



Hidden Hurt

Violence, abuse and
disadvantage in the lives of
women

Sara Scott and Sally McManus
DMSS Research for Agenda

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Executive summary

Introduction

Agenda, the alliance for women and girls at risk, commissioned this analysis of the experiences of women who face violence and abuse. Based on data from the Adult Psychiatric Morbidity Survey (APMS)¹, it provides new and important insights into the lives and life chances of women and girls who have experienced extensive violence and abuse.

The report provides evidence that women who experience the most extensive abuse and violence (both as children and adults) are more likely to face other adverse circumstances in their lives such as poor mental and physical health, disability, and substance misuse, poverty, debt, poor housing, and homelessness. It presents a picture of the scale of violence and abuse these women face, the nature of their experiences, and how their life chances differ from the rest of the population.

About the analysis

This report builds on previous Department of Health funded latent class analysis of APMS data.² The analysis identified six groups in the population with different patterns of violent and abusive experiences in their lives. Further exploration of the characteristics of these groups has now been undertaken to understand the relationship between gender, abuse and a range of types of disadvantage.

Findings

Gender and experience of violence and abuse

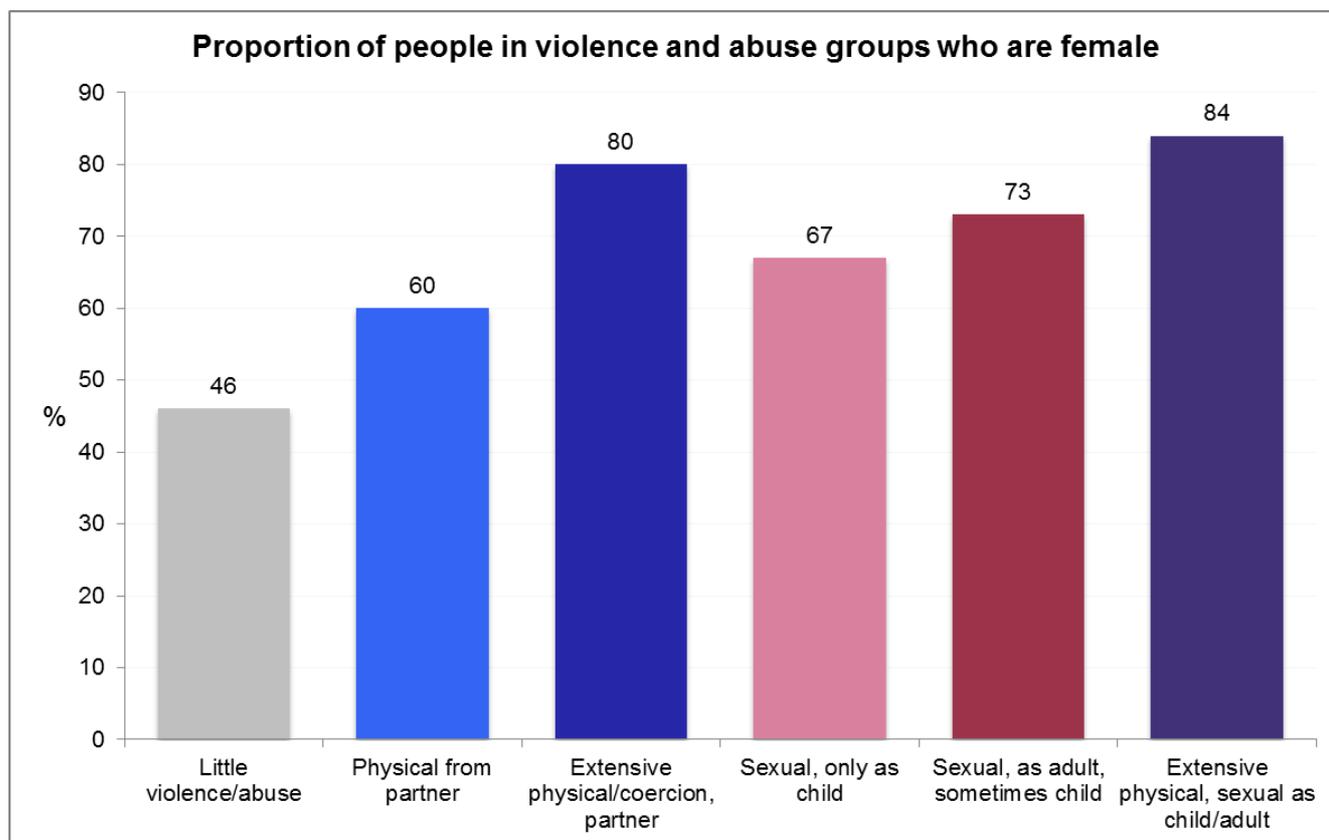
Overall, women are twice as likely as men to experience interpersonal violence and abuse, and the more extensive the violence the more likely that it is experienced by women rather than men. About one in every 20 women in England has experienced extensive physical and sexual violence and abuse across their life course, compared to one in every 100 men. These 1.2 million women have been sexually abused in childhood or severely beaten by a parent or carer, many have been raped as adults and suffered severe abuse from a partner including being choked, strangled or threatened with a weapon.

There are two groups of people who have experienced the most extensive violence and abuse. One group is made up of those who have been sexually and physically abused both as children and as adults, the other is

¹ McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (eds) (2009). *Adult Psychiatric Morbidity in England 2007: results of a household survey*. The NHS Information Centre: Leeds. <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

² The Responding Effectively to Violence and Abuse study (REVA) was conducted by the Child and Women Abuse Studies Unit, DMSS and NatCen Social Research. Scott S, Williams J, McNaughton Nicholls C, Lovett J, McManus S (2015) [Population patterns in violence, abuse and mental health in England](#) NatCen: London.

those who have suffered extensive physical violence and coercive control by a partner. At least 80% of both of these groups are women.



5% of women in England experience extensive abuse across their life-course (compared with 1% of men), while a further 3% of women experience this extensive physical violence from a partner in adulthood (compared with a further 1% of men).

Mental health and experience of violence and abuse

Women in the overall population have higher rates of depression and anxiety disorders than men. This analysis suggests that women's greater exposure to violence and abuse may go some way to explaining their higher rate of mental illness.

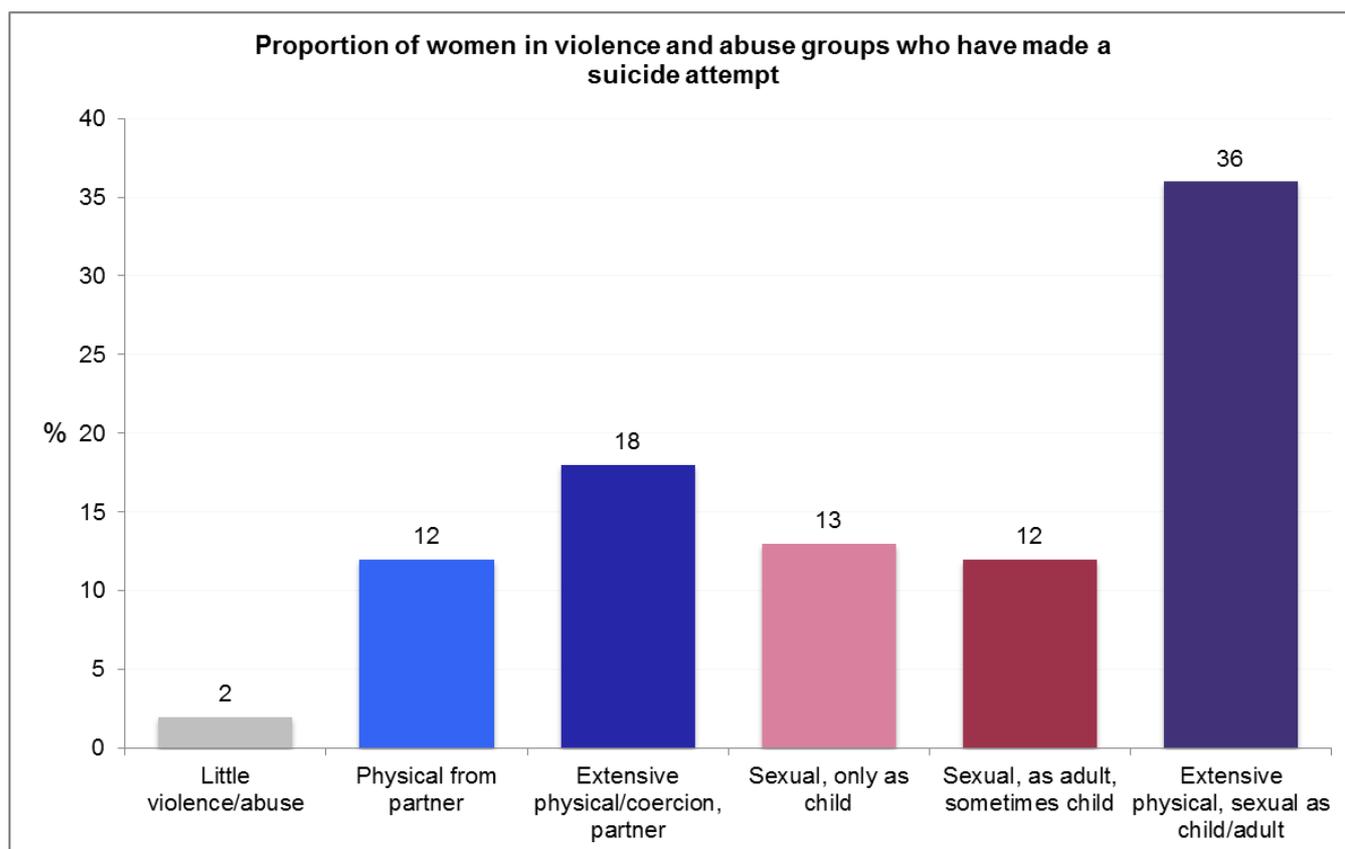
About three quarters of the population have little experience of violence and abuse. Among this group, levels of common mental disorder (CMD) are quite similar for women (13%) and men (10%). However, when those with experience of violence and abuse are included, this picture changes with CMD being much more common among women (20%) than men (12%) across the population.

