UKPRP VISION Consortium Violence, Health & Society

Annual Conference

20 September 2022

City, University of London
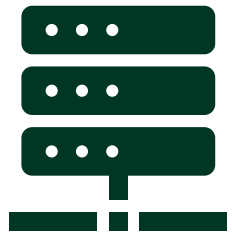
Violence, Health & Society (VISION) UKPRP-funded consortium

Introduction to annual conference

20th September 2022

Improving health by reducing violence

The consortium is:

Building an **integrated data system** of value to individual partners

Recognising and supporting **effective interventions** in **complex systems**

Mobilising and developing a **theory of change** relevant to **multiple actors** and **disciplines**

Offering a model for **improving health and reducing health inequalities** by embedding **violence** within the **public health** paradigm

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Work-strand	Thread	Data source	Data partners include:
Health and health services	1.1 Injuries	Ambulance, A&E, police	Public Health Wales
	1.2 Mental health	Mental health surveys	NHS Digital, DHSC, Agenda, DVAMHNW, Mind
	1.3 SMI	Mental health patients	CRIS, SLAM
Crime and justice services	2.1 Crime	Crime surveys	ONS, Home Office, MHCLG
	2.2 Homicide	Domestic homicide reviews	Home Office, DA Commissioner's Office
	2.3 Trajectories	Police	Constabularies, National Police Chiefs Council
	2.4 Tech-abuse	Solicitors	National Centre for Domestic Violence
Specialised services	3.1 DVA services	Multiple	Imkaan, Rape Crisis, Respect, Refuge, Safe Lives, Women's Aid
Inequalities and intersectionality	4.1 Global	Multiple	ILO, WHO, UN
	4.2 Ethnicity	Multiple	Imkaan
	4.3 Socioeconomics	UKHLS	Agenda, Women's Budget Group
Integration	5.1 Combined	Reviews, meta-analyses	Bristol, LSHTM, City

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Reduce violence through better data & better use of data

Our objectives are to improve…

I.	Theory	Coordination, theories of change
II.	Measurement	Identify, classify, profile, compare
III.	Integration	Link insight from multiple sources
IV.	Pathways	Investigate causality and connections
V.	Evaluation	Cost effectiveness and what works

All activities and outputs align with one of these objectives

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A wide range of methods and approaches

Objective I. Map theories of change in complex systems

Logic modelling, complex systems analyses

Objective II. Improve the measurement of violence

Measurement framework, natural language processing, new survey questions, align outcome measures

Objective III. Integrate data from multiple sources

Systematic reviews, meta-analyses, data integration using probabilistic profiling

Objective IV. Investigate connections and causal pathways

Regression modelling, econometrics, funded open research call

Objective V. Applications, cost-benefits and effectiveness

Interrupted time series analysis, cost-benefit analyses, parallel group cohort analyses

Interdisciplinary

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Ambition to transform violence data landscape and support the multisectoral societal prevention and response

Objective I. Map theories of change in complex systems

Institutionalize understanding of violence as a public health priority

Objective II. Improve the measurement of violence

Service organisations improve own practice

Objective III. Integrate data from multiple sources

Co-operation between multiple entities

Objective IV. Investigate connections and causal pathways

Informed governmental decision-making

Objective V. Applications, cost-benefits and effectiveness

Improved resource allocation at system level

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How are we doing?

The first robust estimates of the prevalence of:

- domestic violence among older people in England

- different types of intimate partner violence (IPV; physical, sexual, economic, psychological) in people with different types of limiting impairment/disability

- workplace bullying and harassment in a probability sample in England for over a decade

- violence perpetration among people with and without police contact in England, with service use profiles and mental health outcomes

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How are we doing?

- The first robust evidence on the association between IPV and suicidality and self-harm to cover both men and women and adults of all ages in England.

- The first analysis of the mental health of relatives as indirect victims of serious assault

- Estimates of the long-term mental health costs of sexual and physical violence.

- Epistemic injustice - challenging ethics committees' refusal to ask about violence

- Discounting – challenging economic practice that 'discounts' the longer-term health impacts of violence and conceals inequalities.

- Re-imaging what counts as femicide

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How are we doing?

Systematic reviews on:

- Insecure migration status and violence victimisation
- Measuring violence using the Crime Survey for England and Wales: showing how violence is under-estimated in victimisation surveys
- Who is most at risk of violence in England and Wales and how it changed over time: re-estimating risks of violence using the Crime Survey for England and Wales
- The Consequences of (mis-)representing ethnicity for understanding violence inequalities

- The concept and measurement of violence in international health and justice systems.

- Possibilities and tensions of using specialised domestic and sexual violence and abuse service data to inform policy and practice on violence reduction.
- Violence and abuse through the prism of health services.

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Violence, Health & Society (VISION) consortium

Session 1:
Reducing violence with insight from data

Reduce violence through better data & better use of data

Our objectives are to improve…

I.	Theory	Coordination, theories of change
II.	Measurement	Identify, classify, profile, compare
III.	Integration	Link insight from multiple sources
IV.	Pathways	Investigate causality and connections
V.	Evaluation	Cost effectiveness and what works

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a certain kind of evidence…

epidemiology

systematic reviews and analyses

Does trauma-informed psychological support improve mental health in survivors of DVA?

nested & economic analyses

Does a training programme with referral pathway improve outcomes for survivors of DVA?

guidelines and policy

Un-answered questions

Responding to intimate partner violence and sexual violence against women
WHO clinical and policy guidelines

NICE National Institute for Health and Care Excellence

Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively

Issued: February 2014

NICE public health guidance 50
guidance.nice.org.uk/ph50

CONSORT PATH

Enrollment – April 2011-May 2013

STAGE 1 – Assessment by Service

Entered DVA Service (n=1940)

Screened by DVA Worker (n=1274)

Not meeting inclusion criteria (n=203)
- Drug and alcohol (n=23)
- English language difficulty (n=82)
- Psychotic illness (n=14)
- Psychological therapy (n=84)

Eligible but not approached (n=304)
Eligible and approached (n=767)
Did not consent to contact (n=279)
Did consent to be contacted by Researcher (n=513)

STAGE 2 – Contacted by Researcher
Unable to contact/declined meeting/did not attend (n=196)
Met with researcher (n=317)
Did not recruit/excluded (n=54)
- Wanted counselling (n=6)
- Time commitment (n=16)
- Other reasons (n=32)

Consent and recruitment (n=263)

Randomized (n=263)

Allocation

Allocated to PATH intervention + usual care (n=131)

Allocated to control – usual care (n=132)

Follow Up

Lost to follow up (no response to contact) (n=46)
Bristol, Refuge (n=3)
Bristol, Community (n=12) Cardiff, Refuge (n=11)
Cardiff, Community (n=15)

Withdrew from study (n=1)
Bristol, Refuge
- Withdrew consent (n=1)

Cardiff, Refuge (n=1)
- Unknown (n=1)

Cardiff, Community (n=2; note, only 1 is lost to follow-up)
- Did not engage (n=1)
- Unknown (n=1)

Lost to follow up (no response to contact) (n=47)
Bristol, Refuge (n=12)
Bristol, Community (n=11)

Cardiff, Refuge (n=8)
Cardiff, Community (n=16)
Withdrew from study (n=2)
Bristol, Community
- Withdrew consent (n=1)
- Protocol violation (n=1)
Cardiff, Refuge (n=8; note: only 3 of these are lost to follow-up; 5 completed questionnaire)
- Difficult to contact (n=1)
- Moved to a different city (n=1)
- Unknown (n=6)
Cardiff, Community (n=11; note, only 3 of these are also lost to follow-up)
- Unknown (n=11)
Bristol, Community (n=3)
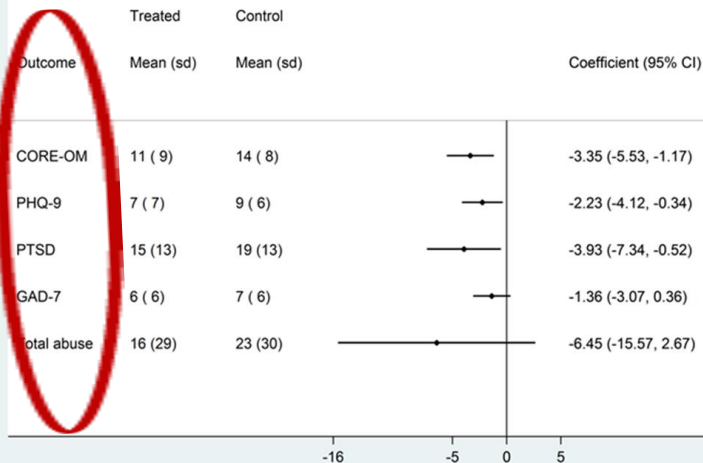- Unknown (n=3)

Analysis

Analysed (n=84)
Bristol
- Refuge (n=6)
- Community (n=31)
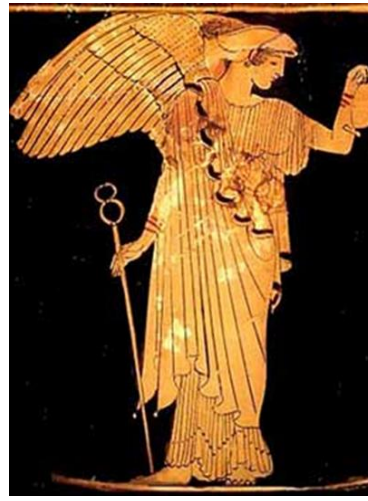Cardiff
- Refuge (n=13)
- Community (n=34)

Excluded from analysis (give reasons) (n=0)
Discontinued intervention (give reasons) (n=3)
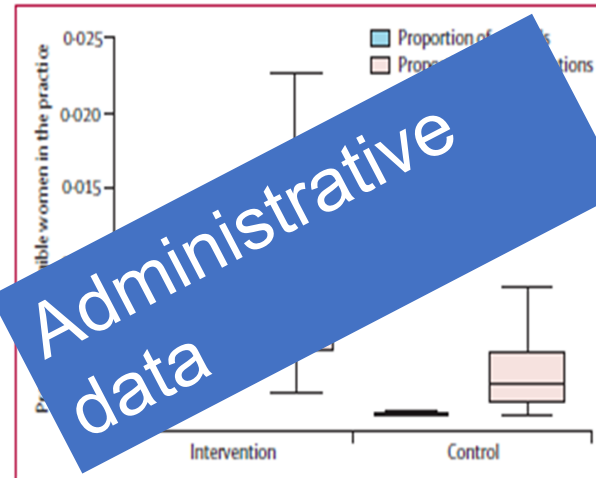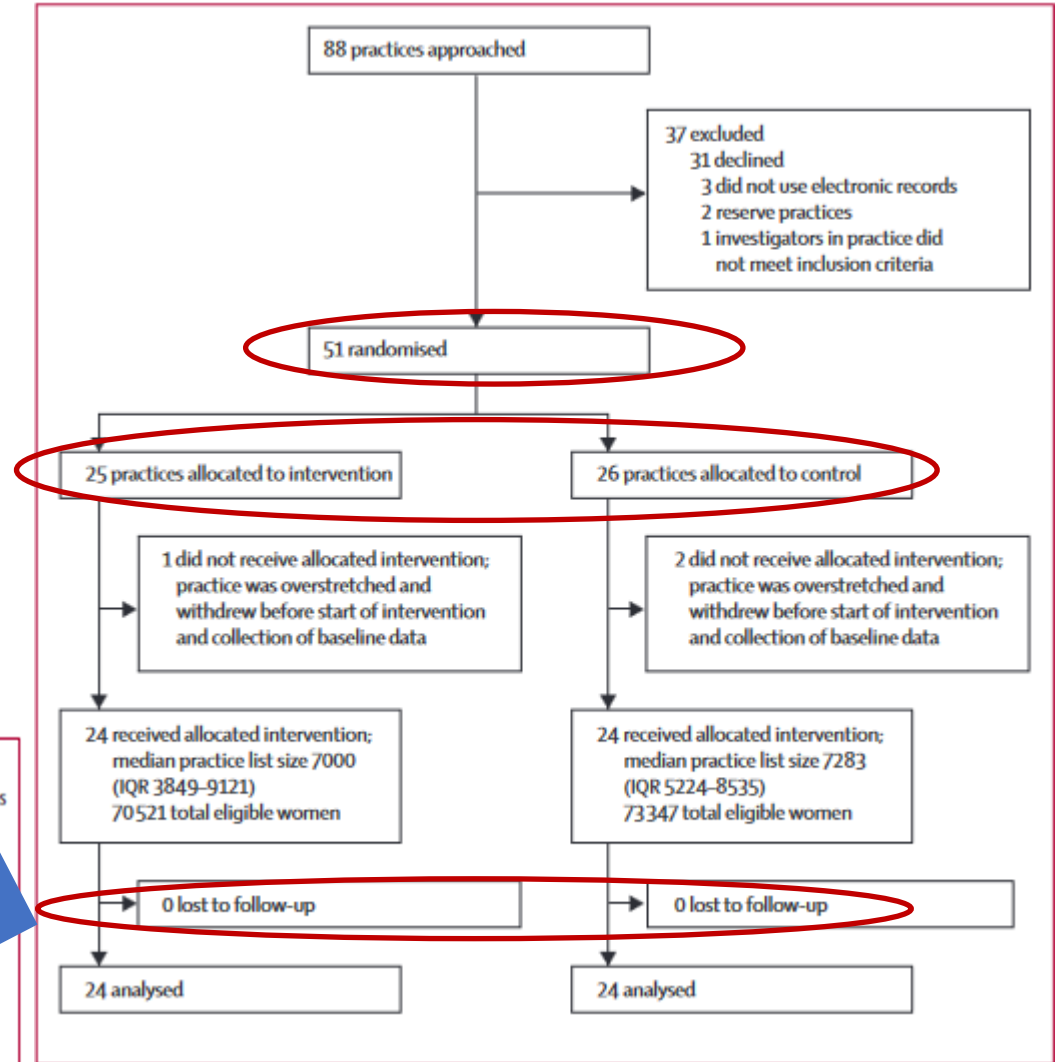
Analysed (n=83)
Bristol
- Refuge (n=4)
- Community (n=30)
Cardiff
- Refuge (n=15)
- Community (n=34)

Excluded from analysis (give reasons) (n=0)
Discontinued intervention (give reasons) (n=22)

Outcome	Treated Mean (sd)	Control Mean (sd)		Coefficient (95% CI)
CORE-OM	11 (9)	14 (8)		-3.35 (-5.53, -1.17)
PHQ-9	7 (7)	9 (6)		-2.23 (-4.12, -0.34)
PTSD	15 (13)	19 (13)		-3.93 (-7.34, -0.52)
GAD-7	6 (6)	7 (6)		-1.36 (-3.07, 0.36)
Total abuse	16 (29)	23 (30)		-6.45 (-15.57, 2.67)

-16   -5   0   5

IRIS

88 practices approached

37 excluded
  31 declined
    3 did not use electronic records
    2 reserve practices
    1 investigators in practice did
      not meet inclusion criteria

51 randomised

25 practices allocated to intervention

26 practices allocated to control

1 did not receive allocated intervention;
practice was overstretched and
withdrew before start of intervention
and collection of baseline data

2 did not receive allocated intervention;
practice was overstretched and
withdrew before start of intervention
and collection of baseline data

24 received allocated intervention;
median practice list size 7000
(IQR 3849–9121)
70521 total eligible women

24 received allocated intervention;
median practice list size 7283
(IQR 5224–8535)
73347 total eligible women

0 lost to follow-up

0 lost to follow-up

24 analysed

24 analysed

Proportion of
Prop

Administrative data

Intervention   Control

Limitations of trials for evaluating effectiveness and cost-effectiveness of violence-focused health care programmes

Gaining consent

External validity

Range and timing of outcomes

Cost of a trial

Applicability to service implementation and sustainability
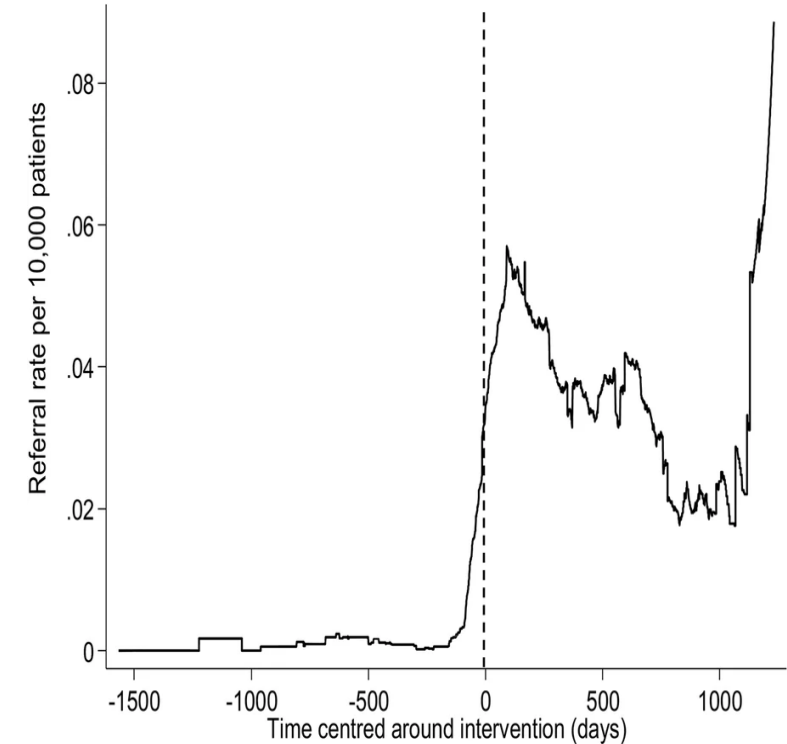
Addressing limitations by use of administrative data to measure outcomes and ?exposure to programmes and treatments

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Evaluating effectiveness and cost-effectiveness

Limitations of trials	Problem solved using (linked) administrative data?
Gaining individual or institutional consent	Permissions for data use (including ethical approval) can take time
External validity	Yes, but internal validity needs to be addressed
Range and timing of outcomes	Wider range and (very) long time horizons
Cost	Yes, but linkage costs are not trivial
Applicability to service evaluation and sustainability	Same data for evaluating effectiveness and implementation & scaling up

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Linking data between sectors: probabilistic profiles

Individuals

Surveys

Police / Justice

Health

Specialist services

De-identification

Remove personal identifiers:
- Name
- DOB
- Postcode
- NHS number
- Crime reference number
- Court reference number

Situations

Housing

Justice

Police

Health

Income

Service use

Violence

Profiling

Profiles
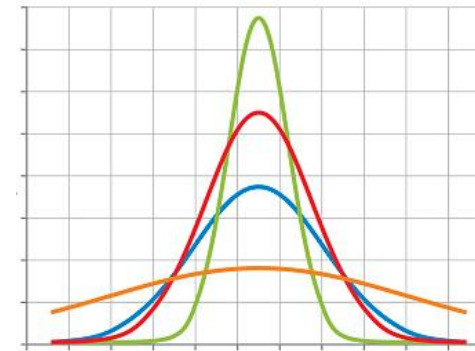
Propensity Score Matching:
Profiles with a high probability of **matching** *from different data sources*

Integration

Integrated Dataset

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Why *linked* data?

