Violence and mental health problems: identification and treatment focused on healthcare settings

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How do we define violence and what does it comprise?
Definition of violence

No universally agreed definition of violence

WHO Violence Prevention Alliance - "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation"

- Self-directed violence – self-abuse, suicidal behaviour
- Interpersonal violence – familial/partner, community violence
- Collective violence – social, political, economic violence

(World Health Organization 2014;2002)
Domestic abuse

• UK Home Office - “Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between those aged 16 years or over who are, or have been, intimate partners or family members, regardless of gender or sexuality”

• Includes honour-based violence and female genital mutilation

• New Domestic Abuse Bill – extension of definition to include economic abuse
Sexual assault is an act of physical, psychological and emotional violation, in the form of a sexual act, which is inflicted on someone without consent. It can involve forcing or manipulating someone to witness or participate in a sexual act or touching someone sexually without their consent.
Human trafficking

- The movement of people by force, coercion, or deception, for the purposes of exploitation

- People are exploited in a variety of settings, including:
  - Forced sex work
  - Domestic servitude
  - Agriculture, construction, fishing, factories, restaurants, hotels, nail salons, car washes
  - Forced criminality (e.g. begging, theft, cannabis cultivation)
Types of violence: physical

- Pushing, shoving
- Kicking, biting
- Slapping, punching
- Kicking, stamping
- Twisting arms
- Bending fingers back
- Cutting or stabbing
- Choking

- Using an object as a weapon
- Shooting, stabbing
- Drowning, burning
- Forcing to take drugs
- Tying up, starving
- Pouring over acid or petrol
- Murder
Types of violence: sexual

- Rape: vaginal, anal, oral: with penis
- Forced prostitution
- Forced sexual acts with others or animals
- Cutting or disfiguring breasts
- Chemicals poured into labia
- Refusal to practice safe sex or allow contraception
- Forced into pornography
- Genital mutilation
- Sexual abuse of children
- Forced sex after childbirth, operations
- Religious prohibitions ignored
- Threats to get compliance
- Sexual insults
Types of violence: psychological / verbal

- Unremitting criticism
- Intimidation
- Harassment
- Mocking
- Name-calling
- Blaming and shaming
- Degradation
- Threats to harm

- Isolating friends/family
- Surveillance of everyday tasks
- Intercepting mail, calls
Types of violence: neglect

- Ignoring signs of distress
- Ignoring pleas for comfort
- Withholding access to food or access to the right food
- Withholding access to proper clothing
- Withholding access to medications or treatment

- Not supporting a person to maintain personal hygiene
- Not supporting a person to change soiled/wet clothing
Types of violence: financial

- Denying access to money/economic support
- Refusal to contribute to family incomes
- Assuming total control over all finances
- Assuming total control over all financial decisions
- Forced engagement in illegal activities (e.g. theft, financial fraud)
- Withholding sufficient funds for general house-keeping needs (e.g. food, heating)
- Withholding sufficient funds for personal necessities (e.g. tampons)
- Preventing access to key resources (e.g. money for transport, access to medication)
Gender and interpersonal violence

• Men more likely to be assaulted by a stranger

• Women more likely to report domestic and sexual violence and sexual harassment

• Women more likely to experience repeat violence

• Women, children and elderly most exposed to non-fatal forms of violence

• LGBTQ+ populations report high exposure

(World Health Organization 2014; Office for National Statistics 2019)
Gender and interpersonal violence

• Most fatal outcome of violence is homicide:
  • Men more likely to be a victim of homicide, most often committed by a stranger
  • Women most likely to be killed by someone they know
  • 1 in 5 homicides globally perpetrated by an intimate partner/family member – women/girls most often victims
  • Women 6 times more likely to be killed by intimate partner than men (39% vs 6%)

(United Nations Office on Drugs and Crime 2018; Stockl 2013)
How common is interpersonal violence?
• Lifetime prevalence of isolated acts of domestic violence comparable for men and women

• Women are at greater risk of repeated, coercive, sexual, or severe physical assault
• Globally, 30% of women report physical and/or sexual partner violence

• Across Europe, 25% of women report physical and/or sexual partner violence

(Source: World Health Organisation 2013)
Prevalence of violence: Austria

1,500 Austrian women:

