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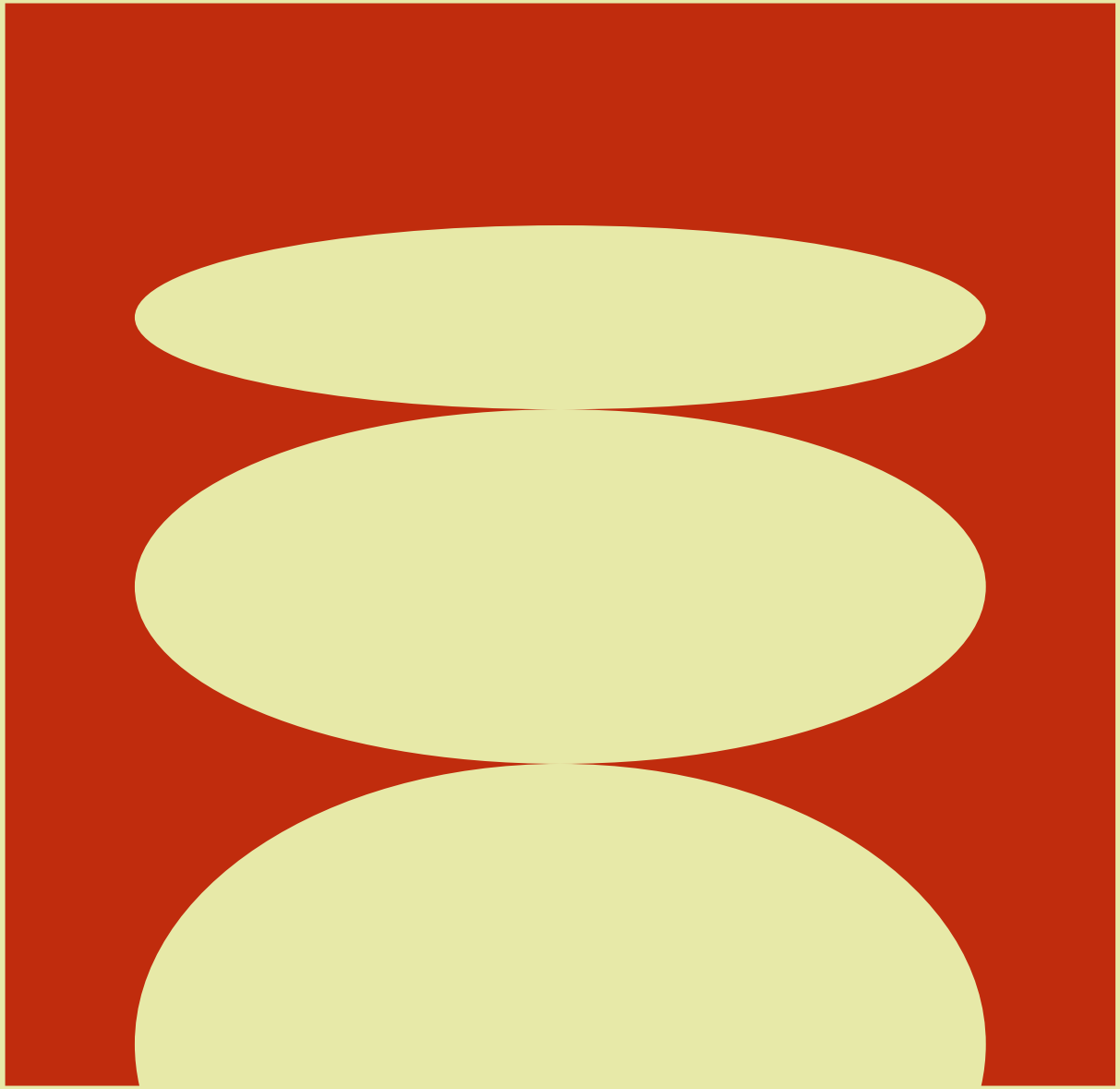