Over half (54%) of women in the extensive physical and sexual violence group – and a third (36%) of women in the extensive physical violence group - meet the diagnostic criteria for at least one CMD.

Symptoms of posttraumatic stress disorder (PTSD) are strongly linked with experience of violence and abuse, with 78% of women in the extensive physical and sexual violence group having experienced life threatening trauma, and 16% screening positive for PTSD.

Experiences of violence and abuse are not just linked with certain types of mental disorder. The association pervades across all the types of mental disorder covered in the survey. Women in the extensive physical and sexual violence group are also more likely to have multiple conditions with about one in seven (15%) having three or more mental disorders.

Over a third (36%) of women in the extensive physical and sexual violence group have made a suicide attempt, and a fifth (22%) have self-harmed. One in ten (9%) have spent time on a mental health ward.



Despite all these indications of very high levels of mental ill health, three-quarters (75%) of women in the extensive physical and sexual violence group were not receiving either medication or counselling for a mental health problem at the time of the survey.

Multiple disadvantage among women experiencing violence and abuse

Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives, including disability and ill health, substance dependence, poverty and debt, poor living conditions, homelessness and discrimination.

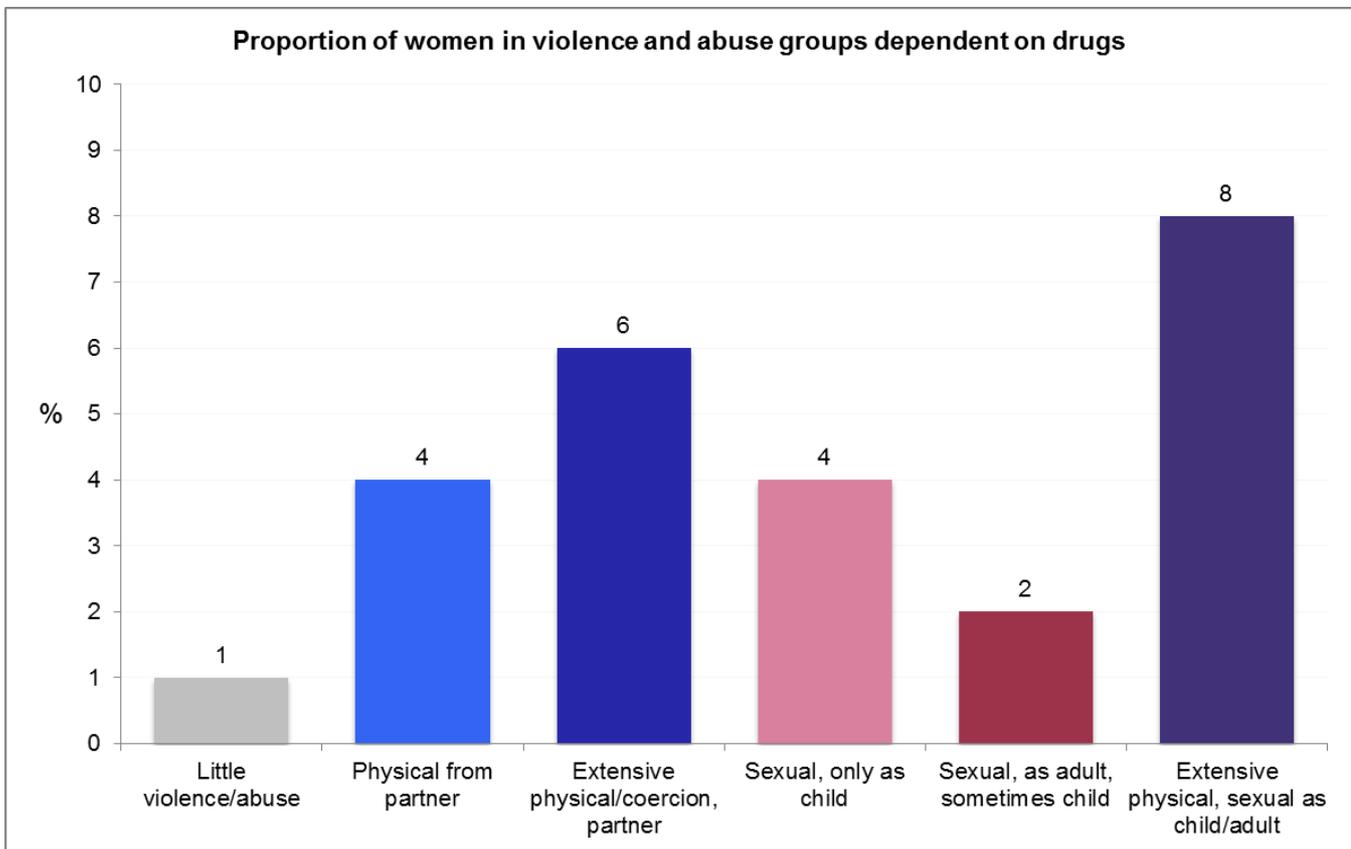
Disability, ill health and dependency

Just 6% of women with experience of extensive physical and sexual violence describe their general health as excellent, and 14% describe their health as poor compared with 5% of women with little experience of violence and abuse.

Women in this extensive violence and abuse group are also more likely to have a range of different physical health conditions, including stomach, bowel and bladder problems; asthma, allergies, migraine and skin problems; and back, joint and muscle problems.

Half (52%) of the women in the extensive sexual and physical violence group have a disability that means they need help with everyday activities. Yet 40% of women in this group are also care providers for people who are sick or disabled and three-quarters (74%) are mothers (a fifth (19%) of whom have at least four children).

Women in the extensive physical and sexual violence group are more than twice as likely to have an alcohol problem (31% do so) and are eight times more likely to be drug dependent than women in the group with little experience of violence and abuse.



