



Public Health  
England

Protecting and improving the nation's health

# The public health perspective: why is domestic abuse everyone's business?

Mel Sirotkin  
PHE North West Centre Director

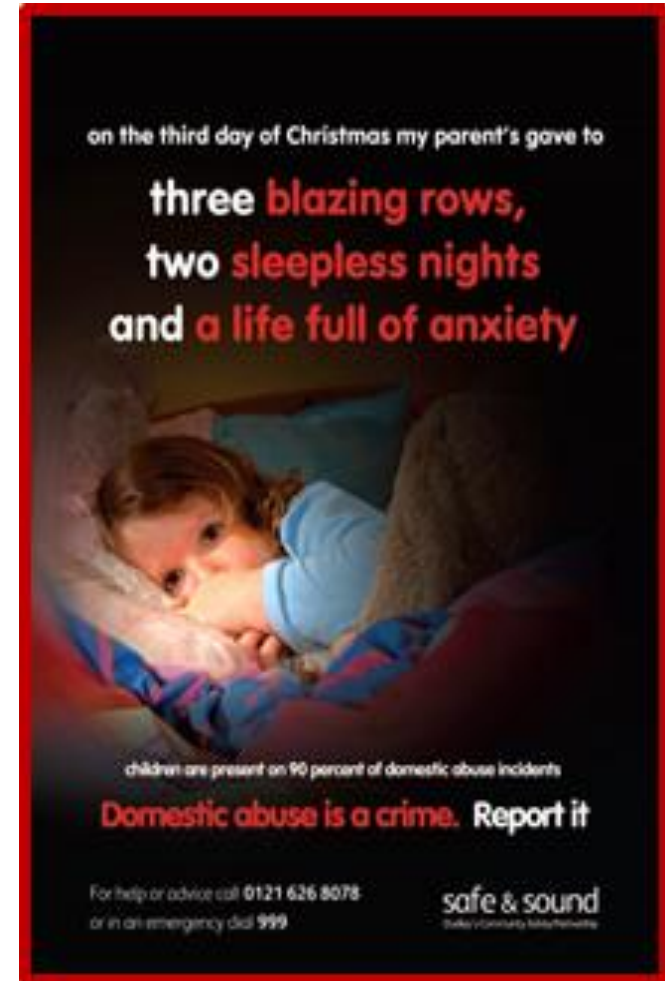
# Domestic violence and abuse

A cross-government definition:

Any incident or pattern of incidents of 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

**Domestic violence and abuse has significant and enduring impacts on individual health, their children, families and communities.**



# Facts about domestic violence

- Domestic violence and abuse occurs “across society, regardless of age, gender, race, sexuality, wealth and geography” (Wood, Bellis and Watts, 2010)
- 4.9 million women (28.3%) and 2.4 million men (nearly 14.7%) in England and Wales have experienced intimate violence since the age of 16 (ONS)
- Two women in England and Wales are killed each week by a partner or former partner (Women’s Aid)
- Nationally, a 999 call relating to domestic abuse made every 30 seconds (HMIC) – tip of the iceberg
- Police estimate that an average victim is subjected to 35 assaults before reporting an incident to the police (Yearnshaw, 1997)
- One in six of sexual assault victims report incidents to the police (ONS)
- At least 750,000 children a year witness domestic violence (DH)
- Domestic violence is highly gendered

# Main sources of data

- Difficult to accurately measure for a number of reasons (such as under-reporting, police recording differences, and so on)
- Limited data generally and especially at local level

## **Crime Survey for England and Wales**

- Available through the Office for National Statistics (ONS)
- Data by gender, type of abuse, region, trends over time, key characteristics (such as age, household, and so on)

## **Police recorded crime data**

- Available via the Public Health Outcomes Framework (PHOF) data tool
- Data presented for local authorities but at police force level

# Experience within last year

Percentage of adults aged 16 to 59 who experienced intimate violence in the last year, by sex and headline category, 2013/14 CSEW<sup>1</sup>

England and Wales		Adults aged 16 to 59		
Headline category	Men	Women	All	
	<i>% victims once or more</i>			
Partner abuse (non-sexual)	2.8	5.9	4.4	
Family abuse (non-sexual)	1.7	2.2	2.0	
Any sexual assault (including attempts)	0.7	2.2	1.5	
Stalking	2.5	4.4	3.5	
Any domestic abuse	<b>4.5</b>	<b>8.5</b>	<b>6.5</b>	

