

Addressing violence and abuse to achieve government priorities

**New evidence from research funded by the
Department of Health**

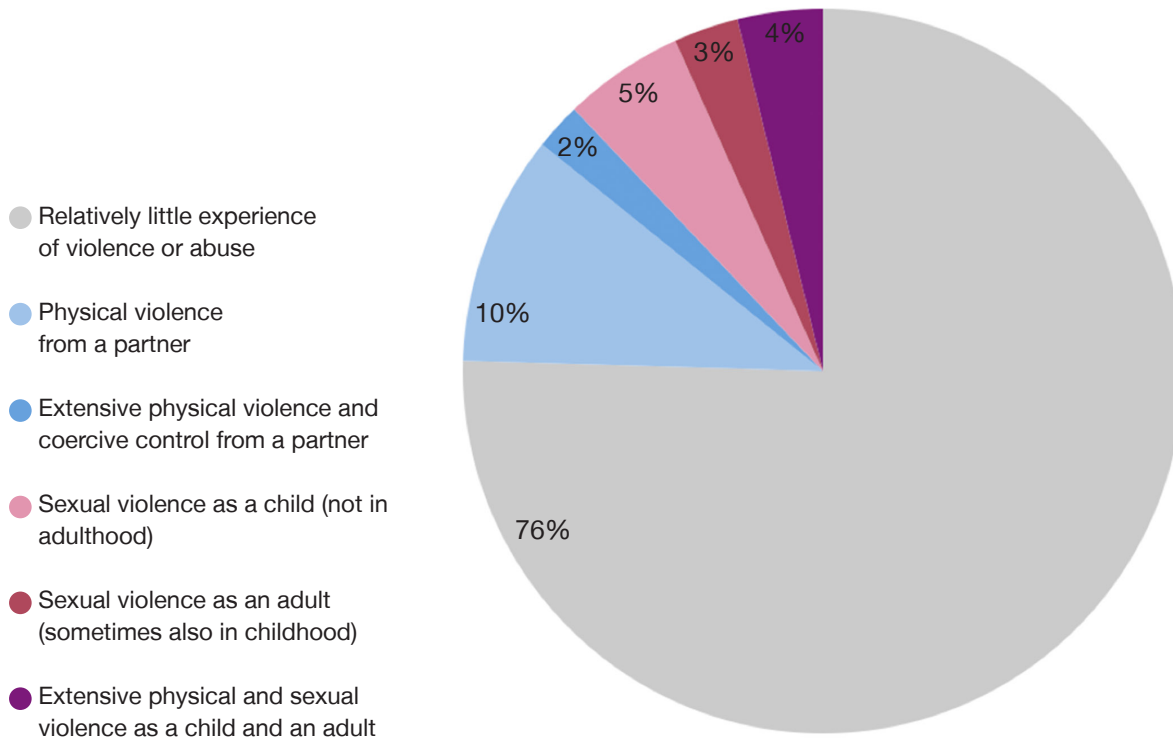
A quarter of the population have experience of violence and abuse in their lives. Such experiences are major and under-acknowledged factors shaping people's mental health and service needs.

Public services are required to respond to both the needs of people with mental health problems, and those who have experienced abuse and violence. Our research highlights the strong links between the two – and the necessity for services to address these links if they are to respond effectively to clients' needs.

Key findings

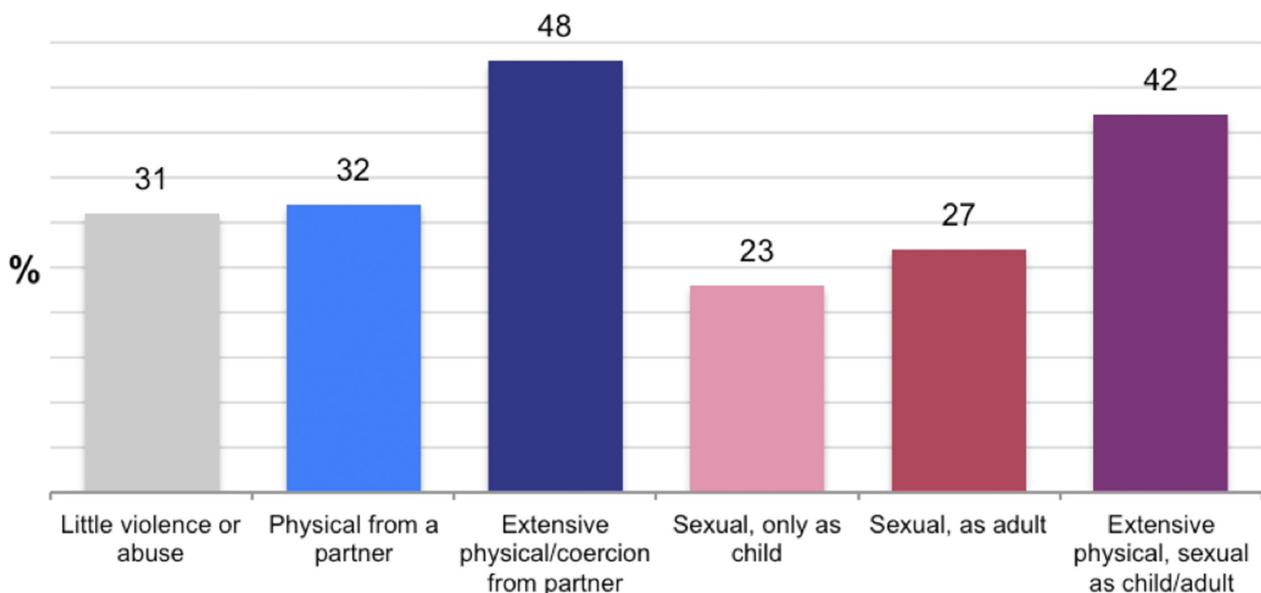
Six distinct groups in the population were identified through statistical analysis of data from the Adult Psychiatric Morbidity Survey (APMS) on experiences of violence and abuse in childhood and adulthood.