- health care and public health-based violence prevention and/or mitigation programmes aim to improve outcomes broader than those recorded in health care records

- effects of violence (and violence reduction) transcends health, impacting on (and detectable in) criminal justice, specialist support, social care, education, employment,

- more robust cost-effectiveness estimates for programmes

- as outcomes in their own right, but also as mechanisms for improving health outcomes contributing empirically to theories of change

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Data linkage to test a programme based on a theory of change

Education records

Social care records

IMPACT — Vast social and economic benefits through secondary prevention of DVA and reduced service use

Medium and long-term outcomes
- Strengthened and sustainable multi-sectoral prevention response to DVA
- GP, ED, mental health records
- Increased safety outcomes
- Police records
- Improved quality of life for women, men and CYP affected by DVA

Short-term outcomes
- Increase in clinician's confidence and preparedness to identify and respond to women, men and CYP affected by DVA
- Clinicians feel supported in delivering DVA work for all patients
- GP records
- DA agency records

Intervention
- Advocate Educator (AE) and CYP worker based in DVA agencies. They attend training/refresher for trainers.
- AE, CYP worker, IRIS clinical lead co-deliver training for general practice teams, provide them with ongoing support. IRIS+ clinical champion identified in each practice
- IRIS+ e-resources available for clinicians. Patient posters, e-posters, cards displayed in practices
- DVA identification & response integrated in consultation. Those who disclose&consent are referred to IRIS+. Those who decline referral are signposted to services and are offered ongoing care.
- Prompt and referral integrated in electronic medical records system
- AE and CYP worker receive patient referrals & provide expert advocacy to referred adults and CYP

Assumptions
- DVA is a major public health problem with vast economic costs
- DVA negatively impacts health
- High percentage of adults and children in general practices are experiencing DVA
- Survivors are more likely to tell GPs than other professionals
- General practice is at frontline of multi-sectorial DVA prevention work
- DVA support can improve survivors' mental health, quality of life, and safety

Problem

Early intervention in domestic violence and abuse (DVA) reduces the public service burden of abuse and limits the escalation of violence. Primary care is uniquely placed to deliver interventions to prevent DVA and to improve health outcomes for adults and children.

There is growing success in identifying women affected by DVA, but male survivors and children/young people (CYP) are rarely identified in primary care and referred for specialist support. This neglects the impact on mental and physical illness across the life-course for CYP who experience or witness DVA. It also neglects the significant mental health impact on men exposed to DVA.

Challenges to using linked data to evaluate programmes	Possible solutions
Under-recording of violence exposure or non-specific coding	Natural language processing Link to cohort data
Characterising exposure to programmes/interventions	Evaluation at health care setting or agency level
Missing data	Imputation and sensitivity testing
Gaining access	Trusted research environments
Vulnerability of programmes being evaluated	Partnership with service providers

Questions

- How could inter-sectoral data improve evaluation of violence reduction/mitigation programmes outside of the health sector?

- How can we specify exposure to a programme that allow us to track its effect within health and other sector administrative data sets?

- How do current violence reduction/mitigation programmes relate to current evidence of effectiveness?

Session 2:
Health and health services

The health record

- Communication

  - To the writer

  - To clinical colleagues

  - To patients?

- Medico-legal protection

- For Trust management

  - Business intelligence

  - Corporate insurance requirements

  - NHS and other data requests/demands

- For QI and audit

- For research

- For better care

CRIS at the Maudsley – core functionality

EHR Data Source

De-identification

Processing pipeline

CRIS front end

CRIS SQL

>500,000 cases
45,000 'active' cases
125 tables
6500 fields
30m documents

Set up in 2007-08 (NIHR funding)
Primarily NIHR-supported
Exported successfully to other UK Trusts
>250 research papers to date
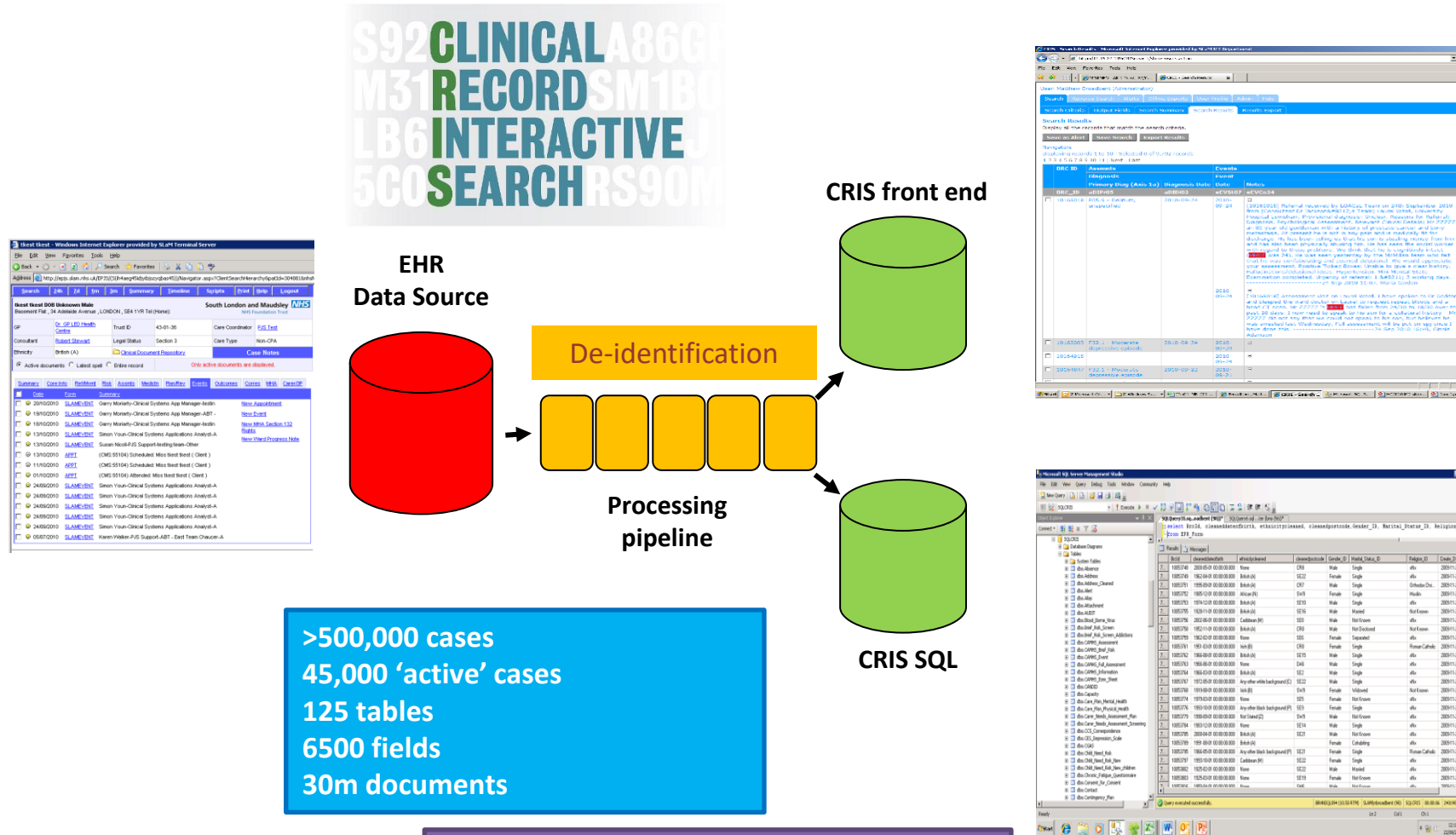
The CRIS platform

- (A data processing pipeline)

- A governance model

- A service

- A wider network

CRIS at the Maudsley – core functionality

>400,000 cases
35,000 'active' cases
125 tables
6500 fields
30m documents

Set up in 2007-08 (NIHR funding)
Re-build and enhancement in 2017
Exported successfully to other UK Trusts
>120 research papers to date

CRIS Security Model – service user led governance
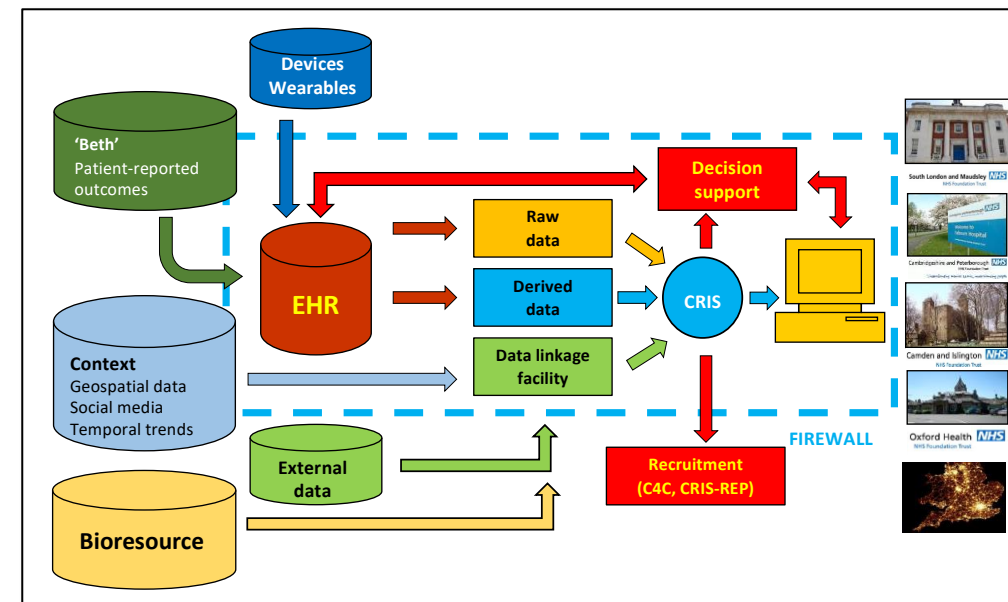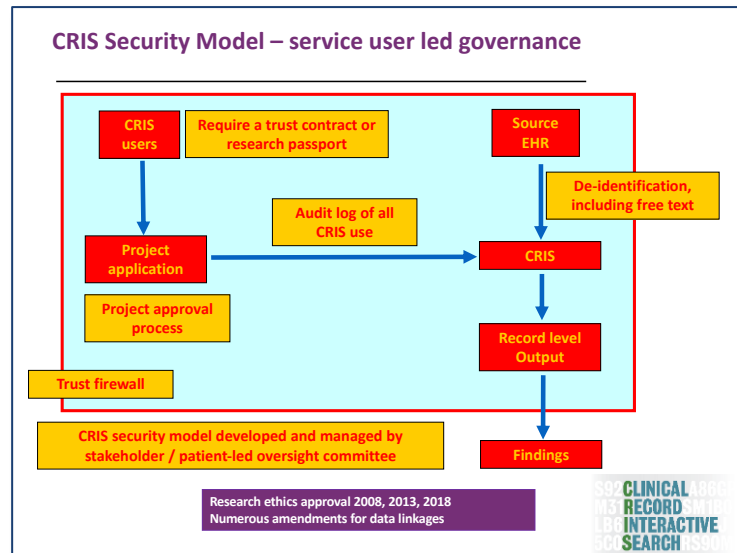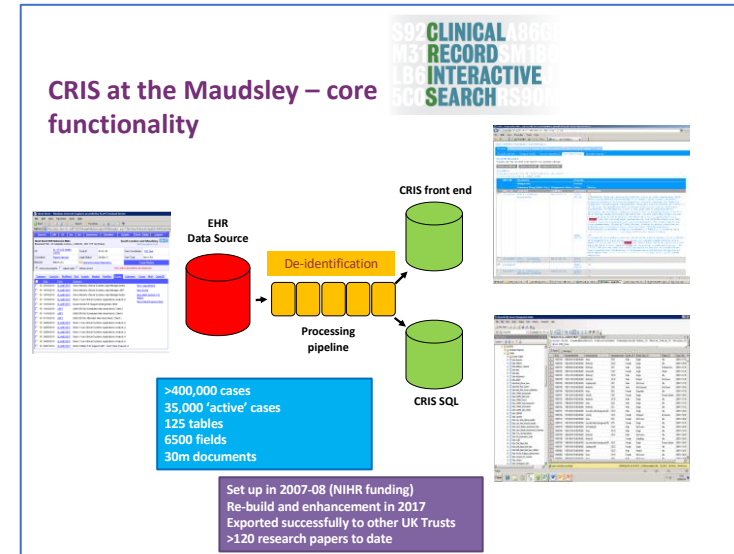
Health records data – the initial picture

Intervention indications

Intervention context

Demographics
Diagnosis
A few scales

Intervention

Service contact
Admission/discharge

Outcome

Service contact
Admission/discharge
Length of stay
A few scales
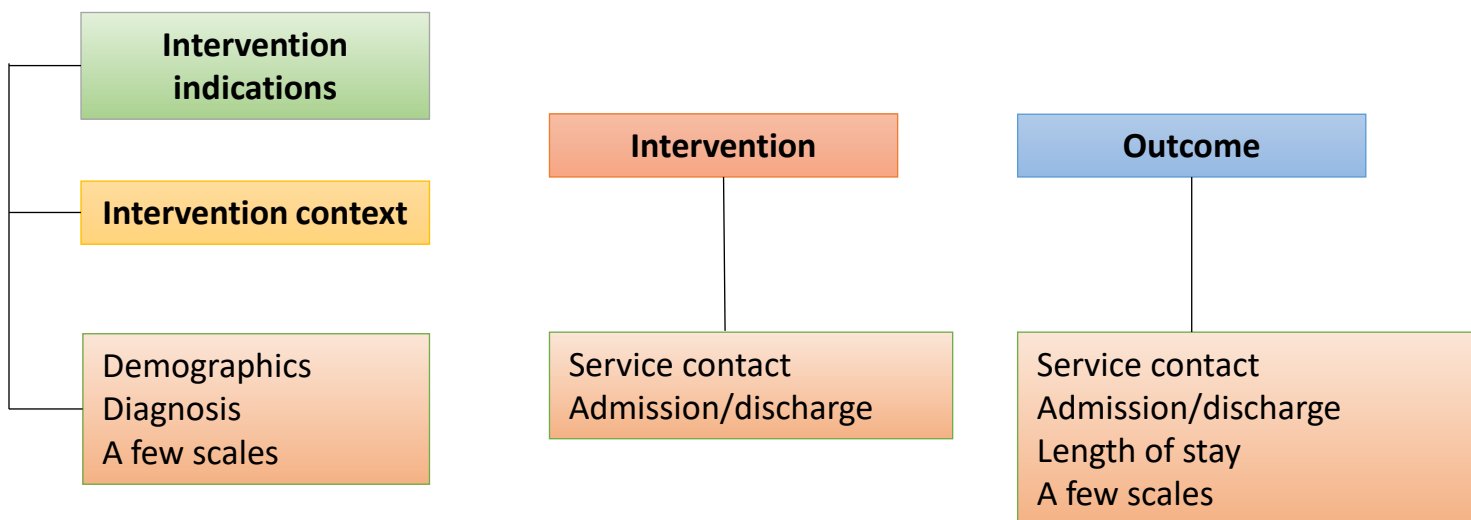
Health records data – development decision

Intervention indications

Intervention context

Intervention

Outcome

Demographics
Diagnosis
A few scales

Service contact
Admission/discharge

Service contact
Admission/discharge
Length of stay
A few scales

Imposed information gathering?

Extracted/facilitated information availability?
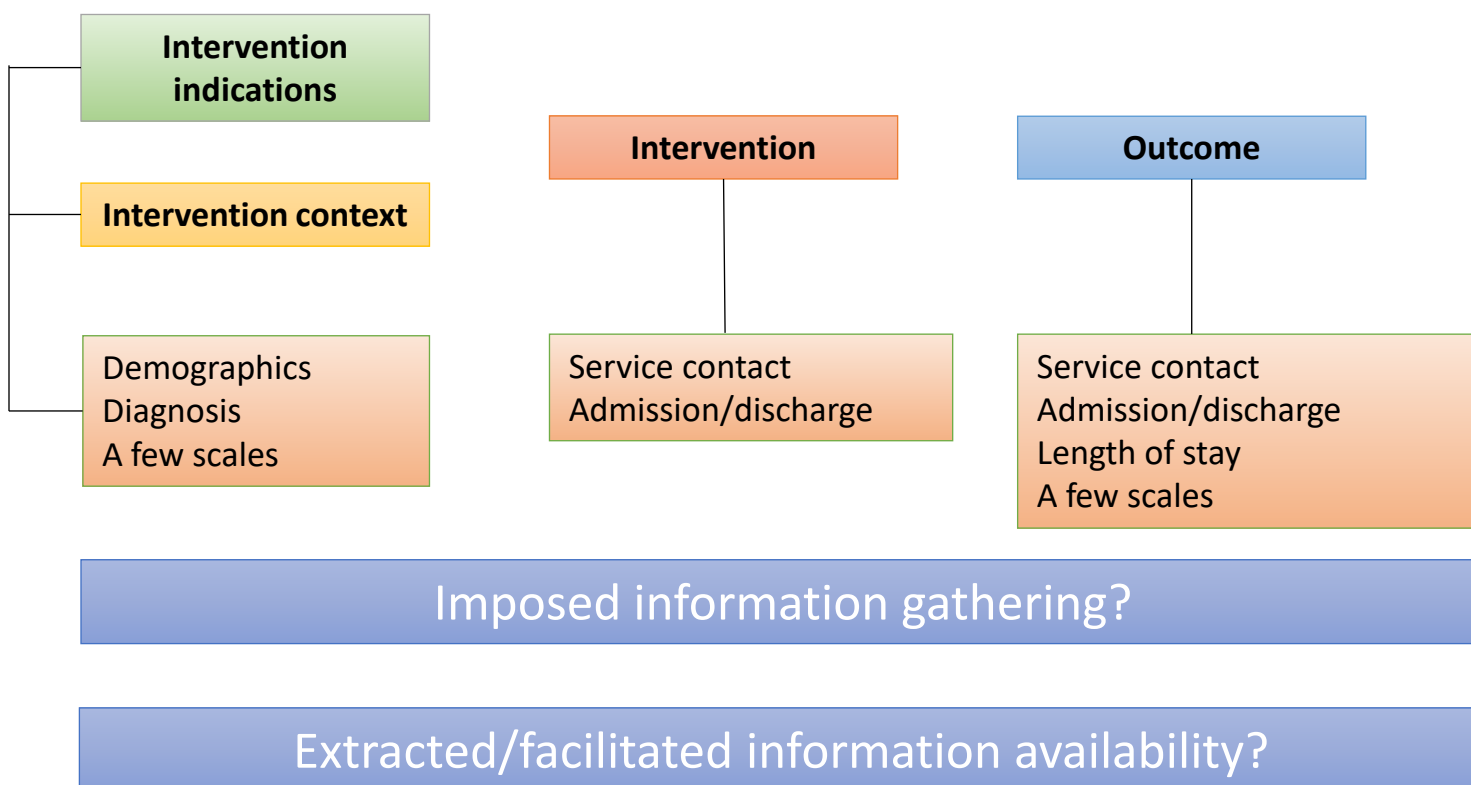
Data expansion 1 - linkages
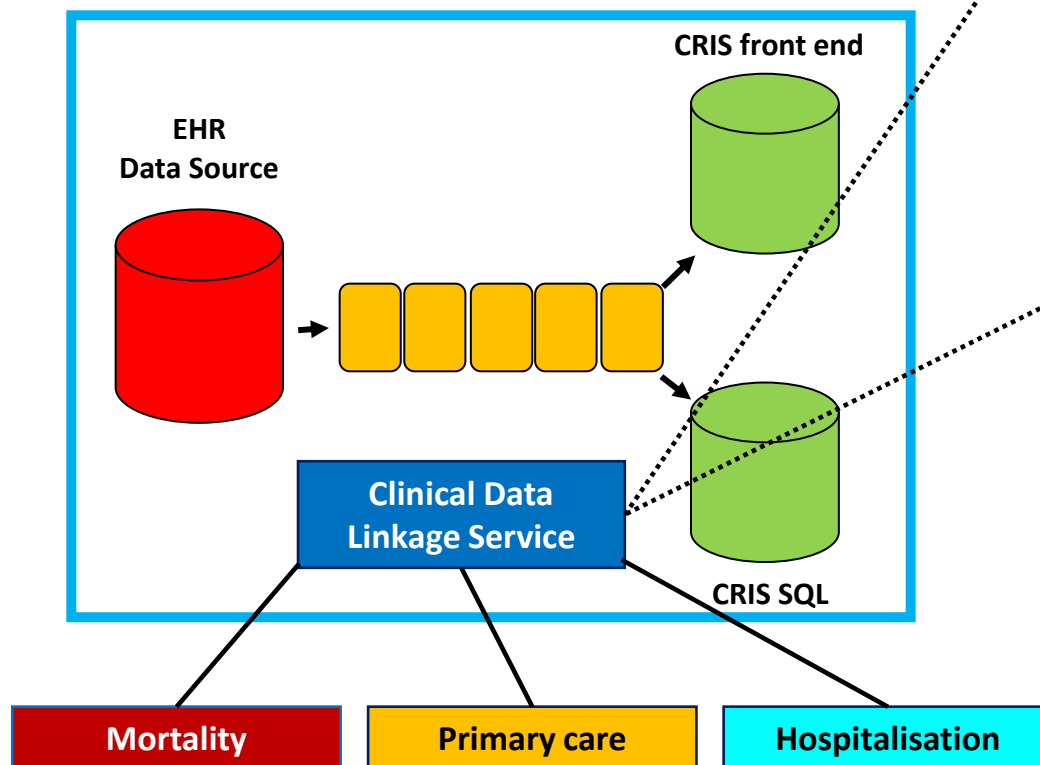
Internal linkages
Pharmacy data
Research databases (e.g. GAP)
Biobank and imaging data
Psychological therapies (IAPT)
Clozapine monitoring
eLIXIR (local hospital linkages)
  Neonatal and maternity
  … primary care, NPD, bioresource