1. Source: Crime Survey for England and Wales, Office for National Statistics

# Types of partner abuse

Type of abuse suffered by last year partner abuse victims, by sex and type of abuse 2012/13  
CSEW<sup>1</sup>

England and Wales

Adults aged 16 to 59

	Men	Women	All
<i>Percentage who were victims once or more</i>			
<b>Non-physical abuse, threats or force (non-sexual)</b>	<b>92</b>	<b>82</b>	<b>86</b>
Non-physical abuse (emotional, financial)	56	51	53
Threats or force	47	49	48
Threats	8	23	17
Force	43	41	42
- Minor	20	26	24
- Severe	34	28	30
<b>Any sexual assault (including attempts)</b>	<b>3</b>	<b>11</b>	<b>8</b>
Serious sexual assault (including attempts)	0	7	4
Less serious sexual assault	3	6	5
<b>Stalking</b>	<b>15</b>	<b>32</b>	<b>25</b>

1. Source: Crime Survey for England and Wales, Office for National Statistics

# Effects

Physical injuries and other effects felt as a result of the partner abuse experienced in the last year, 2012/13 CSEW<sup>1,2</sup>

England and Wales

Adults aged 16 to 59

	Men	Women	All
	<i>Percentage</i>		
<b>Any physical injury</b>	<b>22</b>	<b>24</b>	<b>24</b>
Minor bruising or black eye	12	18	16
Scratches	15	11	13
Severe bruising or bleeding from cuts	5	5	5
Internal injuries or broken bones/teeth	1	3	2
Any other physical injury	1	2	2
<b>Other effects</b>	<b>38</b>	<b>52</b>	<b>47</b>
Mental or emotional problems	32	45	40
Stopped trusting people/difficulty in other relationships	14	23	20
Tried to kill self	3	5	4
Other effect (including becoming pregnant or contracting a disease)	0	1	1

1. Source: Crime Survey for England and Wales, Office for National Statistics

2. If the victim had experienced more than one partner abuse, question was asked of the most recent incident.

# Domestic violence indicator in PHOF (1)

- Rate of domestic abuse incidents (recorded by the police) per 1,000 population
- Incidents are defined as any incidence of threatening behaviour, violence or abuse between adults aged 16 and over, who are or have been intimate partners or family members
- Within the North West, Merseyside has the highest rate (28.4 per 1,000) and Cheshire the lowest (4.9) in 2013/14
- Important to note that figures unlikely to show true differences due to under-reporting and different police recording practices

Source: Police recorded crime (via PHOF)

## 1.11 - Domestic Abuse

Area	Value
England	19.4
North West region	21.4
Wirral	28.4
Sefton	28.4
St. Helens	28.4
Liverpool	28.4
Knowsley	28.4
Lancashire	24.3
Blackpool	24.3
Blackburn with Darwen	24.3
Wigan	23.5
Trafford	23.5
Tameside	23.5
Stockport	23.5
Salford	23.5
Rochdale	23.5
Oldham	23.5
Manchester	23.5
Bury	23.5
Bolton	23.5
Cumbria	16.6
Cheshire West and Chester	4.9
Cheshire East	4.9
Warrington	4.9
Halton	4.9

Source: Office for National Statistics (ONS)