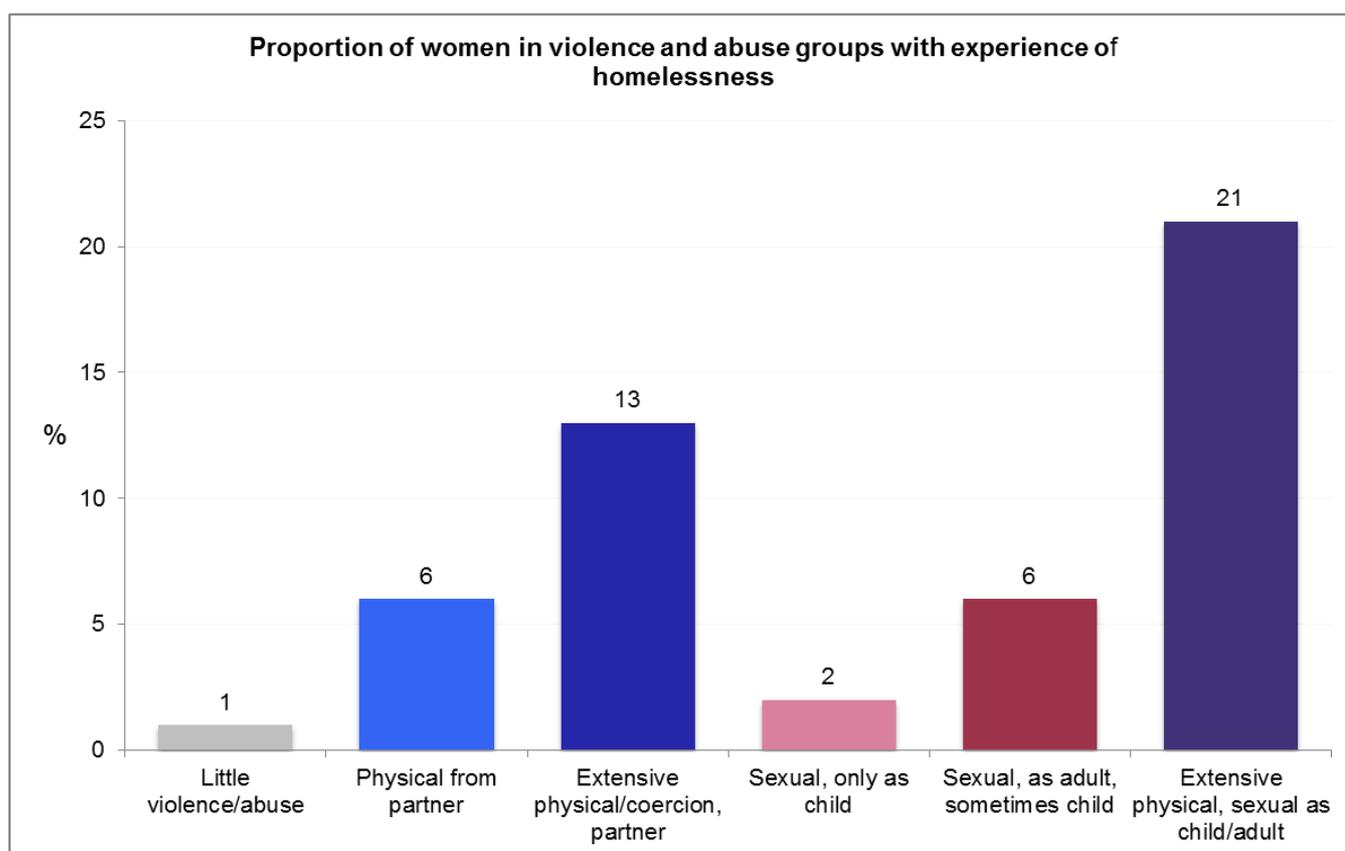
Poverty, housing and work

The socioeconomic circumstances of women differ between the groups in this analysis. Women who have experienced extensive physical violence from a partner are far more likely than women without such

experiences to live in rented accommodation and have lower household incomes. Among men, the data did not show a significant link between these indicators of socioeconomic disadvantage and their experience of partner violence. Women reporting experience of sexual abuse alone (whether in childhood or adulthood) were no more likely than other women to be socioeconomically disadvantaged.

Half of the women in the two extensive violence and abuse groups live in rented accommodation, compared with a quarter of those with little experience of violence and abuse. The homes that they are living in are also more likely to be in a poor state of repair, with a quarter living in properties with mould.

One in five women (21%) in the extensive physical and sexual violence group reported having been homeless at some point in their lives.

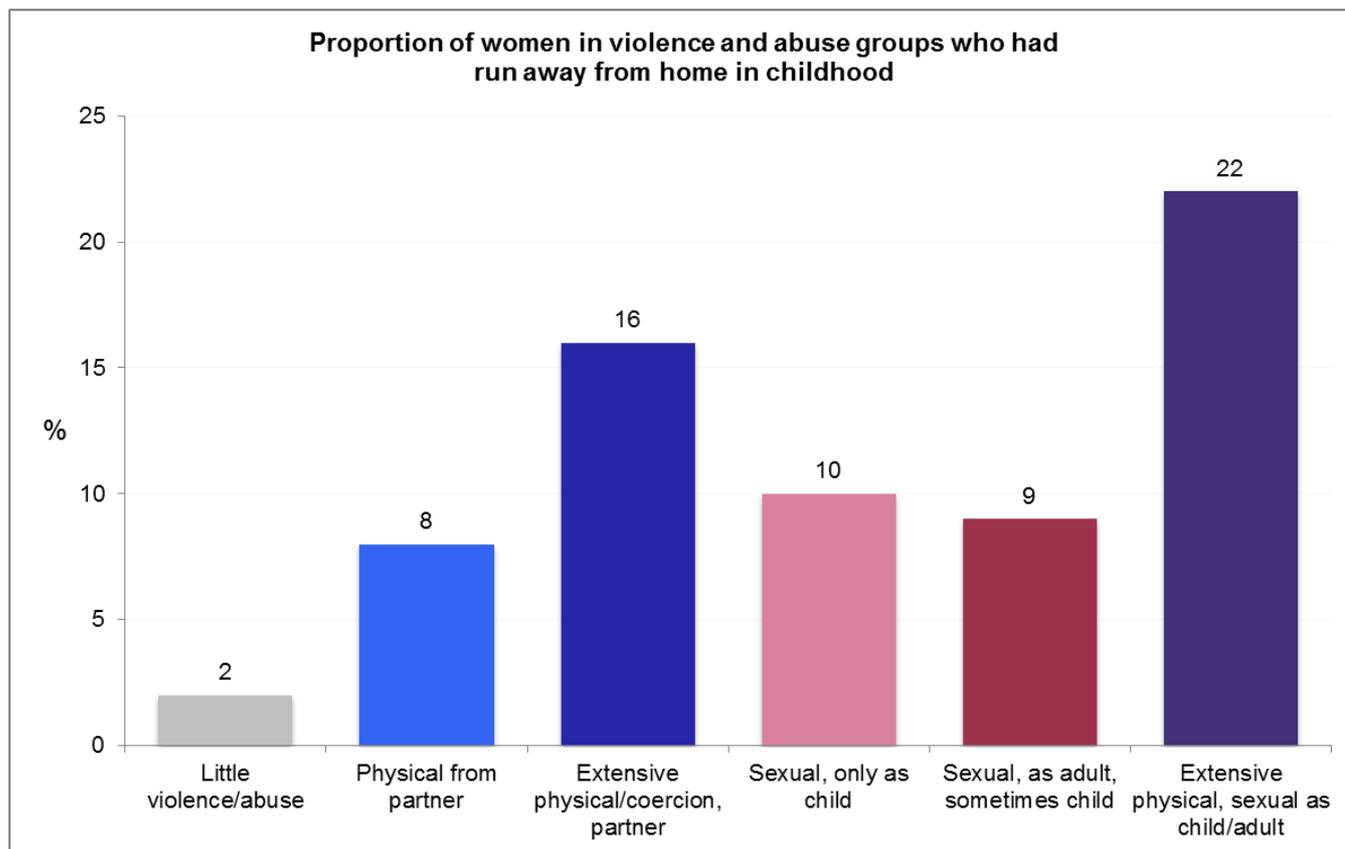


A quarter (27%) of those in the extensive physical and sexual group had experienced a major financial crisis in their lives, compared with 4% of women with little experience of violence and abuse. 33% of women in this group had borrowed money in the last year (from family, friends or money lenders) compared with 6% of women with little experience of violence and abuse.

Women with extensive experience of violence and abuse are more likely than women with little experience to describe their job as insecure (16% of those who were employed strongly agreed this was the case); to have been made redundant or sacked from their job (28%); and to have struggled to find new work (31% searched without success for a month or more).

Childhood adversity

Those women who had experienced extensive abuse starting in childhood and extending into their adult lives were the least likely to have grown up with both natural parents and the most likely to have spent part of their childhood in institutional care – 8% had done so compared with 1% of women with little experience of violence and abuse. More than a fifth (22%) had run away from home in childhood (compared to 2% of women who had suffered little violence or abuse) and 4% had been expelled from school.



Conclusion and recommendations

It is well established that all sexual and physical abuse takes a significant toll on victims' lives. What this analysis makes clear is that the greatest disadvantage is experienced by those who endure a range of types of extensive abuse across their life-course - and that over 80% of this group are women.

