



intimate partner violence

A review of evidence for prevention
from the UK focal point for violence and injury prevention

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About the UK focal point for violence and injury prevention

The 49th World Health Assembly (1996) declared violence a major and increasing global public health problem. In response, the World Health Organization (WHO) published the *World Report on Violence and Health* and initiated a major programme to support and develop violence and injury prevention work globally. As part of this programme, each member state has designated a national focal point for violence and injury prevention. The network of focal points works with the WHO to promote violence and injury prevention at national and international levels, develop capacity for prevention, and share evidence on effective prevention practice and policy.

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A summary of evidence: successful or promising interventions to prevent intimate partner violence

- School-based **education programmes** that promote healthy relationships have been successful in reducing violence towards current dating partners.
- **Routinely enquiring** about intimate partner violence (IPV) in health care settings and **training health professionals** to deal with cases of IPV can be effective in increasing disclosure and identification of IPV. However, less is known about their ability to protect against future violence by partners.
- The use of **protection orders** (e.g. an order to stop abuse or contact with the victim) can be effective in reducing re-victimisation. Additionally, use of **specialist domestic violence courts** has been associated with increased levels of arrests and prosecutions of perpetrators. There is also some evidence that advocacy services (that offer help and support to victims) can reduce some forms of physical abuse in the medium, but not longer term.
- Among offenders, **treatment for substance misuse** has been successful in reducing future IPV.
- At a community level, **regulating alcohol sales** (e.g. through increasing alcohol prices) has been associated with a reduction in IPV.

Violence within intimate relationships (often called intimate partner violence (IPV), and sometimes referred to as domestic violence), is a major global public health problem (1). It can be defined as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (1). In the UK, British Crime Survey findings from 2007/8 report that around 27% of women and 17% of men aged 16-59 had experienced some form of non-sexual partner abuse (emotional or financial abuse, threats or physical force) since the age of 16, and 5% and 4% respectively in the past year (2).

The health and social effects of IPV can be severe and wide-ranging. Health consequences can include injuries, particularly head, neck or facial injuries (3), or even death (2). Where sexual abuse has taken place, there may be gynaecological problems such as vaginal bleeding or infection, or transmission of sexually transmitted infections (4,5,6). Among pregnant women, experience of violence has been associated with low birth-weight babies, pre-term delivery and neonatal death (7). Emotional consequences can be severe and enduring, including anxiety, depression or post traumatic stress disorder. Those experiencing abuse are more likely to report suicidal thoughts or attempts (6) as well as longer term general health problems (8) such as migraines, chronic pain, gastro-intestinal disorders and sexual dysfunction (4,5). In addition, experience of IPV is linked to current risky behaviours such as tobacco, alcohol or illicit drug use (8), often as a way of coping. The costs of IPV can be substantial. In 2004, the cost of domestic violence in England and Wales was estimated to be £23 billion per year, including costs to criminal justice systems (£1 billion),

health and mental health services (£1.4 billion), employers (e.g. lost output; £1.3 billion) and victims (£18.6 billion) (9).

Certain groups of the population are more likely to experience a recent episode of partner violence than others. These include: women; younger age groups (e.g. 16-24); those with less household income; and those living in areas of high physical disorder (2). Conversely, there seems to be little difference in the prevalence of recent IPV between different ethnic groups (2). Experience of past year partner abuse is lower for those who are married than those who are single, co-habiting, separated or divorced (2). Several factors are known to be associated with the perpetration of IPV, including interpersonal dependency or jealousy, attitudes that excuse violent behaviour and lack of empathy (10). Cultural and social norms that tolerate or excuse violent behaviour are also important influences (11). A number of factors increase the risk of being both a perpetrator and victim of IPV, such as the use of alcohol, especially at hazardous or harmful levels (12). In addition, witnessing or experiencing violence in childhood has been associated with both IPV victimisation and perpetration later in life (13,14), highlighting the cycle of violence that can often be passed from one generation to the next.

IPV is preventable and many initiatives have been implemented to protect against it. This factsheet describes these programmes and considers evidence for their effectiveness. The majority of interventions focus on supporting women experiencing violence. Fewer interventions and research focus on support for male victims of partner violence. Although sexual violence between

intimate partners has been briefly discussed in this review, more information on this issue can be found in the *sexual violence* review in this series.