Distribution of violence and abuse groups in the English population



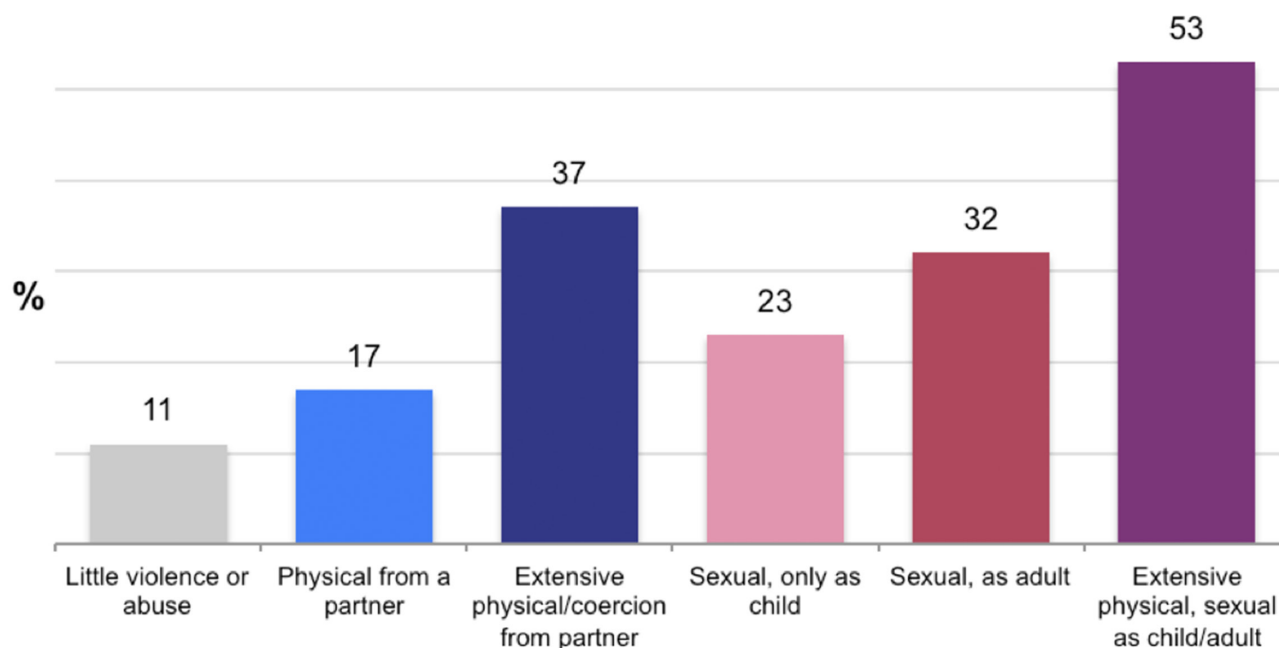
Three-quarters of the English population had relatively little experience of violence and abuse. The remaining quarter consisted of people with five distinct profiles of violence and abuse. Each group differed in terms of their socio-economic circumstances, health, mental health and use of treatment and services. Poverty, poor health and health risk behaviours were much more common among groups characterised by extensive violence and abuse.

Proportion of each violence and abuse group living in the third of households with the lowest income



One of the groups - representing 1 in 25 of the population - had experienced extensive physical and sexual violence, with an abuse history extending back to childhood. Nearly everyone in this group had, at some point in their lives, been pinned down, kicked or hit by a partner. Half had been threatened with death. Most had been sexually abused as a child and some severely beaten by a parent. Many had also been raped as an adult. Over half the members of this group had a common mental disorder such as clinical depression or anxiety. However, only 10% were receiving counselling or a talking therapy.

Proportion of each violence and abuse group with a common mental disorder



A further group – representing 1 in 50 of the population - were characterised by extensive physical violence and coercive control from a partner. They also had very high levels of common mental disorder. Our analysis shows an extremely strong relationship between partner violence and mental health, which has previously received little attention.