Many of the most negative outcomes that can result from abuse - and from attempts to escape it - increase the risk of further victimisation. For example, girls who run away from home and women who become homeless, misuse drugs or are exposed to criminality are highly likely to experience further violence in their lives.

There are some major implications of this analysis for policy makers, services providers and practitioners. The key message is that women with extensive experience of violence and abuse in their lives should constitute a priority group across many different areas of policy and service delivery. In particular, we recommend that:

- Women and girls with extensive experience of violence and abuse often have multiple difficulties in their lives. These are more likely to require specialist services which provide holistic support, including the opportunity to address the trauma of violent and abusive experiences. Central and local government must make sure such services are adequately funded and properly commissioned.
- ‘Gender neutral’ services often fail to respond to the different experiences of violence, abuse and other disadvantages in the lives of women and men and as such are far less likely to meet women’s needs. Greater priority must be given to commissioning gender specific services and to ensuring that public services which women come into contact with are gender responsive.
- Staff in public services (including for example mental health, housing, substance misuse or employment support) need to have ongoing training and support that gives them insight into the impacts of inequalities, violence and abuse on women’s lives. This should be supported by a culture that encourages and enables them to work with women at risk in ways that are helpful and empowering.
- ‘Routine enquiry’ (asking women whether they have experienced violence and abuse) should become standard practice across a whole range of services and be accompanied by proper support for those women who disclose past or present experiences of abuse.

1. Data and analysis in this report

Data

The Adult Psychiatric Morbidity Survey (APMS) series is the primary source of information for monitoring the mental health of people living in England.³ It is based on a stratified random sample of people currently living in private households, with a large representative sample of women and men of all ages. Some people choose not to take part or are not able due to poor health, and those living in institutions or who are homeless when fieldwork takes place are not included. However, with a 57% response rate and weights applied to address what is known about who doesn't respond, this is the best available data on rates of a wide range of different mental illnesses. A 90-minute interview is followed up with a further clinical assessment for some participants. Detailed mental health screening tools and assessments are conducted which can identify mental disorder in both participants who have and have not been diagnosed by services.

APMS also provides incredibly rich information about other aspects of people's lives: including their economic circumstances, social relationships, and experience of traumatic events. Experience of a number of different types of coercive control, threat, physical and sexual abuse and violence, experienced in childhood or adulthood, were asked about in a self-completion module administered on a laptop. The laptop self-completion will have helped to minimize under reporting, although this remains a potential issue for both women and men. Men may be particularly likely to under-report experiences of interpersonal violence and abuse, because such experiences are more stigmatized in men.⁴ It is also likely that there may be some under reporting by those currently living with an abusive partner, as the interview took place in people's own homes,

The questions relating to abuse by a partner were adapted from those used on the British Crime Survey, and were originally based on the Conflict Tactics Scale (CTS). The questions have been identified as problematic, in particular for the way in which they group together non-equivalent types of gendered violence (for example, implying that being 'slapped' and 'pinned down' are equivalent).⁵

Previous analyses

³ McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (eds) (2009). *Adult Psychiatric Morbidity in England 2007: results of a household survey*. The NHS Information Centre: Leeds.

⁴ This perception is examined in Radford J, Hame L (2008) 'The nature and extent of domestic violence' chapter in *Tackling Domestic Violence*. <http://www.mheducation.co.uk/openup/chapters/9780335212484.pdf>

⁵ For example, DeKeseredy WS, Schwartz M (1998) Measuring the Extent of Woman Abuse in Intimate Heterosexual Relationships: A Critique of the Conflict Tactics Scales <http://stoprelationshipabuse.org/wp-content/uploads/2013/06/A-Critique-of-the-Conflict-Tactics-Scales.pdf>

APMS data on abuse and violence has been previously examined, with a particular focus on psychiatric outcomes rather than social context.^{6 7 8} It has also been examined using a statistical approach called latent class analysis (LCA). This looked for clusters of people who share similar patterns of responses and produced a typology of the population in terms of people's life histories abuse and violence.

Six distinct groups were identified, with those characterised by the most extensive experience of abuse and violence being much more likely to be women. People with such experiences were also found to be more likely to experience many other adverse circumstances, such as living in a deprived area, being disabled, in poor physical health, and having substance misuse problems.⁹ That study, however, had two main limitations; the groups were not fully profiled in terms of their deprivation context and the population was considered as a whole, with the experiences of women and men grouped together.

Focus of this report

Agenda commissioned this analysis to focus specifically on the experiences of women, with comparisons between different groups of women and between men and women overall. The report provides evidence of the extent to which women who experience the most extensive abuse and violence (both as children and adults) are more likely to face other adverse circumstances, such as poor mental and physical health, poverty, debt, difficulties finding employment, poor housing and homelessness, disability, and substance misuse problems. This report presents a picture of both the scale of violence and abuse women face, the nature of their experiences, and how the life chances of women experiencing the most extensive violence and abuse differ from the rest of the population.

This report highlights key findings and recommendations. A separate appendix presents tables with the detailed analysis. The tables enable the overall experiences of women and men to be compared, and show how, among women, different patterns of violence and abuse link with experience of social, economic and health disadvantage. All differences highlighted in the text have been tested and found to be statistically significant. P-values are provided in the tables appendix.

Further information

Main report: <http://weareagenda.org/policy-research/agendas-reports/>

Data tables: <http://weareagenda.org/policy-research/agendas-reports/>

⁶ Jonas, S, Khalifeh H, Bebbington PE, McManus S, Brugha T, Meltzer H and Howard LM. Gender differences in intimate partner violence and psychiatric disorders in England: results from the 2007 adult psychiatric morbidity survey. *Epidemiology and Psychiatric Sciences*. 2014 23; 02:189-199.

⁷ Bebbington P, Jonas S, Kuipers E, King M, Cooper C, Brugha T, Meltzer H, McManus S, Jenkins R. Child sexual abuse and psychosis: data from an English National Psychiatric Survey. *British Journal of Psychiatry*. 2011 199; 29-37.

⁸ Bebbington P, Jonas S, Brugha T, Meltzer H, Jenkins R, Cooper C, King M, McManus S. Child sexual abuse reported by an English national sample: characteristics and demography. *Social Psychiatry and Psychiatric Epidemiology*. 2011 46; 255–262.

⁹ Scott, S; Williams, J; McNaughton Nicholls, C; Lovett, J; McManus, S. (2015) *Violence, abuse and mental health in England: Population patterns*. NatCen: London www.natcen.ac.uk/Revabriefing1

2. Findings

Gender and experience of violence and abuse

Overall, women are twice as likely as men to have experienced interpersonal violence and abuse, and the more extensive the violence, the more likely that it is experienced by women rather than men. About one in every 20 women in England has experienced extensive physical and sexual violence and abuse across their life course, compared to one in every 100 men. These 1.2 million women have been sexually abused in childhood or severely beaten by a parent or carer, many have been raped as adults and suffered severe abuse from a partner including being choked, strangled or threatened with a weapon.

Lifetime experience of nineteen types of violence and abuse are asked about in the Adult Psychiatric Morbidity Survey (APMS), a high quality survey of the general population. Rates are higher in women than men for lifetime experience of all the types of violence and abuse asked about, except bullying, physical beating by a parent or carer as a child, and violence at work.¹⁰ Levels of reporting are most different between women and men for 'partner ever choked or tried to strangle you' (7% of women, 1% of men) and 'partner ever threatened to kill you' (6% of women, 1% of men).¹¹

A gender-focused analysis of groups previously identified through latent class analysis found that women (31%) are twice as likely as men (15%) to be in a group characterized by experience of violence and abuse. It also identified two groups of people who have experienced the most extensive violence and abuse. One group is made up of those who have been sexually and physically abused both as children and as adults, the other is those who have suffered extensive physical violence and coercive control by a partner.