Intimate partner violence: some findings from the British Crime Survey (BCS)

- Physical injuries from IPV are common; 46% of women and 41% of men experiencing IPV in the past year sustained a minor physical injury following their worst incident of domestic violence. Twenty percent and 14% respectively sustained a moderate injury, and 6% and 1% respectively experienced a severe injury (15).
- IPV can affect employment; among individuals who experienced abuse in the past year, 21% of women and 6% of men took time off work as a result of the worst incident, and 2% of both women and men lost their jobs (15).
- A significant percentage of IPV remains unreported; around a third of female victims and two thirds of male victims had not told anyone about the worst incident of domestic violence experienced in the last year (15). Men may be more reluctant than women to seek help through fear of being thought of as weak or not being believed (16).
- A significant percentage of victims do not seek medical assistance; of those sustaining an injury in the worst incident of domestic violence in the past 12 months, just over a quarter of women and 14% of men sought medical help (15).

1. Education programmes

Education programmes generally aim to increase knowledge on IPV, challenge gender stereotypes and norms, promote healthy intimate relationships and reduce violent behaviour within intimate relationships.

1.1 Promoting gender equality and healthy relationships

Programmes that promote equal, non-abusive dating relationships and marriages are usually targeted at children, teenagers and young adults in schools and colleges. While content varies, programmes normally include the discussion of gender stereotypes and equality, education about violence in relationships and the development of skills for healthy relationships (e.g. good communication).

Internationally, evidence for the use of education programmes is mixed. However, in some instances they have been effective. For instance, in the US, the Safe Dates programme targets 12-18 year olds and aims to: develop skills such as conflict resolution; change social norms around dating violence; address gender stereotypes; and promote community resources for those who want support. It uses a variety of delivery methods, including group discussions, role play, games and written exercises. Alongside, it incorporates a theatre production on dating abuse, a poster contest, community service provider training, and support services for affected adolescents. An evaluation of the scheme reported less sexual, physical and psychological violence perpetrated against current dating partners one month after the programme ended and four years later (compared to controls [17,18]).

1.2 Challenging social norms

A further, related, type of education programme involves challenging social norms (rules or expectations of behaviour within a social group or society) that encourage violent behaviour within relationships. These can include ideas that men should be powerful or aggressive, or that controlling behaviour within a relationship is normal. In the US, some college-based programmes have aimed to raise awareness of dating violence among males (and sometimes females), create shared social norms of non-violent behaviour, and mobilise men to protect others from sexual or physical abuse (e.g. Men of Strength clubs [19]; Mentors in Violence Prevention [20]). However, there are no high quality evaluations of these programmes and little is known about their ability to reduce IPV perpetration.

1.3 Raising public awareness of intimate partner violence and its implications

Public information campaigns have been used to raise awareness and discussion of IPV across society as whole, challenge attitudes towards violence, and highlight local and national support services available to victims. In the UK, the charity Refuge have developed numerous IPV campaigns targeting victims or witnesses of abuse (21,22). In Scotland, Zero Tolerance have run a variety of campaigns to raise awareness of violence (including intimate partner violence) and its prevalence, challenge attitudes and values that sustain violence towards women, and encourage local organisations and groups to take action (23). Given the difficulty in evaluating mass media campaigns, research is lacking and little is known about their effects. However, media campaigns are known to offer a number of advantages in

general, such as encouraging discussion and debate and acting as a catalyst for other prevention initiatives (24).

The Early Warning Signs campaign (Refuge)

In 2008, Refuge launched the Early Warning Signs campaign. Targeting women in relationships, it aimed to raise awareness of the early stages and signs of abuse and to encourage women to seek help if needed. The campaign used poster advertisements and other materials to highlight the signs, which included having a partner that:

- Is excessively jealous and possessive;
- Stops you from seeing friends and family,
- Is constantly criticising and putting you down in public, or
- Controls your money.

Those viewing the campaign were directed to the Refuge website, which offered more information and a range of services to support victims, including a national, confidential helpline (21).

2. Increasing identification and referral of those abused

Identifying victims of IPV and ensuring they are offered appropriate support and care is crucial to protecting against further victimisation. The physical and emotional consequences of IPV mean that victims are likely to come into contact with health and mental health services. Consequently, health care professionals are ideally situated to identify victims of IPV and refer to appropriate support services.

2.1 Routine enquiry and screening

One method of increasing identification of IPV is through the use of routine enquiry in health care settings. This is usually conducted using a screening tool (a short series of questions enquiring about a person's relationship and their experience of physical, emotional and sexual violence). In England, a handbook for health professionals published by the Department of Health in 2005 advised that all trusts should be working towards routine enquiry of IPV and should provide information about support services available to victims (25).

