

# **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

# 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 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

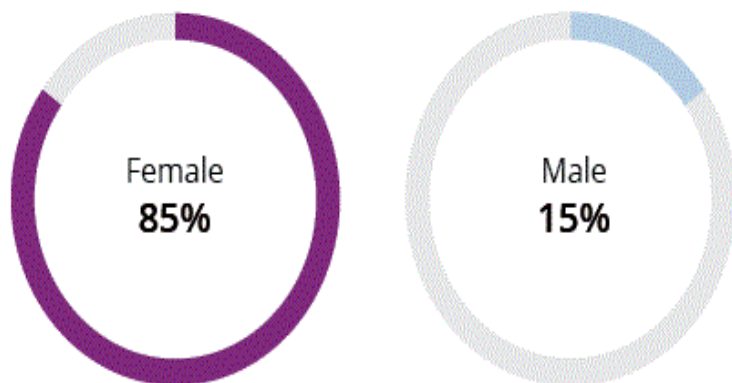
# Gender and interpersonal violence

- 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%)

**How common is  
interpersonal violence?**

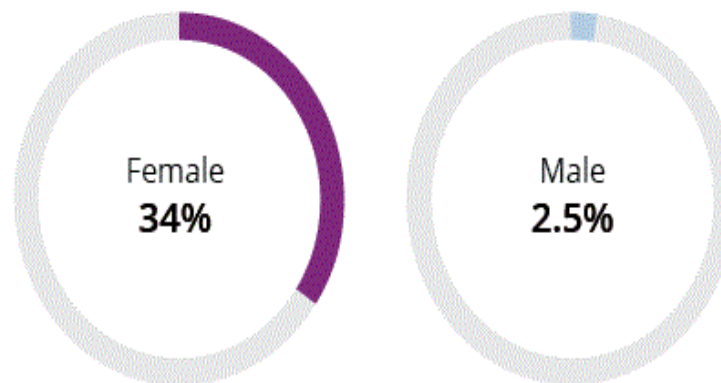
## More Women Experience Intimate Partner Violence

Victims of domestic violence, by gender, 2010



## Women Are More Likely Than Men To Be Killed By Intimate Partners

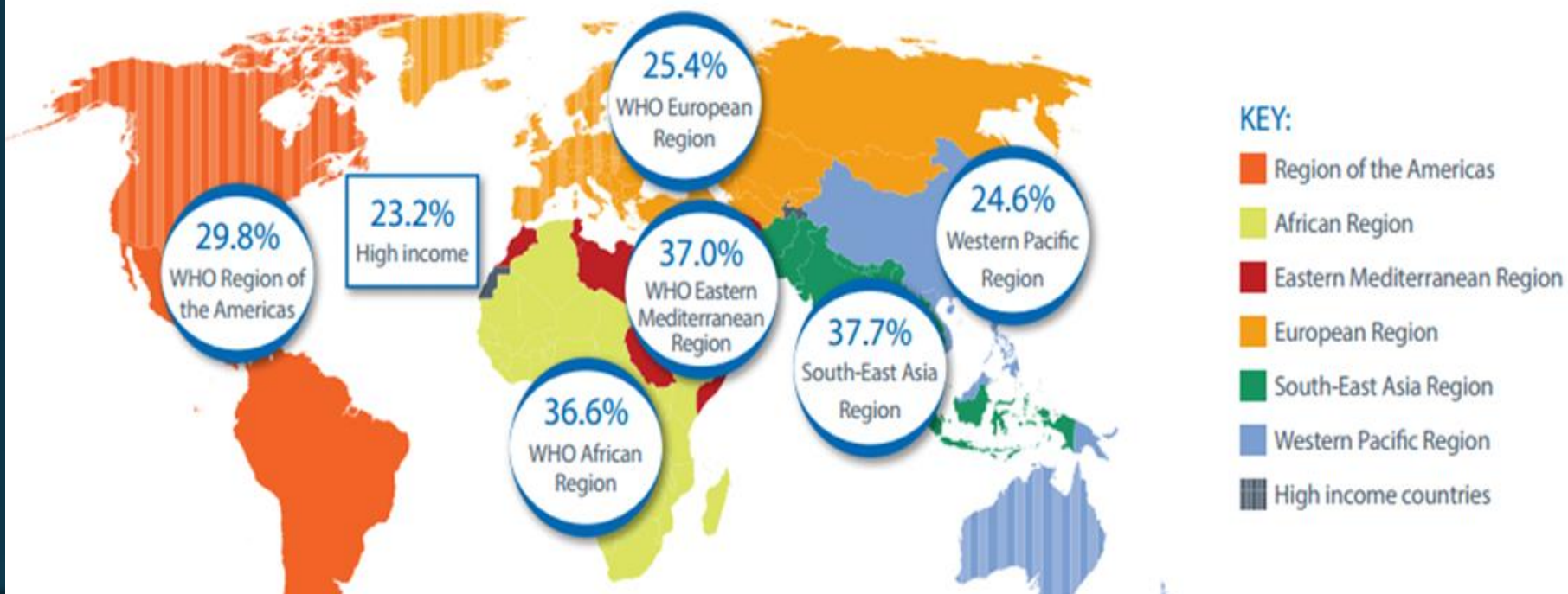
Percent of total female and total male homicide victims killed by an intimate partner of the opposite sex, 2003-2012



