of SF-36 dimensions according to last year victimisation of each type of violence

<table>
<thead>
<tr>
<th>Violent behaviour last year</th>
<th>Physical Function</th>
<th>Role Limitations due to Physical Pain</th>
<th>Bodily Pain</th>
<th>General Health perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>p-value</td>
<td>Mean (SD)</td>
<td>p-value</td>
</tr>
<tr>
<td>Psychological aggression</td>
<td>Yes</td>
<td>87.98 (21.24)</td>
<td>0.354</td>
<td>83.83 (22.80)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>86.37 (23.66)</td>
<td></td>
<td>86.22 (24.32)</td>
</tr>
<tr>
<td>Physical assault</td>
<td>Yes</td>
<td>84.43 (23.71)</td>
<td>0.665</td>
<td>78.42 (26.02)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>87.59 (21.83)</td>
<td></td>
<td>85.90 (22.64)</td>
</tr>
<tr>
<td>Sexual coercion</td>
<td>Yes</td>
<td>87.72 (21.97)</td>
<td>0.306</td>
<td>82.78 (23.19)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>87.32 (22.20)</td>
<td></td>
<td>85.20 (23.41)</td>
</tr>
<tr>
<td>Injury</td>
<td>Yes</td>
<td>86.81 (23.67)</td>
<td>0.975</td>
<td>80.21 (27.28)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>87.45 (22.03)</td>
<td></td>
<td>85.02 (23.04)</td>
</tr>
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</table>
Mean scores of SF-36 dimensions according to last year victimisation of each type of violence

<table>
<thead>
<tr>
<th>Violent behaviour last year</th>
<th>SF-36 Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vitality</td>
</tr>
<tr>
<td></td>
<td>Mean (SD)</td>
</tr>
<tr>
<td></td>
<td>p-value</td>
</tr>
<tr>
<td>Psychological aggression</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>60.72 (21.05)</td>
</tr>
<tr>
<td>No</td>
<td>63.46 (18.97)</td>
</tr>
<tr>
<td>Physical assault</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>55.63 (21.76)</td>
</tr>
<tr>
<td>No</td>
<td>62.88 (19.88)</td>
</tr>
<tr>
<td>Sexual coercion</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>62.94 (19.47)</td>
</tr>
<tr>
<td>No</td>
<td>61.37 (20.59)</td>
</tr>
<tr>
<td>Injury</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>57.87 (23.45)</td>
</tr>
<tr>
<td>No</td>
<td>61.99 (20.10)</td>
</tr>
</tbody>
</table>
# Effect of IPV experiences on HADS Anxiety and Depression scores

<table>
<thead>
<tr>
<th>VIOLENT BEHAVIOUR IN LAST YEAR</th>
<th>ANXIETY</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.02 (0.87-1.19)</td>
<td>0.88 (0.70-1.10)</td>
</tr>
<tr>
<td>Minor psychological aggression</td>
<td>p=0.82</td>
<td>p=0.25</td>
</tr>
<tr>
<td></td>
<td>1.38* (1.17-1.62)</td>
<td>1.47* (1.17-1.87)</td>
</tr>
<tr>
<td>Severe psychological aggression</td>
<td>p&lt;0.001</td>
<td>p=0.001</td>
</tr>
<tr>
<td></td>
<td>0.98 (0.81-1.19)</td>
<td>0.98 (0.74-1.29)</td>
</tr>
<tr>
<td>Minor sexual coercion</td>
<td>p=0.84</td>
<td>p=0.88</td>
</tr>
<tr>
<td></td>
<td>1.39* (1.09-1.78)</td>
<td>1.64* (1.15-2.34)</td>
</tr>
<tr>
<td>Severe sexual coercion</td>
<td>p=0.008</td>
<td>p=0.006</td>
</tr>
<tr>
<td></td>
<td>1.31* (1.04-1.64)</td>
<td>1.22 (0.87-1.70)</td>
</tr>
<tr>
<td>Minor physical assault</td>
<td>p=0.02</td>
<td>p=0.25</td>
</tr>
<tr>
<td></td>
<td>1.40* (1.10-1.77)</td>
<td>1.85* (1.32-2.60)</td>
</tr>
<tr>
<td>Severe physical assault</td>
<td>p=0.006</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>1.20 (0.83-1.74)</td>
<td>0.86 (0.50-1.50)</td>
</tr>
<tr>
<td>Minor injury</td>
<td>p=0.33</td>
<td>p=0.60</td>
</tr>
<tr>
<td></td>
<td>1.27 (0.92-1.77)</td>
<td>1.98* (1.24-3.14)</td>
</tr>
<tr>
<td>Severe injury</td>
<td>p=0.15</td>
<td>p=0.004</td>
</tr>
</tbody>
</table>
Mean scores of social support, anxiety and depression according to last year victimisation of each type of violence