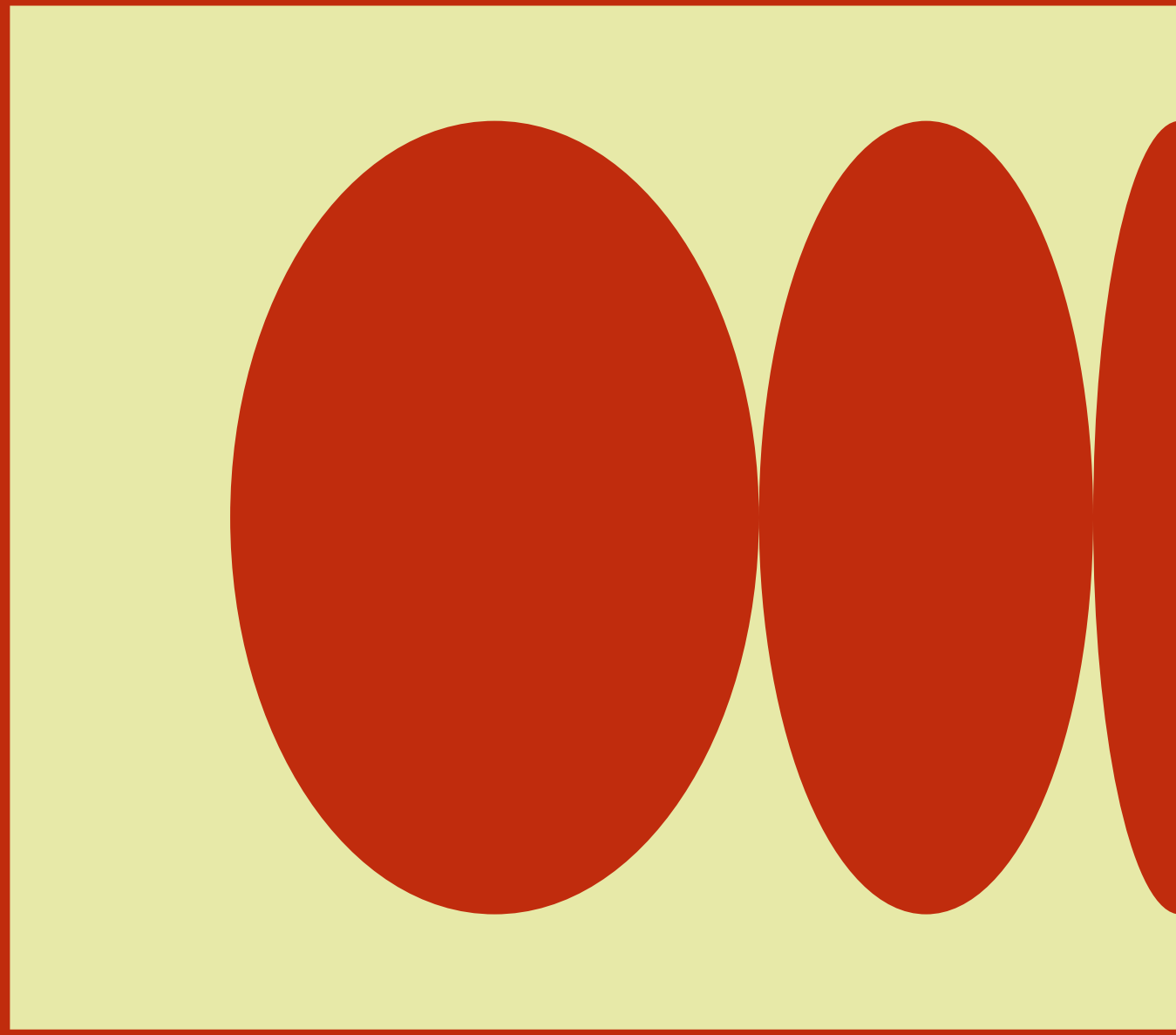
Measuring perpetration of intimate partner violence in health research