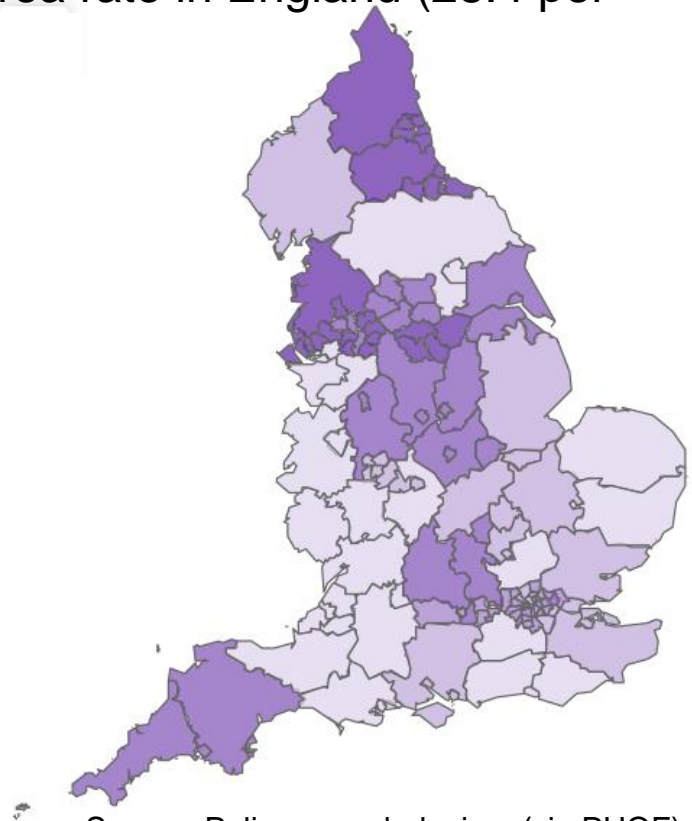
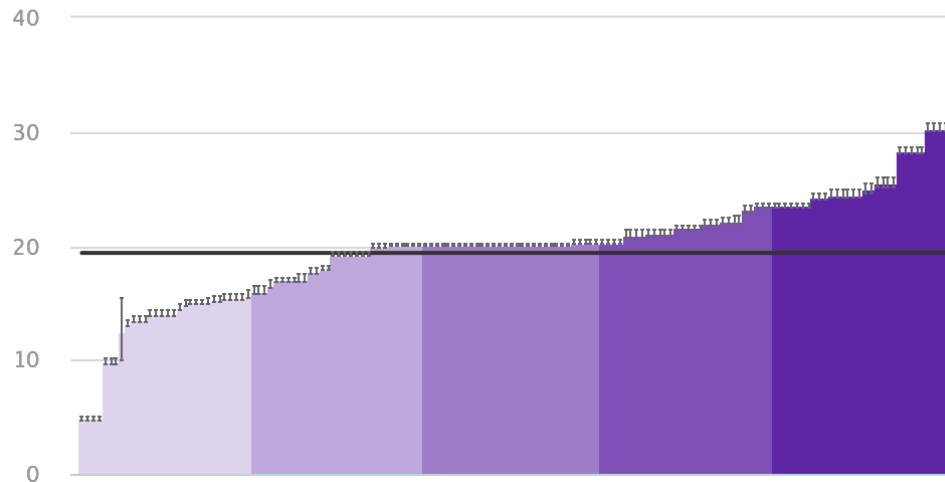


# Domestic violence indicator in PHOF (2)

- In 2013/14, there were 32,330 and 4,112 recorded incidents in Merseyside and Cheshire respectively
- Merseyside has second highest police force area rate in England (28.4 per 1,000 population)

Quintiles: Q1 (Low) Q2 Q3 Q4 Q5 (High)

Distribution of County & UAs in England for 1.11 - Domestic Abuse



Source: Police recorded crime (via PHOF)

# Key risk factors

- Female
- Having a long term illness or disability (almost doubles the risk)
- Young age
- Unemployment and poverty
- Low education
- Having a mental health disorder
- Substance misuse
- History of abuse, either personal experience or witnessing abuse of a parent
- Separation or divorce
- Pregnancy can increase the risk of either the first episode of domestic violence or escalate the violence
- Personal community or cultural acceptance of domestic violence

# Unique vulnerabilities

- 40% of the LGBT population report experiencing domestic violence and abuse
- Disabled women are more likely to experience domestic violence than non-disabled women, and also less likely to have access to support
- More than half of women in prison have experienced domestic violence, and one in three sexual violence
- Black or minority ethnic women who experience domestic violence are often less likely to access support because of social isolation, language barriers, lack of awareness about services, and discrimination on the part of services

# The public health impact: individual level

Domestic violence has serious consequences for individuals' physical and mental health and can include:

- direct and immediate physical impacts such as bruises, cuts, broken bones
- the worsening of existing chronic conditions like asthma, epilepsy, pain (headaches, back pain), migraines, hypertension, gastrointestinal disorders
- increased minor infectious illnesses
- neurological symptoms (fainting, fits)
- gynaecological problems
- increased risk of mental health problems such as depression, anxiety and post-traumatic stress disorder
- substance misuse, especially alcohol
- self-harm, suicidal thoughts and attempted suicide, including for pregnant women