Routine enquiry or screening tools can be effective in facilitating disclosure of abuse and identification of IPV (26-29). Furthermore, routine questioning is acceptable to patients if conducted in a safe and confidential environment (30,31). The ability of routine enquiry or screening to protect against future violence is less clear, with effects largely depending on the services and interventions available to victims once identified. However, encouraging results have been reported in some instances. For instance, in the US, 44% of patients who disclosed abuse via a screening tool used IPV services in the next 12 months. Those who used services were twice as likely as those that did not to exit the relationship. Furthermore, those no longer in the relationship reported better physical health (32). Barriers to routine screening include: a shortage of time; lack of opportunities for confidential discussions with patients; safety issues; and emotional issues such as personal experiences of IPV (33).

2.2 Training for health professionals

Training programmes for health care professionals aim to increase the ability to detect IPV (e.g. encourage routine enquiry or screening), improve understanding of the range of support services available to victims, and improve knowledge and understanding of IPV (e.g. prevalence, risk factors, reasons why people may not wish to disclose) (34). Training programmes can improve rates of screening and referral to support services (35), increase staff comfort in handling cases of IPV (35) and improve knowledge of and attitudes towards IPV (36,37). However, less is known about their ability to protect against further abuse. The effectiveness of training programmes may be dependent, in part, on the infrastructure in place to support the activities that are taught (e.g. accompanying policies that require routine screening; [34]). In England, Trusts (particularly those that have adopted a policy for routine enquiry) offer training for health professionals to increase their awareness and confidence in responding to cases of violence. The Department of Health have produced a domestic abuse training manual to aid successful delivery of information (38).

3. Support for survivors of violence

Women and men experiencing IPV often require support to leave abusive relationships and prevent revictimisation. There are a wide range of support services and interventions available to assist victims.

3.1 Advocacy

The focus of advocacy support is to help those experiencing violence overcome their problems and enable them to take control of their own lives. Activities can be wide ranging and include the provision of advice (e.g. legal, financial and housing), help finding and contacting support services, help making a safety plan, and help through the criminal justice system (39). Advocacy can range in duration from just a few hours (brief advocacy) to many sessions (intensive), and can vary in setting, such as within health services (e.g. following identification through screening), within women's shelters, in the community (i.e. local IPV support services or helplines), or within the criminal justice system. In the UK, there is a wide range of local and national advocacy services available for those experiencing IPV, including: helplines; outreach and drop-in centres; counselling; and refuge (40). Many services are available for (or at least accessed more by) females rather than males. However, some focus specifically on support for men (e.g. Respect's 'Men's Advice Line' [41], see box).

The effects of advocacy remain unclear. Brief advocacy can reduce minor (but not severe) physical abuse, while intensive advocacy can reduce physical abuse in the medium term (two years) but not shorter or longer term (less than 12 months, or three years or more [42]). However, programmes are known to increase the use of safety behaviours among those experiencing abuse (42). For helplines specifically, while little is known about their effects on future violence, they play an important role in allowing the discussion of problems that may otherwise have remained unaddressed. For instance, almost a third of individuals using a national

Scottish helpline service had not talked to anyone else about their abuse (43). Additionally, helplines are known to decrease callers' crisis states and feelings of hopelessness during the call (44,45).

Helplines for people experiencing IPV

In the UK, Women's Aid runs national IPV helplines in England (in partnership with the Refuge charity), Wales, Scotland and Northern Ireland. Aimed primarily at women, trained advisors provide: information on IPV; advice on dealing with abuse; information on national and local services that can help; and emotional support. The helpline is also used by friends and family of victims, as well as health professionals dealing with abused patients. Specifically for men experiencing abuse, Respect run a confidential, freephone helpline (Men's Advice Line) to provide information, emotional support and help contacting additional services. The service encourages men to talk about their problems and seek help, as well as dispel myths that men cannot be victims of IPV (41).

3.2 Women's shelters

In the UK and elsewhere, women's shelters or refuges offer shared accommodation for those experiencing violence and their children who need a safe place to stay to escape from abuse. Accommodation is temporary and can last anywhere between a few days to a few months. As well as accommodation, shelters offer counselling and advocacy services to help women overcome their experiences. There is little research available on the effectiveness of women's shelters specifically, despite there being evaluations of the advocacy services they offer. However, time spent in a women's shelter has been associated with increased feelings of safety, a reduction in depression, and greater levels of hope (46,47).

3.3 Protection orders

A protection order is a court order that offers protection from the abuser (i.e. orders an abuser to stop the abuse and/or stop contact with their partner). In the UK, a temporary protection order is provided over a period of two weeks, whereupon a court decision is made as to whether a full protection order will be granted (lasting a year or more). Research from the US suggests they can be an effective way of reducing revictimisation (48,49). For instance, an evaluation of protection orders carried out in Kentucky reported significant reductions in the level and severity of abuse experienced by victims after the issue of a protection order and a reduction in the fear of future harm. Furthermore, the protection orders were associated with a reduction in financial costs per victim, including those to medical, mental health, criminal justice and legal services, lost earnings, property losses, time lost for family and civil responsibilities, and quality of life (i.e. costs of depression, stress, anxiety etc) (48).