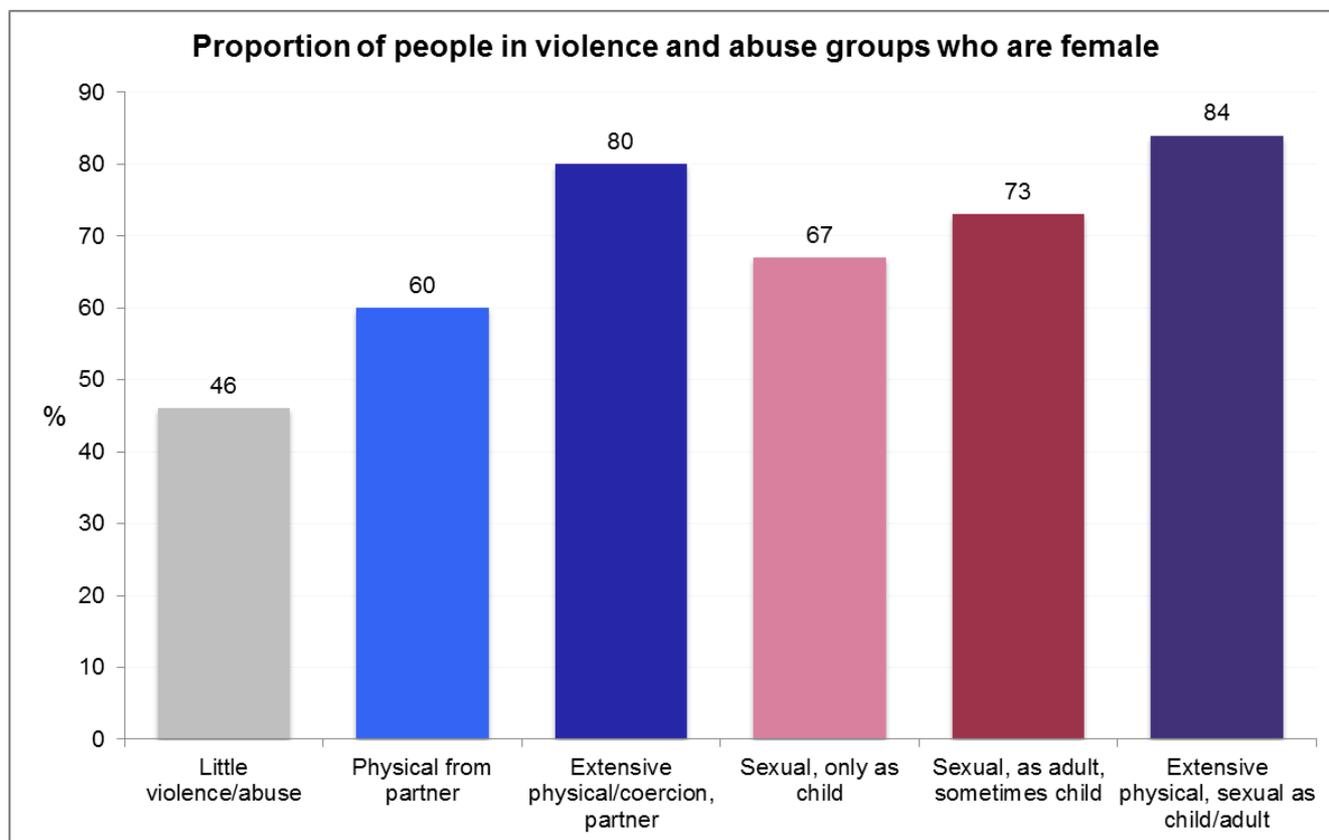
The more extensive the violence and abuse, the higher the proportion of the group that is female (at least 80% of people in the two extensive violence and abuse groups are female). Overall, 5% of women (about 1.2 million adult women living in England) had a history of abuse stemming back into their childhood and had experienced extensive physical violence from a partner and sexual violence in adulthood. This compares with about 1% of men. A further 3% of the women (about 650,000) experienced extensive physical violence from a partner.

This extensive physical and sexual violence group represents about one in every 20 women in the English population; about 1.2 million adult women. They are the focus for much of this report.

¹⁰ Bullying was mentioned by a fifth of both men and women, and violence at work was more common among men (2% of women, 4% of men), as was having been beaten by a parent or carer in childhood (4% of women, 5% of men). In addition, while rates were significantly higher in women, they were quite similar for 'partner stopped you from seeing friends and relative' (11% of women, 8% of men).

¹¹ Rates and patterns found on APMS are similar to those found on the other key survey to cover this topic, the Crime Survey for England and Wales (CSEW). The CSEW has good coverage of experience of crime victimisation, but much less information than APMS on the wider context of people's lives (ONS. Chapter 4 - Intimate Personal Violence and Partner Abuse. CSEW. 2014 http://www.ons.gov.uk/ons/dcp171776_352362.pdf).

Men are present in all of the violence and abuse groups. However, the very small number of male APMS participants in the extensive violence groups means the profile generated for these groups of men is not statistically reliable. Figures based on these groups of men are presented in the data tables appendix for reference only. Data are presented for these two groups because while individual figures are unreliable, the pattern that emerges is consistent and plausible.



Demographics and experience of violence and abuse

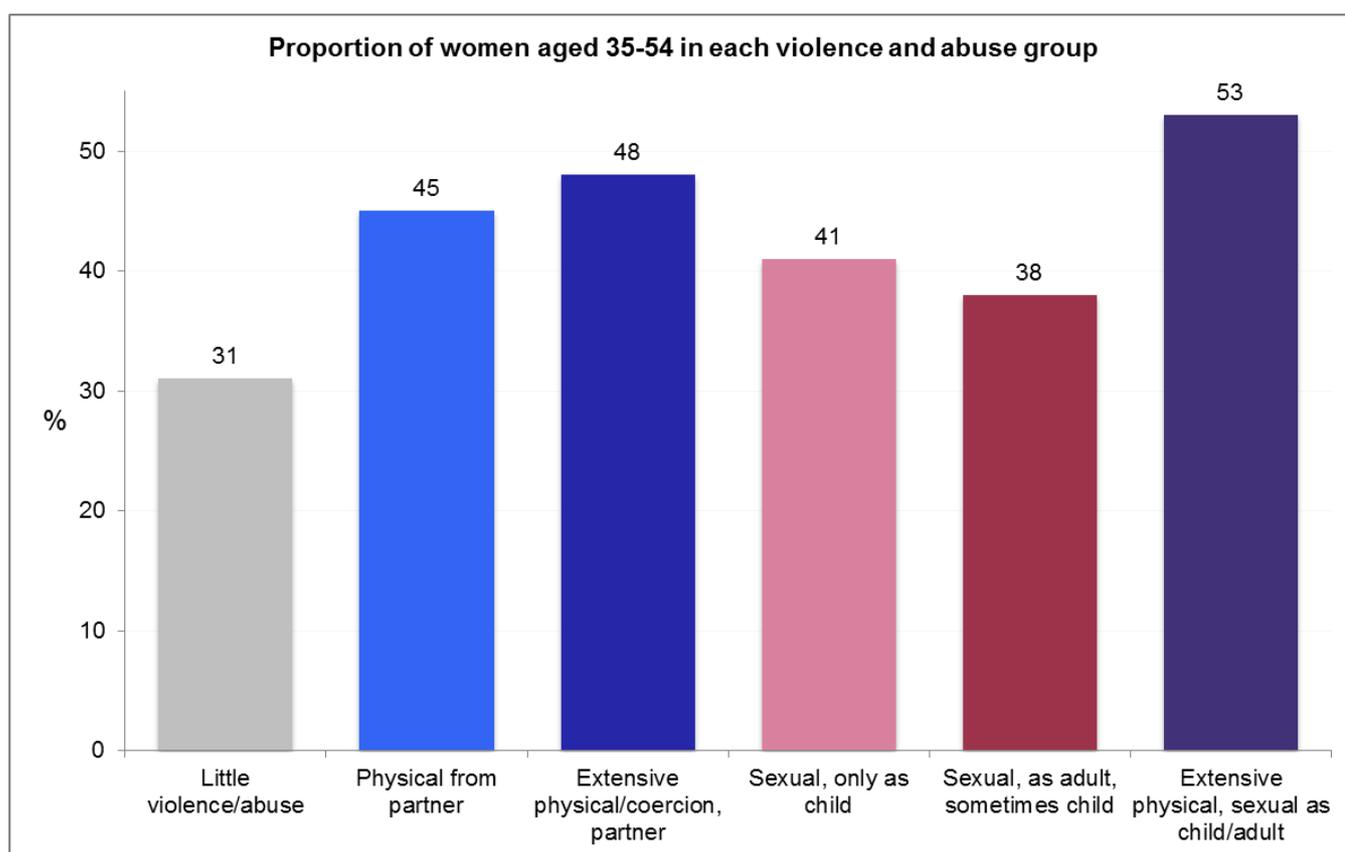
Age profile

Half (53%) of the women in the extensive physical and sexual violence group are aged 35 to 54, compared with a third (35%) of women in the population as a whole. Younger women experience levels of sexual abuse similar to that of women in midlife, and older women are the most likely to be in the little violence and abuse group. There are a number of factors that might explain these age group differences.