# The public health impact: family level

- Half of all people who report domestic violence have children
- One in seven (14.2%) under 18 years have lived with domestic violence at some point in their childhood
- Living with domestic violence adversely affects a child's health development, relationship, behaviour and emotional wellbeing
- Changes in policy and practice to consider the whole journey, from preventative measures to protect children from having to live with domestic violence, to the care and support of children who have suffered harm (Radford, 2012)

# Adverse Childhood Experience

- ACE - a complex set of related childhood experiences that directly affect a child or, the environment in which they live, i.e. household dysfunction
- The initial ACE Study –
  - One of the largest ever studies into the long-term relationships between childhood maltreatment & later-life health and wellbeing.
  - A collaboration between the Centre for Disease Control and Kaiser Permanente – 1995-97

Adverse Childhood Experiences (ACE) Study.  
Available at [www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm)

# Adverse Childhood Experiences

## *Five Direct*

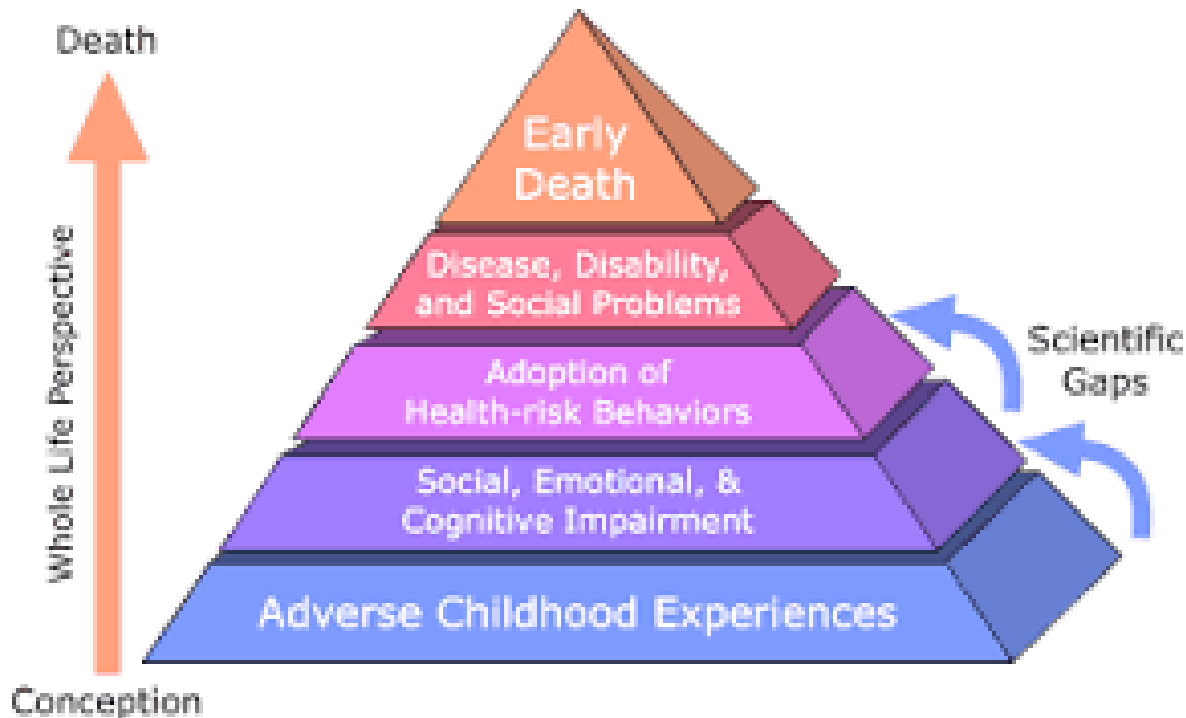
1. Sexual abuse by parent / caregiver
2. Emotional abuse by parent / caregiver
3. Physical abuse by parent / caregiver
4. Emotional neglect by parent / caregiver
5. Physical neglect by parent / caregiver



## *Five Indirect*

1. Parent / Caregiver addicted to alcohol / other drugs
2. Witnessed abuse in the household
3. Family member in prison
4. Family member with a mental illness
5. Parent / Caregiver disappeared through abandoning family / divorce

# The ACE pyramid



- A conceptual framework for the study
- Aimed to assess the scientific gaps in the origins of risk factors
- “What influences or precedes the development of risk factors?”