Policy relevance

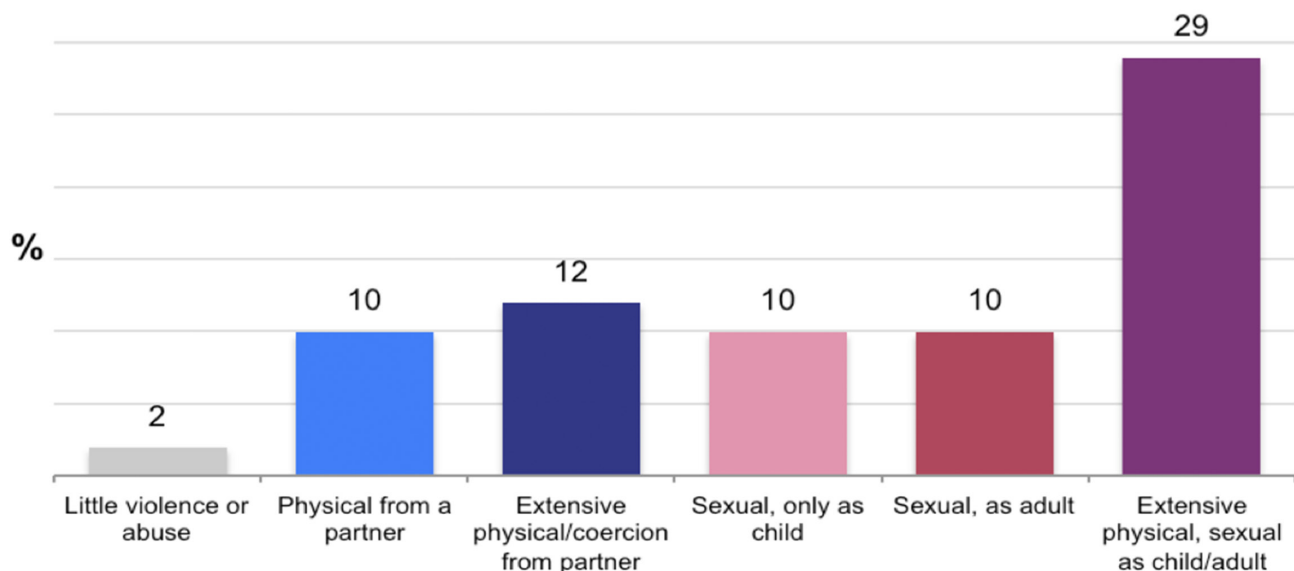
Other sources of data confirm the scale and impact of violence, abuse and poor mental health:

- Each year nearly 1 million women experience domestic violence,¹ and around 473,000 adults are victims of sexual offences.²
- Mental health problems are the largest single source of disability in the UK, accounting for 23 per cent of the total burden of disease.³

Addressing the long-term consequences of violence and abuse on victims' lives is therefore central to the success of many government priorities.

- **National Suicide Prevention Strategy.** Our analysis shows that suicide attempts were 15 times more likely among people who have experienced extensive physical and sexual abuse. More than half of people with the most extensive experience of physical and sexual violence and abuse had self-harmed.

Proportion of each violence and abuse group who have attempted suicide



- **Public health.** Abuse and violence are of major relevance to the wider public health agenda. As local authorities take on responsibility for public health, they should note that this evidence clearly links the experience of extensive physical and sexual abuse with being disabled, alcohol dependent, drug dependent, a smoker, and obese.
- **Health care commissioning.** Despite being 15 times more likely to have multiple (3+) mental disorders, we found that people with extensive experience of physical and sexual violence were just 4 times more likely to discuss mental health with a GP and 3 times more likely to access community services. However, they were 12 times more likely to spend time as an in-patient on a mental health unit.

The research

The findings presented here are part of ongoing research into effective responses to the long-term consequences of violence and abuse, conducted by researchers from NatGen Social Research, DMSS Research, and the Child and Women Abuse Studies Unit at London Metropolitan University. The analysis uses data from the Department of Health funded Adult Psychiatric Morbidity Survey (APMS). The APMS series is the primary national data source for rates of treated and untreated mental illness, and its risk factors. The statistical approach used was latent class analysis, which identifies groups in a population with similar profiles.

This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department.

For further information about the research please contact sally.mcmanus@natcen.ac.uk.

This report can be cited as: Scott, S, Williams J, Kelly L, MacNaughton Nicholls C, Lovett J, McManus S (2013) Violence, abuse, and mental health in the English population. NatGen: London.

1. Home Office Statistical Bulletin (2009/10) <http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf>

2. Ministry of Justice, Home Office and Office for National Statistics (2013) An overview of sexual offending in England and Wales, <https://www.gov.uk/government/publications/an-overview-of-sexual-offending-in-england-and-wales>.

3. WHO (2008) The global burden of disease, 2004 update.