



REVES 2008- MAKATI CITY, PHILIPPINES

REVES @ 20: Assessing the Past, Looking to the Future

Public Health Impact of Interpersonal Violence: a mapping exercise

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PHASE Public Health Action for a Safer Europe

Public Health Programme 2006

Duration: 30 months (starting date: 01.07.07)

Project Leader: EuroSafe (Amsterdam, NL)

Other Partners : KfV (Vienna, AT), CSI (Amsterdam, NL), Ulss20 (Verona, IT)

General Objectives

- Enhance injury data exchange in the MSs
- Reinforce current health-sector related networks (priority areas: Child safety and Interpersonal Violence)

Six Work Packages

- 1 Coordination (EuroSafe)
- 2 Dissemination (EuroSafe)
- 3 Evaluation (Ulss20)
- 4 Injury info and reporting (Kfv)
- 5 Child Safety Action plans (CSI)
- 6 Interpersonal Violence: a mapping exercise (Ulss20)

Interpersonal Violence: a mapping exercise (Ulss20)

The work package leader (ULSS 20), in collaboration with the Italian National Observatory for Domestic Violence, works in a coordinated way with an extensive team of leading European experts to carry out the identified project activities and tasks.

The team of European experts is divided into 4 categories representing the four focus areas of intervention of interpersonal violence.

The WHO National Focal Persons for Injury and Violence Prevention of each member states will be involved regarding information collection. In order to ensure the achievement of coherent results across the four focus areas, the team of European experts is developing a draft "Terms of Reference" and guidelines.

In addition, an Advisory Committee is set up, where members represent a cross-section of interests and perspectives from the medical, social, legal and political arenas.

Interpersonal Violence: a mapping exercise (Ulss20)

Collecting and analyzing available public health information

- a systematic inventory of studies that provide information on injuries due to interpersonal violence in member states
- collection of data in collaboration with the WHO NFP's, MoH, Inst,'s Of Public Health, and members of Working Party on Accidents and Injuries
- the resulting data will be analysed in view of producing summary sheets, on the size and main causes of violence within EU
- gaps and deficiencies in available information and relevant methodological issue will be identified, and proposal for resolving these issues developed in view of building a reliable and comprehensive information exchange on injuries due to violence in Europe
- results and recommendations will be reported and presented to the relevant decision makers and interest groups.

Interpersonal Violence: a mapping exercise (Ulss20)

Background

In 2002, Interpersonal violence killed about 73,000 people in the European Region.[\[1\]](#) In addition to the loss of human life, the estimates of the cost of violence in the USA reach 3.3% of the gross domestic product[\[2\]](#).

Violence often creates a burden larger than the initial act of violence itself in the form of a physical or psychological disability. For this reason, healthcare benefits most from the prevention of violence.

[\[1\]](#) WHO *Injuries and Violence in Europe - Why they matter and what can be done* , Dinesh Sethi...[et al] , 2006

[\[2\]](#) WHO *The economic dimensions of interpersonal violence* - Hugh Waters.....[et al], 2004

Aim of the literature review

To investigate the exiting epidemiological surveys carried out in the past ten years at European level in the four focus areas:

- Child;
- Youth;
- Intimate Partner;
- Elderly.

Type of information

- Nations;
- Study population;
- Sample size and age-range;
- Methodologies for data collection;
- Prevalence rates;
- Perpetrators;
- Settings;
- Preventive measures and conclusions.