- 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**

# 1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



- 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

# Prevalence of violence: Austria

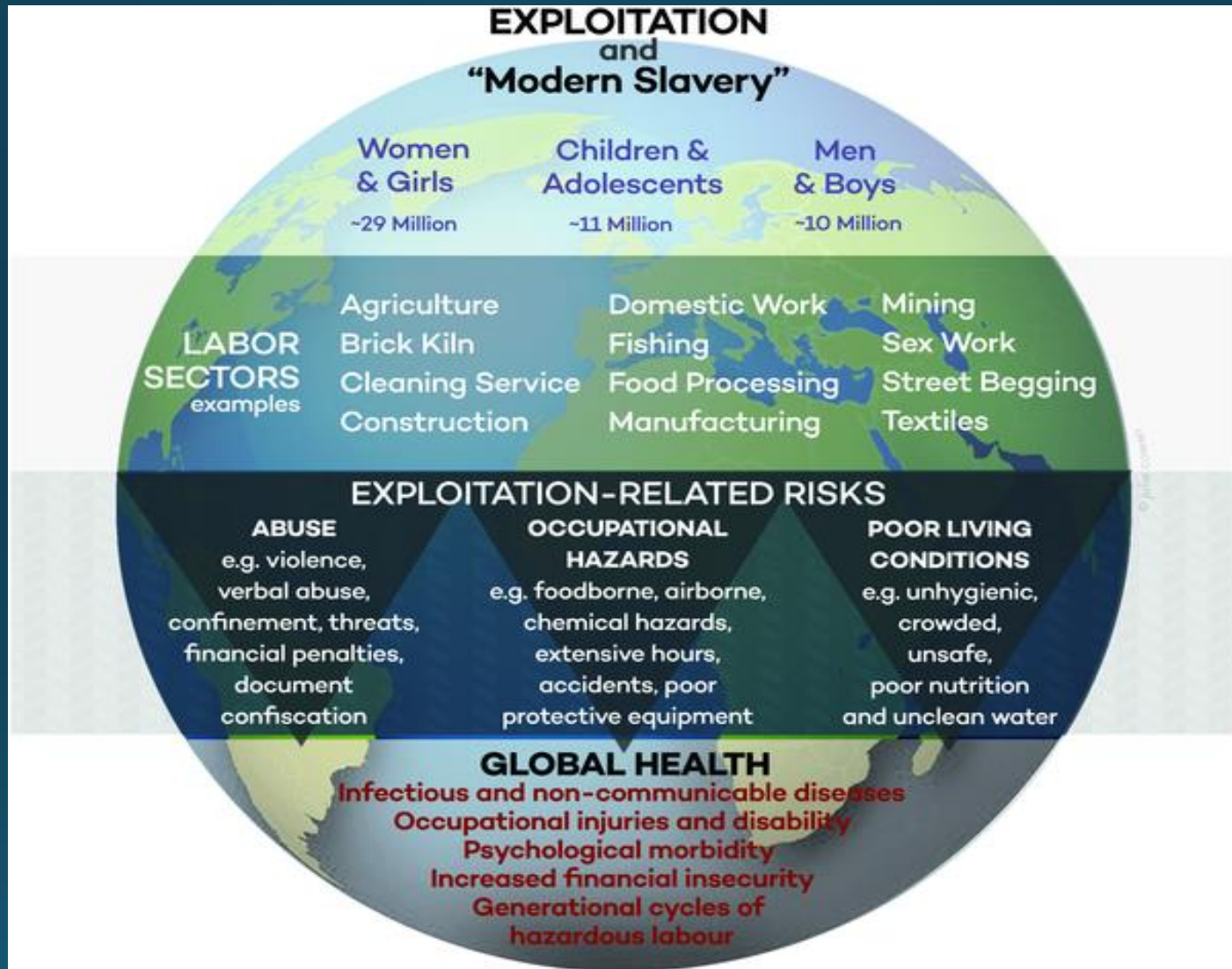
2011 study of physical/sexual violence, sexual harassment and psychological abuse in apprx. 1,200 women and 1,000 men:

- 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
- 3/4 of women report sexual harassment versus 1/4 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

# Fig 1. Exploitation, risks, and global health



Zimmerman C, Kiss L (2017) Human trafficking and exploitation: A global health concern. PLOS Medicine 14(11): e1002437. <https://doi.org/10.1371/journal.pmed.1002437>  
<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

Past year DA prevalence

Depression: 35.5% (IQR 16%-40%)

Anxiety: 28.4% (IQR 26%-42%)

Lifetime DA prevalence

PTSD: 61% (IQR 41%-80%)

Odds Ratio

Depression: 3.31 (2.35-4.68)

Anxiety: 2.29 (1.31-4.02)

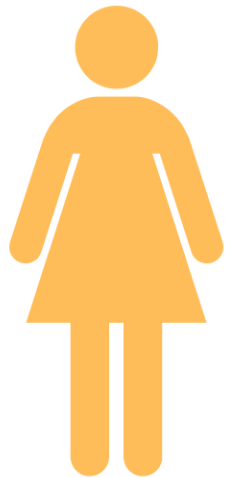
PTSD: 7.34 (4.50-11.98)

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

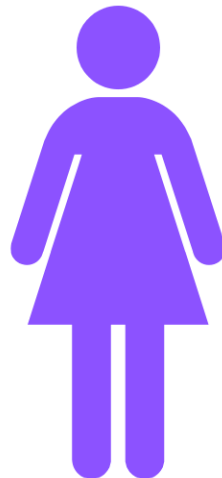
(Trevillion et al 2012; Oram et al 2013)

