

Research and Policy
on Abuse and Mental Health
- National and Regional Perspectives

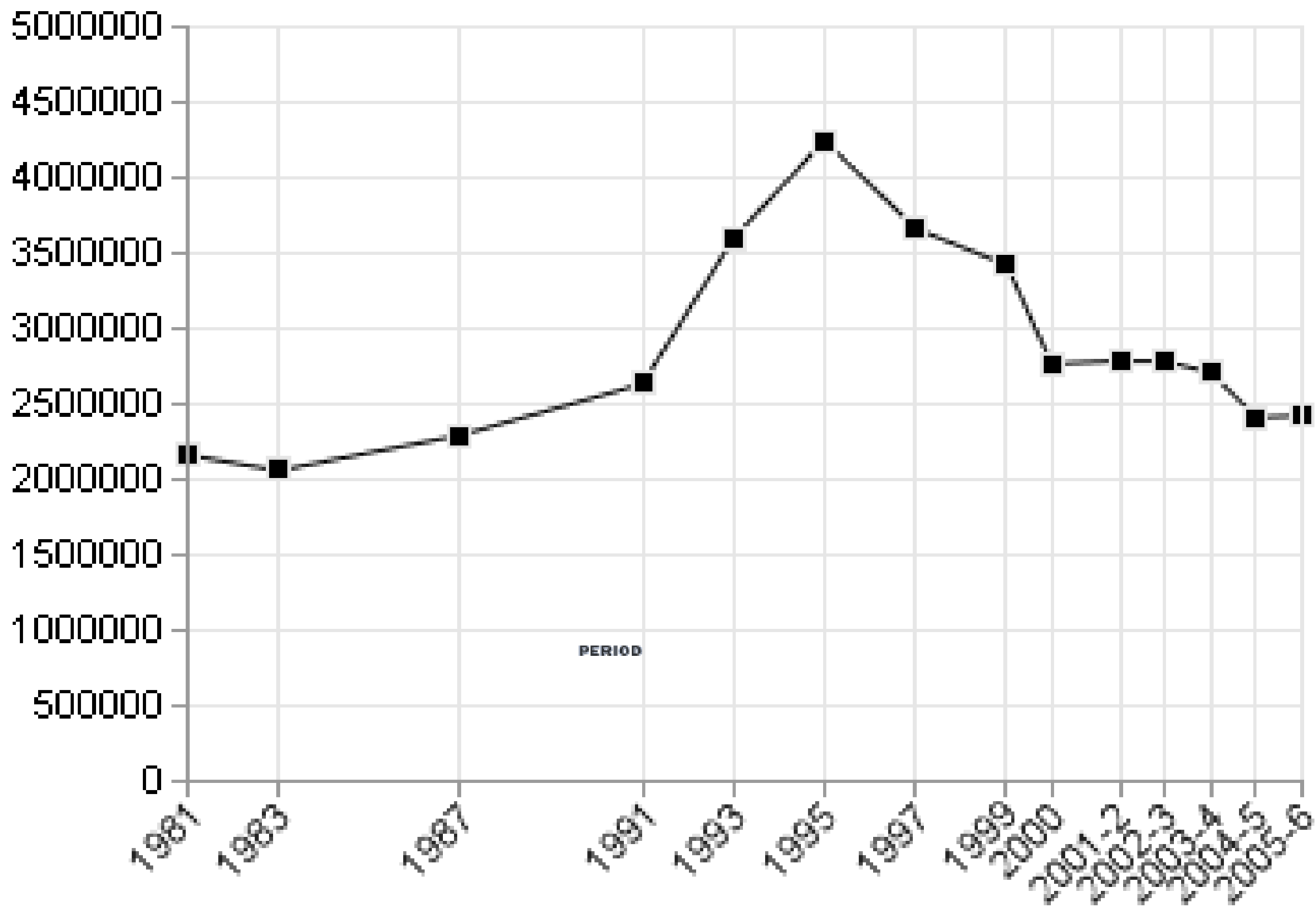
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Violence and Abuse: A Public Health Perspective

- Incidence & Prevalence
- Associated Risk Factors
- Outcomes
- A Life Course Perspective
- Evidence Based Prevention

Incidence & Prevalence

Violent crime Trends - British Crime Survey data



Source: The British Crime Survey (BCS)

Prevalence of Violence & Abuse

Types of violence & abuse	Female	Male
Child Sexual Abuse (all forms and contact abuse) (Cawson, 2000)	21% all forms 16% contact	11% all forms 7% contact
Child Physical Abuse- (violent treatment from anyone) (Cawson, 2000)	23%	27%
Child Emotional Abuse- (Humiliation by parents) (Cawson, 2000)	20%	16%
Bullying (10-14 year olds at school) (Smith, 2000)	46%	43%
Youth Violence (16-24 year old victims of violent crime in last year) (Dodd, 2004)	7.6%	15.5%
Sexual Assault and Rape (16-59 year olds ever experienced) (BCS 2004/5)	Sexual Assault: 23% Rape: 5%	Sexual Assault: 3% Rape: 0.4%
Partner Abuse (non-sexual, 16-59 year olds ever experienced) (BCS, 2004/5)	25%	16%