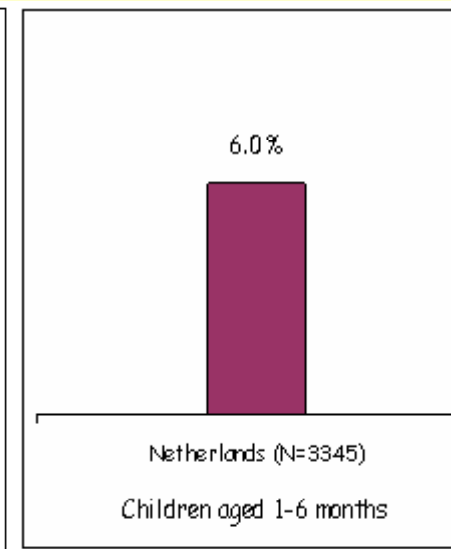
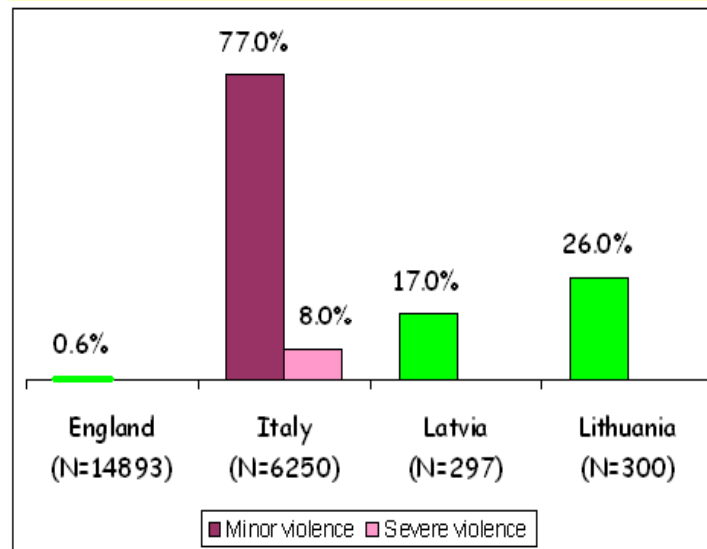
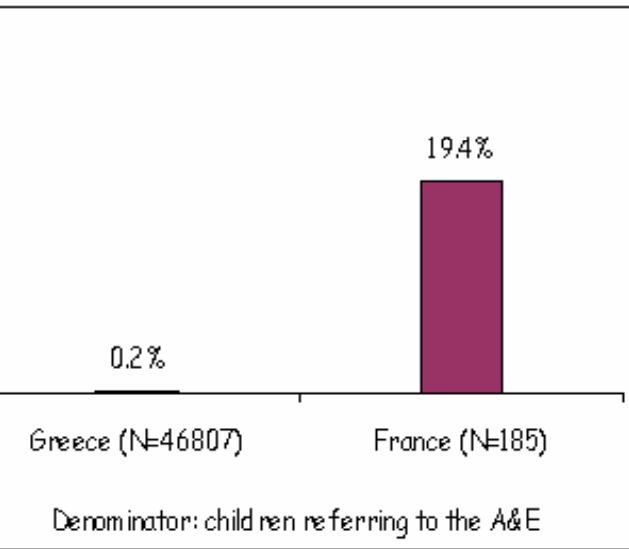
Child Abuse

General aspects

- Nations: Greece, France, United Kingdom, Italy, Latvia and Lithuania, Netherlands.
- Study population: children, parents, escorts at the Hospital.
- Sample size and age-range: from 185 children in France to 46000 in Greece, aged 0-14 years.
- Methodology: self-completed questionnaires, face to face interviews (Conflict Tactics Scale-CT, Minor Violence Index-MVI, Severe Violence Index-SVI).

Child Abuse

Prevalence of Physical Abuse



- Type of violence/injuries
Unarmed fight, brawl or child battering (0.19% in Greece)
Smother, shake and slap (6% in Netherlands).
- Perpetrators: usually relatives, parents, sometimes caretakers.
- Settings: mainly home, schools, leisure places.

Child Abuse

- Preventive measures

- a. enhance training, police and practice to help families and children;
- b. spread knowledge about child violence and prevent risk of violence.

- Conclusions

- a. children violence is a widespread problem among European countries;
- b. the level of physical abuse depends on several factors:
 - family history of recurrent abuses especially between parents;
 - low social condition;
 - weak child characteristics.
- c. physical violence is mostly connected to psychological violence.

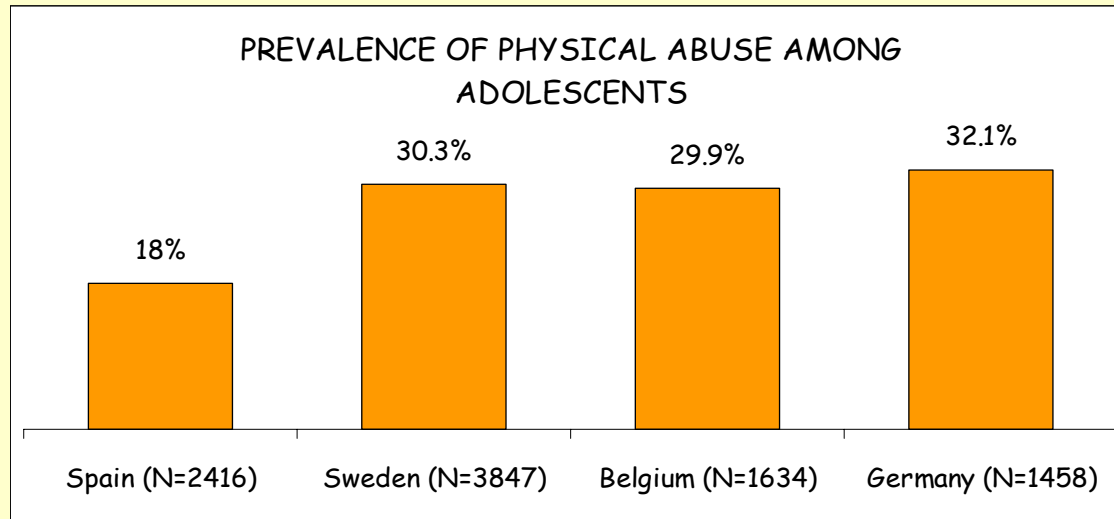
Youth Violence

General aspects

- Nations: Spain, Sweden, Belgium, Germany.
- Study population: students.
- Sample size and age-range: from 1458 youths in Germany to 3847 in Sweden, aged 12-20 years.
- Methodology: self-completed questionnaires, face to face interviews (Modified Conflict Tactics Scale-MCTS, Harvard Trauma Questionnaire-HTQ, BSSS-4 index, Parents control scale, Irritability Scale, Hostile Rumination Scale, Physical and Verbal Aggression Scale, Violence Scale).