# Reviews of domestic abuse and mental disorders

## Median prevalence estimates of domestic abuse among mental health service users



**33% outpatients**

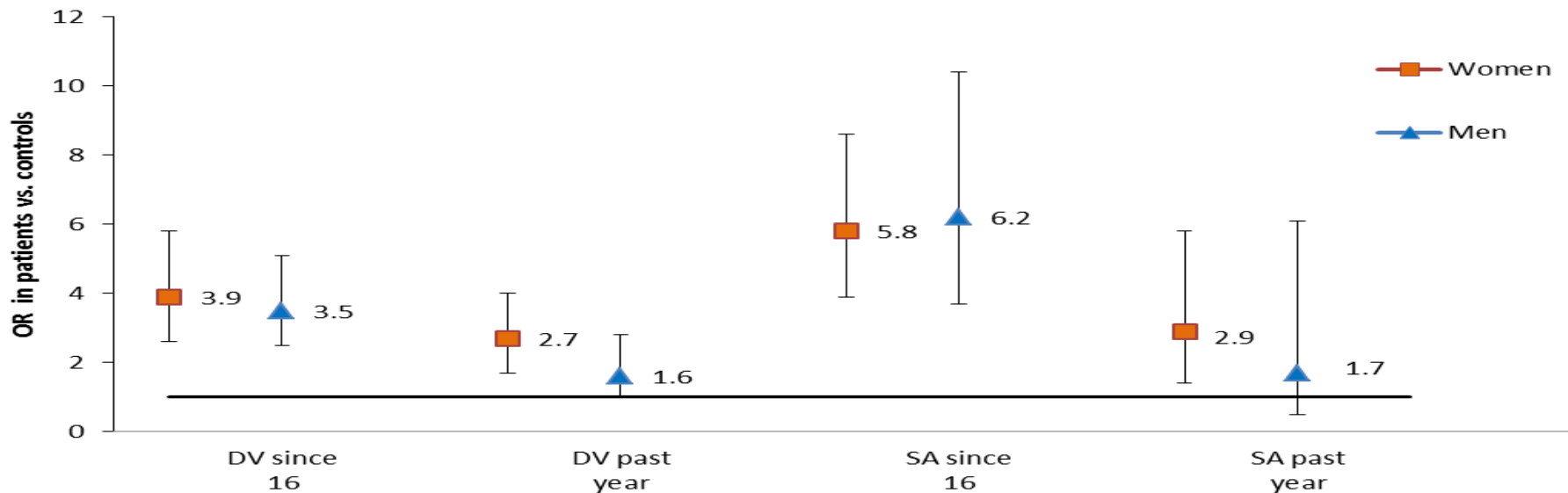
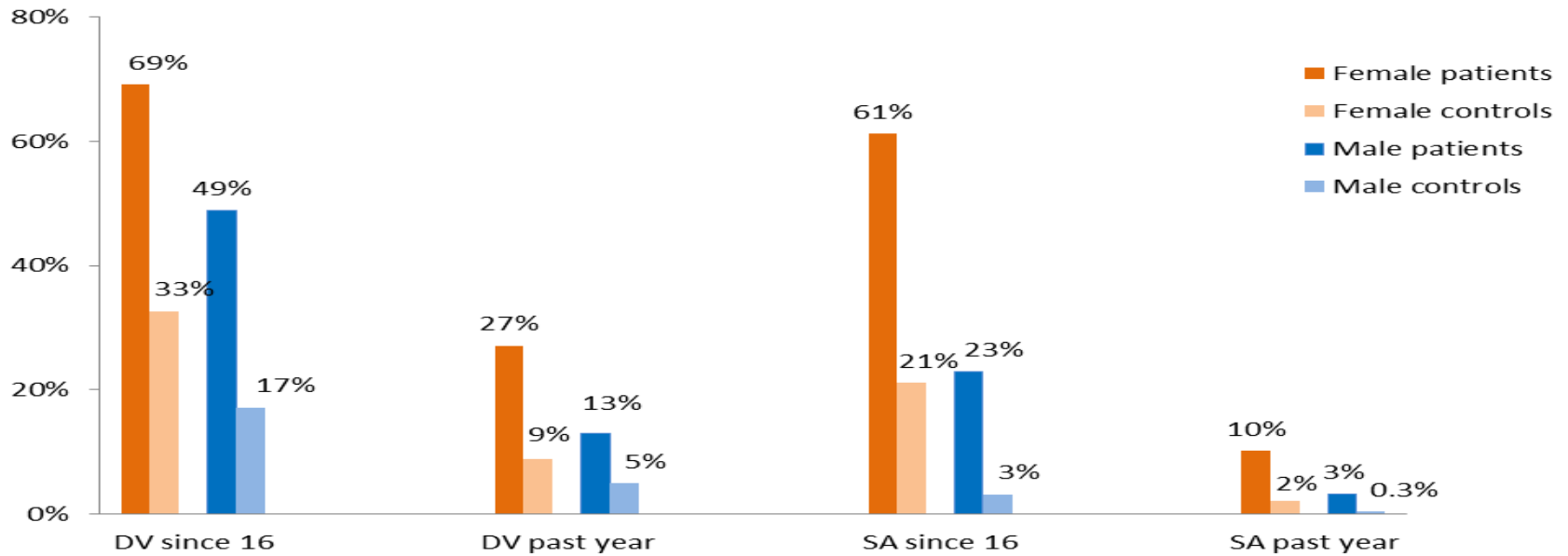