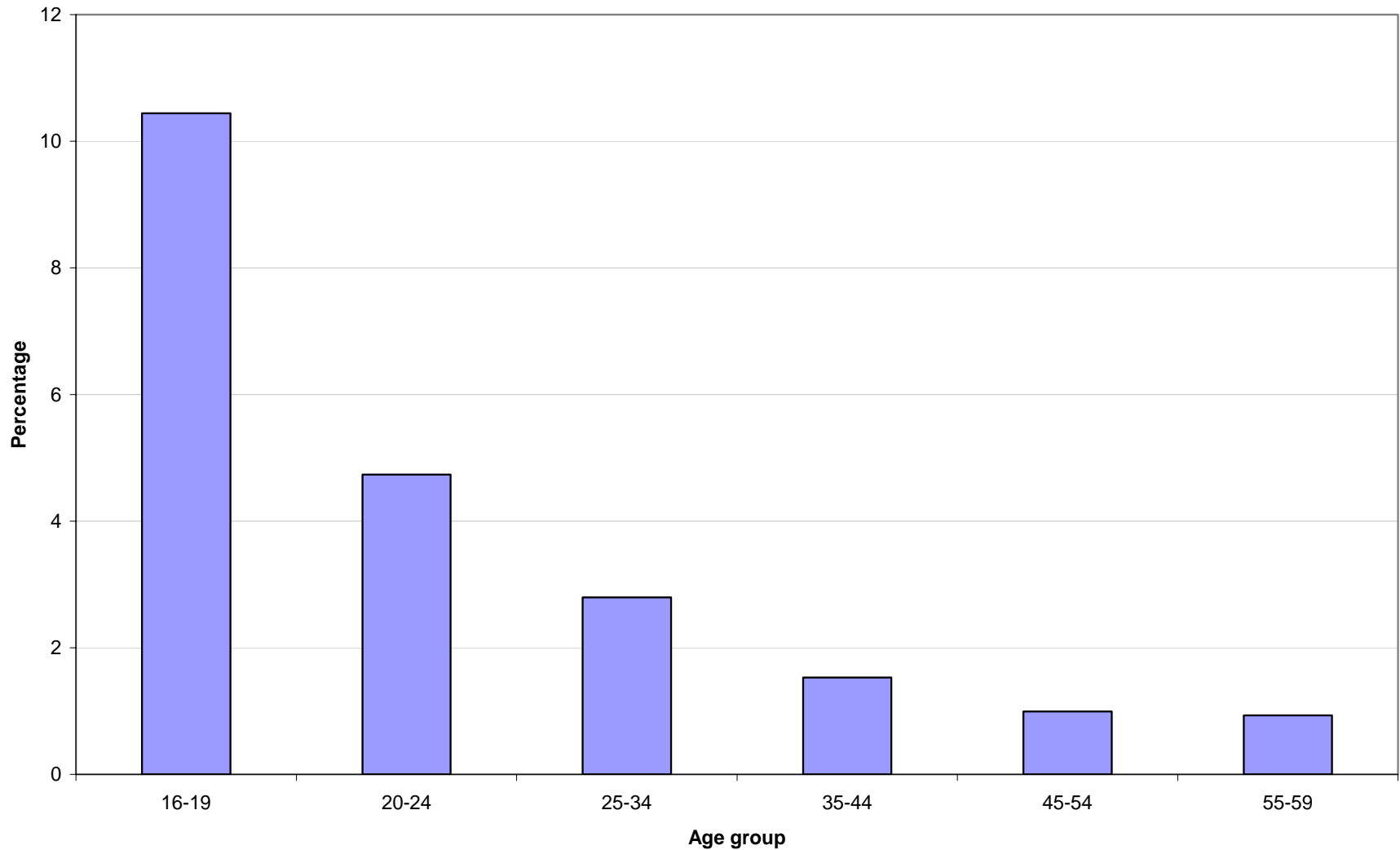
Risk Factors

General Risk Factors for Violence and Abuse 1.

Risk factors associated with being a victim

- Young age
- **Female:** being a victim of Child Sexual abuse, Bullying, Sexual assault and Domestic abuse, being pregnant increases risk of domestic abuse.
- **Male:** being a victim of physical abuse, bullying and youth violence
- Witnessing violence or being a victim of abuse increases the risk of further abuse, especially for females.
- Alcohol and Drugs misuse
- Socio-economic Disadvantage and Inequalities.
- Urban compared to rural areas
- Cultural and media norms, including availability of weapons and alcohol

Percentage of all women experiencing sexual assault by age in the last year (BCS, 2004/05).