Youth Violence

Selected results



- Type of violence/injuries
Grab, hit, kick, shove (18% in Spain);
Cuts and bruises (17% in Spain);
Broken nose or bone, black eye (3% in Spain);
Alcohol related violence (30.3% in Sweden);
Threat with weapons (10.8% by boys and 3.6% by girls in Germany);
Fights (53.1% by boys and 17.7% by girls in Germany).
- Perpetrator: usually other adolescent.
- Setting: mainly school.

Youth Violence

- Preventive measures

- a. mental health professionals may identify adolescents at risk and offer intervention where needed;
- b. distilled spirits should not be marketed towards younger people;
- c. implement policies that affect the delinquency levels in the adolescent population;
- d. need for schools and communities to cooperate and develop strategies to block youth violence.

- Conclusions

- a. adolescents think that TV, films and Internet have a big influence on their behaviour;
- b. boys are more physically violent than girls, while girls are more psychologically violent than boys;
- c. there is an association between alcohol consumption and violent behaviour in adolescence.

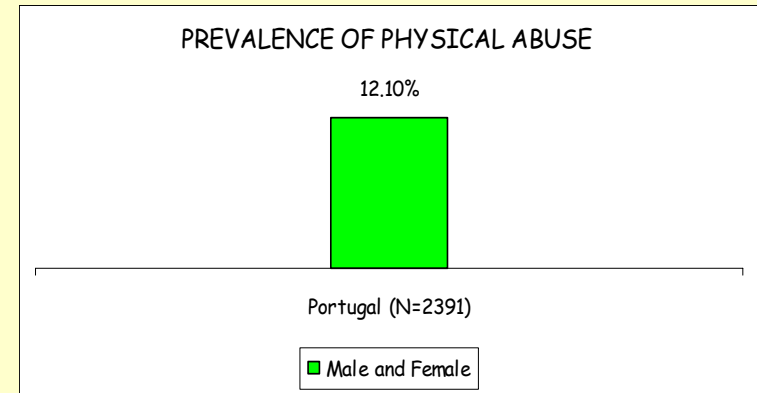
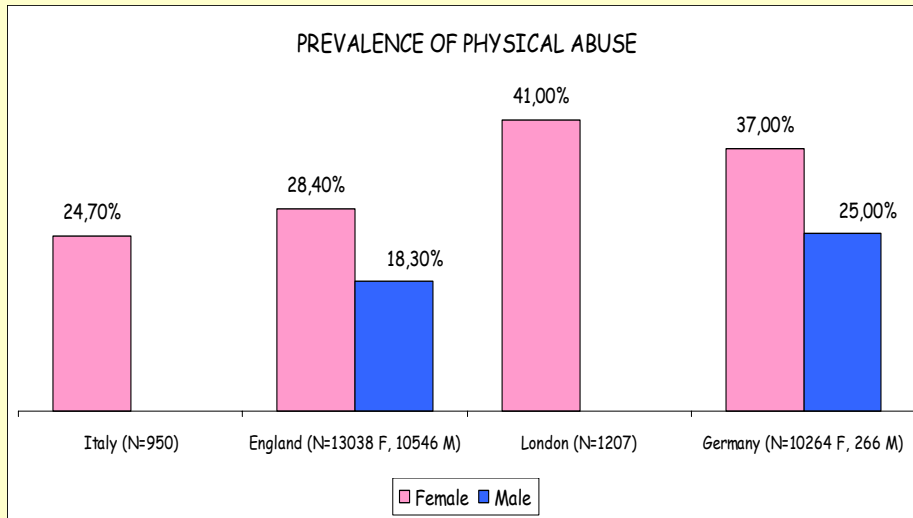
Intimate Partner Violence

General aspects

- Nations: Italy, England and Wales, Portugal, Germany, Europe of 15.
- Study population: principal victims are women, but men are sometimes involved.
- Sample size and age-range: from 1207 women in England to 30000 in Italy, aged over 15 years.
- Methodology: Self-completed questionnaires, face to face interviews (Marital Violence Inventory-IVC, Scale of Beliefs about Marital Violence-ECVC. Use of CATI technique).