External linkages
Cancer registration
National Pupil Database
'Me and My School'
National Cancer Registry (refresh)
… Benefits (DWP)
… Individual census records
Other medical specialisms (e.g. renal, hip fracture, dental)

'Context' / spatio-temporal
Local environment (SELCoH)
Social media (PHEME)
Geospatial data (pollution)
Temperature/weather

EHR
Data Source

CRIS front end

CRIS SQL

Clinical Data Linkage Service

Mortality

Primary care

Hospitalisation

Data expansion 2 – text mining (NLP)

CRIS with natural language processing

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Intervention indications	Intervention context	Intervention	Outcome

Symptoms

Psychosis
  Positive ☑
  Negative ☑
  Disorganisation ☑
  Manic ☑
  Catatonic ☑
  Cognitive ☑
Affective
  Depressive ☑
  Instability ☑
  Anxiety ☑
  Obsessive/compulsive ☑
Behaviour
  Agitation/withdrawal ☑
Other
  Insight ☑ Suicidality ✎

Context

Cognitive function ☑
Social care ☑
Living alone ☑
Diagnosis ☑
Occupation ☑ ✎
Education ☑ ✎
Physical disorders ☑
Investigations ☑ ✎
Violence/abuse ☑ ✎
Life stressors ✎
Substances
  Smoking ☑
  Alcohol ✎
  Cannabis ☑
  Mephedrone ☑
  Amphetamine ☑
  Cocaine ☑
  Others ✎

Interventions

Pharmacotherapy ☑
  Polypharmacy ☑
  Adherence/compliance ☑
  Non-response, resistance ☑
Psychotherapy
  CBT ☑ (receipt, offer, etc.)
  DBT ✎
  CAT ✎
  Family ☑

Outcomes

Adverse drug events
  Extrapyramidal ☑
  Other ☑ ✎
Symptom trajectories ☑ ✎
  Improvement
  Deterioration
General mental health ☑ ✎
  Improvement
  Deterioration

Under development for DLB ☑ ✎
- Visual hallucinations
- Recurrent falls
- Drowsiness
- Fluctuation
- Bad dreams / nightmares
- Parkinsonism

KING'S College LONDON *Founded* 1829 University of London

The University Of Sheffield.

UNIVERSITY OF CAMBRIDGE

Alzheimer's Society

☑ = complete
✎ = in progress

CRIS with natural language processing

Depressive

Anergia
Anhedonia
Apathy
Disturbed sleep
Diurnal variation of mood
Early morning wakening
Guilt
Helplessness
Hopelessness
Insomnia
Low energy
Poor appetite
Poor concentration
Poor motivation
Poverty of speech
Poverty of thought
Social withdrawal
Suicidal ideation
Tearfulness
Weight loss
Worthlessness

Positive schizophreniform

Aggression
Agitation
Arousal
Delusions
Hallucinations
 Any
 Auditory
 Olf./Gust./Tact.
Visual
Hostility
Irritability
Paranoia
Passivity delusion
Persecutory ideation
Thought broadcast
Thought insertion
Thought withdrawal

Negative schizophreniform

Anergia
Anhedonia
Apathy
Blunted affect
Concrete thinking
Emotional withdrawal
Low energy
'Negative symptoms'
Poor motivation
Poverty of speech
Poverty of thought
Social withdrawal

Manic

Disturbed sleep
Elation
Grandiosity
Insomnia
Irritability
Poor appetite
Poor concentration
Weight loss

Disorganisation

Circumstantiality
Derailment of speech
Flight of ideas
Formal thought disorder
Loss of coherence
Poor concentration
Tangentiality
Thought block

Other

Anxiety
Bad dreams
Cognitive impairment
Drowsiness
Fluctuation
Loneliness
Mood instability
Nightmares
Poor insight
Recurrent falls

CLINICAL RECORD INTERACTIVE SEARCH
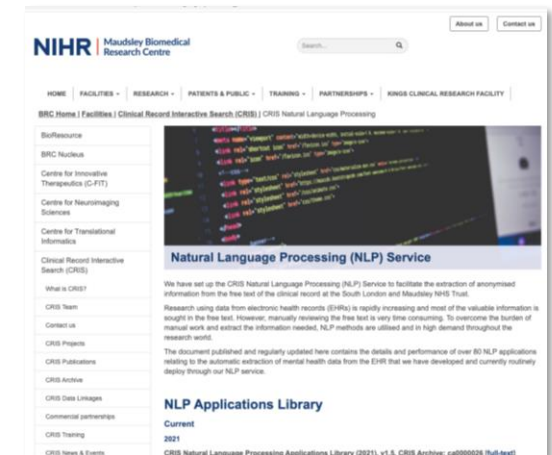
CRIS violence application: updated keywords

Violence types	Potentially related keywords
Emotional violence	emotional violenc, emotionally violen, emotional abus, emotionally abus, emotion abus, gaslight, coerciv, psychological violenc, psychological abus, financial abus, financially abus, emotional manipulat, emotionally manipulat, psychologically manipulat, psychological manipulat
Physical violence	abus, assault, attack, violenc, beat, chok, punch, push, fight, fought, rape, hit, hurt, strangl, slap, struck, threw, stalk, stalked, attack, injure, pull, throw, grab, neck, bleed, smash, bruise, mistreat, insult
Sexual violence	sexual abus, sexually abus, sexual violen, sexually assault, sexual assault, sexually manipulat, sex without permission
DV and IPV	domestic violenc, domestic abus, intimate partner, harmful relationship, painful relationship, violent relationship, violenc relationship, abusiv relationship

Reddit initial work: characterising violence descriptions during the COVID-19 pandemic

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1. Motivation

1. Domestic violence (DV) and intimate partner violence (IPV) increased significantly during the COVID-19 pandemic.

2. Quarantine

3. Overload of online and offline services

4. Social media's strength

5. **Research gaps:** limited research about the influence of COVID-19 on trends of various types of violence using social media data.

2. Research questions

1. What are the trends of various types of violence during different phases of the COVID-19 pandemic?

2. What about the trends of various types of violence that directly referred to the COVID-19?

3. Data

Data extraction from https://www.reddit.com/ (Jan, 2018 to Feb, 2022)

violence related subreddits

| domesticviolence: 111886 posts | emotionalabuse: 9996 posts | gaslighting: 1692 posts |
| raisedbynarcissists: 264982 posts | NarcissisticAbuse: 82801 posts | abuse: 12574 posts |

survivorsofabuse: 6907 posts

baseline subreddit

changemyview: 12689 posts

Summary data: 390838 posts

12689 posts

Drop "removed, deleted, NAN" data in "selftext"

340677 posts retained

11908 posts retained

Search keywords "COVID, pandemic, virus, qurantine, lockdown" in "selftext"

13812 posts retained

Reddit initial work: characterising violence descriptions during the COVID-19 pandemic

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4. Definitions

4.1 Violence types

$$DV = PV \cup SV \cup EV \mid \begin{cases} 1. \text{ family members.} \\ 2. \text{ cohabitation.} \end{cases}$$

$$IPV = PV \cup SV \cup EV \mid \begin{cases} 1. \text{ IP in family} \\ 2. \text{ IP in cohabitation} \\ 3. \text{ non cohabitation} \end{cases}$$

4.3 Increase rate

$$IR_{p_i} = \frac{AVP_{p_i} - AVP_{p_{i-1}}}{AVP_{p_{i-1}}}$$

4.2 COVID-19 pandemic phases

Daily added confirmed cases in the U.S.

Phase 4
Phase 3
Phase 2
Phase 1
June 4, 2021
February 26, 2020
Phase 0

June 17, 2020
Google trends of DV related search results
September 7, 2020

COVID-related DV — DV — Violence
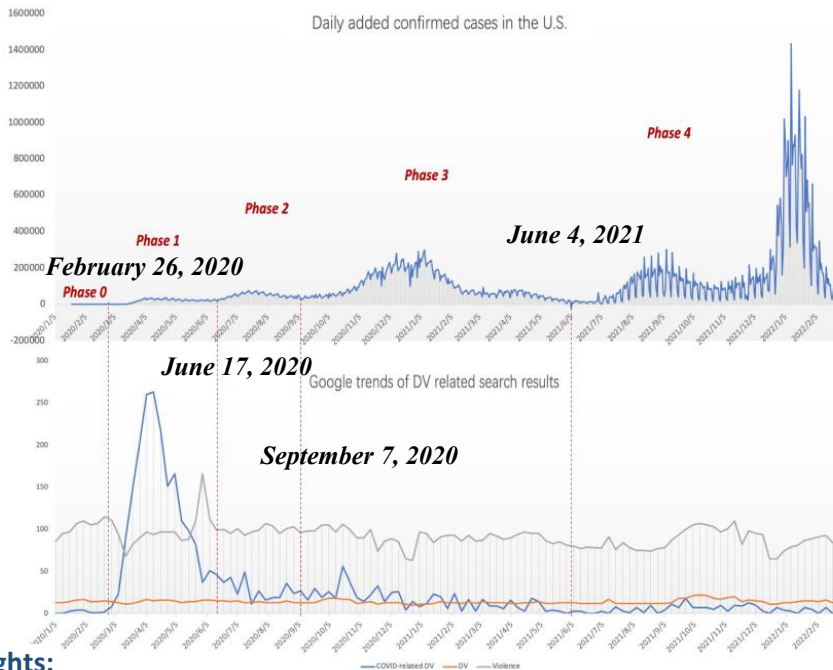
Insights:
1. Measuring the IR may be necessary
2. Provide timely and specific help to potential victims of various types of violence
3. The potential of using social media data to uncover the trends of violence

5. Results

Number of posts by date in six types of violence

IRp₁ for **IPV** is **58.8%**, 45.7% for PV IRs almost all **positive**
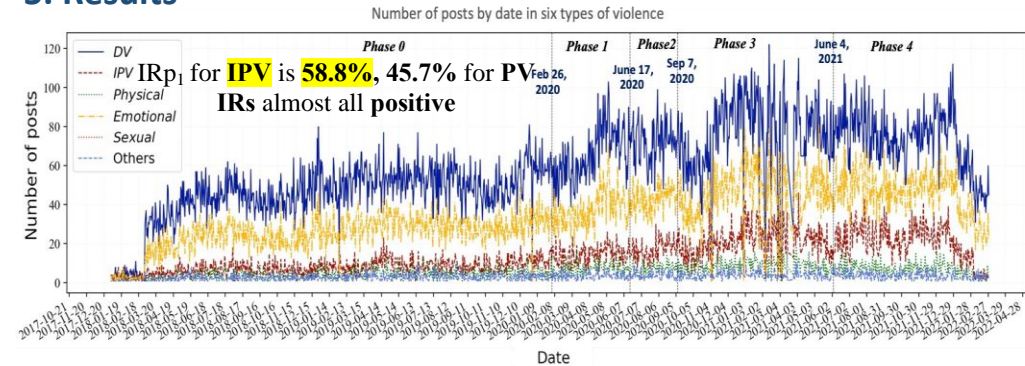
Table 1. **Increase rates** of various types of violence-related posts that **mention COVID-19**

IRs (number of posts)	IRp₂	IRp₃	IRp₄
	Phase 1 to Phase 2	Phase 2 to Phase 3	Phase 3 to Phase 4
DV	-6.4% (179)	-0.6% (177.9)	-35.5% (114.7)
IPV	-8.6% (30.3)	**36.8% (41.5)**	-39.8% (25)
Emotional violence	-4.3% (96.7)	**10.3% (106.6)**	-37.3% (66.9)
Physical violence	-6.1% (16.3)	13.3% (18.5)	-50.8% (9.1)
Sexual violence	-20.1% (7.7)	22.3% (9.4)	-15.9% (7.9)
Nonspecific violence and others	-16.7% (3.7)	33.0% (4.9)	-31.6% (3.3)

Next steps

- Extend violence detection on CRIS

  - Performance

  - Scope (e.g., including emotional violence)

  - Depth (e.g., temporality)

- Informative case studies

- Cross-VISION working, where indicated

Intimate partner violence and suicide prevention in the context of health services

Analyses of the Adult Psychiatric Morbidity Survey 2014

Sally McManus, Louis Appleby, Terry Brugha, Paul Bebbington, Elizabeth Cook, Estela Barbosa, Sylvia Walby,

Duleeka Knipe

Violence, Health & Society (VISION) consortium

Work-strand	Thread	Data source	Data partners
Health and health services	1.1 Injuries	Ambulance, A&E, police	Public Health Wales
	1.2 Mental health	Mental health surveys	NHS Digital, DHSC, Agenda, VAMHNW, Mind
	1.3 SMI	**Mental health patients**	**CRIS, SLAM**
Crime and justice services	2.1 Crime	Crime surveys	ONS, Home Office, MHCLG
	2.2 Homicide	Domestic homicide reviews	Home Office, DA Commissioner's Office
	2.3 Trajectories	Police	Constabularies, National Police Chiefs Council
	2.4 Tech-abuse	Solicitors	National Centre for Domestic Violence
Specialised services	3.1 DVA services	Multiple	Imkaan, Rape Crisis, Respect, Refuge, Safe Lives, Women's Aid
Inequalities and intersectionalities	4.1 Global	Multiple	ILO, WHO, UN
	4.2 Ethnicity	Multiple	Imkaan
	4.3 Socioeconomics	UKHLS	Agenda, Women's Budget Group
Integration	5.1 Combined	Reviews, meta-analyses	Bristol, LSHTM, City

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Real Time Suicide Surveillance System

- Kent and Medway's Real Time Suicide Surveillance System (RTSSS)

- Tim Woodhouse and Meghan Abbott

- Evidence of domestic violence emerges after suicide

- Why is IPV not prioritised in England's Prevention Strategy?

Lack of data on IPV, suicidality and self-harm

- Ethics committees, researchers, funders, archives

- Protection, or paternalism that excludes and silences?