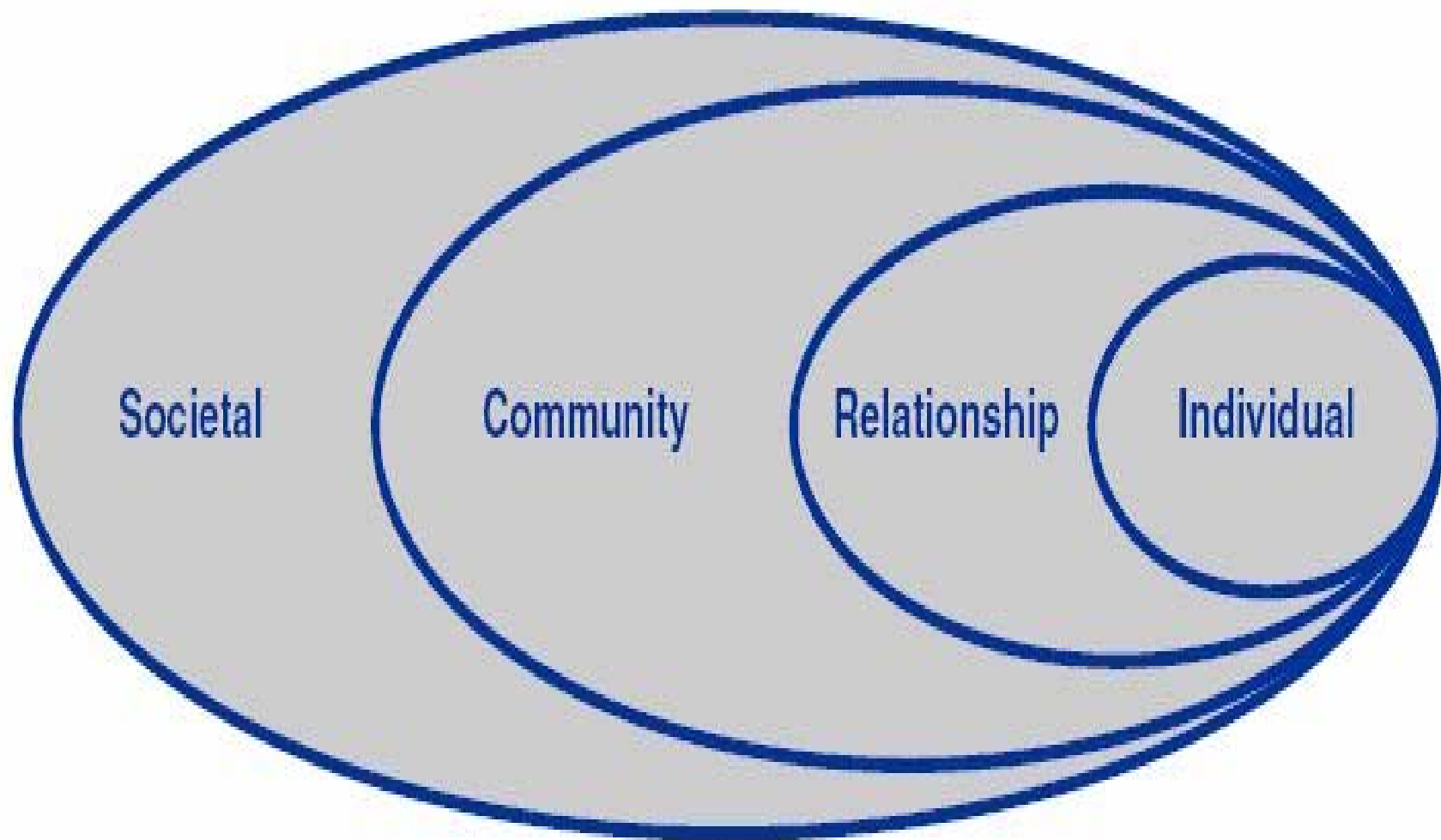


General Risk Factors for Violence and Abuse 2.

Risk factors associated with being a perpetrator

- Young age
- **Male:** Young men are more likely to perpetrate violence.
- Majority of abusers are known to the victim
- Witnessing violence or being a victim of abuse increases the risk of becoming a perpetrator of violence, especially for males.
- **Parenting styles** harsh, inconsistent or abusive parenting.
- Alcohol and Drugs misuse
- Inequalities & Socio-economic Disadvantage
- Urban compared to rural areas
- Cultural and media norms, including availability of weapons and alcohol

The Ecological Model for understanding Violence, (WHO, 2002)



Ripples in a Pond - Why Violence and Abuse Happens

Interpersonal and Family Factors

Abusive parenting

Abusive expression of power differentials

Poor conflict resolution & communication skills

Lack of interpersonal respect

Types of Violence

Child Abuse Sexual Violence Bullying Youth Violence
 Dating Violence Domestic Abuse Hate Crimes Elder Abuse

Individual Factors

Genetics
Hormones
Nutrition

Learning Disability

Alcohol
Drugs
Tobacco

Emotional intelligence

Past abuse

Individual Factors

Genetics
Hormones
Nutrition

Learning Disability

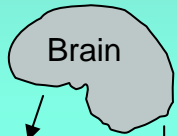
Alcohol
Drugs
Tobacco

Past abuse

Gender patterns are variable

Males

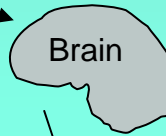
Increased risk of perpetrating abuse



ADHD
 Conduct Disorder
 Anti-Social Behaviour & Personality Disorders
 Offending behaviour

Females

Increased risk of re-abuse



Dissociative Disorders
 Withdrawal
 Depression & Suicide
 PTSD
 Borderline Personality Disorder

Physiological alterations in brain following abuse affect the limbic system, midbrain (RAS) & frontal lobes

-Plasticity of the brain-

Alterations in the brain are adaptable especially until the mid- 20's
 CBT/ therapy, protective & pro-social skills reduces harm & aids recovery

Community and Societal Factors

Legislation re alcohol & drugs

Deprivation & economic inequalities

Historical & cultural norms

Prejudice & inequalities re gender, age, race, sexuality

Health Outcomes

Health risk behaviours associated with sexual abuse during childhood and adolescence

(Anteghini M et al, 2001; Kenney JW, 1997; Johnson PJ, 2002; Krug, 2002 Kreiter, 1999; Silverman, 2001; Coker AL, 2000; Roberts TA, 2003; Covington, 2000)

- ***Smoking (OR 2.5)***
- ***Binge Drinking (OR 1.7)***
- ***Substance misuse (Cocaine: OR 3.4)***
- Multiple sexual partners (OR 3.3)
- First intercourse below age 15 (OR 2.4)
- Not using a condom (OR 2.0)
- ***Further risk of sexual assault***
- ***Poor Health related Quality of Life scores (OR 1.7)***
- ***Sleep difficulties***
- ***School absenteeism***

Health outcomes associated with sexual abuse during childhood and adolescence

(Anteghini M et al, 2001; Kenney JW, 1997; Johnson PJ, 2002; Krug, 2002 Kreiter, 1999; Silverman, 2001; Coker AL, 2000; Roberts TA, 2003; Covington, 2000).