**30% inpatients**



**32% mixed settings**

**Fig. 1 Prevalence and adjusted odds for domestic violence (DV) and sexual assault (SA) victimisation**



# Trafficking and mental health problems

## 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

**78% of women and 40% of men screened positive for 1+ of depression, anxiety or PTSD**



# 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:**

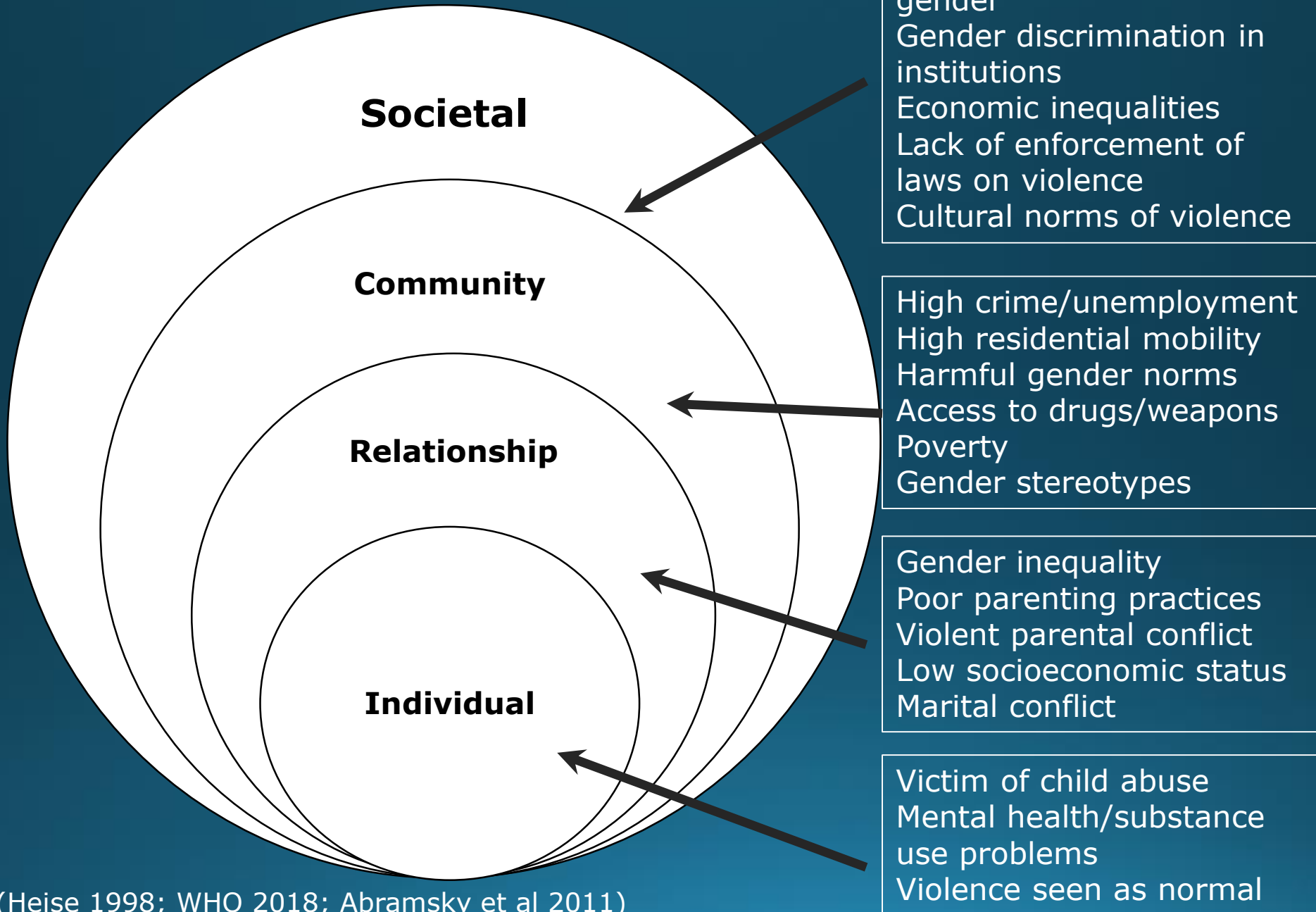
- Severity of abuse associated with severity of symptoms
- Exacerbation of psychotic symptoms