Principles



Principles

Preventing IPV improves public health: strong consistent associations with morbidity, mortality, and service use.

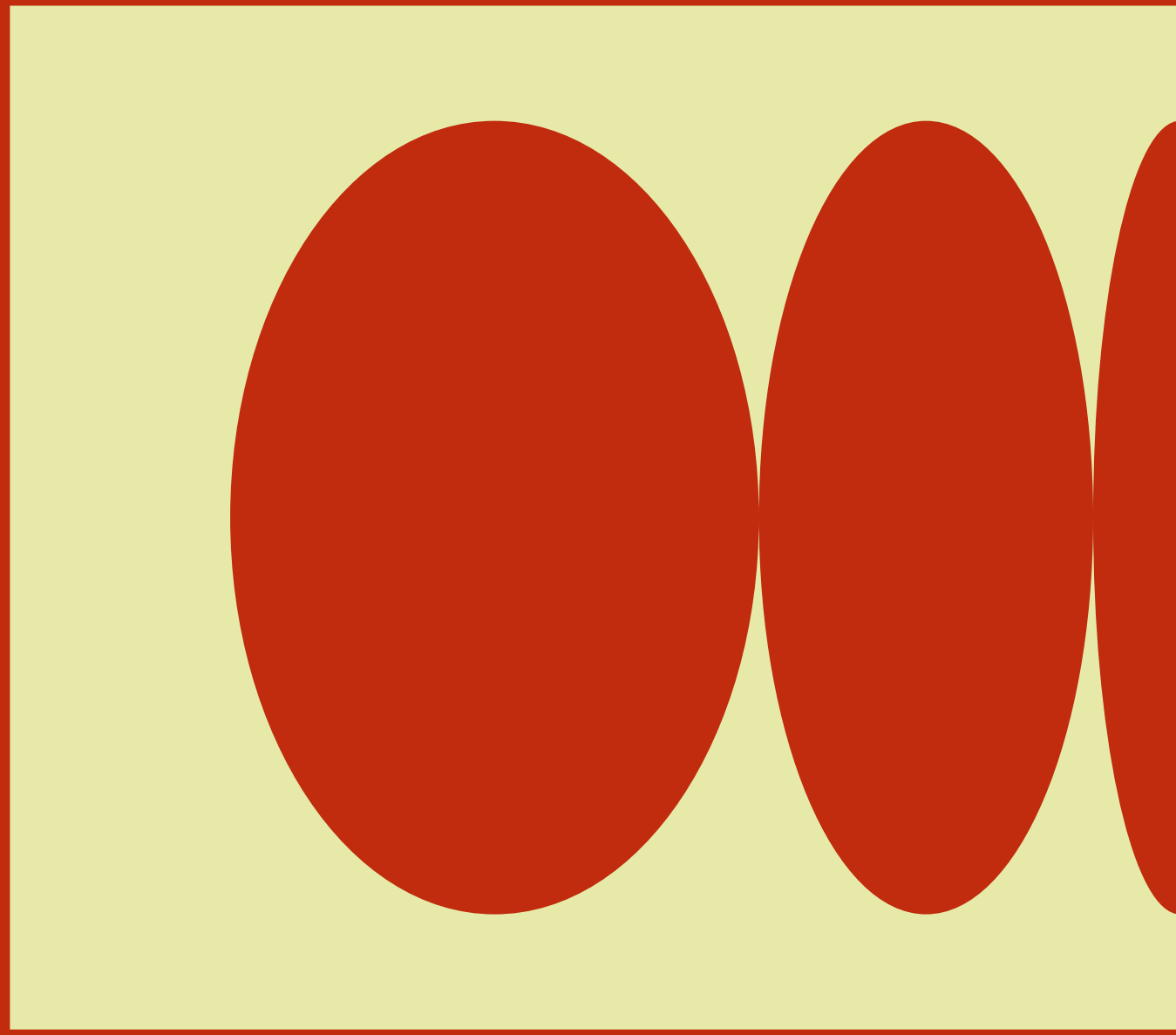
Shifting attention to perpetrators: Decades of research and service development has focused on the improved identification and support of victims/survivors of partner violence. Perpetrators, and the causes of perpetration, are the fundamental causes of this violence, and offer a tangible route to prevention.

Situation analysis: To pursue this shift, we must use lived experience and other expertise to gain awareness of where perpetrators are across social strata and public services.

Identify and strengthen existing opportunities: Developing prevention and intervention approaches in services where there are existing resources might be more sustainable than establishing entirely new interventions in untried contexts.

Policy-relevance: Make evidence which addresses/is informed by the needs of policymakers, including in local services

Context



Context

Coordinated action to address perpetrators of IPV is needed across all agencies

Substantial evidence on correlates of perpetration of IPV

Limited general population evidence

General population health surveys employ random sampling of residents within defined geographic catchments to investigate population distribution of health states and associated risk factors, informing the development of national and local health policy

Limited consensus or guidance on measuring perpetration of IPV in health surveys.

Aim: develop and implement a review framework to consolidate existing health survey evidence; potential to refine in future

Method

We defined a general population health survey(or survey data source) as a survey which used a specified sampling frame for random (or probability) sampling and reported collection of data on information on one or more health outcome, with the aim of generating representative estimates for the prevalence of health-related states, or risk factor associations.