- Balance and choice needed

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Intimate partner violence and abuse (IPV)

Links with mental health established, but little on self harm or suicidality

Intimate partner violence (IPV)

Links with mental health established, but little on **self harm or suicidality**

Severe CMD symptoms and self-harm in female 16 to 24-year-olds, England 2000-2014

Chart data:
- CIS-R 18+: 9.3 (2000), 12.0 (2007), 15.1 (2014)
- Self-harm ever: 6... (2000), 11.7 (2007), 19.7 (2014)

Legend: —— CIS-R 18+ —— Self-harm ever

Intimate partner violence (IPV) and abuse

Links with mental health established, but little on **self harm or suicidality**

Evidence limited to:

• Subgroups (women, young people, patients)

• Specific IPV types (sexual or physical, not emotional or economic)

Receiving threatening or obscene messages from a partner and mental health, self-harm and suicidality: results from the Adult Psychiatric Morbidity Survey

Sally McManus[1,2] · Paul E. Bebbington[3] · Leonie Tanczer[4] · Sara Scott[5] · Louise M. Howard[6]

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Intimate partner violence (IPV) and abuse

Links with mental health established, but little on **self harm or suicidality**

Evidence limited to:

- Subgroups (women, young people, patients)

- Specific IPV types (sexual or physical, not emotional or economic)

- Lacks adjustment for wider adversities (bereavement, homelessness, debt, job loss)

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Adult Psychiatric Morbidity Survey (APMS)

- Men and women, all ages
- Multiple types of IPV
- Wider context of people's lives
- …but cross-sectional

Methods

- **Funded DHSC**, commissioned by NHSD

- Multi-stage, probability sample survey of general population, 2014

- 7,000+ men and women aged 16+

- Interviewed in-home, face to face and self-complete

- Weighted regressions, accounting for complex survey design

- Adjustment for demographics, socioeconomics, wider adversities

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JOURNAL ARTICLE

Data Resource Profile: Adult Psychiatric Morbidity Survey (APMS) FREE

Sally McManus ✉, Paul E Bebbington, Rachel Jenkins, Zoe Morgan, Laura Brown, Dan Collinson, Traolach Brugha

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Intimate partner violence is common:
women twice as men to experience IPV ever

%

27.2

15.3

■ Women ■ Men

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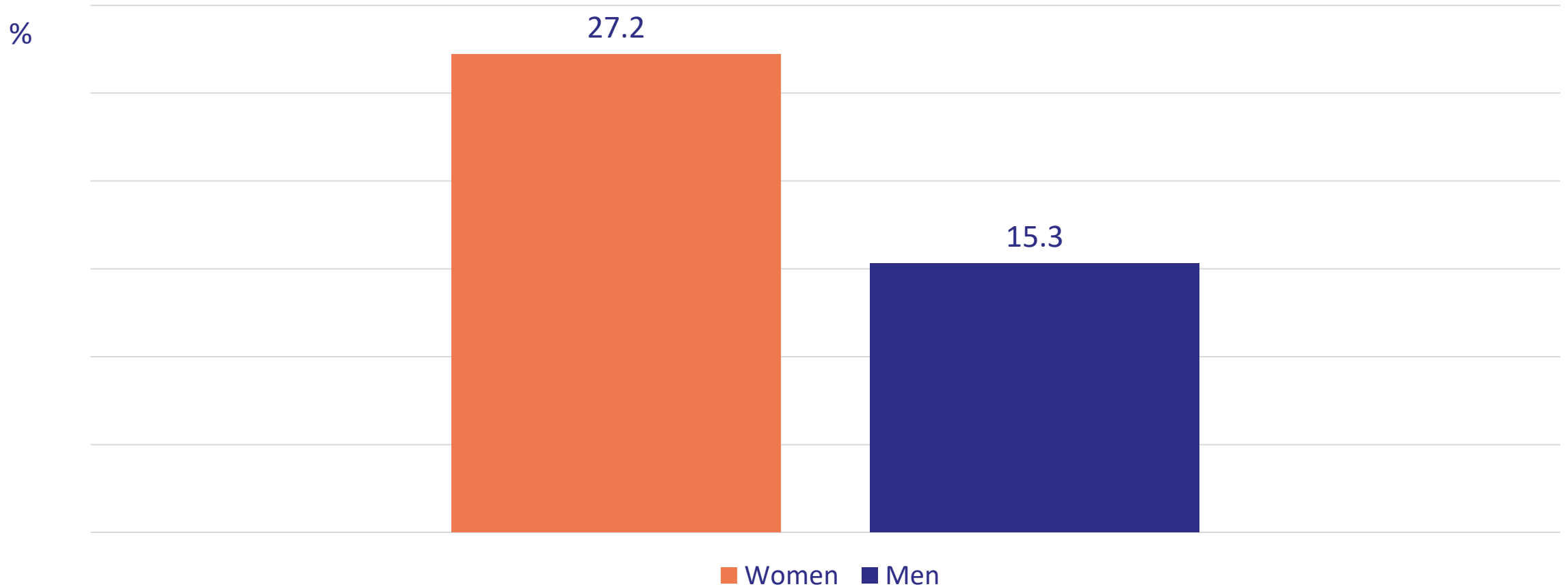
Gender gap evident for every IPV type
- and widest for sexual IPV

%

Bar chart comparing Women and Men percentages across IPV types:
- Emotional: Women 19.6, Men 8.6
- Physical: Women 18.7, Men 9.3
- Economic: Women 8.5, Men 3.6
- Sexual: Women 3.7, Men 0.3

■ Women ■ Men

VISION
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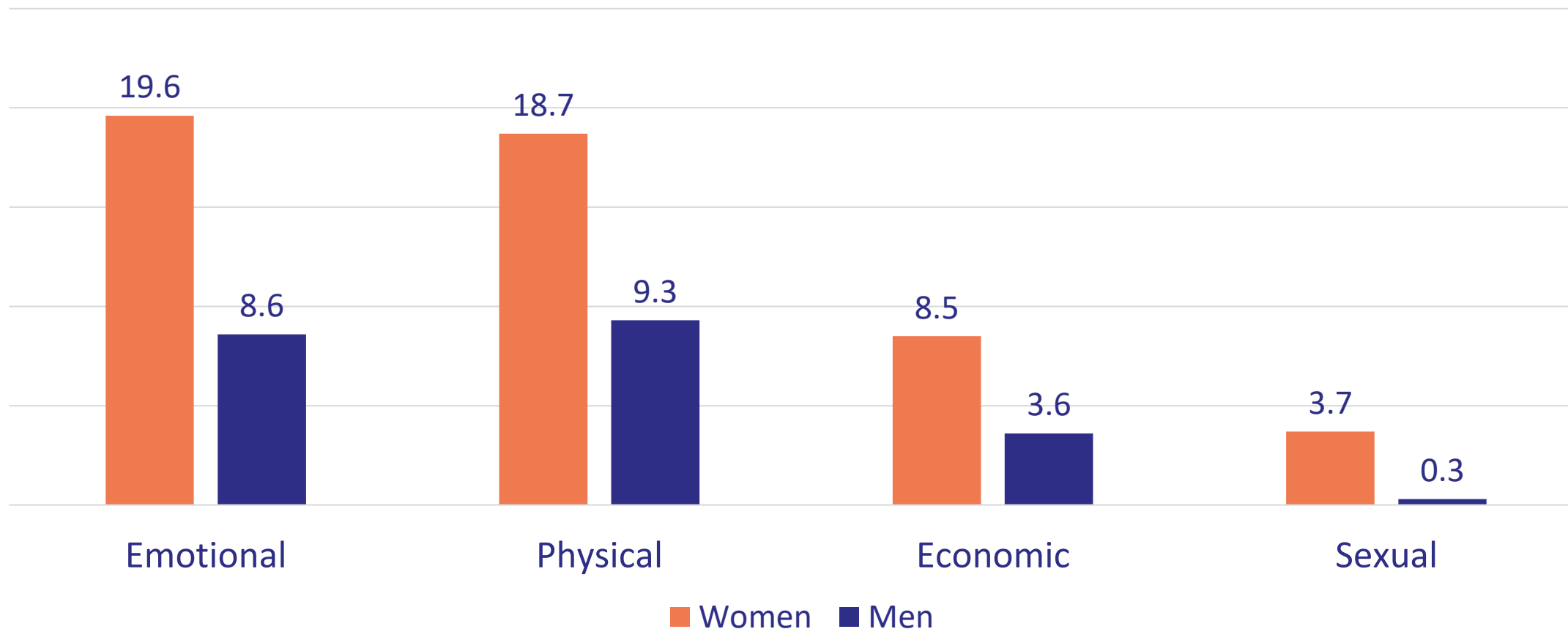
Women more likely than men to experience *multiple* (3+) types of IPV
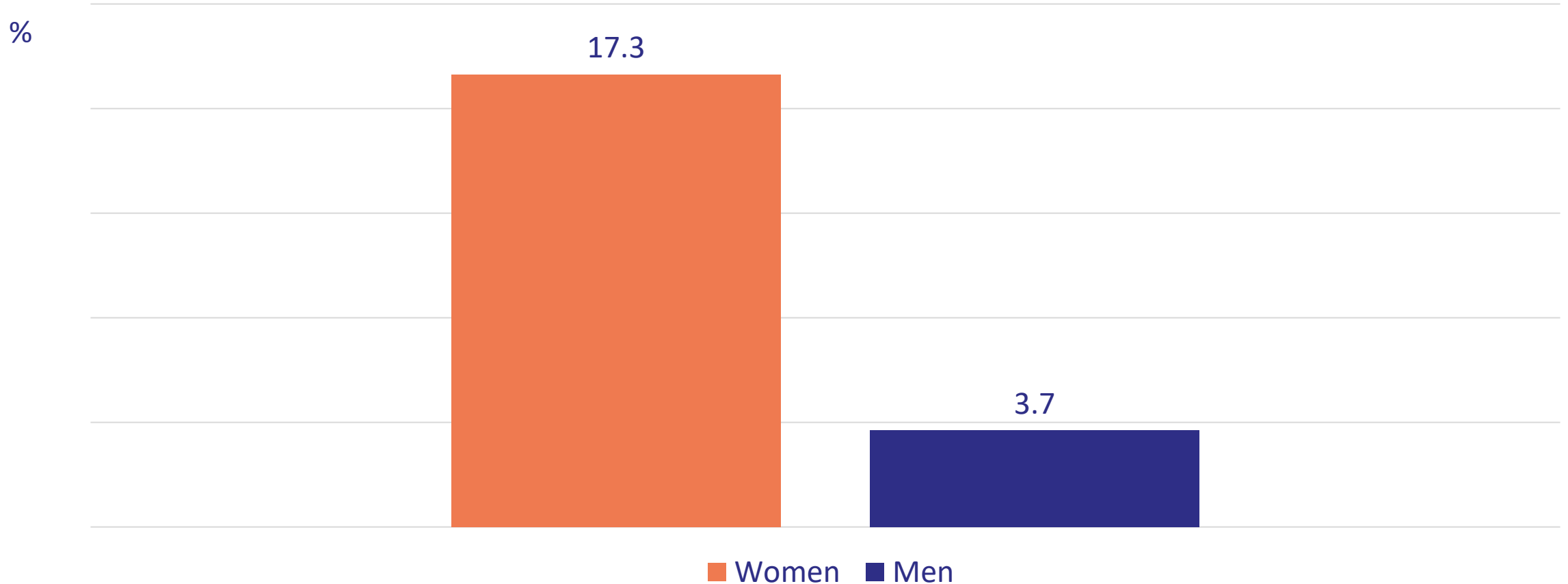
Overall, 1 in 25 experience IPV **in the past year**

%

Higher than official estimates – which are based on crime survey estimates

4.1

25

20

15

10

5

0

■ General population

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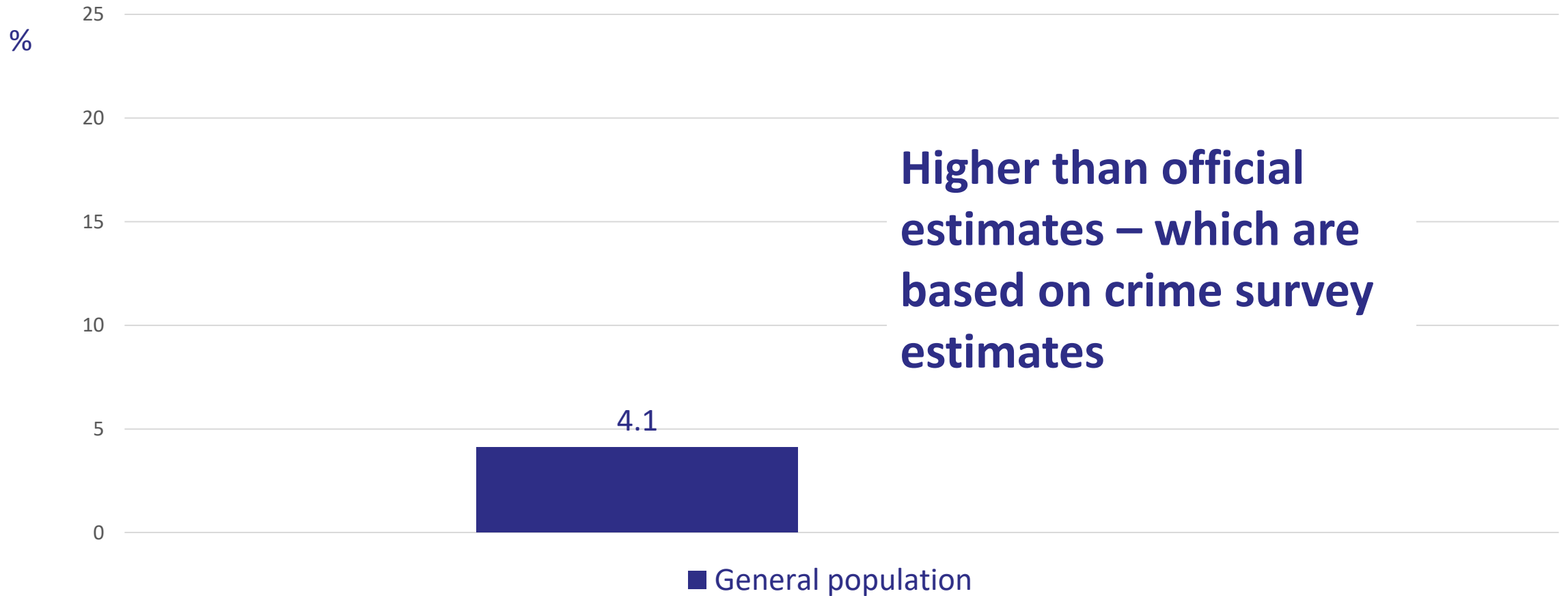
Past year IPV **5 times higher among people in suicidal distress**

23.1

4.1

■ General population ■ People who made a suicide attempt in past year

VISION
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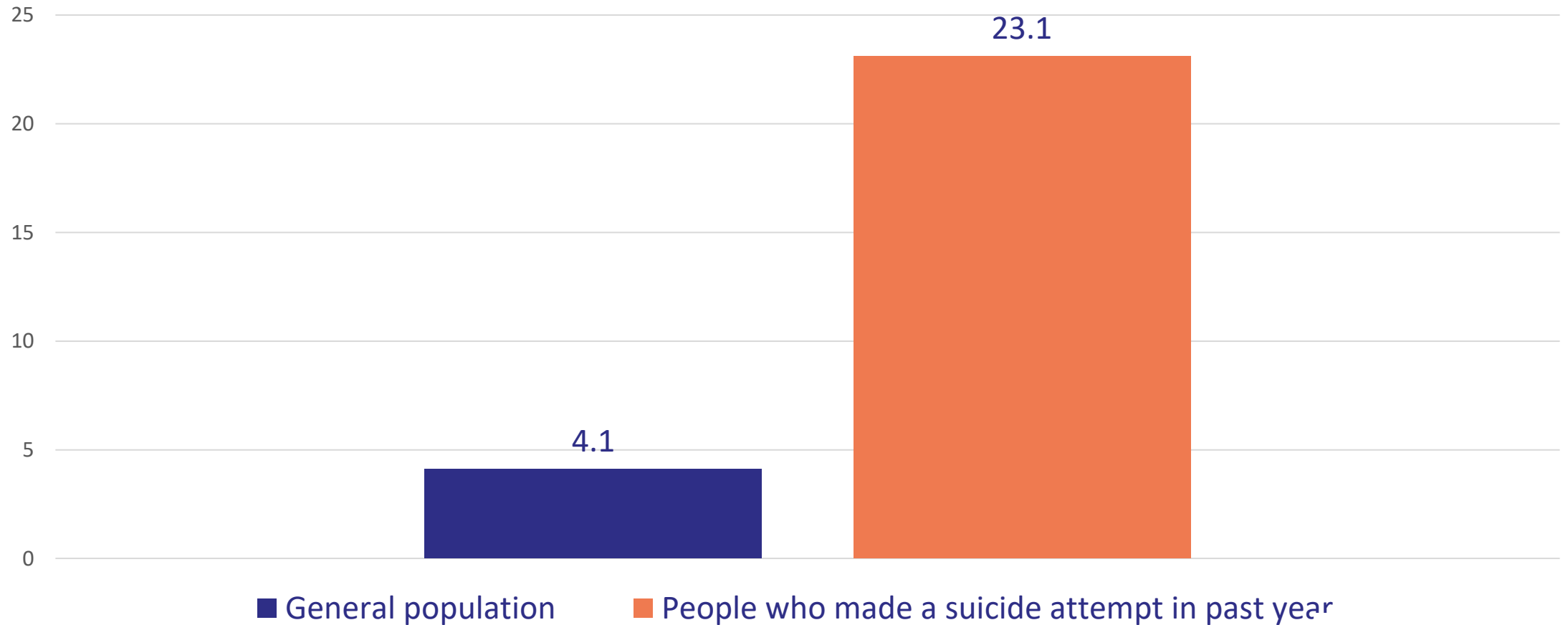
Associations with suicidality remain after adjustment

- Odds of past year suicidal thoughts, suicide attempts, and non-suicidal self-harm were higher in IPV victims, even with adjustment for wide range of other adversities

- This was true for both men and women experiencing IPV (no significant gender interactions)

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	Unadjusted OR	aOR for demographics*	aOR for demographics and socioeconomics†	aOR for demographics, socioeconomics, and adversities‡
Any IPV (ever)	3·98 (2·20–7·20)	4·03 (2·19–7·42)	3·58 (1·93–6·65)	2·82 (1·54–5·17)
Type of IPV (ever)				
All physical IPV	3·02 (1·64–5·54)	1·52 (0·65–3·57)	1·44 (0·59–3·49)	1·25 (0·55–2·84)
Physical with injury§	3·86 (2·11–7·07)	..	..	..
All sexual IPV	7·83 (3·04–20·18)	4·57 (1·14–18·37)	3·97 (0·91–17·30)	3·65 (0·85–15·70)
Rape	9·40 (3·28–26·96)	..	..	..
Emotional IPV	4·12 (2·26–7·51)	2·98 (1·38–6·46)	2·75 (1·24–6·11)	2·37 (1·09–5·14)
Economic IPV	2·36 (1·13–4·90)	0·91 (0·36–2·32)	0·73 (0·26–2·06)	0·68 (0·24–1·87)
IPV count (ever)				
One type	3·02 (1·33–6·84)	2·72 (1·17–6·28)	2·71 (1·18–6·26)	2·31 (1·02–5·25)
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Three types	5·73 (2·28–14·36)	8·23 (3·03–22·35)	6·64 (2·23–19·75)	4·71 (1·62–13·69)
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Table 4: Unadjusted and adjusted odds ratios for suicide attempt in the past year among people who had experienced each IPV indicator, compared with those who had not

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Predictors:
Physical IPV ever
Sexual IPV ever
Emotional IPV ever
Economic IPV ever

Outcome:
Suicide attempt past year

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Table 4: Unadjusted and adjusted odds ratios for suicide attempt in the past year among people who had experienced each IPV indicator, compared with those who had not

Predictor:
Count of IPV (ever) types

Outcome:
Suicide attempt past year

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Predictor:
IPV IN PAST YEAR

Outcome:
Suicide attempt past year

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Implications for health and other services

- Someone presenting in suicidal distress likely to be a victim of IPV

- Safe enquiry about IPV a priority for those who self-harm/at risk

- Professionals should be supported to act accordingly

- Violence reduction should feature in individual suicide safety plans

- And in the upcoming national suicide prevention strategy.

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What other evidence gaps hold back inclusion of IPV in strategies and guidance?

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Twitter: @McManusSally

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Walby S, Barbosa E, McManus S. (in press) Costing the long-term health harms of trafficking: why a gender-neutral approach discounts the future of women.

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Costing the long-term harms of IPV…

The estimated cost in 2019 of long-term reduced quality of life adults in England experienced because of violence during their adult years was £3,767 million, with associated healthcare costs of £4,130 million

- The economic practice of 'discounting'
- Should health service researchers revolt against this?!