• 31% reported childhood physical, sexual or psychological violence by adult perpetrators
• 12% non-partner physical and/or sexual violence
• 13% reported physical/sexual partner violence (current or previous) since age 15 years; 3% past yr
• 15% reported experiences of stalking since 15 years
• 35% sexual harassment since age 15 years
• 19% most serious partner violence known to police
• Over 50% of women unaware of national helplines and violence protection/intervention centres

(European Union Agency for Fundamental Rights 2014)
Prevalence of violence: Austria

2011 study of physical/sexual violence, sexual harassment and psychological abuse in apprx. 1,200 women and 1,000 men:

• 2/3 of men and women reported physical attacks – women attacked more by partners and men in public settings

• 1/3 of women reported sexual assault versus >1% men

• One in four women were affected by all four forms of violence compared to one man in twenty

• ¾ of women report sexual harassment versus ¼ men

EU study of prevalence of abuse among older women – 593 Austrian women aged 60 years and older:

• 24% of older Austrian women report abuse, most often perpetrated by partner/family member

(GREVIO 2016; Luoma et al 2011)
Fig 1. Exploitation, risks, and global health

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002437
What is the link between violence victimisation and mental health problems?
### Reviews of domestic abuse and mental disorders

<table>
<thead>
<tr>
<th>Condition</th>
<th>Past year DA prevalence</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>35.5% (IQR 16%-40%)</td>
<td>Depression: 3.31 (2.35-4.68)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>28.4% (IQR 26%-42%)</td>
<td>Anxiety: 2.29 (1.31-4.02)</td>
</tr>
<tr>
<td>PTSD</td>
<td>61% (IQR 41%-80%)</td>
<td>PTSD: 7.34 (4.50-11.98)</td>
</tr>
</tbody>
</table>

- Eating disorders associated with higher prevalence of lifetime DA (8 papers, n=6,775 women)

(Trevillion et al 2012; Oram et al 2013)
Reviews of domestic abuse and mental disorders

Median prevalence estimates of domestic abuse among mental health service users

- 33% outpatients
- 30% inpatients
- 32% mixed settings

(Oram et al 2012)
Fig. 1 Prevalence and adjusted odds for domestic violence (DV) and sexual assault (SA) victimisation

- **DV since 16**: 69% Female patients, 49% Female controls, 33% Male patients, 17% Male controls
- **DV past year**: 27% Female patients, 9% Female controls, 13% Male patients, 5% Male controls
- **SA since 16**: 61% Female patients, 21% Female controls, 23% Male patients, 3% Male controls
- **SA past year**: 10% Female patients, 2% Female controls, 3% Male patients, 0.3% Male controls

- **OR in patients vs. controls**
  - **DV since 16**: 3.9 for Women, 3.5 for Men
  - **DV past year**: 2.7 for Women, 1.6 for Men
  - **SA since 16**: 5.8 for Women, 6.2 for Men
  - **SA past year**: 2.9 for Women, 1.7 for Men
78% of women and 40% of men screened positive for 1+ of depression, anxiety or PTSD

Women (n=98)
- 51% Anxiety
- 57% Depression
- 61% PTSD
- 51% Suicidal ideation
- 4% Hazardous drinking

Men (n=52)
- 22% Anxiety
- 27% Depression
- 28% PTSD
- 14% Suicidal ideation
- 33% Hazardous drinking

(Oram et al 2016)
Establishing Causality

Relationship between domestic and sexual abuse and mental disorders

Bi-directional relationship for women:
- Domestic and sexual abuse can lead to development of mental illness
- Mental illness can create vulnerabilities to abuse

Impacts:
- Severity of abuse associated with severity of symptoms
- Exacerbation of psychotic symptoms

Evidence unclear for men

(Chandan et al 2019; Devries et al 2013; Howard et al 2010; Golding 1999)
Why does violence occur? Risk factors and some theories..
Societal

Community

Relationship

Individual

Discriminatory laws on gender
Gender discrimination in institutions
Economic inequalities
Lack of enforcement of laws on violence
Cultural norms of violence

High crime/unemployment
High residential mobility
Harmful gender norms
Access to drugs/weapons
Poverty
Gender stereotypes

Gender inequality
Poor parenting practices
Violent parental conflict
Low socioeconomic status
Marital conflict

Victim of child abuse
Mental health/substance use problems
Violence seen as normal