We included surveys where the target population was restricted based on age, gender, and ethnicity.

Measurement approach to IPV perpetration and prevalence results extracted for eligible reports.

Multiple eligible reports from the same underlying survey data combined for reporting.

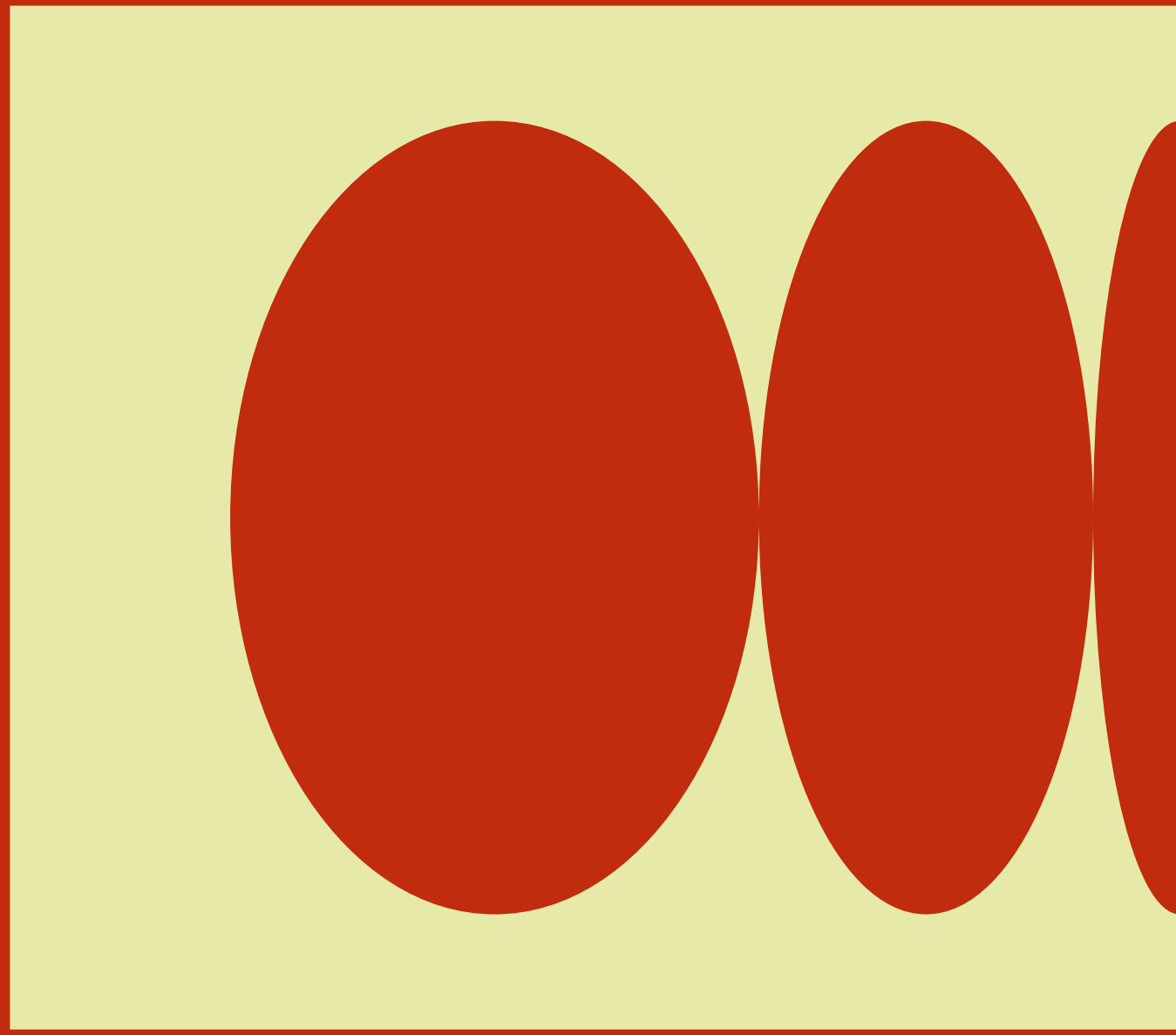
Approaches to IPV perpetration undertaken by surveys grouped according to measurement approach based on discussion.