Costing the long-term health harms of trafficking: Why a gender-neutral approach discounts the future of women

Sylvia Walby[1*], Estela Capelas Barbosa[1] and Sally McManus[1,2]

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thanks

Declaration of interests

Adult Psychiatric Morbidity Survey (APMS)

- Funding: DHSC; commissioned: NHSD

- Team: Terry Brugha, Sam Tromlins, Zoe Morgan (Leicester), Sally McManus (City), NatCen

- Academic network

Violence, Health, and Society (VISION) consortium

- Funding: UKRI/MRC/UK Prevention Research Partnership

- Team: City; Bristol; Warwick; Kings; Lancaster; Central Lancashire; UCL

COFFEE BREAK

Session 3:
Crime and justice services

Policing Domestic Abuse

Dr Ruth Weir, Violence and Society Centre, City University

@DrRuthWeir

20th September 2022

The process

- The who and significance of champions

- How contact made

- Dividing the work/accepting different styles

- The development of working relationships

- Learning from each other

- Focussing on a common goal.

The who and significance of champions

- Katy Barrow Grint

- Dr Jackie Sebire

- Professor Jackie Turton

- Dr Ruth Weir

Policing Domestic Abuse

The process

- The who and significance of champions

- How contact made

- Dividing the work/accepting different styles

- The development of working relationships

- Learning from each other

- Focussing on a common goal.

The outcomes

- Blends voices of academics and police practitioners

- Hold perpetrators accountable (understanding perpetrators)

- Support victims and potential victims (understanding victims - intersectionality)

- Working with other agencies – coordinated solutions

- Difficulties and dilemmas – realities of resources and resourcing

- Reflect on failure (case studies)

- DA in policing organisations

- The future

Routledge Advances in Police Practice and Knowledge

Policing Domestic Abuse
Risk, Policy, and Practice

Katy Barrow-Grint, Jacqueline Sebire,
Jackie Turton, and Ruth Weir

My Question

How can we make sure that VISION is an effective collaboration that enables us to do produce impactful research?

- What are the ethical and practical issues and how do we make sure they do not become barriers?

Aim of my presentation:

1. **Introduction to the topic**

   - Why tech abuse **matters** for this Consortium

2. **Outline of VISION workplan on tech abuse thread**

   - What we are **planning** to do

3. **Discussion about the definition of tech abuse**

   - How can we accurately **describe and capture** this phenomena

#1

Introduction to "Tech Abuse"
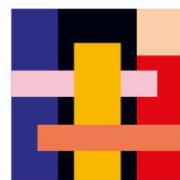
What is tech abuse?

*A really **big "bucket"***

Image-base Abuse

Text Messaging

Stalkerware

GPS Trackers

Impersonation

Unauthorised Access

"the utilization of devices, accounts, software and other technologies to abuse within IPV relationships" (Harris, 2020)

Definition of Tech Abuse

By Refuge

Our definition is the **misuse of technology** to **harass, stalk, monitor and abuse** and this usually falls under the categories of abuse

- **Physical** - **removal and destruction** of technology, **harassing calls and messages**, **stalking** via tracking devices and stalkerware, any monitoring via the use of tech, misusing Find My iPhone features and Google Maps, misuse of personal tracking devices i.e., Strava, Apple Watch, Fit Bit.

- **Emotional/psychological** - misuse of home devices, online impersonation, **doxing**, **constant calls**, and texts, stalking across multiple online platforms.

- **Financial** - **hacked online accounts**, hacked online **financial accounts**, fraud and **coerced debts** taken out online.

- **Sexual** - sharing of **intimate images** online and threatening to share online, **online grooming**, recording with consent, **deepfakes**, sharing images and personal information (doxing) on dating sites & social media.

Definition of Tech Abuse

By *Refuge*

The above is **not an exhaustive list**, we also collect data on:

- **Hacked devices** i.e., laptops, computers, phones.

- **Children's compromised devices** i.e., hacked laptop, tablet, kindle etc..

- **Gaming devices** if an abuser is contacting a child online, impersonating them or hacking into their account to view transactions, bank details and address.

- **Location concerns** i.e., using shopping accounts that can reveal location, hacked email accounts, hacked online accounts for instance Netflix.

- We also collect data on **which online account** is compromised this relates to social media i.e., Facebook, Instagram, LinkedIn, WhatsApp.

Communality

*These are **some elements** that are common:*

1. **Misuse/repurposing** of tech

2. **"Conventional" technologies** still dominant

3. **"Active" commitment** from perpetrator

4. Perpetrator is an **"UI-bound adversary"**

- **Voice control**
- **Audio recording**
- **Video recording**
- **Data collection**
- **Shared accounts**
- **Location tracking**
- **Remote control**
- **Social media**
- **Machine learning**

Why does this topic matters for this Consortium

*Tech is **permeating every aspect** of our life.*

Refuge:	**Women's Aid:**	**Stalking Helpline:**
72%	**85%**	**100%**

*… and **most worryingly**, technology is…*

- Often **disguised**

- Enhancing **the functionalities**

- Expanding and exacerbating **the reach of perpetrators**

#2

Workplan "Tech Abuse"
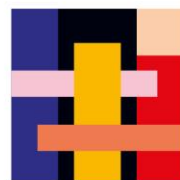
Research Questions

*We aim to integrate **four sources of administrative and survey data** from both statutory and voluntary sector resources to answer the following research questions:*

1. What is the **extent** of technology-facilitated abuse evident in UK datasets?

   - *Detect, code, and quantify an incident or a pattern of incidents in which technology is used with the intention to monitor, control, coerce, threaten, degrade, and harm in an IPV context.*

2. What is the **nature** of technology-facilitated abuse apparent in UK datasets?

   - *Extract descriptive information about the tech abuse as well as associated information about the perpetrator, victim, and surrounding events such as demographic and socio-economic data.*

3. What is the **relationship** and/or **potential overlap** of technology-facilitated abuse with other established concepts and measurements already existent in the field (i.e., violence, coercion, crime)?

   - *Contextualise tech abuse next to physical and non-physical forms of violence and coercion.*

Research Aims

*The thread will **contribute and help to***:

1. Advance the **definition, terminology, collection, and measurement** of tech abuse in surveys and administrative data sets;

2. Understand the **scale and nature of diverse forms and manifestations** of tech abuse and clearly delineate it from other forms of power and harm;

3. Study the **relationship of tech abuse with other forms of violence** and non-physical forms of coercion;

4. Establish **initial predictors** (e.g., background of perpetrator) that can signify routes towards tech abuse;

5. Establish foundations to conduct **systematic/longitudinal analyses** of tech abuse which can lead to the development of a theory of change;

Data Sources

*We will draw on **four datasets** for this thread:*

1. **Refuge**
2. **National Centre for Domestic Violence (NCDV)**
3. **Crime Survey England & Wales (CSEW)**
4. **VISION's Integrated Dataset**

Data Analysis

***Qualitative and quantitative** investigations:*

1. **Descriptive Analyses**
2. **Natural Language Processing/Machine Learning**
3. **Free Text/Qualitative Data Analysis**

Research Team

*One **PDRA**, and two **PhD** students involved:*

TBD

Lilly Neubauer
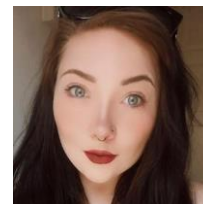
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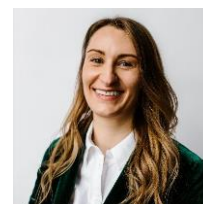
Leonie Tanczer

Research Outcomes

*We hope for this thread to have **implications for policy and practice** by helping to:*

1. Identify potential **changes to document, monitor, count, and record** tech abuse (e.g., Home Office counting rules);

2. Improve the **screening processes, risk assessments, and safety/safeguarding** practices of support services;

3. Conceptualise where tech abuse **crosses criminal thresholds** and consequently would fall within UK's existing criminal law;

4. Guide and **advise policymakers and practitioners** on possible actions as new tech abuse offenses begin to occur;

#3

Discussion: Definition of Tech Abuse
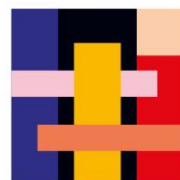
Definition of Tech Abuse

By UCL Research Team

- This is a **work in progress** definition

- We **need to be as detailed** in order to create items to be categorised and consequently measured in the datasets that we examine

- There are **some challenges** that we face with these categories

1. *We consider the **removal** of devices as tech abuse*

2. *We consider the **withholding** of devices as tech abuse*

3. *We consider the **deliberate destruction** of devices as tech abuse*

4. *We consider the **unwanted AND repeated** (which can be but doesn't have to be threatening) calling/contacting (e.g., via email) tech abuse*

5. *We consider the **secret recording** of a person without their consent as tech abuse*

6. *We consider the **surveillance/monitoring of someone** whilst using digital devices as tech abuse*

7. *We consider the **sharing and threatening of sharing** of images/videos without consent as tech abuse*

Questions for Discussion:

- **What is tech abuse for you?**

  - What "**threshold**" does it need to fulfil to count for tech abuse?

    - *Should we be considering the **removal or destruction** of a device as tech abuse?*

  - How "**technical**" does it have to be?

    - *Should we be considering **threatening calls** as tech abuse? Also, via a **landline**?*

  - Does tech abuse have to be **directed at the person**?

    - *Should we be considering threats expressed via e.g., **text to others** as tech abuse?*

Questions for Discussion:

- **What items in your datasets *explicitly* or *indirectly* capture details on tech abuse?**

  - How can we **identify and measure** tech abuse consistently in the existing datasets?

    - *Should we look solely for **instances** where "technologies" are mentioned?*

  - What should the **integrated dataset** look like to be useful to stakeholders?

    - *What information on tech abuse would you like to **see featured**?*

  - Are you planning to **integrate questions** on tech abuse in your datasets in the future?

    - *Could we be **involved** in developing those items?*

Thank you.

Leonie Tanczer, University College London

20 September 2020

If you want to keep up-to-date on this project & topic, sign up to our monthly newsletter!

Session 4:

Third sector and specialised DV services

Cost of Sexual Violence

Analysis using administrative data from Rape Crisis Services

Estela Capelas Barbosa, City University

20th September 2022

Background

Sexual violence and abuse is a **crime** that has devastating consequences on a victim's life, particularly due to their **impact on mental health**.

Few studies have estimated the **cost of sexual violence and abuse** and even fewer took a **lifetime** approach.

The aim of this study was to estimate the **lifetime cost of sexual violence and abuse in Essex**, UK and hopefully develop a **methodology**, using **administrative records of routinely collected data**, that later can be applied to the UK more widely.

Methods

There are three main methodological components to this study:

1) A **rapid review using a systematic approach** was conducted to identify relevant **unit costs** that may be attributable to child and adult sexual violence and abuse.

2) Administrative data was analysed and **regression predictions (mean marginal effects – MME)** based on **multiple imputation** was used to infer **adjusted relative proportions** attributable to each victim of sexual violence and abuse.

3) Administrative data was also used to infer the **duration of harm** where relevant.

Finally, an estimate of the **cost of sexual violence and abuse** was calculated by cost component, differentiating between **child** sexual violence and **adult** sexual violence.

Data

- In total, there were **12,369** cases individually recorded into their case management system from **1 April 2016 and 31 March 2020.** This includes data from 3 Rape Crisis centres in Essex.

- The majority of service users were women (**85%**) and adults (**86.3%**), although about 1/3 (**32.2%**) had experience *child sexual abuse*.

- **47.1%** classed as low income (although there was a lot of variation between centres).

- Over ¾ (**75.7%)** report a mental health condition.

- 6,584 cases (**53.2%**) reported to the police, but only 575 (**4.6%**) proceeding to court.

Data sets

Characteristics	CARA	SOSRC	SERICC	Total
Main abuse case dataset				
Number of referrals	5,992	2,081	4,296	12,369
Repeated cases	1,582	583	940	3,105
Mean age (SD)	32.1 (14.1)	31.9 (14.3)	32.3 (14.1)	32.1 (14.1)
Female (%)	88.0%	69.6%	88.4%	85.0%
Children (%)	13.0%	12.5%	15.1%	13.7%
Socio-economic status: low (%)	48.9%	21.9%	56.7%	47.1%
Type of Abuse: Child Sexual Abuse (%)	36.1%	19.4%	33.1%	32.2%
Type of Abuse: Rape (%)	40.3%	41.8%	44.8%	42.1%
Type of Abuse: Sexual violence or exploitation (%)	16.1%	10.8%	12.8%	14.1%
Type of Abuse: other (%)	7.5%	28.0%	9.3%	11.6%
Mental health condition (%)	75.6%	61.1%	82.7%	75.7%
Number of support services offered	14.75	7.89	10.91	11.41
Mean number of sessions (SD)	7.0 (11.0)	9.0 (14.7)	11.2 (25.2)	8.8 (21.1)

Findings

Rapid review – Unit costs

The **18 publications** included were reviewed considering their quality and contribution, and the results were systematised based on the following attributes:

(1) Focus on child / adult / both;
(2) single incident / repetition; (3) health consequence considered;
(4) study design;

Cost component	£ (2019-20)	Source
Cost to Education	£30 per victim	Department for Education, 2018
Cost to Health		
Physical Health	£910 per year	Home Office, 2021
Mental Health	£4,822 per year	Quinn et al., 2020
Cost to Social Care**	£17,800 per victim	Home Office, 2021
Cost to the Justice System		
Criminal Justice	£ 15,956 – Child £12,563 – Adult per victim	Ministry of Justice, 2019
Civil Justice	£11,775	Home Office, 2014
Police	£5,886	Heeks et al., 2018
Incarceration	£44,640	Clark, 2021
Cost to specialist services	£22,678	VCSE Pathway Costings (Ministry of Justice), 2019
VOLY (to calculate QALY loss)	£22,678	HM Treasury's 'The Green Book', 2018
Productivity Loss	£65,700	Office for National Statistics, 2019

Findings

Dealing with missing data

- We explored the **patterns of missingness** in the data and assumed data were not **missing completely at random (MNAR).**

- A **low level of missingness** was observed in all relevant fields, with most data missing relating to the outcome of the **police investigation (8% of missingness**) and outcome of **court proceedings (13% of missingness)**.

- We used **multiple imputation by chained equations**, with 50 sets and **predictive mean matching**.

- **Missing outcome variables** imputed include use of **educational services**, **health and social care services**, **reporting to the police**, **court proceedings** and **harm to physical and mental health**.

Findings

Calculating lifetime cost

Where there is a duration longer than a year, the relevant lifetime cost is calculated as follows:

> **Lifetime cost component = REL PROB * UNIT COST * DURATION**

Where duration is not applicable, the formula is:

> **Lifetime cost component = REL PROB * UNIT COST**

Lifetime cost of child sexual abuse

Cost of Child Sexual Abuse per victim	Relative probability (adjusted)	Unit cost	Duration (in years)	Total cost
Cost to Education	0.02	£ 30	-	£ 0.60
Cost to Health and Social Care				£ 28,031.70
Physical Health	1.25	£ 910	-	£ 910.22
Mental Health	1.25	£ 4,822	4.5	£ 27,121.48
Cost to Social Care	*	£ 17,800	-	£ 17,800.00
Cost to the Justice System				£ 56,740.76
Police	0.53	£ 15,956	-	£ 8,456.71
Criminal Justice	*	£ 11,775	-	£ 11,775.00
Civil Justice	*	£ 5,886	-	£ 5,886.02
Incarceration	0.07	£ 44,640	9.8	£ 30,623.04
Cost to Specialist Service	1.25	£ 22,678	1.14	£ 32,316.27
QALY loss	0.336§	£ 65,700	14.75	£ 325,609.20
Productivity Loss	0.012	£ 24,937	37.4	£ 11,550.00
Grand Total				**£ 472,048.53**

- Duration not applicable or not longer than 1 year. * Unit cost measured in per victim terms

Lifetime cost of adult sexual abuse

Cost of Adult Sexual Abuse per victim	Relative proportion (adjusted)	Unit cost	Duration (in years)	Total cost
Cost to Health and Social Care				£ 18,991.20
Physical Health	1.25	£ 910	-	£ 910.22
Mental Health	1.25	£ 4,822	3	£ 18,080.99
Cost to the Justice System				£ 42,466.15
Police	0.61	£ 12,563	-	£ 7,663.38
Criminal Justice	*	£ 11,775	-	£ 11,775.00
Civil Justice	*	£ 5,886	-	£ 5,886.02
Incarceration	0.06	£ 44,640	6.4	£ 17,141.76
Cost to Specialist Service	1.25	£ 22,678	1.15	£ 32,599.74
QALY loss	0.336	£ 65,700	6.6	£ 145,696.32
Productivity Loss	0.02	£ 24,937	17.4	£ 8,678.08
Grand Total				**£ 248,431.50**

Discussion

How to improve measurement?

- The **adjusted probability of police involvement** was 0.61 for cases of adult sexual abuse and 0.53 for cases of child sexual abuse (CSA). The **lower probability for CSA** is likely a result of the **long lag** between the incident(s) and **reporting to the police in cases of CSA**.

- The **relative probability of QALY loss** was estimated based on the **disability weights for sexual violence** estimated by **Global Burden of Disease Collaborative Network, 2018**, and for **productivity loss**, relative proportion is the **relative risk of unemployment**, the unit cost is the ONS average salary in the UK and 37.4 years is the average work life.

- **Data from Rape Crisis** was used to estimate **duration of harms** (relevant to the calculation of QALY loss), **use of mental health services, use of specialist services, duration of incarceration**.

Acknowledgements and thanks!

*This research was done in partnership with Rape Crisis and **Rebekah Brant** and **Amelia Handy***

have been involved with design and data extraction for this project.

Securitization

Weaponizing Data Against Migrants

Qualitative Analysis

1. Structure database

2. Targeted search

3. Reports 2017 – 2022

n = 26

Category	Number of organisations
NAACOM organisations	137
Other migrant-focused organisations	40
Academic centres and projects	5
Other	11
Total	193

1. Insecure migration status deters people from accessing needed medical treatment and other services relevant to public health (social services, policing).

2. The mechanisms that deter migrants from seeking healthcare are overwhelmingly criticised by practitioners as compromising public health objectives.

3. The mechanisms that deter migrants from seeking healthcare are present in the UK Hostile Environment, the excessive policing of migrants (including racial and ethnic profiling), and surveillance practices.

4. The mechanisms that deter migrants from seeking support services sustain an increased risk of violence to people (particularly women and girls) in insecure migration status.