Many younger women will not yet have accumulated the longer-term relationship history that can increase exposure to violence from a partner; many of these survey participants may go on to experience partner violence later on in their lives. It is also the case that people are more likely to recall and report recent events. Some older people may have forgotten, repressed or simply be more likely to choose not to report experiences of violence and abuse. 'Healthy survivor' effects may also be a factor. That is, women who have experienced substantial adversity across their life may die younger, or else be more likely to become homeless, live in an

institutional setting, or otherwise be unable to take part in a household survey. The age patterning could also be explained by certain experiences being more common in particular cohorts. With this dataset it is not possible to test which of these reasons explains the age profile found in experience of abuse and violence, and a combination of factors are likely to be playing a part.

The analyses presented in this report do not control for age. For example, we find that women in the extensive violence and abuse group are more likely to be disabled and have certain health conditions than women in the little violence group *despite* the fact that women in the violence group are, on average, younger.



Ethnicity profile

No significant association between ethnicity and experience of violence and abuse was found in the data. This suggests that such experiences are present across ethnic groups. There was also no indication that experiences of violence and abuse are more common in women without English as a first language. It is important to note that because the survey has a representative sample of about 7,500 adults, it includes few non-white respondents and none without good command of English. The dataset is not suitable for examining variation by ethnicity in depth.

Mental health and experience of violence and abuse

Women in the overall population have higher rates of depression and anxiety disorders than men. This analysis suggests that women's greater exposure to violence and abuse may go some way to explaining their higher rates of mental illness.

The APMS findings presented here are consistent with wider research showing that women's mental ill health tends to manifest in higher rates of internalising conditions, such as generalized anxiety disorder, phobias, depression and eating disorder.¹² Men, in turn, are more likely than women to show signs of drug and alcohol dependence and problem gambling.

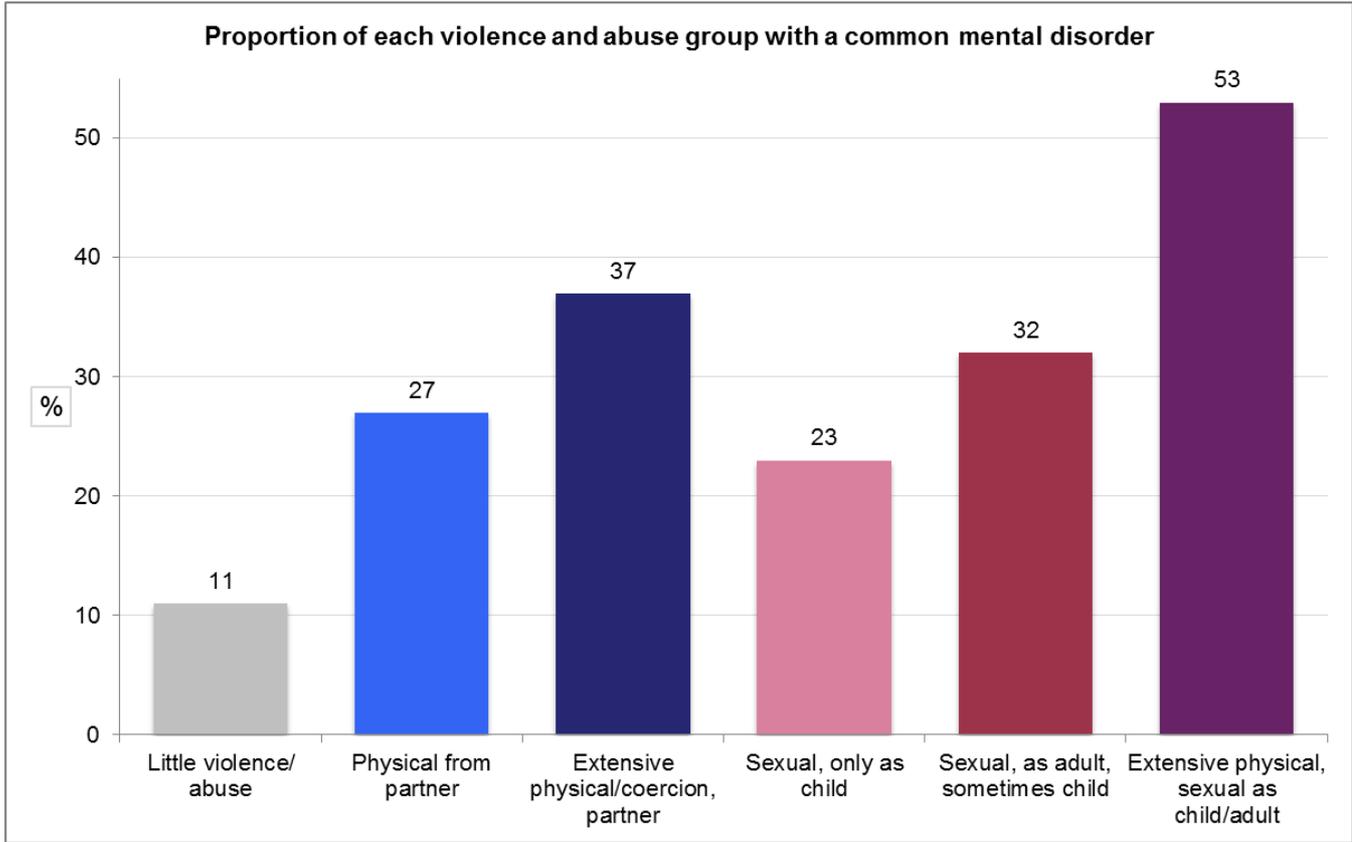
Depression and anxiety

About three quarters of the population have little experience of violence and abuse. Among this group, levels of common mental disorder (CMD) are quite similar for women (13%) and men (10%).¹³ However, when those with experience of violence and abuse are included, this picture changes with CMD much more common among women (20%) than men (12%) across the population. Over half (54%) of women in the extensive physical and sexual violence group – and a third (36%) of women in the extensive physical violence group – meet the diagnostic criteria for at least one CMD. Rates of phobias, for example, are ten times higher among women in the extensive violence groups than among women in the little violence group.

¹² Jenkins R, Meltzer H, Bebbington P, Brugha T, Farrell M, McManus S, Singleton N. The British Mental Health Survey Programme: achievements and latest findings. *Social Psychiatry and Psychiatric Epidemiology*. 2009; 44(11):899-904.