- ***Attempted suicide: (OR 8.6)***
- ***Depression and mental health problems (OR between 2-4)***
- ***Bulimia (OR 3.7)***
- **Pregnancy (OR 3.9)**
- **Increased violence during pregnancy (OR 1.9), with an increase in pre-term delivery (OR 3.5)**
- **Sexually Transmitted Infections**

Adverse Childhood Experiences

Risk Behaviours (Felitti, 1998)

Four or more adverse childhood experiences: emotional, physical or sexual abuse, household substance abuse, mental illness, incarceration, parental domestic violence, separation or divorce were related to:

- Smoking (OR 2.2; CI: 1.7-2.9)
- Severe obesity – BMI > 35 (OR 1.6; CI: 1.2-2.1)
- No leisure time physical activity (OR 1.3; CI: 1.1-1.6)
- **Depression in last year (OR 4.6; CI: 3.8-5.6)**
- **Ever attempted suicide (OR 12.2; CI: 8.5-17.5)**
- **Alcoholic (OR 7.4; CI: 5.4-10.2)**
- **Illicit drug use (OR 4.7; CI: 3.7-6.0)**
- **Injecting drug use (OR 10.3; CI: 4.9-21.4)**
- 50 plus sexual partners (OR 3.2; CI: 2.1-5.1)
- Sexually Transmitted Infection (OR 2.5; CI: 1.9-3.2)

Adverse Childhood Experiences

Long term outcomes (Felitti, 1998)

Four or more adverse childhood experiences: emotional, physical or sexual abuse, household substance abuse, mental illness, incarceration, parental domestic violence, separation or divorce were related to:

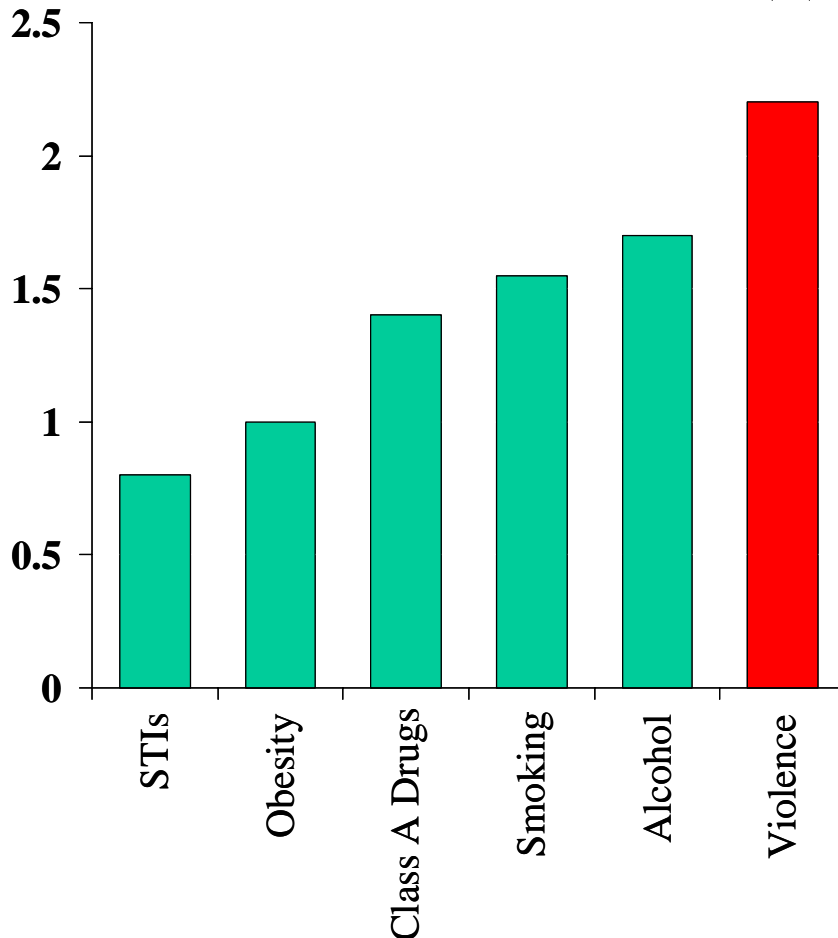
- Ischaemic Heart Disease (OR 2.2; CI: 1.3-3.7)
- Any Cancer (OR 1.9; CI: 1.3-2.7)
- Stroke (OR 2.4; CI: 1.3-4.3)
- Chronic bronchitis or emphysema (OR 3.9; CI: 2.6-5.8)

Abuse and Mental Health

- A history of child abuse (emotional, physical or sexual), increases the risk of lifetime prevalence of depression 1.8- 2.7 times for women and 1.6- 2.6 times for men, compared to no history of child abuse, (Chapman, 2004).
- Depressed women in primary care, are nearly six times more likely to have a history of physical, emotional or sexual partner abuse, compared to non-depressed women, (Hegarty, 2004).
- Over 90% of suicidal inpatients reported Intimate Partner Violence perpetration and victimisation in their relationships in the past year (Heru-Alison et al 2006).

Health Service Costs

Estimated Annual Burden on Health services, Billions (£)