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..**

# Ecological model



(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 A7HRC/38/24 2018; Stith et al 2004; Tharp 2012; Reyes et al 2016)



# Examples of societal-level activities that seek to challenge harmful gender stereotypes



## Gender stereotypes in adverts banned

The UK advertising watchdog brings in new rule to stop adverts "contributing to inequality in society".

[bbc.co.uk](http://bbc.co.uk)



Gillette's 'We believe: the best men can be' razors commercial takes on toxic masculinity

3,542,821 views

👍 68K 🗨️ 98K ➦ SHARE 📌 SAVE ...

**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 (%)<sup>a,b</sup>**

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

**Source: European Union Agency for Fundamental Rights 2014**

## MHJS Survey: impact of victimisation among patient & control victims

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

**What support do  
people receive?**

# Healthcare responses

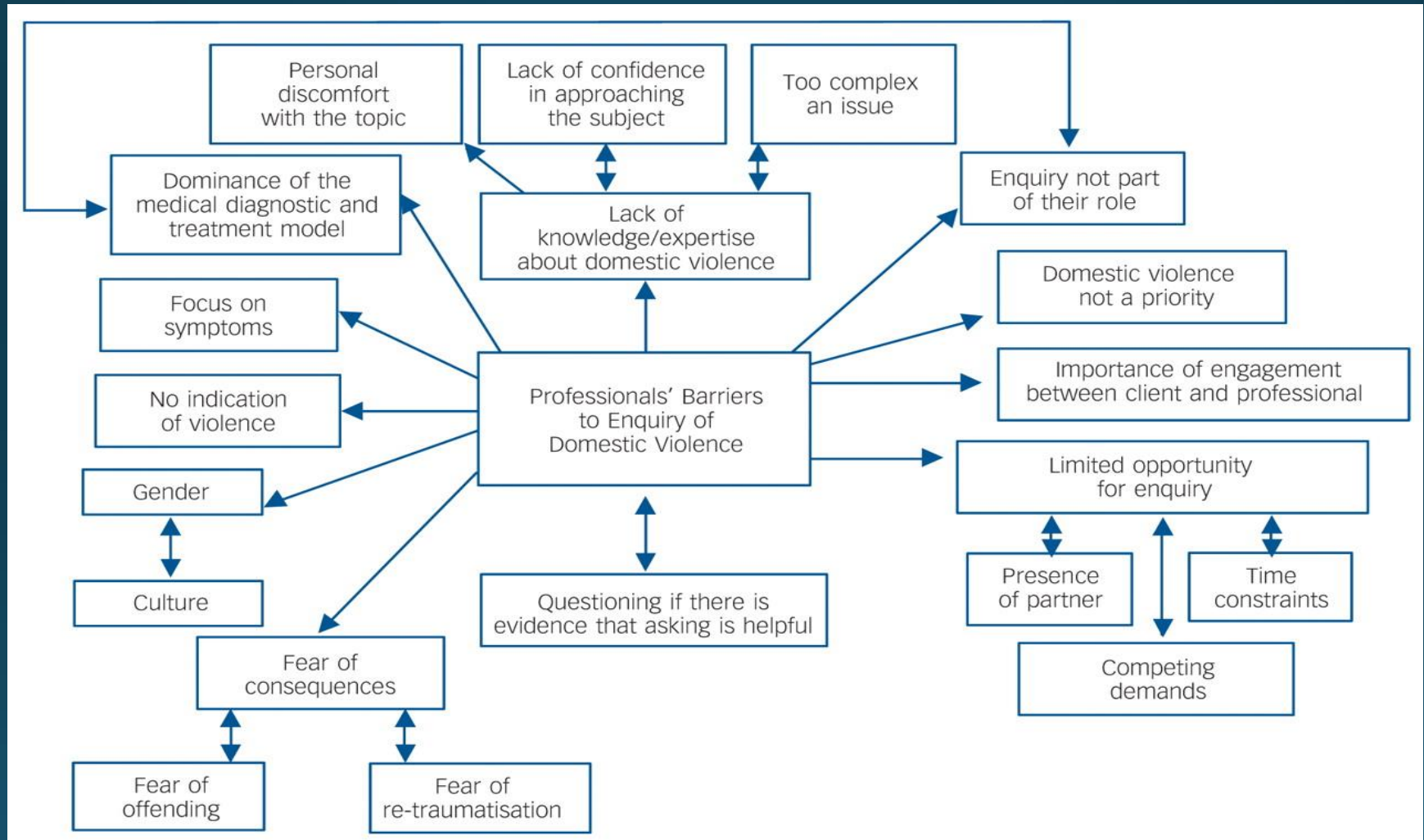
## Review of rates of abuse identification:

- 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

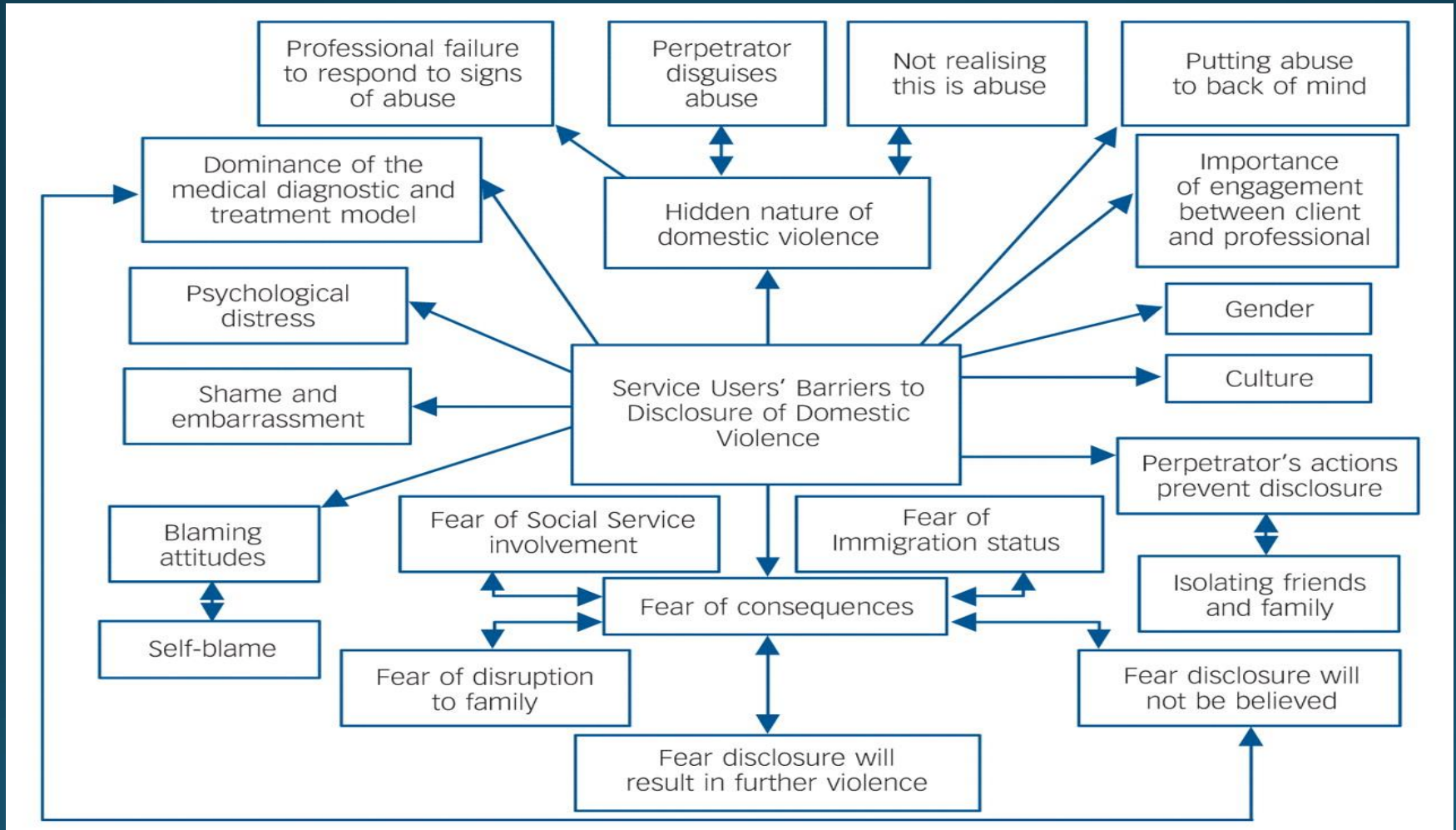
## Survey of domestic abuse services:

- 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



# Barriers to disclosure of domestic 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”)

# **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**

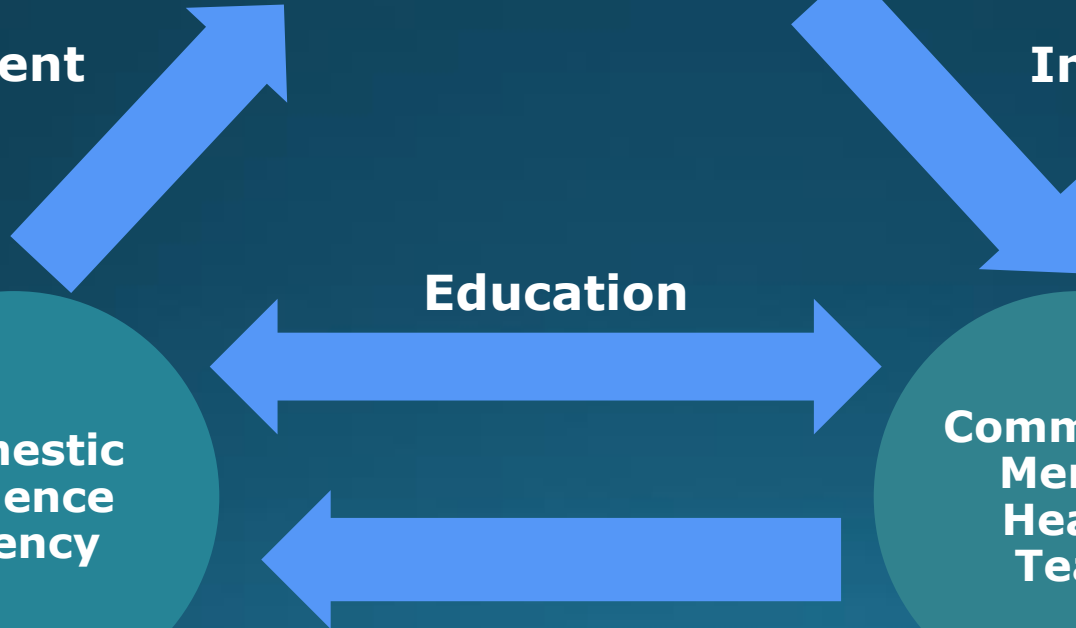
**Education**

**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?

# Experience



## Stakeholders

*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.*

## Service users

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

## Staff

*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.*

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

(Domoney et al 2018)

# Key References

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# Austrian support services

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

Association of Austria's women's shelters:  
**[www.aodef.at](http://www.aodef.at)**

Webpage for list of support services for men,  
women and children across Austria:

**[http://www.infovictims.at/at\\_en/006\\_services/paginas/006\\_001.html](http://www.infovictims.at/at_en/006_services/paginas/006_001.html)**