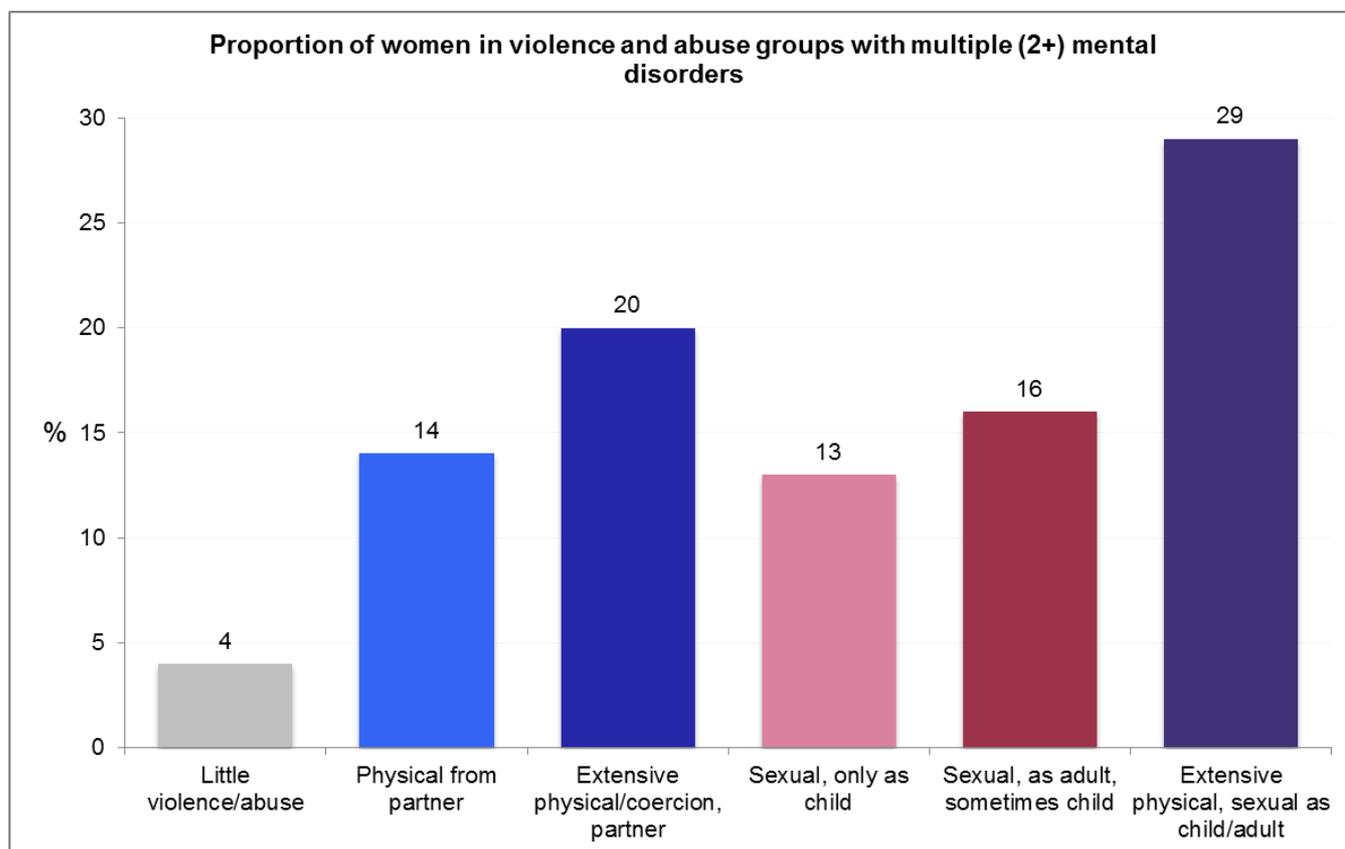
¹³ CMDs include different types of depression and anxiety. They cause appreciable emotional distress and interfere with daily function, but do not usually affect insight or cognition. In APMS, CMDs were assessed using the revised Clinical Interview Schedule (CIS-R), which covers non-psychotic symptoms in the past week. Responses were used to generate an overall score and to diagnose six types of CMD. McManus et al. (2009);

<http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>



Psychiatric comorbidity

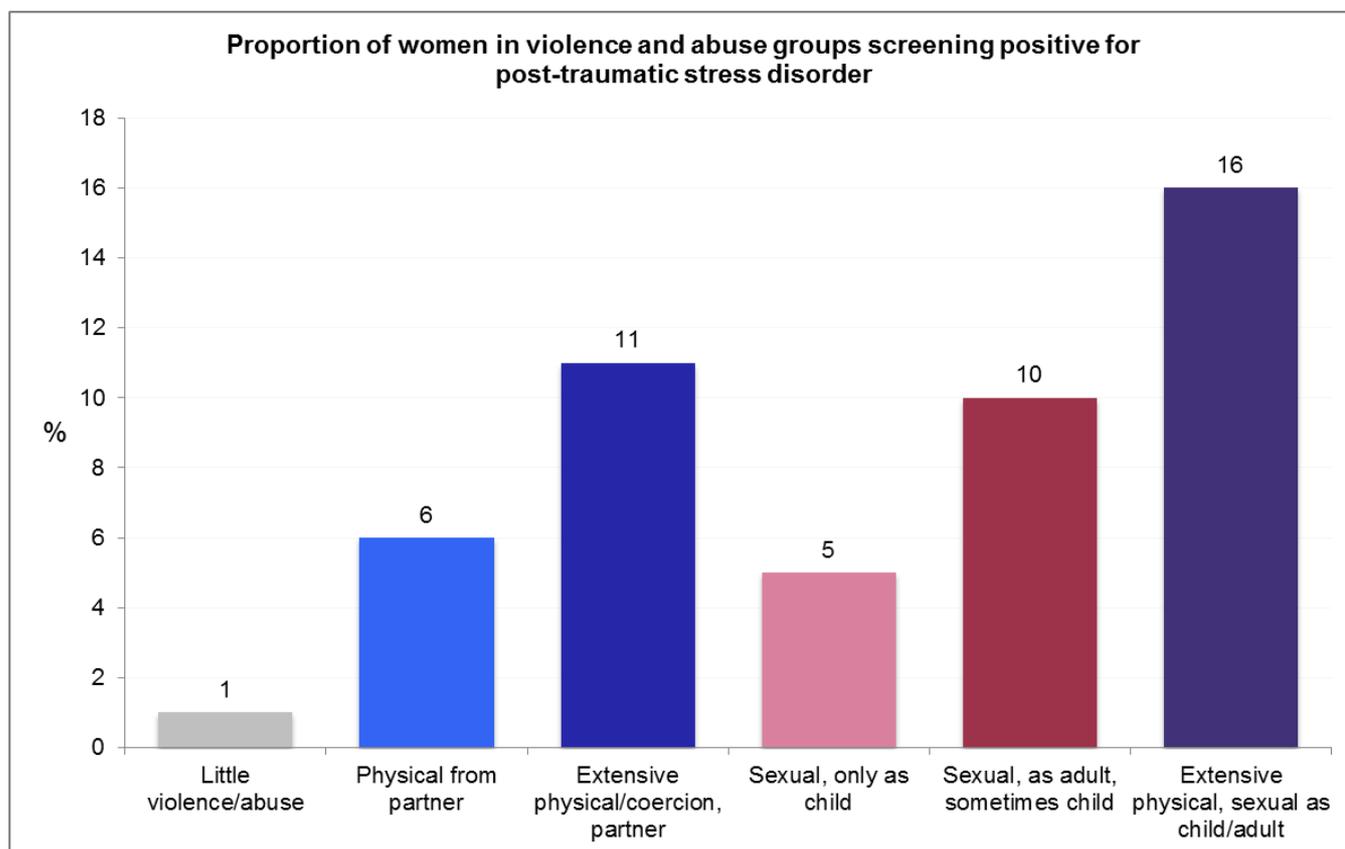
Experiences of violence and abuse are not just linked with certain types of mental disorder. The association pervades across all the different types of mental disorder covered in the survey. Women in the extensive physical and sexual violence group are more likely to have multiple conditions, with nearly a third (29%) having two or more mental disorders compared with 4% of women with little experience of violence and abuse.¹⁴



¹⁴ Psychiatric comorbidity - or meeting the diagnostic criteria for two or more psychiatric disorders - is known to be associated with increased severity of symptoms, longer duration of disorders, greater functional disability and increased use of health services. McManus et al. (2009) <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

Post-traumatic stress disorder (PTSD)