Domestic Violence

£23 billion per year

Criminal justice

Health care

Housing

Civil legal

Economic output

Human and Emotional costs

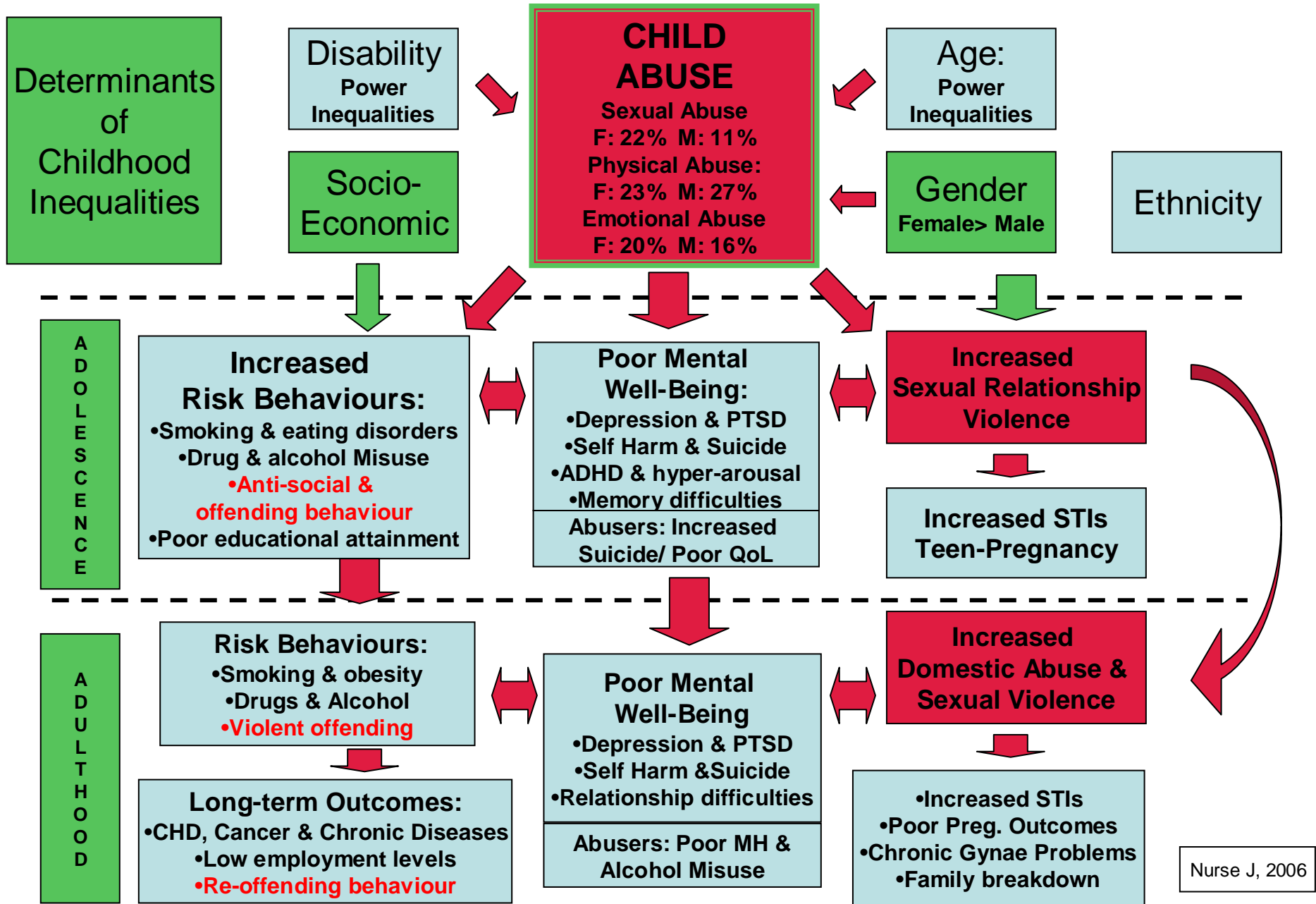


A Life Course Perspective

Links between parenting styles, previous abuse & peer violence

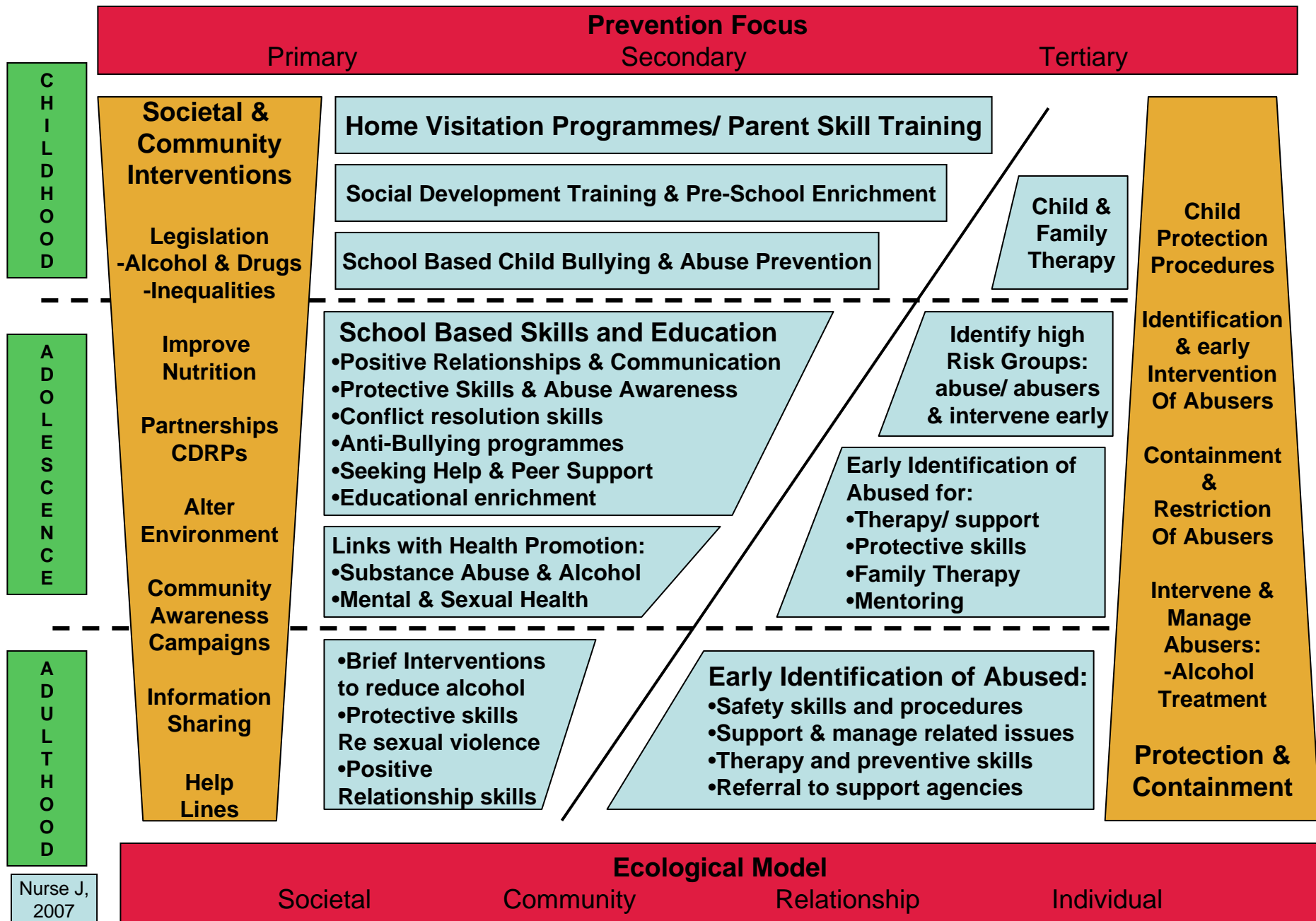
- Influence of **parenting styles** on 10-12 year old boys found that either perceived laxness of monitoring by parents or overly harsh parenting practices predicted later perpetration of dating violence when followed up at ages 16-17. (Lavoie, 2002)
- The strongest risk factor for experiencing dating violence for adolescent females was a **previous history of forced sex** (OR 2.9 $p < 0.0001$) (Kreiter, 1999).
- Longitudinal study of 16-20 year olds, found that boys who engaged in **peer violence** was a significant predictor of sexual aggression or dating violence at one year follow-up, (Ozer, 2004).