Intimate Partner Violence

Selected results



- Type of violence/injuries
 - Threat with objects or weapons (10.4% in England, 45.6% in London, 1.5% by males and 0.8% by females in Portugal);
 - Slap and held down (14.7% in England, 9.7% by males and 5.6% by females in Portugal);
 - Kick and bit (10.5% in England, 13.2% in London);
 - Punch (35.6% in London, 1.7% by males and 2.3% by females in Portugal).
- Perpetrator: usually the male partner.
- Setting: only home.

Intimate Partner Violence

- Preventive measures:

- a. offer support, general advice and information about agencies that can provide help;
- b. introduce assessment procedures in the healthcare services;
- c. increase the awareness of many forms of violence.

- Conclusions:

- a. male partners report more violent acts;
- b. women who have experienced violence have many more health problems (smoke heavily, disrupted, depressed, ...);
- c. pregnant women are at higher risk;
- d. physical violence is often connected to psychological violence;
- e. child abuse → adult abuse;
- f. high levels of acceptability (violence against women is tolerable, EU 15).

Elderly Abuse

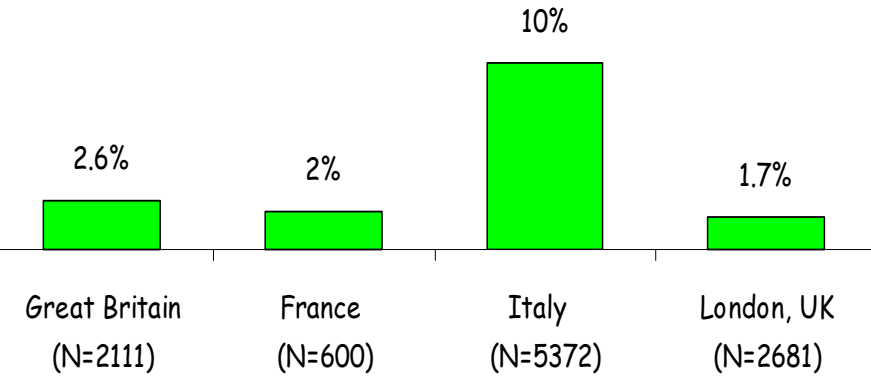
General aspects

- Nations: Great Britain, Ireland, France, Italy.
- Study population: elderly, General Practitioners (GPs) and family members.
- Sample size and age-range : from 600 in France to 5372 in Italy, aged over 60 years.
- Methodology: face to face interviews and self-completed questionnaires (Minimum Data Set for Home Care-MDS-HC, Cognitive Performance Scale, Mini-Mental State Examination-MMSE, Activities of Daily Living-ADL, Depression Rating Scale).

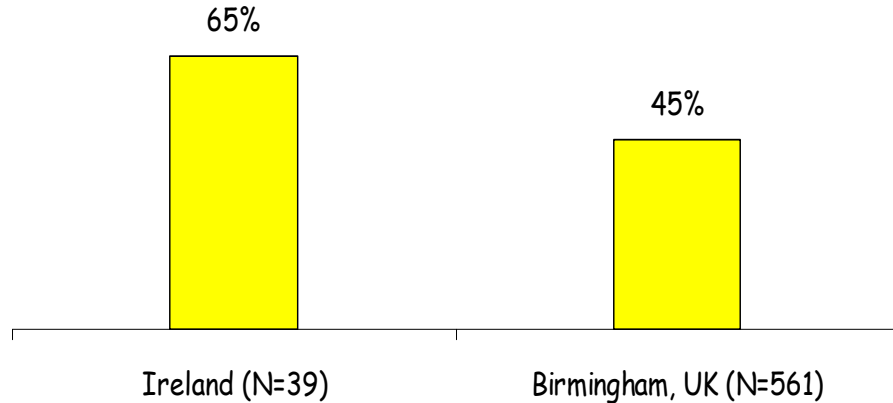
Elderly Abuse

Selected results

PREVALENCE OF PHYSICAL VIOLENCE



PREVALENCE OF GPs DIAGNOSIS OF PHYSICAL ABUSE



- Type of violence/injuries
Punches or kicks (5 cases out of 12 in France);
Physical restraints (6.6% in Italy);
Broken bones or burns (0.2% in Italy).
- Perpetrators: family members, close friends, caregivers.
- Setting: mainly domestic.

Elderly Abuse

- Preventive measures

- a. eliminating age discrimination;
- b. highlighting the person care and mental health in older people;
- c. correcting problems in the healthcare system;
- d. better inform the healthcare workers on how to prevent elder abuse;
- e. make doctors more aware of this issue.

- Conclusions

- a. it is a common claim that elder abuse is a hidden problem;
- b. need for more formal education on the topic for doctors;
- c. older persons may not report abuse because they do not perceive it as a problem.

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Thanks for your attention