(Heise 1998; WHO 2018; Abramsky et al 2011)
Gender Stereotypes and violence

• “Harmful gender stereotypes, rigid constructions of femininity and masculinity and stereotyped gender roles are a root cause of gender-based violence against women”

• Attitudes that condone marital violence and holding traditional sex-role ideologies linked to partner violence perpetration

• Holding traditional (patriarchal) gender roles linked to perpetration of domestic and sexual violence

(UN General Assembly A/73/HRC/38/24 2018; Stith et al 2004; Tharp 2012; Reyes et al 2016)
UK TV adverts targeted at girls

Words used in TV toy adverts featuring girls
www.lettoysbetoys.org.uk/tvads

UK TV adverts targeted at boys

Words used in TV toy adverts featuring boys
www.lettoysbetoys.org.uk/tvads
Examples of societal-level activities that seek to challenge harmful gender stereotypes.
What are common impacts of violence?
Impacts on Health

Injuries following an assault

e.g. fractures, broken bones, facial injuries, scars

Chronic illness after living with abuse

e.g. headaches, gastrointestinal disorders, chronic pain

Psychological or psychosocial problems

e.g. attempted suicide, depression, anxiety, substance abuse

Gynaecological problems

e.g. sexually transmitted infections, chronic pelvic pain, recurrent urinary tract infections
Table 3.1: Emotional response following the most serious incident of violence since the age of 15, by type of violence and perpetrator (%) a,b

<table>
<thead>
<tr>
<th>Type of emotional response</th>
<th>Any partner</th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Physical</td>
<td>Sexual</td>
<td>Physical</td>
<td>Sexual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>violence</td>
<td>violence</td>
<td>violence</td>
<td>violence</td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>63</td>
<td>58</td>
<td>58</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>23</td>
<td>26</td>
<td>22</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td>34</td>
<td>37</td>
<td>34</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td>52</td>
<td>64</td>
<td>42</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Shame</td>
<td>21</td>
<td>47</td>
<td>12</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Embarrassment</td>
<td>18</td>
<td>34</td>
<td>12</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Guilt</td>
<td>12</td>
<td>32</td>
<td>8</td>
<td>32</td>
<td></td>
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<tr>
<td>Annoyance</td>
<td>32</td>
<td>37</td>
<td>35</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td></td>
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</tbody>
</table>

Source: European Union Agency for Fundamental Rights 2014
## MHJS Survey: impact of victimisation among patient & control victims

<table>
<thead>
<tr>
<th></th>
<th>Patient % (N)</th>
<th>Control % (N)</th>
<th>Adjusted OR (95% CI)</th>
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</thead>
<tbody>
<tr>
<td><strong>EMOTIONAL EFFECT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived as very serious</td>
<td>17.1 (123)</td>
<td>6.5 (489)</td>
<td>4.7 (3.7-5.7)</td>
</tr>
<tr>
<td>Emotionally affected</td>
<td>31.9 (135)</td>
<td>21.5 (488)</td>
<td>3.7 (2.7-4.7)</td>
</tr>
<tr>
<td>‘very much’</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>PHYSICAL INJURY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>74.2 (66)</td>
<td>40.7 (123)</td>
<td>3.5 (1.6-7.7)</td>
</tr>
<tr>
<td>Medical attention</td>
<td>20.5 (78)</td>
<td>12.0 (191)</td>
<td>0.31 (0.10-0.90)</td>
</tr>
<tr>
<td><strong>PREVENTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made changes to prevent</td>
<td>55.1 (107)</td>
<td>67.6 (488)</td>
<td>0.48 (0.28-0.82)</td>
</tr>
<tr>
<td>future victimisation</td>
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</tbody>
</table>

*(Khalifeh et al 2013)*
What support do people receive?
Healthcare responses

Review of rates of abuse identification:
- Low detection rates by mental health professionals (10%-30%)
- Cross-sectional survey of staff in London Mental Health Trust:
  - 15% routinely asked all clients
  - 60% lacked knowledge of support services
  - 27% services lacked referral resources

Survey of domestic abuse services:
- National UK survey of 216 refuges found that only 19% of services were able to offer refuge to women with mental health needs
- NZ study of 39 Women’s Refuges found high numbers of women denied access because of mental health/substance use problems