3283 records→ 231 full-text reports after screening→ 39 reports analysing 27 eligible survey data sources after full text assessment included

Indicators of IPV perpetration

- (a) IPV perpetration items align with a stated definition of IPV or IPV perpetration,
- (b) Measurements of perpetrated IPV are not limited to physical IPV;
- (c) Information is gathered on the sex of the victims of IPV perpetrated by the respondent,
- (d) Information is gathered on the nature of intimate relationship in which IPV was perpetrated by the respondent (for example, whether it was in a current or previous relationship) ;
- (e) The frequency and/or repetition of IPV perpetration (including the number of separate victims of IPV) are measured, and reference periods for IPV perpetration provided;
- (f) The harmful impact of perpetrated IPV (in addition to IPV behaviours) is measured;
- (g) There is description of item development and testing; and
- (h) There is reported involvement of victim/survivors and/or perpetrators of IPV in item development.

Results



Five broad measurement approaches

- :(1) Measures using or adapted from the United Nations Multi-Country Study;
- (2) Measures adapted from the WHO Instrument for Research on Violence Against Women and Girls;
- (3) Measures using or adapted from the Conflict Tactics Scales;
- (4) Ad hoc scales with more than 2 items;
- (5) Ad hoc scales with 2 items or fewer.

Table 2. Critical Assessment of Measurement Approaches.

Survey data source	Measurement approach	Number of included studies/ articles	Forms of IPV harmful behaviour and number of items				Frequency, repetition, number of victims	Reference periods	Definition of IPV in study	Alignment of article/study's definition of IPV with measurement approach	Information on sex of victim	Information on the nature of the intimate relationship	Measurement of IPV harmful impact	Description of item development and testing	User involvement
			Ph	Sex	Em/psy	Ec/fin									
Original MCS	UN-MCS	5	6	2	5	5	Likert system with options: none, once, a few times, or many times	12 months	No	No	No	No	No	Yes	No
Zimbabwe		1	5	3	6	-	Not reported	12 months	No	No	No	No	No	Yes	No
Germany		2	3	4	5	3	Not reported	No	Yes	No	No	No	No	Yes	No
Ghana RRS	WHO 2005 Instrument	1	5	3	4	1	Likert system with options: none, once, a few times, or many times	12 months	Yes	No	No	No	No	Yes	No
Dagoretti		1	6	3	4	-	No	12 months	No	No	No	No	No	Yes	No
Gauteng		1	5	3	-	-	Yes but not further reported	No	No	No	No	No	No	Yes	No
NW Province		1	5	2	-	-	No	12 months and lifetime	Yes	Yes	No	No	No	Yes	No
NESARC	CTS/CTS-SF	5	5	1[a]	-	-	Not stated in Roberts et al. (2010) or Hahn et al. (2015); Lee et al. (2023) describes Likert system with response options: never; once; 2–3 times; once per month; and more than once per month, which is the same as Okuda et al. (2015) and Maldonado et al.	12 months	Yes	No	No	No	No	Yes	No
HANDLS		1	8[b]	-	-	-	Likert system with options: never, once, twice, 3–4 times, 6–10 times, 11–20 times, and more than 20 times.	12 months	No	No	No	No	No	Yes	No
BDHS		1	7	2	-	-	Likert system for sometimes, often and never	12 months	No	No	No	No	No	Yes	No
BNADS		1	8	1	-	-	Not reported	12 months	No	No	No	No	No	Yes	No
MHFRS		1	1	-	-	-	Likert system with response options: often, sometimes, rarely and never; and number of days IPV was perpetrated in the past year	Current relationship	No	No	No	No	No	Yes	No

Table 2. (continued)