3.4 Specialist domestic violence courts

In England and Wales, specialist courts have been established that provide a co-ordinated, community response to IPV. This approach involves multi-agency work involving the Police, prosecutors, probation service and specialist support services, to increase victim safety and prosecution of perpetrators. Characteristics include: police officers trained for investigating IPV; advisors who act as a point of contact with victims throughout and after the case; dedicated prosecutors; legal advisors; trained magistrates; fast tracking of IPV cases; and the provision of separate

entrances and exits for victims and perpetrators (50). Specialist courts have been associated with a high level of: arrests; successful prosecutions and referrals to support services (50); and an increase in guilty pleas, case attrition, and feelings of protection and safety (51).

4. Treatment for perpetrators

Treatment programmes for IPV perpetrators have the aim of reducing future IPV perpetration. Programmes vary in content, but may include components such as anger management, cognitive behavioural therapy or counselling. Some programmes run in the community and are available on a voluntary basis to those in need of services. Others are attached to criminal justice services and have compulsory entry for offenders that have been found guilty of IPV (52). Internationally, evaluations of treatment programmes for perpetrators (mainly cognitive behavioural therapy) have reported minimal effects on levels of re-offending over and above the effect of simply being arrested (53). However, this may be due, in part, to low programme integrity (i.e. programmes are not being delivered in ways they were intended [54]), highlighting a need for further investigation.

Given the strong association with alcohol and/or drug use and IPV perpetration, some treatment programmes in the UK and elsewhere have focused on addressing perpetrator substance use or dependence as a way of additionally reducing levels of IPV. Programmes may address substance misuse individually or also address relationship problems and intimate partner violence (e.g. behavioural couple's therapy involving partners). Internationally, evaluations of

both types of programme have been positive, including reductions in physical violence and aggression towards partners up to one year later (55-58).

5. Reducing alcohol availability in the community

Strong links between alcohol use and IPV suggest that lowering levels of drinking among the population may be an effective intervention. One method of achieving this is by making alcohol more difficult to obtain through regulating alcohol sales. Reducing alcohol availability can impact on violence in general (59). However, few studies have measured the effects on IPV specifically. In Greenland, an alcohol rationing system was put into place in the 1980s that allowed adults 72 rationing coupons per month (one point was equivalent to one beer). Subsequent effects included a decrease in the level of alcohol consumed and a reduction in the number of police calls for domestic quarrels (60). Furthermore, in the US, increasing the price of alcohol by 1% has been estimated to decrease the probability of violence aimed at wives by about 5% (61).

Links between alcohol use and intimate partner violence

- The use of alcohol can impair physical and cognitive function, reducing self control;
- Alcohol use by one partner may exacerbate financial problems or hinder child care responsibilities, creating tension within a relationship;
- Beliefs that alcohol causes aggression can encourage or justify violent behaviour after drinking;
- Alcohol may be consumed after experiencing violence as a way of coping.

[62]

6. Summary

In the UK and elsewhere, there are a range of programmes and interventions available to help prevent intimate partner violence or to reduce subsequent victimisation. Some programmes have shown good evidence of effectiveness in reducing levels of violence towards partners. These are:

- School-based interventions that promote gender equality and healthy relationships;
- Treatment for substance misuse among IPV perpetrators;
- Reducing the availability of alcohol in the community.

Although little is known about the effects on violence specifically, there is also good evidence for the use of:

- Routine enquiry or use of screening tools (in increasing identification of IPV victims);

- Training for health professionals (in increasing confidence when dealing with IPV cases);
- Specialist domestic violence courts (in increasing referrals, arrests and prosecutions).

There is some evidence for the use of advocacy services in reducing physical abuse in the short to medium term. However, evaluations have been mixed, highlighting a need for further investigation. Given the difficulties associated with evaluating mass media campaigns, little is known about the effects that public information campaigns can have on experiences of IPV. Nevertheless, they have a valuable role to play in creating public discussion and debate about IPV, as well as signposting those affected to local and national support services. Further research is needed to determine the effects of programmes that challenge social norms, provide shelter for women, and provide psychosocial treatment for IPV offenders, where evaluations are either unclear or have not been conducted.

All references are included in the online version of this document, available from:

www.preventviolence.info and **www.cph.org.uk**

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