Prospective Qualitative Analysis

Step-Up Migrant Women Campaign

UK SEREDA Project

Joint Council for the Welfare of Immigrants

Equality and Human Rights Commission

British Medical Association

Public Health Wales (Review)

Culture of suspicion / disbelief

Dehumanization

Bureaucratic

Financial

Gender-based

Weaponizing Data Against Migrants
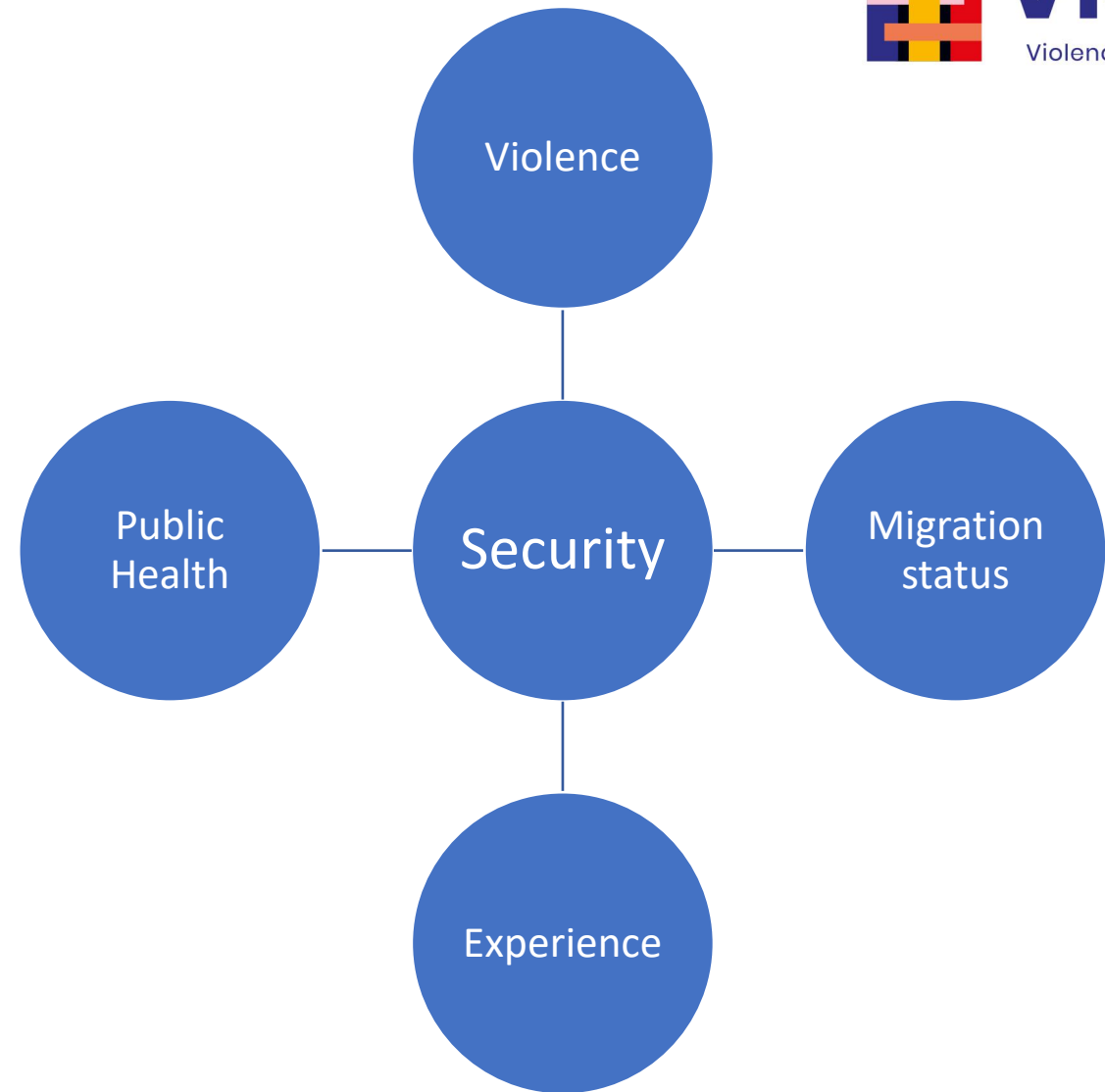
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LUNCH

Session 5:
Global comparisons, migration and evidence integration

Violence at the Intersection of Gender, Ethnicity and Migrant Status

Hannah Manzur, City University of London

20/09/2022

Measuring Violence using the Crime Survey for England and Wales (CSEW)

- Annual Household Victimisation Survey (1982 – Present)

- Nationally representative

- Face-to-face interviews and self-completion (CASI) modules

Bordering gendered violence

Why intersectionality matters for understanding violence trends

- Intersecting Inequalities: Gender and Migrant Status

- Context: Austerity and the Hostile Environment

Hostile Environment

Austerity

2006   2008   2010   2012   2014   2016   2018   2020

Violence at the Intersection of Gender, Ethnicity, and Migrant-status
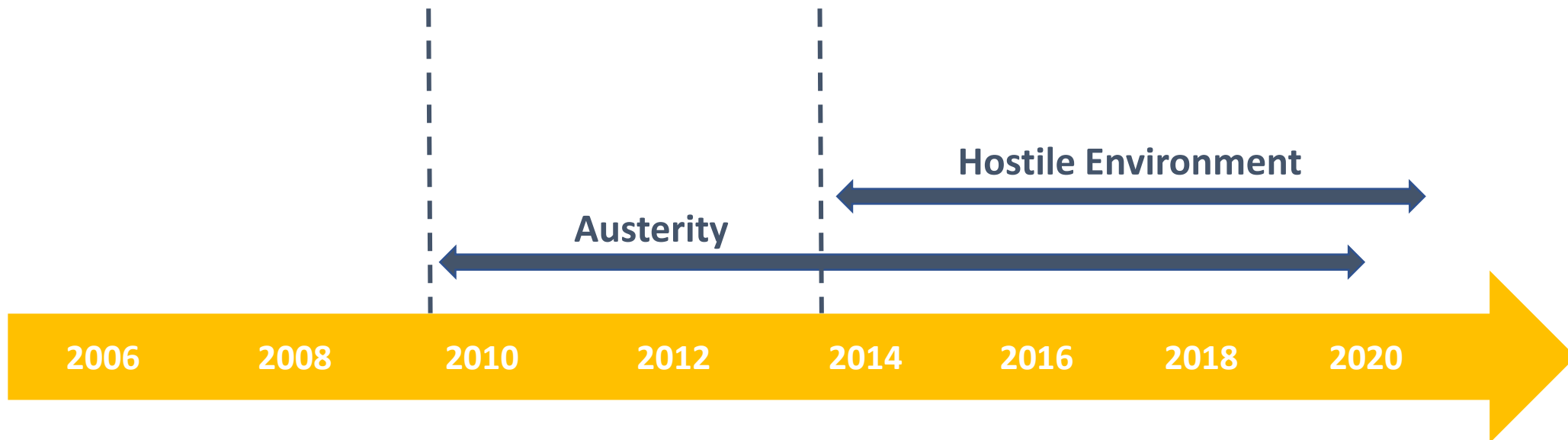
Bordering Gendered Violence

Violence prevalence (2006-2019)

- Total survey population

- Long-term decline since 1995

- Violence stopped declining

   from 2014

Annual violence prevalence (total sample population), 2006-2019
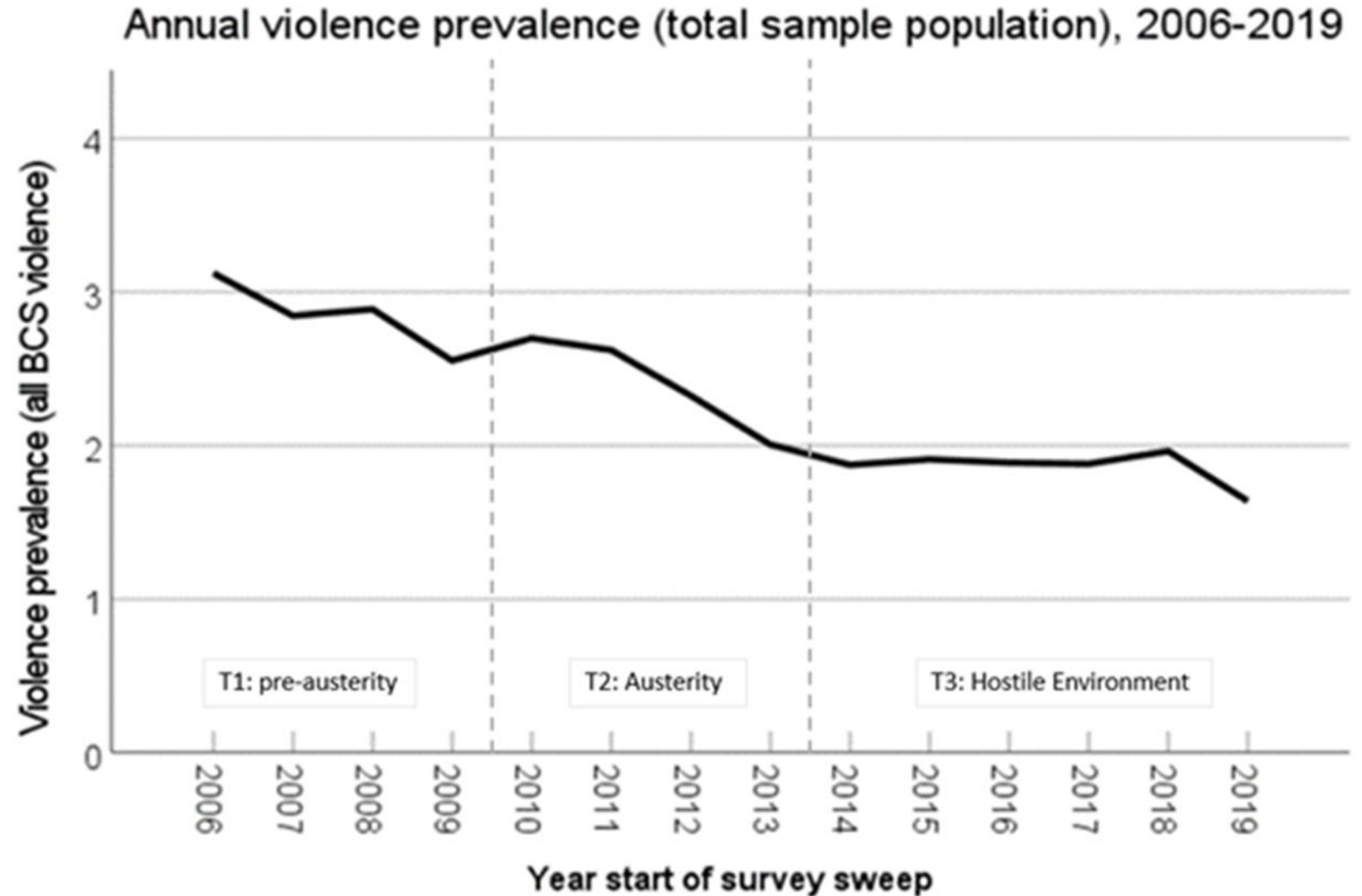
Bordering Gendered Violence

Violence prevalence trends for women and men (2006-2019)

- Increased violence against women during early Austerity

- Violence declining faster for men

- Gendered trends in violence

Annual Violence Prevalence by gender, 2006-2019
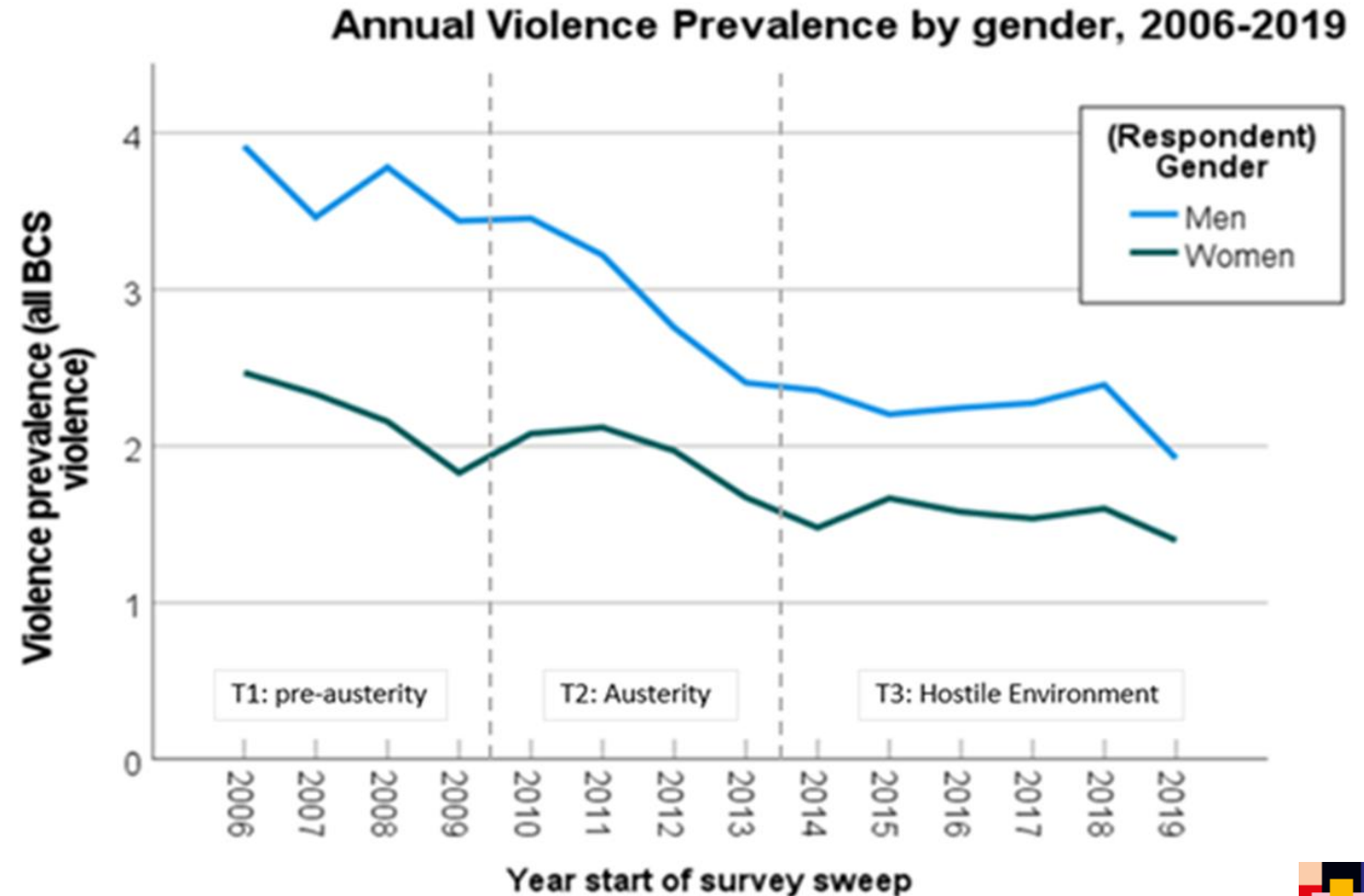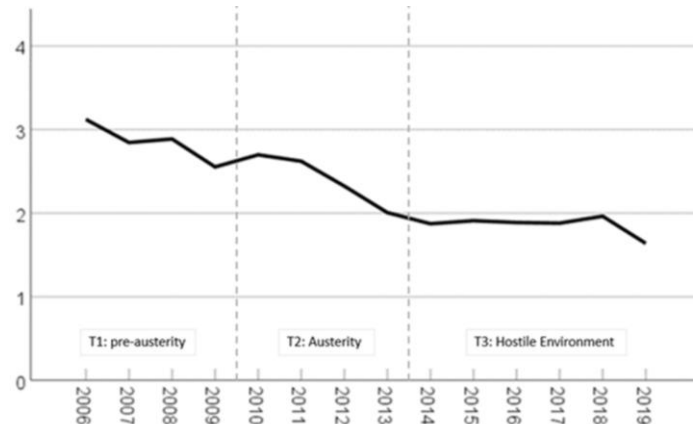
Bordering Gendered Violence

Violence prevalence trends for UK-born and migrant respondents (2006-2019)

- Violence trends broadly similar

  for migrants and UK-born respondents
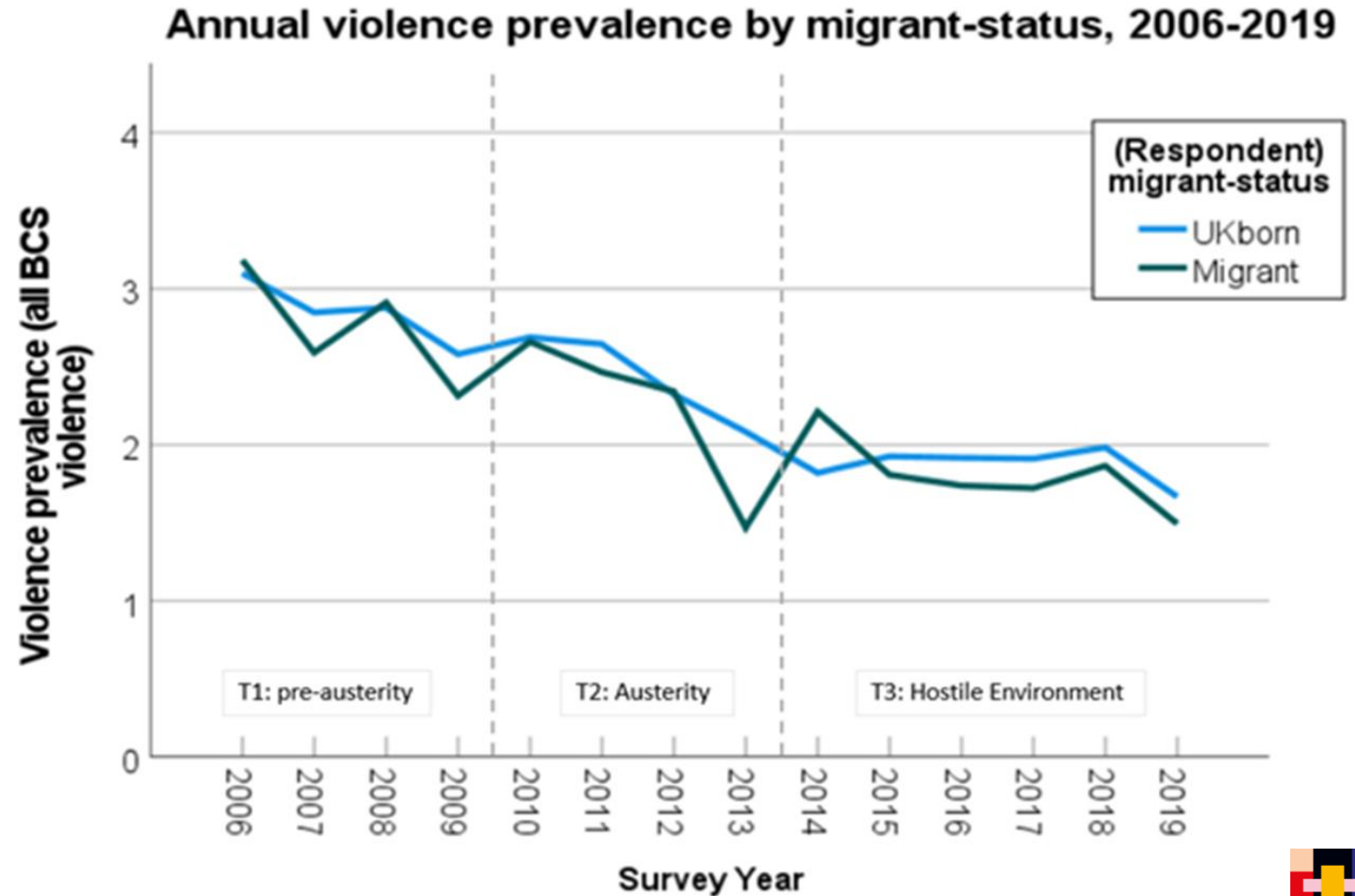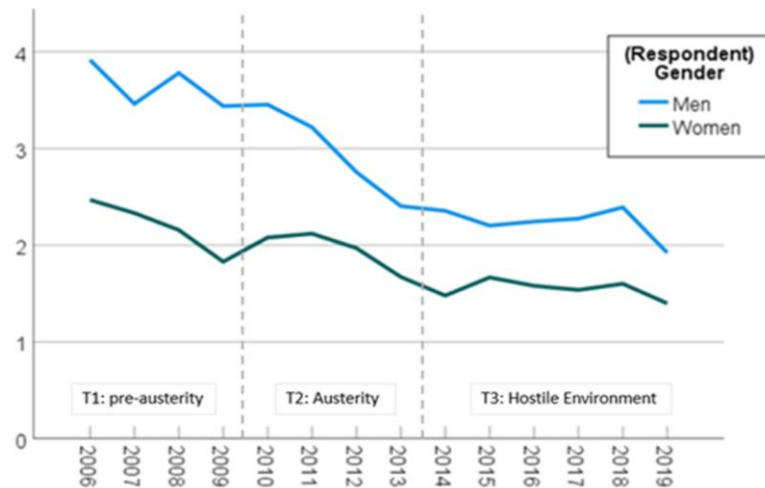
Annual violence prevalence by migrant-status, 2006-2019