Survey data source	Measurement approach	Number of included studies/ articles	Forms of IPV harmful behaviour and number of items				Frequency, repetition, number of victims	Reference periods	Definition of IPV in study	Alignment of article/study's definition of IPV with measurement approach	Information on sex of victim	Information on the nature of the intimate relationship	Measurement of IPV harmful impact	Description of item development and testing	User involvement
			Ph	Sex	Em/psy	Ec/fin									
Ghent[c]		1	1	1	7	-	Likert system with 5 options from never to very often	12 months	No	No	No	No	No	Yes	No
CPES-NCSR		2	8	-	-	-	No measurement in Afifi, Likert system with four response options in Singh	Lifetime (with count of relationships- so possibly count of victims) in Afifi, Singh current relationship only	No	No	No	No	No	Yes	No
CPES-NCSR + NLAAS		1	1	-	-	-	Likert system for often, sometimes, rarely and never; and number of days in the past year	Based on the current relationship	No	No	No	No	No	Yes	No
CPES-NLAAS only		1	1	-	-	-	Likert system with response options: often, sometimes, rarely, or never	Based on current relationship	No	No	No	No	No	Yes	No
JRHS		1	6	-	-	-	Not reported	12 months	Yes	No	No	No	No	No	No
MHMLS	Ad hoc extensive	1	2	-	-		No measurement	5 years	No	No	No	No	No	No	No
YSS		1	10	3	10	-	No measurement	12 months	Yes	No	No	No	No	No	No
APMS2014		1	3	1	1	-	No measurement	12 months and lifetime	Yes	No	No	No	No	No	No
SSS		1	6	3	-	-	No measurement	Lifetime	Yes	No	No	No	No	No	No
APMS2000/2007	Ad hoc minimal	1	1	-	-	-	No measurement	5 years	No	No	No	No	No	No	No
TDHS		1	1	-	-	-	Yes but not further reported	12 months	Yes	No	No	No	No	No	No
TLDHS		1	1	-	-	-	Yes but not further reported	12 months	Yes	No	No	No	No	No	No
NSDUH		1	1	-	-	-	Likert system with response options: 0,1,2,few,many times	12 months	No	No	No	No	No	No	No
SASH		3	1	-	-	-	Yes but not further reported	Most recent partner	No	No	No	No	No	No	No
NFHS		1	1	-	-	-	No measurement	Current or most recent	No	No	No	No	No	No	No

Note. Ph = physical IPV perpetration; Sex = sexual IPV perpetration; Em/psy = emotional/psychological IPV perpetration; Ec/fin = economic/financial IPV perpetration

[a]One NESARC publication does not report sexual violence perpetration data (Lee et al., 2023).

[b]HANDLS does not further describe how the eight items measure different forms of IPV harmful behaviour, but states that physical, sexual, and emotional/psychological IPV perpetration were measured.

[c]Ghent survey also collected information on cyber IPV perpetration.