Barriers to identification of domestic violence

- Personal discomfort with the topic
- Dominance of the medical diagnostic and treatment model
- Focus on symptoms
- Lack of confidence in approaching the subject
- Too complex an issue
- Enquiry not part of their role
- Domestic violence not a priority
- Importance of engagement between client and professional
- Limited opportunity for enquiry
- Presence of partner
- Time constraints
- Competing demands

- No indication of violence
- Gender
- Culture
- Fear of consequences
- Fear of offending
- Fear of re-traumatisation
- Questioning if there is evidence that asking is helpful
Barriers to disclosure of domestic violence

Professional failure to respond to signs of abuse

Perpetrator disguises abuse

Not realising this is abuse

Putting abuse to back of mind

Dominance of the medical diagnostic and treatment model

Hidden nature of domestic violence

Importance of engagement between client and professional

Psychological distress

Gender

Shame and embarrassment

Culture

Blaming attitudes

Perpetrator’s actions prevent disclosure

Self-blame

Isolating friends and family

Fear of Social Service involvement

Fear of Immigration status

Fear of consequences

Fear disclosure will not be believed

Fear of disruption to family

Fear disclosure will result in further violence
PROTECT study

- Participants accessed GPs; dentists; sexual, maternity, and mental health services; and specialist services.
- Access often depended on having documentation for GP registration.

  “The GP wouldn’t register me without any papers from the Home Office, so we had to wait until that paper arrived”

- Access to interpreters was crucial, but provision was often lacking.

- Support workers were crucial in enabling access, providing advocacy and information for their service users:

  “They was telling me “Go away”. But when I came to [support organisation], they make sure ... so I went for check-up in hospital, they accept me”

(Westwood et al 2016)
Interventions to address experiences of violence and mental health problems
Create a disclosing environment

- Clearly display information on violence in waiting areas/other suitable places
- Staff training on violence and regular supervision for those working with people
- Ensure people given maximum privacy/professional interpreter
- Establish referral pathways to specialist violence and abuse agencies
- Ensure frontline staff know about the services and referral procedures
- Establish clear policies and procedures for staff who have been affected by violence
LARA Domestic Violence Advisors

Secondment

Integration

Domestic Violence Agency

Community Mental Health Team

Increased referrals to domestic violence agency

(Trevillion et al 2014)
How should services respond: general psychosocial interventions

Regehr et al 2013 “Interventions to reduce distress in adult victims of sexual violence and rape”

- Review of effectiveness of interventions from 6 RCTs involving 358 adults:
  - 3 RCTs of Prolonged Exposure therapy report significant reductions in PTSD, depression and anxiety post-treatment compared to waitlist control [high heterogeneity]
  - 1 RCT of Cognitive Processing Therapy report significant reductions in PTSD and depression post-treatment compared to waitlist control
  - 2 RCTs of Eye-Movement Desensitisation and Reprocessing (EMDR) report significant reductions in PTSD, depression and anxiety post-treatment compared to waitlist control [high heterogeneity PTSD]
  
- Conc. some evidence that cognitive and behavioural interventions reduce symptoms of PTSD, depression, anxiety
The Stefanou Foundation
For Baby’s Sake

Intensive support programme for expectant mums and dads: pregnancy to 24 months postnatally.

Safety and safeguarding, parenting, domestic abuse, recovery from trauma, guilt & shame, healthy expression of emotions and healthy relationships.

Integrated and embedded within Local Authorities and safeguarding pathways.

Mixed methods evaluation: process, outcome and economics.

Key research questions:

• Does the programme operate as expected?
• Which parts of the programme are most effective for which individuals and families?
• Do the benefits outweigh the costs?

(Domoney et al 2018)
I really enjoy this model of working. I think this is the way forward...because you get so much more of a rounded picture of what’s going on. It’s not one-sided.

They’ve got a good couple of years to work with the client, whereas if you’re in a social work role you’ve got that six weeks...from that point of view, it’s wonderful.

I think because I've seen it growing up, I've come to realise...that maybe I thought it was normal.

So I can learn to be a better father, really. Better than my dad was.

Just recognising triggers, things like this, whenever things ever start getting out of hand.

(Domoney et al 2018)
Key References

Austrian support services

24 hour free-phone helpline for women: 0808 222 555

Association of Austria’s women’s shelters: www.aoef.at

Webpage for list of support services for men, women and children across Austria: http://www.infovictims.at/at_en/006_servic os/paginas/006_001.html