Violence at the Intersection of Gender, Ethnicity, and Migrant-status

Bordering Gendered Violence

*Violence prevalence trends gender **and** migrant-status (2006-2019)*

- Violence against migrant women declined slower than any other group
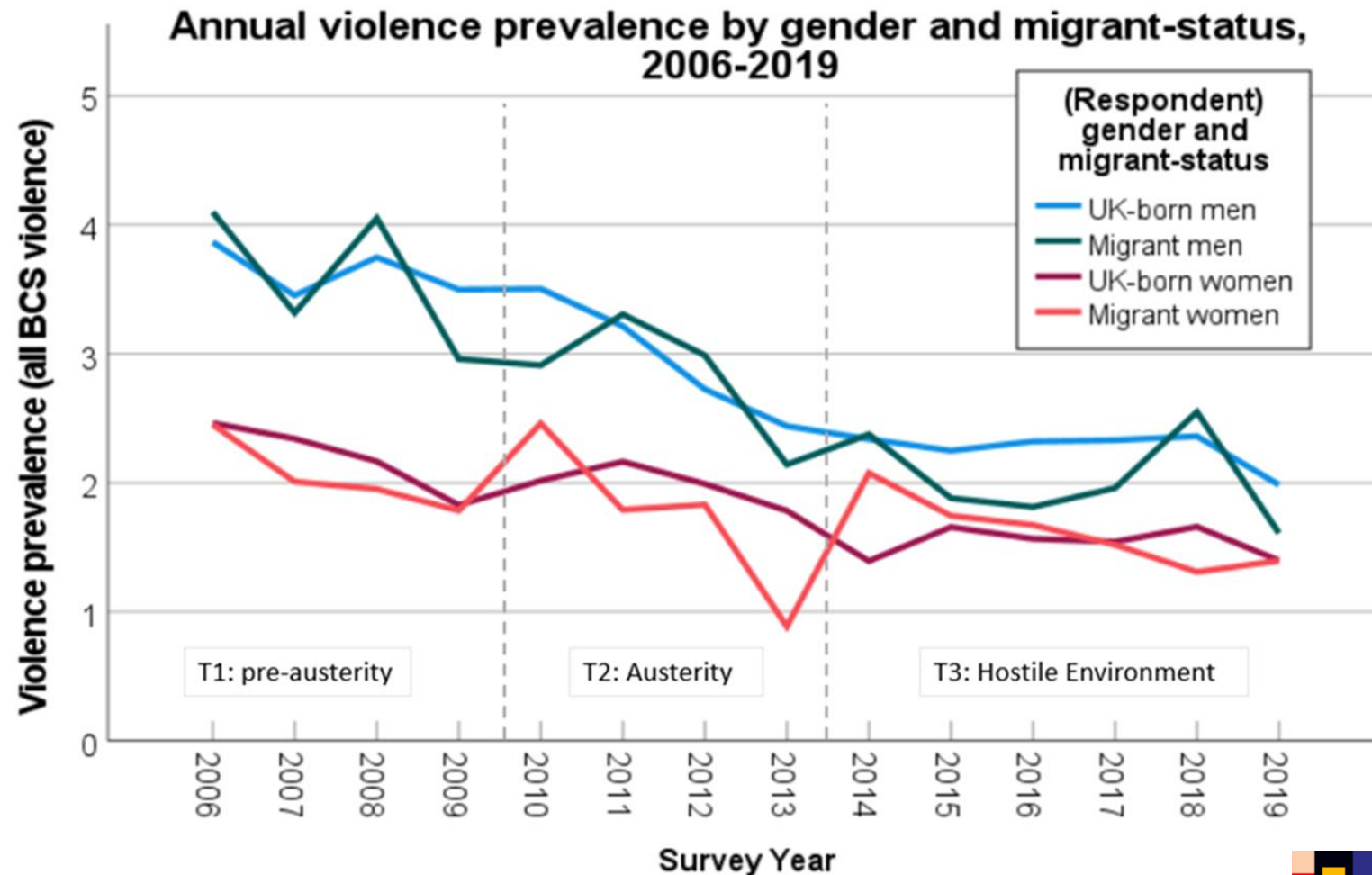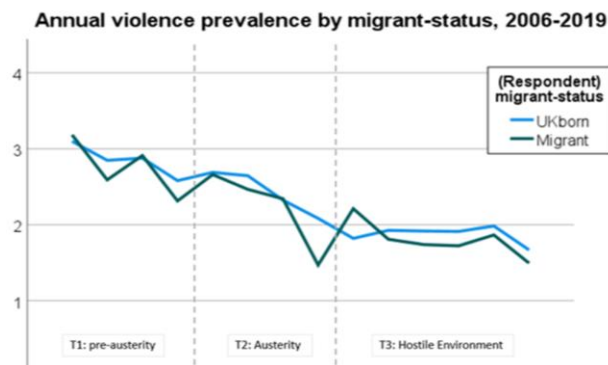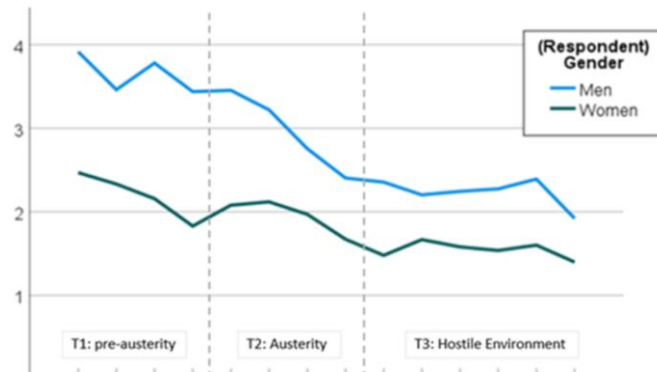
Annual violence prevalence by migrant-status, 2006-2019

Annual violence prevalence by gender and migrant-status, 2006-2019

Violence at the Intersection of Gender, Ethnicity, and Migrant-status

Bordering Gendered Violence

*Violence prevalence trends gender **and** migrant-status (2006-2019)*

- Multivariate logistic regression model with marginal effects at the means

- Difference-in-Difference analysis
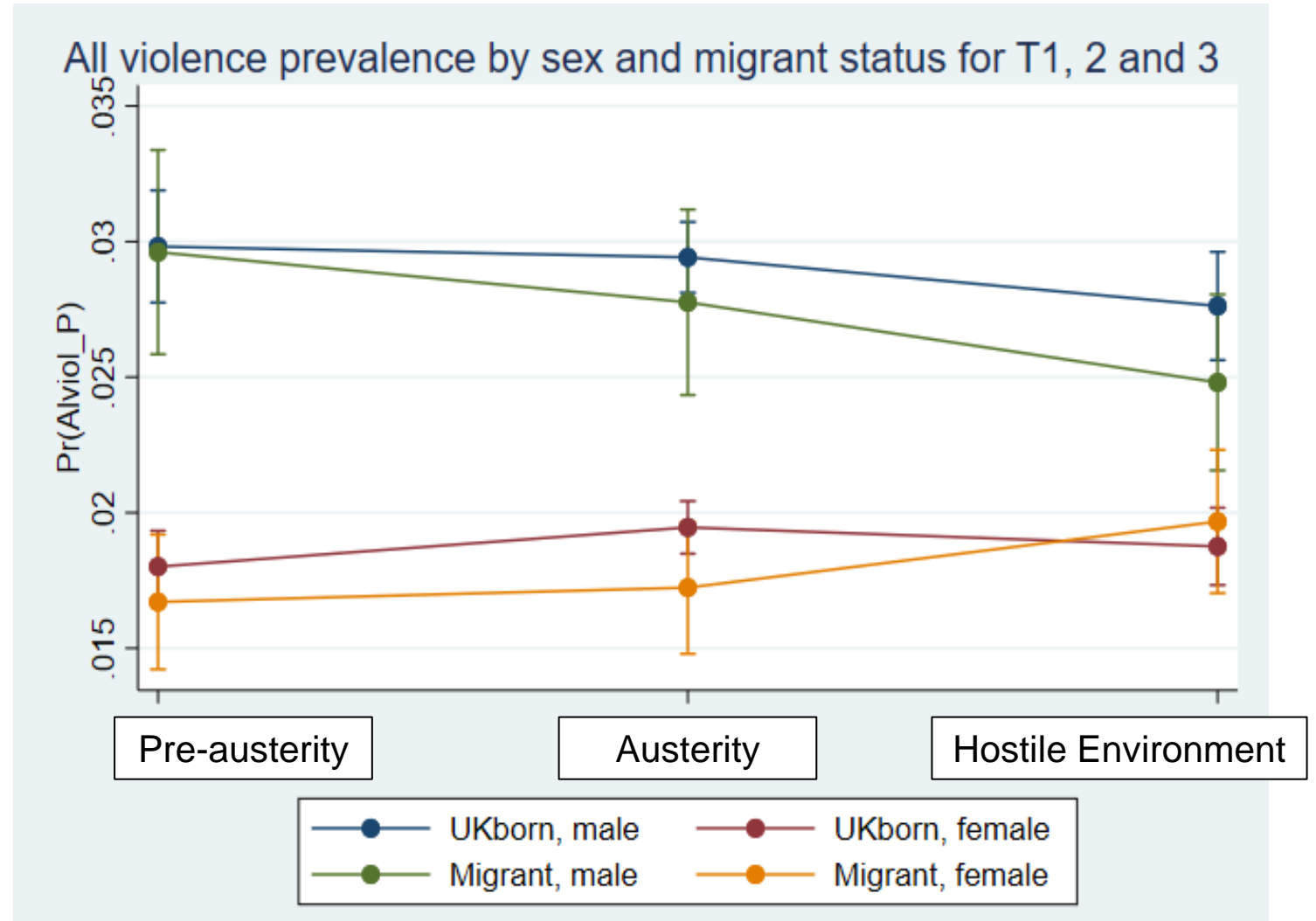
Bordering gendered violence

Implications

- Challenges 'violence in decline' theories

- Importance of *intersectionality* in quantitative research on violence

- New evidence on the impact of Austerity and the Hostile Environment
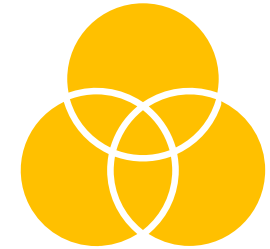
Bordering gendered violence
New Questions

- How is ethnicity and migrant-status represented in data?

- What choices are involved in translating experiences into research?

- What kinds of violence and victims are hidden?

Implications of (Mis)Representing Ethnicity and Migrant status for Violence

Issues with measuring Ethnicity & Migrant-status in the CSEW

Ethnicity

- Conflates race/ethnicity and nationality/country of origin
- 'Mixed' & 'Asian' categories

Migrant-status

- Limited indicators
- Continents not legal status

Changes over time

1982 'Race'	2008/09 'Ethnicity'				
	White	**Black**	**Asian**	**Mixed**	**Other**
White	White–British	Black or Black British–Caribbean	Asian or Asian British–Indian	Mixed–White and Black Caribbean	'Other' Ethnic Group
Black (West Indian or African)	White–Irish	Black or Black British–African	Asian or Asian British–Pakistani	Mixed–White and Black African	
Indian/Pakistani/Bangladeshi	White–Other White Background	Black or Black British–Other Black Background	Asian or Asian British–Bangladeshi	Mixed–White and Asian	
Other non-white			Asian or Asian British–Other Asian Background	Mixed–Any Other Mixed Background	
Mixed/uncertain			Chinese		

Implications of (Mis)Representing Ethnicity and Migrant status for Violence

Example: Recoding 'Asian' ethnicities
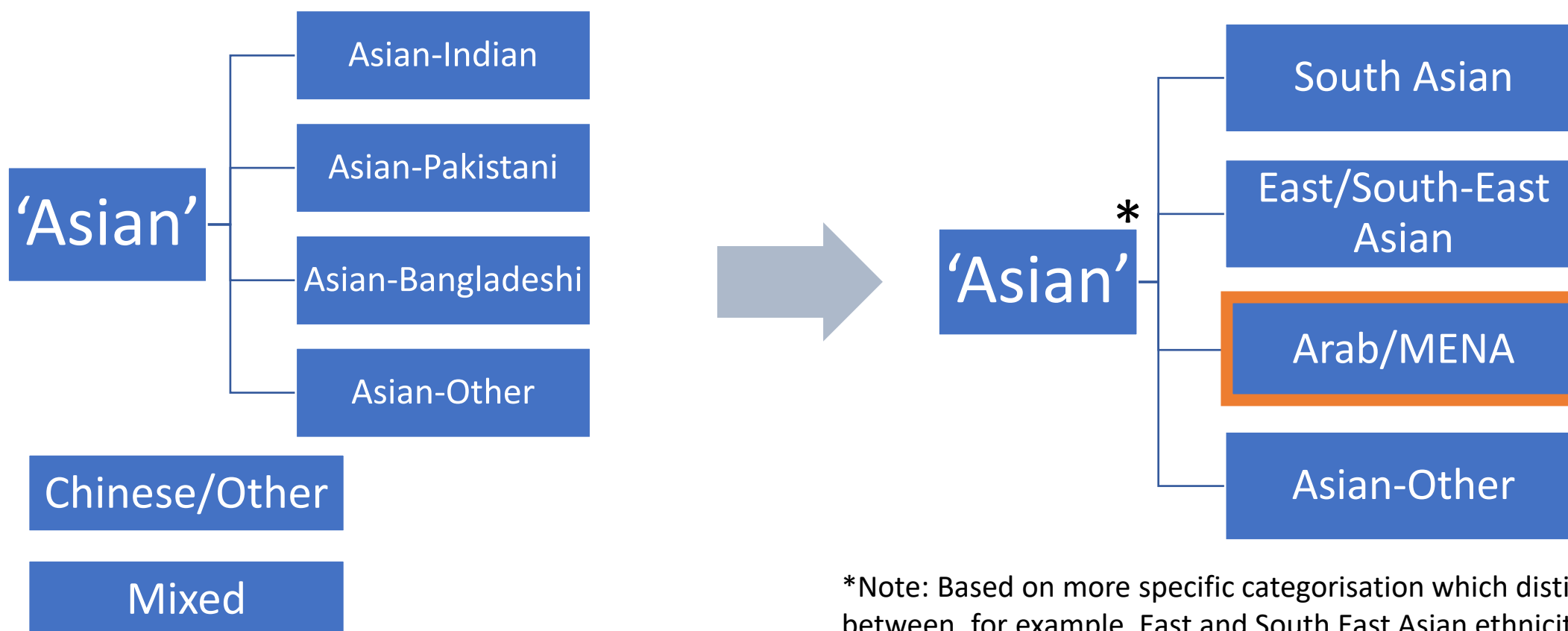
*Note: Based on more specific categorisation which distinguish between, for example, East and South East Asian ethnicities

Conclusions

- Intersecting inequalities and context are key to understanding violence

- Data is not neutral
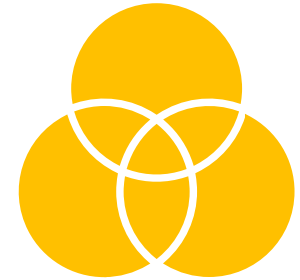
What dimensions of ethnic/racial and migration-based inequalities are <u>hidden</u> or <u>misrepresented</u> in data, research and policies on violence?

Context

Where does this fit with VISION?

- VISION Objectives:

    - To **improve the measurement** of homicide and its sex/gender disaggregations:

        - To ***provide reflexivity, accountability*** and added transparency to measurement

        - To ***map gender dimensions of homicide*** currently collected within different systems and to identify any *missing* dimensions in administrative data

        - To ***identify governance structures*** that regulate data collection and disaggregation of homicide

- Thread: 2.2 Homicide

- Working Groups: 5A Systematic Reviews; 5D Intersectionality; 5H Epistemology

(Homicide) data and its applications

- Data on violence are core to prevention, constituting:

  - evidence within social policy and practice

  - means of empowerment for advocates (Baack, 2015; Lehtiniemi and Ruckenstein, 2019)

  - more problematically? (Dencik, Hintz and Cable, 2016)

- The emergence of **specialised disciplines** and systems which collect data on violence is an important development for prevention – *but has also caused fragmentation as each dataset is governed by different standards*

Mapping homicide data in a global context

Justice	Health	Civil society
Crime data	*Mortality data*	*Gender equality data*
National Police (e.g., ONS Homicide Index; VKPP) **International** United Nations Office of Drugs and Crime (UNODC) European Sourcebook of Crime and Criminal Justice Statistics (ESCCJ) Eurostat	**National** Coroners' reports (e.g., ONS Mortality Statistics) **International** Global Burden of Disease (GBD) Global Health Observatory (G/WHO)	**National** Counterdata (D'Ignazio et al 2022) (e.g. Femicide Census; National Ugly Mugs) **International** European Observatory on Femicide (EOF) Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO)
Examples of cross-system mechanisms		
Domestic Violence Fatality Reviews (DVFR) e.g., Domestic Homicide Review (DHR) National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)		

Commensurability in a global context

- Commensuration creates a relation between things that can seem different

- To regulate and govern, we need to know; not only to count, but to make it legible:

  - *"Commensuration transforms qualities into quantities, difference into magnitude. It is a way to reduce and simplify disparate information into numbers that can easily be compared. This transformation allows people to quickly grasp, represent, and compare differences."*

    Bhuta, Malito and Umbach (2018: p316)

Methodological approaches (I): administrative data?

- ***Sex/gender-disaggregated homicide: a systematic review***

- What is prevalence of sex/gender-disaggregated homicide nationally, regionally, and globally?

- Update/expansion of Stöck et al. (2013)

- Including data from reports including 3 dimensions of sex/gender:
  - Relationship between victim and perpetrator
  - Sexual aspects of homicide
  - Motivation

NIHR | National Institute for Health Research

PROSPERO
International prospective register of systematic reviews

Citation

Sylvia Walby, Heidi Stoeckl, Elizabeth Cook, Alexandria Innes, Sally McManus, Jessica Corsi, Riikka Kotanen, Estela Capelas Barbosa. Sex/gender-disaggregated fatal violence: a systematic review. PROSPERO 2021 CRD42021268712 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021268712

Review question
What is the estimated sex/gender disaggregated prevalence of fatal violence nationally, regionally, and globally?