Associated risks & hidden impact of violence & abuse on inequalities across the life-course



Prevention

Violence & Abuse Prevention Framework



Reducing Risk of Further Abuse

Parent skills (infants and children) and home visitation programmes

Skill based programmes on violence and abuse

prevention: to include bullying, peer violence, dating/partner violence and sexual abuse:

- Positive respectful relationship & communication skills
- Conflict resolution
- Challenge gender norms
- Protective & help seeking behaviour
- Make links with emotional literacy, drugs, alcohol & sexual health

Intensive programmes for high risk groups - on Positive relationships and protective skills.

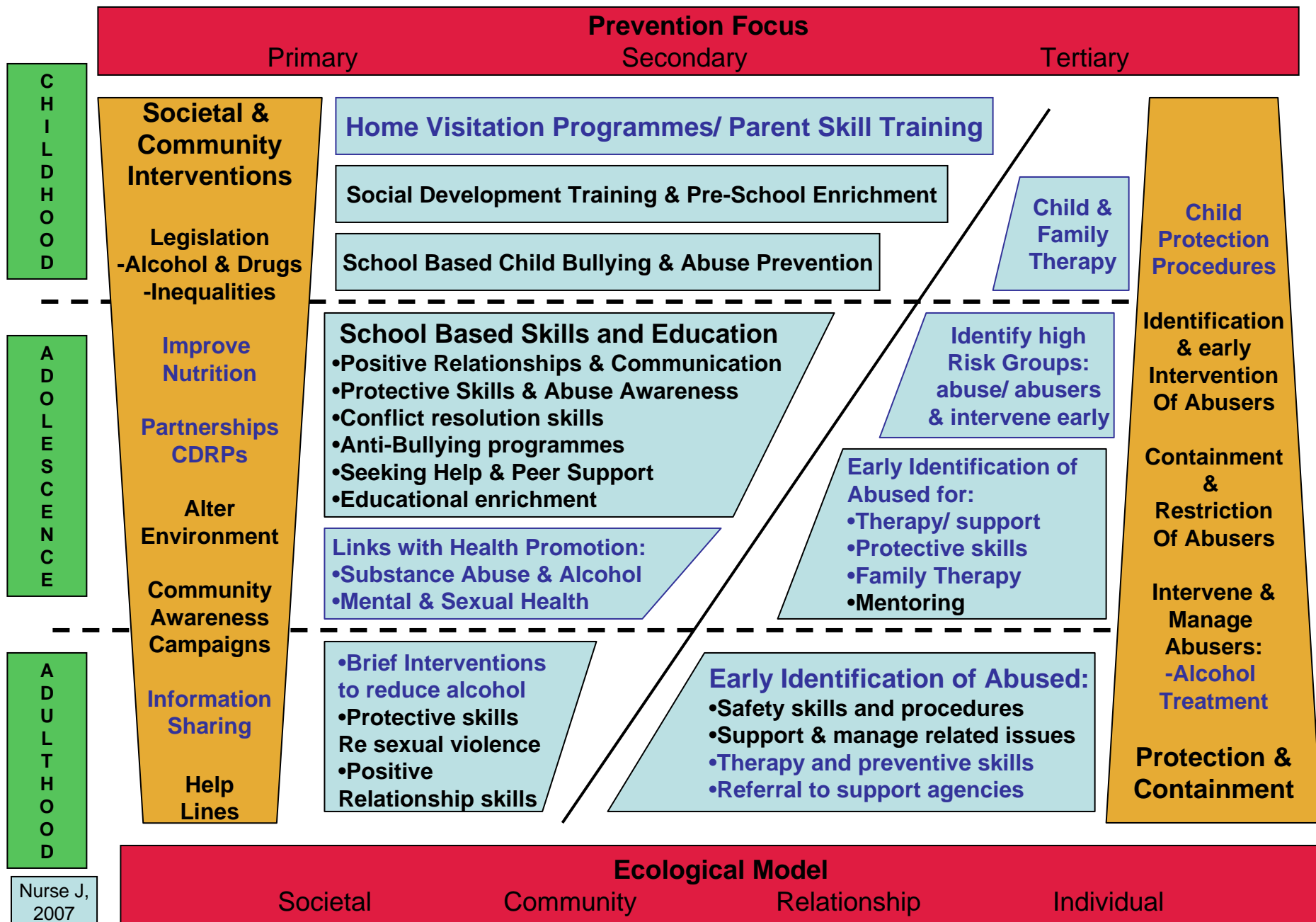
Preventing Violence and Abuse- Young People & Adults

- ***Brief interventions*** on protective skills re dating and sexual violence for college students
- ***Age appropriate access*** for advice, support & counselling
- ***Routine Enquiry*** with referral for support of victims of violence & abuse (all forms) by health care professionals
- ***Alcohol-*** brief interventions and treatment for perpetrators.
- ***Offenders*** - Protection, management & containment of offenders, intervene early with adolescent offenders.