**ACEs are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan.**



# Findings of the ACE study

- **ACEs are common – 2/3 reported at least one, more than 1:5 reported 3 or 4. Short and long term outcomes are a multitude of health and social problems.**
- **The ACE score is used to assess the total amount of stress during childhood.**
- **As the number of ACE increases the risk for a wide range of health problems increases in a strong and graded way:**
  - Alcoholism and alcohol abuse, smoking, illicit drug use,
  - COPD, liver disease, heart disease
  - Depression, suicide attempts, fetal death
  - Health-related quality of life
  - Risk for intimate partner violence
  - Multiple sexual partners, STDs, early sexual activity, teenage conceptions, unintended pregnancy

# Adverse childhood experience study – experience from the UK

Adverse childhood experiences: retrospective study  
to determine their impact on adult health behaviours  
and health outcomes in a UK population

**Mark A. Bellis<sup>1</sup>, Helen Lowey<sup>1</sup>, Nicola Leckenby<sup>1</sup>, Karen Hughes<sup>1</sup>, Dominic Harrison<sup>2</sup>**

<sup>1</sup>Centre for Public Health, Liverpool John Moores University, 15-21 Webster Street, Liverpool L3 2ET, UK

<sup>2</sup>National Health Service, Guide Business Centre, School Lane, Blackburn, Lancashire BB1 2QH, UK

Address correspondence to Mark A. Bellis, E-mail: [m.a.bellis@ljmu.ac.uk](mailto:m.a.bellis@ljmu.ac.uk)

## Blackburn with Darwen (2012)

### Adverse Childhood Experience (ACE) & Adult Health Outcomes

Increased risk (adjusted odds ratio) having health behaviours and conditions in adulthood for individuals experiencing four or more ACEs in childhood.

Pregnant or got someone accidentally pregnant Under 18 x 4.5

Liver or digestive disease x 2.3

Stayed overnight hospital in last 12 months x 1.5

Had a sexually transmitted infection x 30.6

Morbidly Obese x 1.82

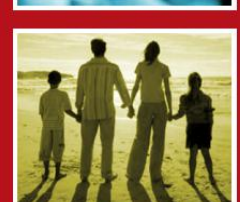
Heroin or Crack user x 9.7

Regular Heavy drinker x 3.7

**Been hit in last 12 month x 5.2**

**Hit someone last 12 months x 7.9**

**Been in prison or cells x 8.8**



# Adverse Childhood Experiences

Preventing ACEs in future generations could reduce levels of:



**Early sex**  
(before age 16)  
by 33%



**Unintended teen pregnancy**  
by 38%



**Smoking**  
(current)  
by 16%



**Binge drinking**  
(current)  
by 15%



**Cannabis use**  
(lifetime)  
by 33%



**Heroin/crack use**  
(lifetime)  
by 59%



**Violence victimisation**  
(past year)  
by 51%



**Violence perpetration**  
(past year)  
by 52%



**Incarceration**  
(lifetime)  
by 53%



**Poor diet**  
(current; <2 fruit & veg portions daily)  
by 14%

# Conclusion

Public health challenges associated with domestic violence are significant and increasing. The challenge is to ensure that we adopt:

- primary prevention: taking universal action aimed at the whole population to stop domestic violence from happening; provide information and support to children
- secondary prevention: targeted services for adults and children at risk of experiencing domestic violence, with the aim of minimising adverse effects
- tertiary prevention: targeting individuals or families who have already been identified as living with domestic violence, with the aim of minimising adverse effects and protecting from further harm and to be helped in overcoming harm already caused
- Advocate strongly for effective early years prevention and increase professional–understanding of ACEs and their impact on employment, violence and parenting.
- Develop shared objectives across criminal justice, health, social care and education.
- Review health policy at all levels to set out sustainable investment at scale in evidence-based interventions known to reduce ACEs through supporting nurturing childhoods.