Searches
This review will utilize a four-step search strategy:

1. Electronic database searches:

The following databases will be searched: MEDLINE, Global Health, EMBASE, Social Policy and Practice, and Web of Science. These databases will be searched to identify sources up to the search date that report prevalence estimates of sex/gender-disaggregations of homicide (for example, intimate partner homicide).

Search terms may include some of the following: 'homicide', 'femicide', 'killing', 'murder', 'wrongful

Arial | 11

G6 | 1. Souidi, B. and Bergheul, S. (2021) 'Homicide in Algeria: Exploratory documentary study on 604 homicide investigation files', Revue de Medecine Legale, 12: 22-34

	COUNTRY/REGION		DATA AVAILABLE				SOURCE CHARACTERISTICS	LEVEL OF SEX/GENDER DISAGGREGATION			POPULATION		
	COUNTRY (A-Z)	REGION	REVIEW	SURVEY	REPORT I.D.	STUDY I.D.	FULL CITATION	RELATIONSHIP	SEXUAL ASPECTS	MOTIVATION	ADULT	CHILD	NOTES
4	Afghanistan	Eastern Mediterranean Region											
5	Albania	European Region											
6	Algeria	African Region	Y		Souidi 2021	Souidi 2021	1. Souidi, B. and Bergheul, S. (2021) 'Homicide in Algeria: Exploratory documentary study on 604 homicide investigation files', Revue de M...	X	X		X	X	RELATIONSHIP NOT DISAGG...
7	Andorra	European Region											
8	Angola	African Region											
9	Antigua and Barbuda	Region of the Americas											
10	Argentina	Region of the Americas		Y									
11	Armenia	European Region											
12	Australia	Western Pacific Region	Y	Y	Easteal 1994	Easteal 1994	1. Easteal, P. (1994) 'Homicide-suicides between adult sexual intimates: an Australian study', Suicide & Life-Threatening Behavior, 24(2): 1...	X			X		BROAD CATEGORISATIONS
13					Hachtel 2021	Hachtel 2021	2. Hachtel, H., Nixon, M., Bennett, D., Mullen, P. and Ogloff, J. (2021) 'Motives, Offending Behavior, and Gender Differences in Murder Perp...	X		X	X	?	
14					Nielssen 2009	Nielssen 2009	3. Nielssen, O. B., Large, M. M., Westmore, B. D. and Lacksteen, S. M. (2009) 'Child homicide in New South Wales from 1991 to 2005', ...	X	X			X	PARENT ONLY INDICATOR ...
15					Brown 2014	Brown 2014	4. Brown, T., Tyson, D. and Arias, P. F. (2014) 'Filicide and Parental Separation and Divorce', Child Abuse Review, 23: 79-88	X				X	PARENT ONLY BUT DISAGG...
16	Austria	European Region	Y		Amon 2009	Amon 2009	1. Putkonen, H., Amon, S., Almiron, M. P., Cederwall, J. Y., Eronen, M., Klier, C., Kjelsberg, E. and Weizmann-Henelius, G. (2009) 'Filicide...	X				X	PARENT ONLY BUT DISAGG...
17	Azerbaijan	European Region											
18	Bahamas	Region of the Americas											
19	Bahrain	Eastern Mediterranean Region											
20	Bangladesh	South-East Asia Region											
21	Barbados	Region of the Americas											
22	Belarus	European Region											
23	Belgium	European Region											
24	Belize	Region of the Americas											
25	Benin	African Region											
26	Bhutan	South-East Asia Region											
27	Bolivia (Plurinational State Of)	Region of the Americas											
28	Bosnia and Herzegovina	European Region											
29	Botswana	African Region											
30	Brazil	Region of the Americas											
31	Brunei Darussalam	Western Pacific Region											
32	Bulgaria	European Region											
33	Burkina Faso	African Region											
34	Burundi	African Region											
35	Cabo Verde	African Region											
36	Cambodia	Western Pacific Region											
37	Cameroon	African Region											
38	Canada	Region of the Americas	Y		Bourget 2012	Bourget 2012	1. Bourget, D. and Gagne, P. (2012) 'Women who kill their mates', Behavioral Sciences & the Law, 30(5): 598-614	X			X		SPOUSAL ONLY; NOT REPO...
39					Bourget 2000		2. Bourget, D., Gagne, P. and Moamai, J. (2000) 'Spousal homicide and suicide in Quebec', Journal of the American Academy of Psychiatry...	X			X		SPOUSAL ONLY; NOT REPO...
40					Dawson 2009	Dawson 2009	3. Dawson, M., Bunge, V. and Balde, T. (2009) 'National trends in intimate partner homicides: explaining declines in Canada, 1976 to 2001', ...	X			X		SPOUSAL ONLY; NOT REPO...
41					Dawson 2021	Dawson 2021	4. Dawson, M. and Piscitelli, A. (2021) 'Risk Factors in Domestic Homicides: Identifying Common Clusters in the Canadian Context', Jour...	X			X	?	SPOUSAL ONLY; RELATIONS...
42					Jung 2019	Jung 2019	5. Jung, S. and Steward, J. (2019) 'Exploratory comparison between fatal and non-fatal cases of intimate partner violence', Journal of Aggre...	X			X		IPH ONLY; DETAILED DISAG...
43					Reale 2020	Reale 2020	6. Reale, K., Beauregard, E. and Martineau, M. (2020) 'Is Investigative Awareness a Distinctive Feature of Sexual Sadism?', Journal of Inter...		X		X	?	SHO NOT REPORTED AS PF...
44	Central African Republic	African Region											
45	Chad	African Region											
46	Chile	Region of the Americas											
47	China	Western Pacific Region	Y		Chan 2019	Chan 2019	1. Chan, H. C. O., Li, F., Liu, S. and Lu, X. (2019) 'The primary motivation of sexual homicide offenders in China: Was it for sex, power and...		X		X	X	NOT REPORTED AS PROPO...
48					Liu 2019		2. Chan, H. C. O., Li, F., Liu, S., Lu, X. and Jia, H. (2019) 'Sexual Homicides in China: Exploring the Offender, Victim, and Offense Characte...		X		X	?	NOT REPORTED AS PROPO...
49					Zhao 2021	Zhao 2021	3. Zhao, S. (2021) 'The Perpetrator-Victim Relationship: An Important Clue in Understanding Intimate Partner Homicide in China', Journal o...	X		X	X	?	IPH ONLY; NOT REPORTED...

SYSTEMATIC REVIEW   Region of the Americas   Eastern Mediterranean Region   South-East Asia Region   Western Pacific Region   African Region   European Region   SURVEY

20/09/2022   (In)commensurability in a global context   150

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Identification of studies via databases and registers

Identification of studies via other methods

Identification

Records identified from:
Databases (n = 13,035)
- Embase (n=5785)
- Social Policy and Practice (n=520)
- Global Health (n=838)
- Medline (n=3899)
- Web of Science (n=1933)

Records removed *before screening*:
Duplicate records removed: automated with checking (n = 5462) and manual (n=87)

Records identified from:
Websites (n =)
Organisations (n =)
Citation searching (n =)
etc.

Screening

Records screened
(n = 7498)

Records excluded (n = 6685)
Duplicates removed (n=13)

Reports sought for retrieval
(n = 813)

Reports not retrieved
(n = 12)
Duplicates removed (n=4)

Reports sought for retrieval
(n =)

Reports not retrieved
(n =)

Reports assessed for eligibility
(n = 797)

Reports excluded:
Reason 1 (n =)
Reason 2 (n =)
Reason 3 (n =)
etc.

Reports assessed for eligibility
(n =)

Reports excluded:
Reason 1 (n =)
Reason 2 (n =)
Reason 3 (n =)
etc.

Included

Studies included in review
(n =)
Reports of included studies
(n =)

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Methodological approaches (II): narrative data?

- ***Assessing the feasibility of extracting quantitative data from Domestic Homicide Reviews (DHRs) and creating a minimum dataset***

- DHRs are detailed narrative records of a person's life and death. They offer insight into:
  - Gender-based motivations and sexual aspects of violence
  - System changes e.g., in service accessibility
  - System referrals and contact e.g., primary healthcare
  - Under-reported homicides e.g., suicides related to domestic violence

- Challenges:
  - Need for a central repository
  - Need for centralized data collection
  - Variation in local practices

- Need for a national minimum dataset that facilitates routine, large-scale, aggregate and real-time analysis

Conclusion

- Data do their work in relation to one another (Dourish and Gomez Cruz, 2018)

  - Avoid 'reduction' or replacement (Merry, 2016), but amplification?

- Why does it matter?

  - Communities of voices can be empowered in aggregation

  - Analysis of aggregated voices can evidence scale, patterns of inequality, change, and risk

References

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- Dawson, M. and Carrigan, M. (2021) Identifying femicide locally and globally: Understanding the utility and accessibility of sex/gender-related motives and indicators. *Current Sociology,* 69(5): 682-702

- D'Ignazio, C., Cruxên, I., Suarez Val, H., Martinez Cuba, A., García-Montes, M., Fumega, S., Suresh, H. and So, W. (2022) Feminicide and counterdata production: Activist efforts to monitor and challenge gender-related violence. *Patterns,* 3(7): 100530

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- Lehtiniemi, T. and Ruckenstein, M. (2019) The social imaginaries of data activism, *Big Data & Society,* 6(1): 1-12

- Merry, S.E. (2016) *The Seductions of Quantification: Measuring Human Rights, Gender Violence, and Sex Trafficking*. Chicago: University of Chicago Press

Developing A Framework for Measuring Gender in Homicide Defences

Dr. Jessica Lynn Corsi

City, University of London

20 September, 2022

Some Caveats:

Some Caveats:

Who I am and what I do in VISION

- I'm a law lecturer and legal academic

- I contribute legal analysis to VISION, including regarding how the law shapes how we define, measure, and respond to violence

- One of the things I'm currently contributing to VISION is a systematic review on gender in homicide defences

The research on homicide defences:

1. Systematic review—A review that uses explicit, systematic methods to collate and synthesise findings of studies that address a clearly formulated question

2. 'The gendered dimensions of defences to homicide: a systematic review', https://osf.io/nwpr2

3. Initial scoping showed gender bias possibly linked to GBV

The research question:

Are homicide defences gendered in content or outcome?

A Framework For Measuring Gender in Homicide Defences

How do you make a framework to measure gender in homicide defences?

How do you make a framework to measure gender in homicide defences?

1. Literature Review
2. Data synthesis and amalgamation
3. Data extraction
4. Iteratively developed

How methodological frameworks are being developed: evidence from a scoping review (McMeekin et al, BMC Medical Research Methodology, 20: 173 (2020))

How do you make a framework to measure gender in homicide defences?

- **Inductively:**
  - Locate homicide defences in **included studies that discuss the gendered aspects of homicide defences** (e.g. Kate Fitz-Gibbon, 'Replacing Provocation in England and Wales: the Partial Defence of Loss of Control')

  - **Look for gendered words**, such as man/woman/husband/wife

  - **Look for gendered concepts**, such as infidelity, or concepts about how different genders use violence

How do you make a framework to measure gender in homicide defences?

- **Deductively:**

  - **<u>Begin with general theories</u>**, such as feminist critiques of the gendered nature of law

  - **<u>Draw on existing legal definitions</u>** of gender, gender discrimination, gender equality

  - Utilise **<u>existing indicators of gender equality or discrimination</u>**

Inductively developing the measurement framework:

The defence of provocation→loss of control in England & Wales (a partial defence to murder)

GENDER IN THE CONTENT OF THE LAW

- 'Where on a charge of murder there is evidence on which the jury can find that the person charged was provoked (whether by things done or by things said or by both together) to lose **his** self-control, the question whether the provocation was enough to make a **reasonable man** do as **he** did shall be left to be determined by the jury; and in determining that question the jury shall take into account everything both done and said according to the effect which, in their opinion, it would have on a **reasonable man**.'

The new law, Loss of Control: ss 54-55 Coroners and Justice Act 2009

54 Partial defence to murder: loss of control

(1)Where a **person** ("D") kills or is a party to the killing of **another** ("V"), D is not to be convicted of murder if—

(2)For the purposes of subsection (1)(a), **it does not matter whether or not the loss of control was sudden**.

55 Meaning of "qualifying trigger"

(6) (c)**the fact that a thing done or said constituted sexual infidelity is to be disregarded.**

Included Study

Kate Fitz-Gibbon, 'Replacing Provocation in England and Wales: the Partial Defence of Loss of Control,' Journal of Law and Society, 40:2, June 2013, pp.280-305

- Highlights the continued challenges for defendants who kill their abusers to prove that they 'lost control'

- Points out that concepts such as 'fear of violence' remain gendered

- Critiques that the exclusion of sexual infidelity would not work in practice/is bad law; reproduces harmful gender narratives

Deductively developing the measurement framework:

Feminist theory explicating the gender of the (criminal) law

What feminist legal theory tells us about the gender of the law

- **'[L]aw reflects, reproduces, expresses, constructs, and reinforces power along sexually-patterned lines.'** (Nicola Lacey, Unspeakable Subjects: Feminist Essays in Legal and Social Theory)

- The law is not neutral: it is not discrete and separate from politics, culture, society

- The law is not applied equally to all genders

- The law can be a tool for increasing gender equality / reducing gender inequality

A framework for measuring gender in homicide defences

Defining gender	Locating gender in the text of the law (statutes, judgments)	Locating gender in the application of the law (acquittals, reductions in charges, sentences)
• What is gender (Istanbul Convention Article 3) • What is gender discrimination (various laws & indicators, theory) • What is gender equality (laws & indicators, theory)		
Which words are gendered and why? (socio-linguistics)	Does the law contain gendered words?	Is the law used differently by different genders?
Which concepts are gendered and why? (Law, criminology, sociology, psychology)	Does the law refer to gendered concepts?	Are there different criminal justice outcomes when these laws are used by different genders?

Applying the measurement framework to homicide defences

| Defence 1	Gendered Language	Gendered Concepts	Indicators of Gender Bias	Indicators of Gender Equality	Overall Score
NAME OF DEFENCE	Gender neutral	3/10	2/10	4/10	
LEGAL AUTHORITY OF DEFENCE		Infidelity		Incorporates gender sensitive concepts power	
REFERENCE TO SIMILAR DEFENCES IN OTHER JURISDICTIONS		Intimate Relationships		Recognises gender differentiated use of violence / weapons	
		Familial relationships			
					X.X

Applying the measurement framework to homicide defences

Source: International Centre for Research on Women, https://tinyurl.com/3tjy57xt
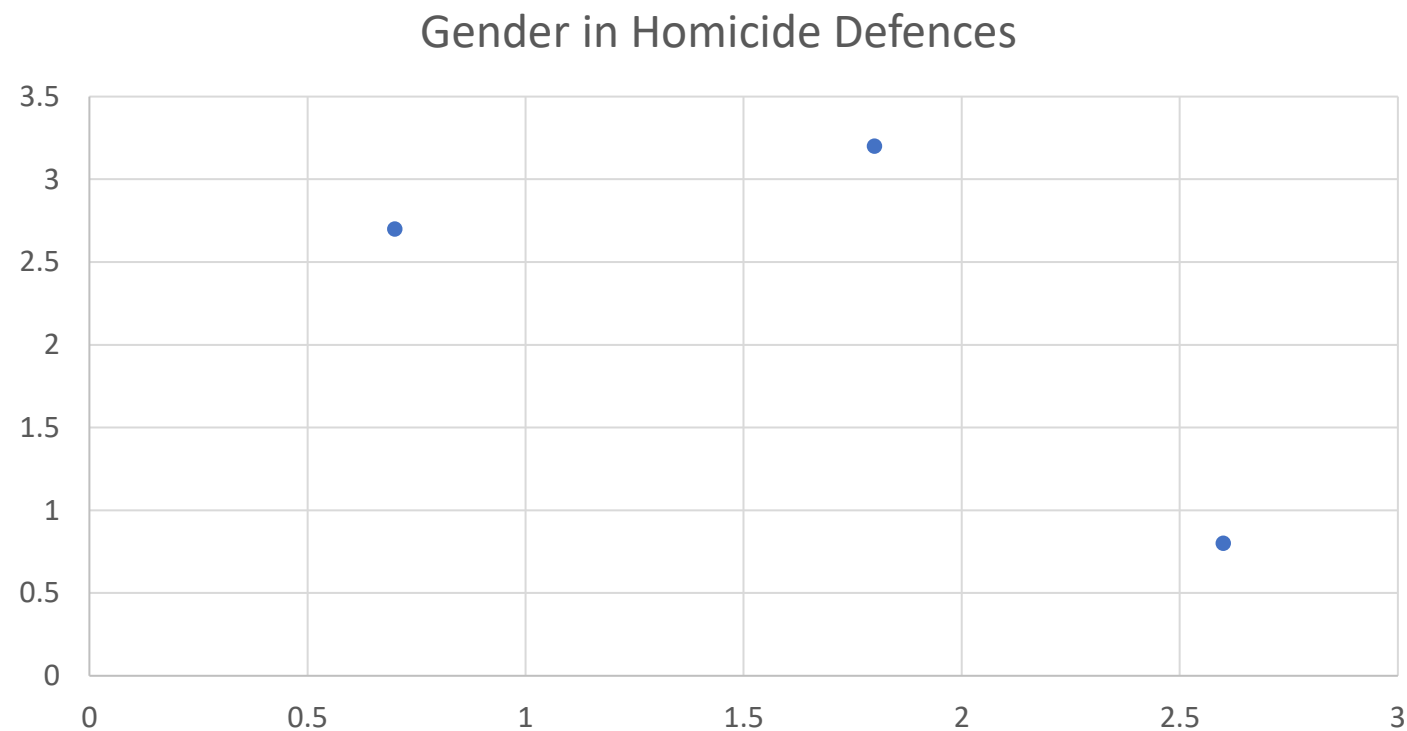
A Question for the Audience:

- What would you add to a framework for measuring gender in homicide defences and why ?

Session 6: Breakout Groups

Health and Health Services – front of room right side
Crime and Police – front of room left side
Specialised Services – back of room right side
Ethnicity, Migration & Socioeconomic – back of room left side

For consideration
- Questions or comments for VISION?
- Challenges to pose back to VISION for consideration?
- What would you like to know more about or understand better in regard to health data and crime data?
- What are the main health / crime data, measurement, and analysis issues you are grappling with?

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Session 7: The Panel

Facilitator: Professor Gene Feder, University of Bristol

The Panel:
- Dr Estela Capelas Barbosa, City, University of London
- Dr Natalia Lewis, University of Bristol
- Ms. Sally McManus, City, University of London
- Professor Robert Stewart, Kings College London
- Dr Leonie Tanczer, University College London

Concluding Remarks

Facilitator: Professor Gene Feder, University of Bristol

Thank you all for coming!

Stay in touch by emailing us

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