Potential Priority Areas for National Policy

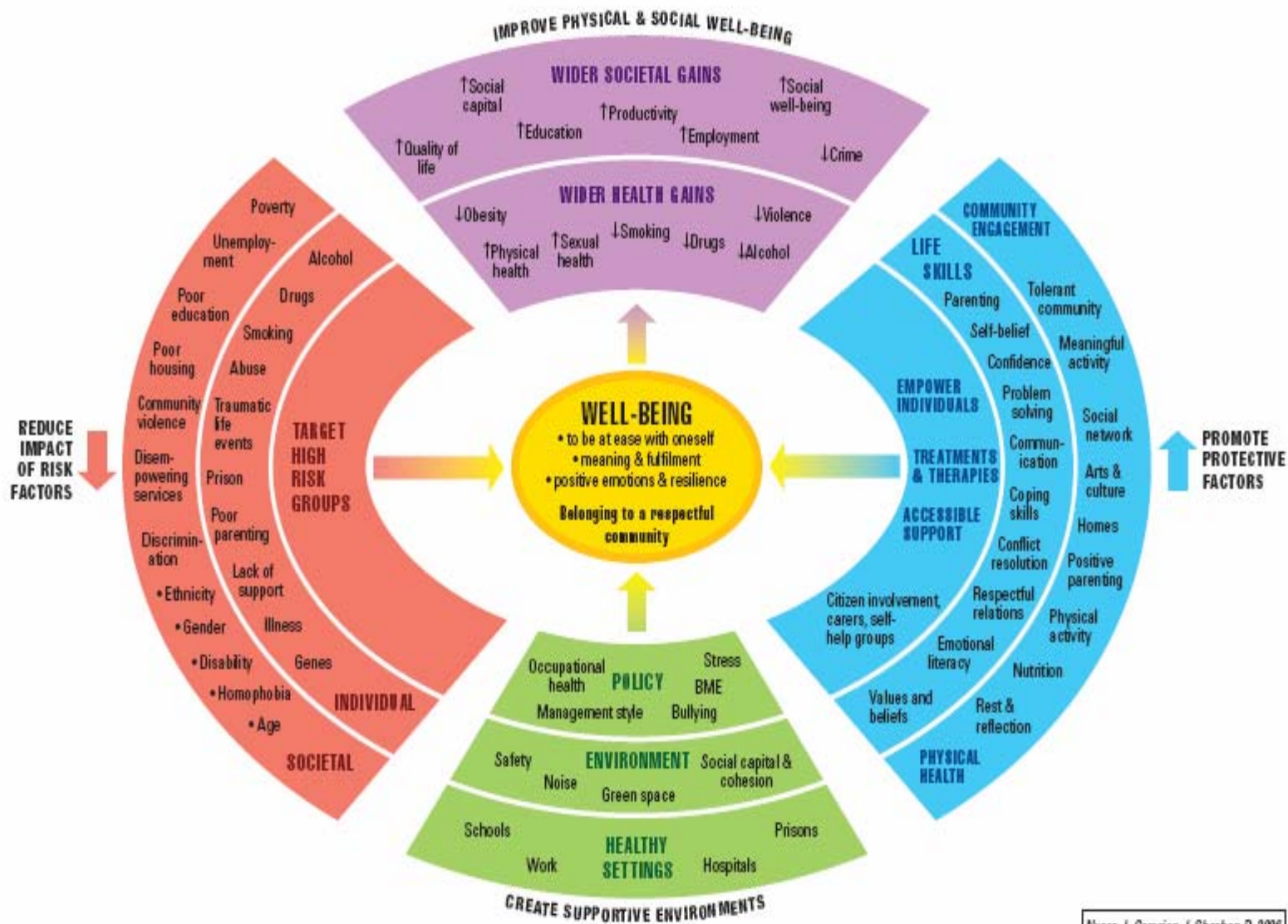
- 1. Reduce Risk – Alternatives to Alcohol**
- 2. Empower Parents – Empower Children**
- 3. Enhance Connectivity – for individuals, relationships & communities**
- 4. Regional & Local Level:
Information Sharing for Safer Communities**

Violence & Abuse Prevention Framework – Health Sector Role (Blue)