<table>
<thead>
<tr>
<th>Violent behaviour last year</th>
<th>Social Support</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>p-value</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td><strong>Psychological aggression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>64.26 (15.87)</td>
<td>0.210</td>
<td>6.65 (4.20)</td>
</tr>
<tr>
<td>No</td>
<td>64.83 (17.92)</td>
<td></td>
<td>5.52 (4.64)</td>
</tr>
<tr>
<td><strong>Physical assault</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>58.10 (17.31)</td>
<td>&lt;0.001</td>
<td>8.10 (4.58)</td>
</tr>
<tr>
<td>No</td>
<td>65.69 (16.22)</td>
<td></td>
<td>5.89 (4.27)</td>
</tr>
<tr>
<td><strong>Sexual coercion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>59.52 (18.30)</td>
<td>&lt;0.001</td>
<td>6.87 (4.56)</td>
</tr>
<tr>
<td>No</td>
<td>65.78 (15.91)</td>
<td></td>
<td>6.08 (4.34)</td>
</tr>
<tr>
<td><strong>Injury</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>57.25 (21.91)</td>
<td>&lt;0.001</td>
<td>7.67 (4.65)</td>
</tr>
<tr>
<td>No</td>
<td>65.01 (16.05)</td>
<td></td>
<td>6.14 (4.36)</td>
</tr>
<tr>
<td>Mann Whitney U test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prevalence of last year Perpetration by Gender in the UK sample

Total N=567

Note: 85.3% of women and 79.8% of men stated that they had used negotiation to resolve issues.
Prevalence of lifetime Perpetration by Gender in the UK sample

Total N=567

- Psychological aggression: 75.60% Women, 75.10% Men
- Sexual coercion: 23.30% Women, 37.60% Men
- Physical assault: 26.50% Women, 28.20% Men
- Injury: 14.00% Women, 12.90% Men

Note: 94.6% of women and 90.1% of men stated that they had used negotiation to resolve issues.
Contextual Dependency

• There is an association between higher dependency for basic needs (e.g. food and housing) and IPV that is statistically significant for men and not for women. This is the case for all of the CTS2 scales except injurious victimisation which was reported by very few of the participants.

• Being dependent for immigration status is significantly associated with higher levels of psychological perpetration, sexual victimisation and perpetration, and physical victimisation and perpetration.
Other findings

Agreement with each of the following questions were significantly associated with higher levels of victimisation and perpetration:

- “People in the community and in positions of authority are considerably more likely to believe my partner than me”
- “I am worried that my partner might report me to social services or child protection”.

Significantly associated with: psychological victimisation, sexual victimisation, physical victimisation and perpetration, and injurious victimisation and perpetration was the following statement:

- “My partner engages in unpredictable, bizarre or frightening behaviours”
Exposed to Violence during Childhood

- We asked about experience of violence up to the age of 15, under the categories: physical, weapons / objects, sexual, psychological, threats, injuries, neglect.

- All of these were strongly statistically significant in their association with each of the CTS2 scales for both victimisation and perpetration.
Conclusions

• In our community-based sample in the UK, the most common form of IPV in the past year was psychological aggression, which is consistent with previous studies.

• Nearly half the participants were both victims and perpetrators of at least one such act in the scope of their relationships.

• Our study supported gender symmetry with prevalence rates being similar between women and men, although men were more likely to have perpetrated minor sexual abuse.

• Our findings highlight a significantly higher prevalence rate of severe psychological victimisation and perpetration among respondents aged 18-24.
Conclusions

- Findings relating IPV to physical and mental health status, and quality of life, of respondents demonstrate a significant negative impact on many of the outcomes.

- People experiencing minor IPV victimisation are less likely to approach health / social care professionals may indicate that they avoid contact with services in order to hide evidence of abuse, or perhaps underlying social exclusion that is then overcome by the severe instances of abuse.

- The survey confirms a substantial prevalence of IPV in London, and a negative impact on anxiety, depression and quality of life, including the largest community sample of men who are victims of IPV.
Implications for Practice

- The importance of considering IPV in younger populations has recently been acknowledged by an extended UK Government definition of Domestic Violence to include their experiences and could have significant implications for planning and delivering early IPV interventions in primary care.

- This is especially important due to potential child safeguarding consequences as 18% of this younger age group in our study had children.

- Primary care professionals, including General Practitioners, need to be more alert to undisclosed IPV in patients with unexplained deteriorating quality of life and/or mental health issues, even without signs of physical injury, and take steps to avoid ‘overshadowing’ practices when treating or referring such cases.
Publications so far...