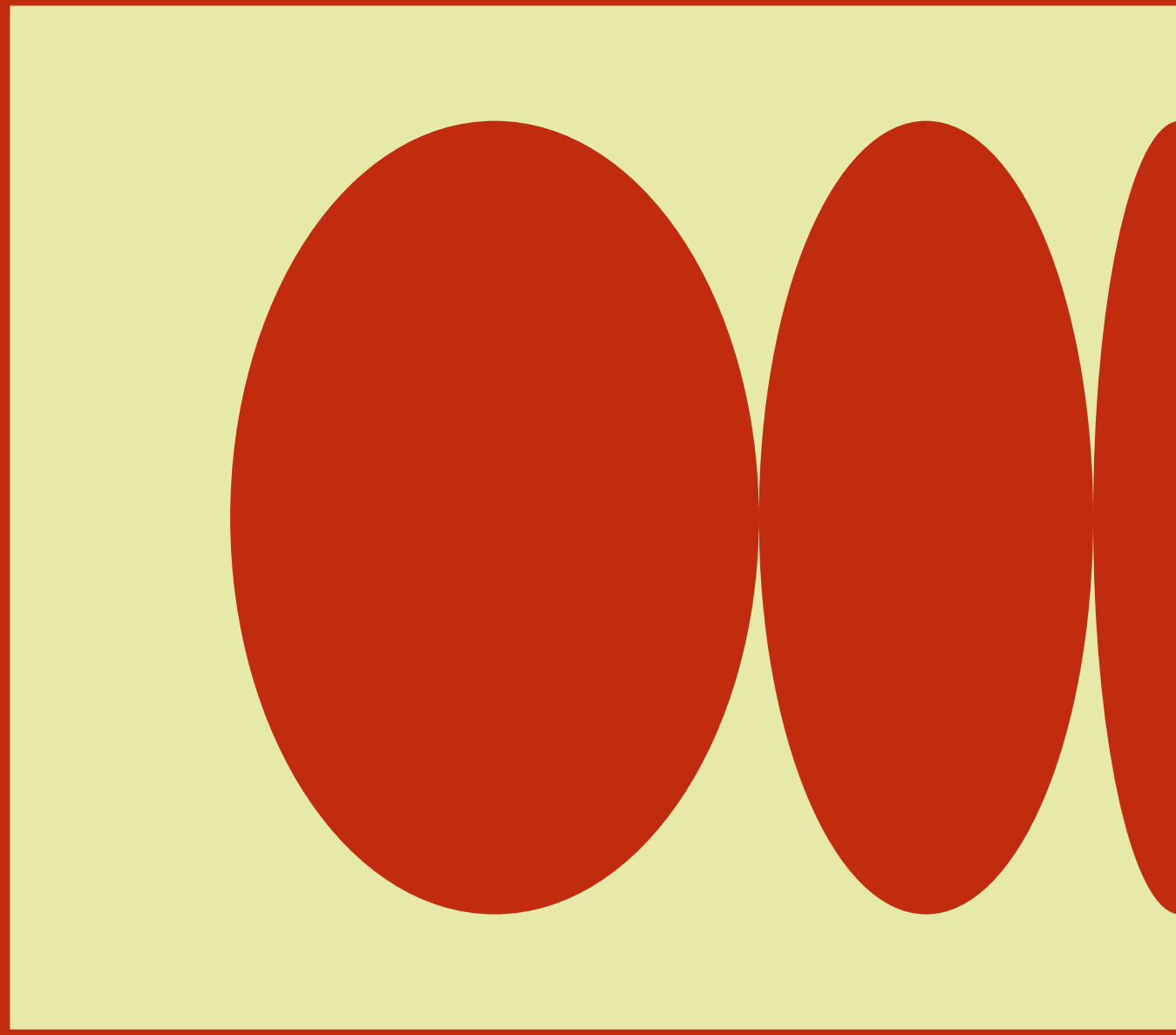
APMS = Adult Psychiatric Morbidity Survey; BDHS = Bangladesh Demographic and Health Survey; BNADS = Brazilian National Alcohol and Drugs Surveys; CPES = Collective Psychiatric Epidemiology Surveys; CTS/CTSSF = Conflicts Tactics Scale/Conflicts Tactics Scale Short Form; HANDLS = Healthy Aging in Neighborhoods of Diversity across the Life Span; JRHS = Jamaica Reproductive Health Survey; MCS = Multi-Country Study; MHFRS = Men's Health, Fatherhood, and Relationships Study; MHMLS = Men's Health and Modern Lifestyles Survey; NCSR = National Comorbidity Survey Replication; NESARC = National Epidemiologic Survey of Alcohol and Related Condition; NFHS = National Family Health Survey; NLAAS = National Latino and Asian American Study; RRS = Rural Response System; SASH = South Africa Stress and Health Study; UN-MCS = UN Multi-Country Study; YSS = Youth Sexuality Survey.

Findings

Summary of findings

- Five broad measurement approaches were identified: adaptations of the UN Multi-Country Study tool, the CTS/CTSSF, and ad hoc measurement approaches which we grouped into extensive and minimal approaches.
- Heterogeneity in the forms of IPV perpetration measured, the comprehensiveness and conceptual clarity of measurement tools, and the rigour with which these tools were developed and applied.
- While most surveys captured physical IPV perpetration, fewer included sexual, emotional/psychological, and economic/financial IPV perpetration.
- No surveys measured perpetration of stalking or harassment, or the impact of perpetrated IPV on children, highlighting critical gaps in the scope of current measurement practices.
- Absence of data on victims' sex limits the ability of existing research to examine IPV perpetrated in same-sex relationships.
- No studies collected data on the number of victims.
- Limited efforts to capture self-reported harmful impact, or escalation of perpetrated IPV over time.
- Few studies explicitly referenced such definitions, and many employed transposed victimisation items with little or no adaptation.
- Development and validation of IPV perpetration items was rarely reported. While the UN MCS instrument has documented item development and testing, other commonly used instruments were applied without attention to local context or validation for perpetration-specific use.

Recommendations



Improving measurement of IPV perpetration in health research

- Tools must extend beyond physical IPV to encompass emotional/psychological, sexual, and economic forms of abuse, with attention to frequency, pattern, escalation, and context.
- Items should be developed through transparent processes, include local pilot testing, and involve the perspectives of both survivors and perpetrators of IPV.
- Incorporating measures of harm and the number of victims could allow better understanding of severity and chronicity, while collecting data on the sex of victims and nature of relationships is essential for inclusive, intersectional analysis.
- Rigorous measurement is critical to an improved health services and public health response to IPV.

Acknowledgements

- NIHR and UK PRP
- Reviewers and editors with the Trauma Violence and Abuse journal