Regional Approaches – The South East Health Strategy

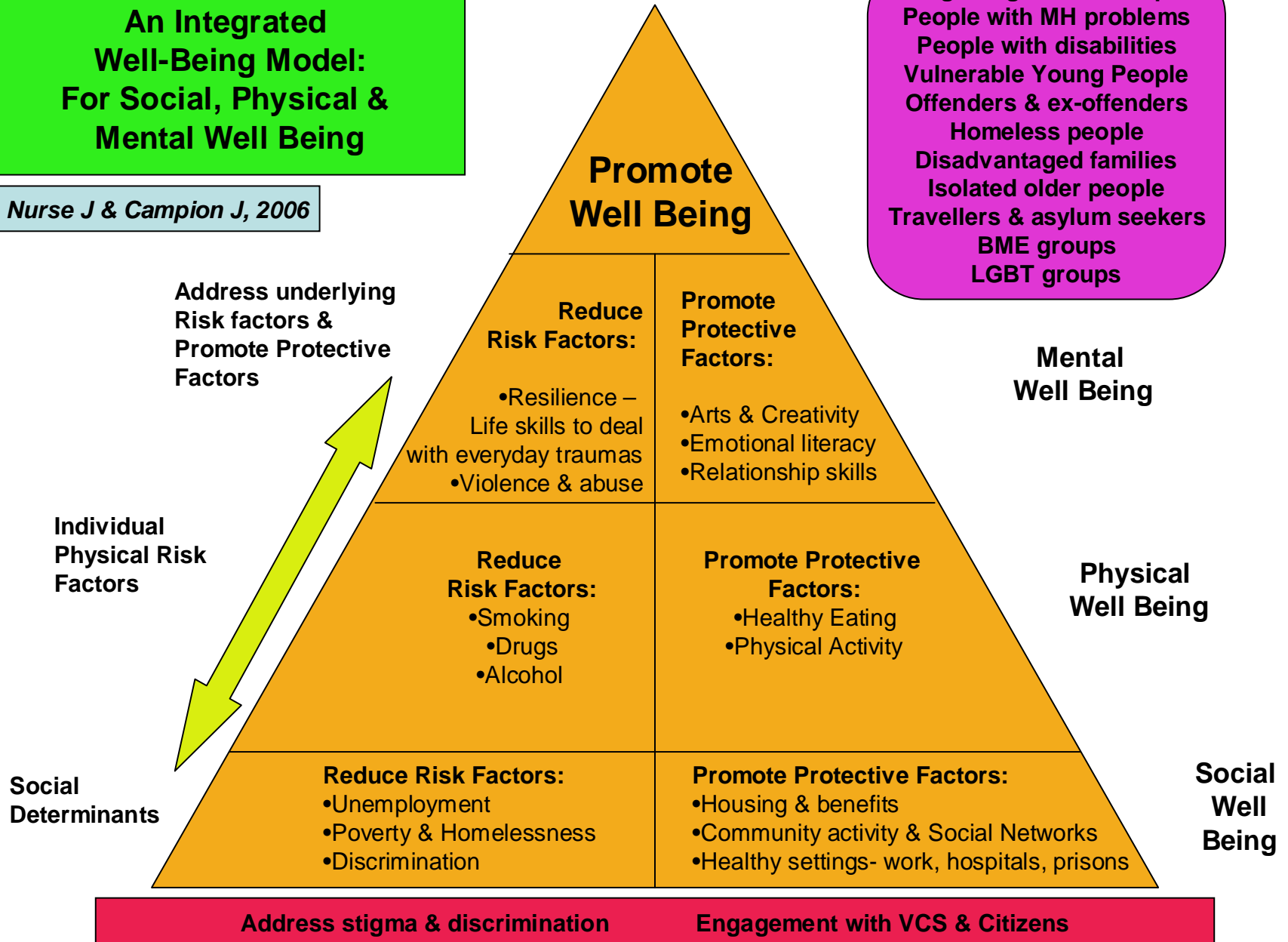
A Dynamic Model for Well-Being



**An Integrated Well-Being Model:
For Social, Physical & Mental Well Being**

Nurse J & Campion J, 2006

Target High Risk Groups:
 People with MH problems
 People with disabilities
 Vulnerable Young People
 Offenders & ex-offenders
 Homeless people
 Disadvantaged families
 Isolated older people
 Travellers & asylum seekers
 BME groups
 LGBT groups



Priorities in the SE Health Strategy

- **Inequalities:** Alcohol; SMI & Physical Health
- **Children and Young People:** Addressing Conduct and Emotional Disorders
- **Older People:** Promoting independence; winter warmth; social networks; physical activity
- **Employment and Health:** Healthy workplace code; increasing employment for those on incapacity benefit; psychological therapies
- **Safer Communities:** Parenting; offender mental health and through care; reducing violence and abuse – information sharing in EDs; safe green spaces

Any Questions?

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**Mental Health & Well Being in the
South East**

www.sepho.org.uk

Key National Drivers for Violence & Abuse Prevention:

- 'Cutting Crime - a new partnership' - the Home Office crime strategy, 2007;
- Safe.Sensible.Social. The Next Steps in the National Alcohol Strategy, 2007; HO, DH, DfES, DCMS. Alcohol Harm Reduction Strategy for England (2004).
- HM Government 'Cross Government Action Plan on Sexual Violence and Abuse' 2007;
- Staying Safe – Consultation; 2007; Department for Children, Schools and Families;
- Three Point Plan to Tackle Gun Crime, HO; 2007
- *Violent Crime Reduction Act, 2006;*
- Respect Action Plan, 2006.
- 'A Five Year Strategy for Protecting the public and Reducing Re-offending' and 'The National Reducing Re-offending Delivery Plan' Home Office 2006
- Itzin C 'Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse' Programme Implementation Guide for the Victims of Violence and Abuse Prevention Programme, 2006. DH/ NIMHE/ HO.

Key National Drivers for Violence & Abuse Prevention:

- Tackling Sexual Violence Guidance for Local Partnerships, HO, 2005.
- 'Making It Possible' a framework for Improving Mental Health and Wellbeing, DH, 2005.
- DH 'Responding to domestic abuse: A handbook for health professionals' 2005.
- Violent Britain, People, Prevention and Public Health, NW PHO; 2005 and Follow up Report, 2006.
- Improving Opportunity, Strengthening Society, 2005; DCLG; Government's strategy to increase race equality and community cohesion.
- Public Health White Paper Choosing Health (2004), DH
- Every Child Matters, 2004 and Outcomes Framework
- "Living Places - Cleaner, Safer, Greener" 2002; DCLG;
- Mental Health National Service Framework, 1999, DH
- Tackling Drugs to Build a Better Britain. The Government's Ten-Year Strategy for Tackling Drugs Misuse (1998). Reducing Drug-related Harm: An Action Plan; 2007;