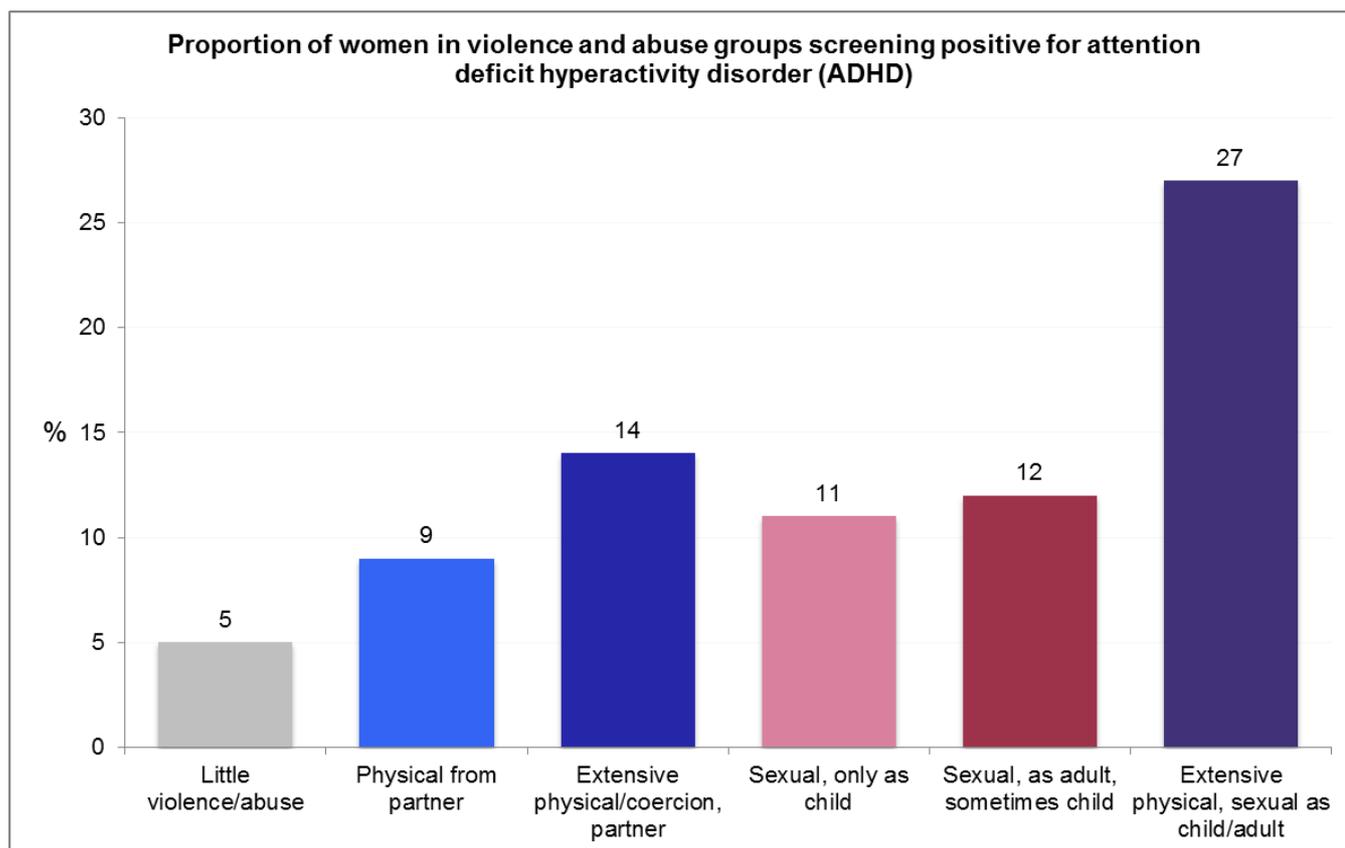
Three quarters (78%) of women in the extensive physical and sexual violence group have experienced life-threatening traumas. Symptoms of posttraumatic stress disorder are extremely high among those with such experiences, with 16% of women in the extensive physical and sexual violence group screening positive for the disorder.¹⁵



¹⁵ PTSD is a disabling condition characterised by flashbacks and nightmares, avoidance and numbing, and hyper-vigilance. It is different from other psychiatric disorders in that diagnosis requires that symptoms are caused by an external, traumatic event. A traumatic event is where an individual experiences, witnesses, or is confronted with life endangerment, death or serious injury or threat to self or close others. Traumatic events are distinct from and more severe than generally stressful life events. Screening positive on the Trauma Screening Questionnaire (TSQ), administered by self-completion, indicated presence of trauma related symptoms in the past week and that clinical assessment for PTSD was warranted. McManus et al. (2009) <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

Attention deficit hyperactivity disorder (ADHD)

Disorders such as attention deficit disorder (ADD) and ADHD (which includes a hyperactivity dimension) are much more likely to be diagnosed by health services in men than in women.¹⁶ However, APMS data shows that ADD traits are in fact just as common in women (8%) as men (9%). It is likely that cases of ADHD in women get missed because of the perception that the disorder is less common in women, or because their attention deficit has different behavioural manifestations. This lack of recognition and support is likely to impact disproportionately on the most vulnerable women: one in four women (27%) women with experience of extensive physical and sexual violence have ADD/ADHD traits.

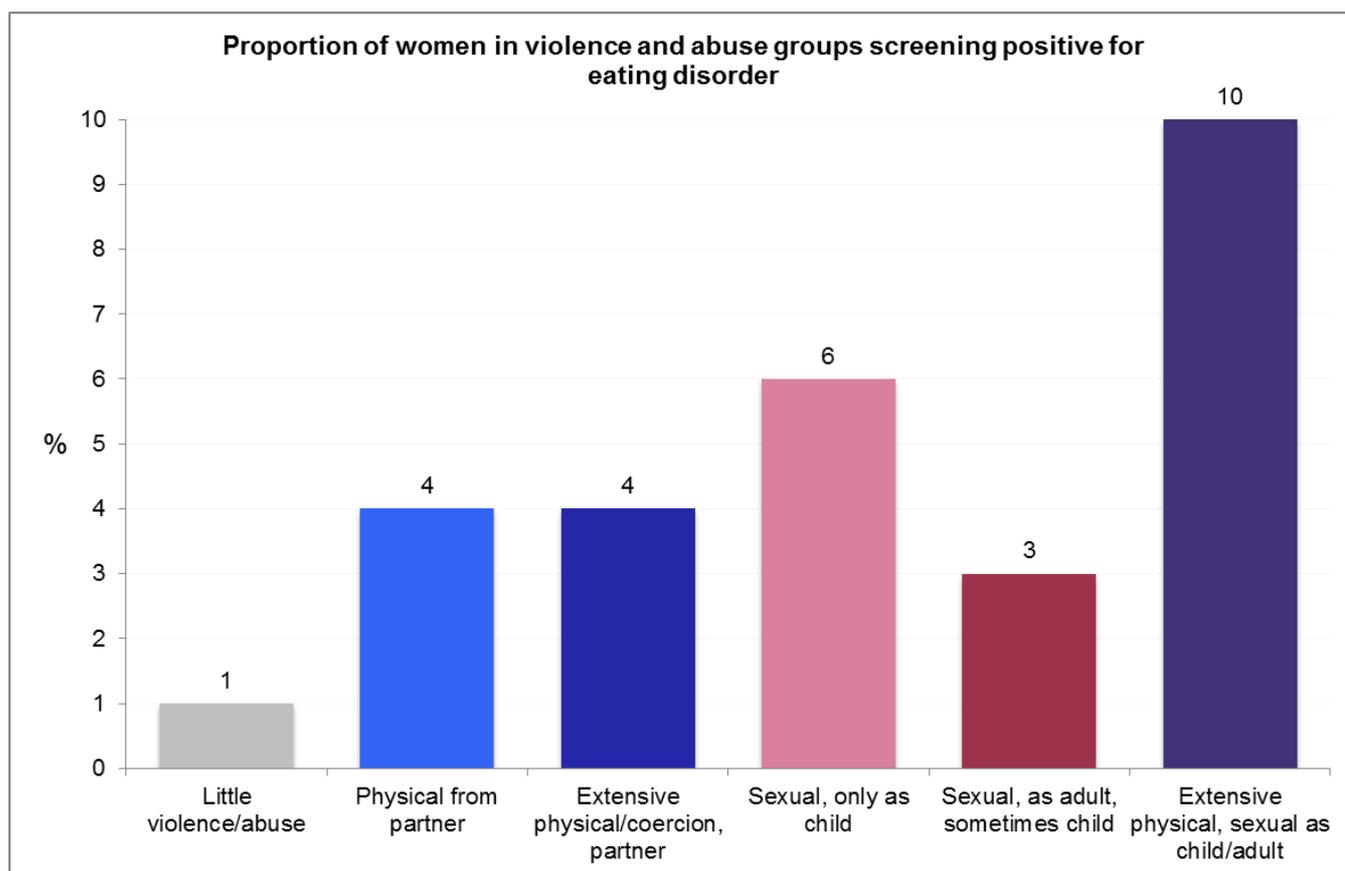


¹⁶ ADHD is a developmental disorder consisting of core dimensions of inattention, hyperactivity and impulsiveness. Characteristic symptoms and behaviours include excessive problems with organisation, difficulties with activities requiring cognitive involvement, restlessness and impulsiveness to an extent that causes significant distress or interferes with everyday functioning. A score of four or more on the Adult Self-Report Scale-v1.1 (ASRS) was considered to be a positive screen indicating that a clinical assessment for ADHD may be warranted. McManus et al. (2009)

<http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

Eating disorder

The risk factors for eating disorder and the profile of people with the condition is not well understood; although it has been found to be the mental illness with the highest rates of associated mortality.¹⁷ It is well established that eating disorders are much more common in women than men. Data presented here also shows a link with experience of violence and abuse.¹⁸ Women in the extensive physical and sexual violence group (10%) are ten times more likely to screen positive for the disorder than women who have experienced little violence and abuse (1%).

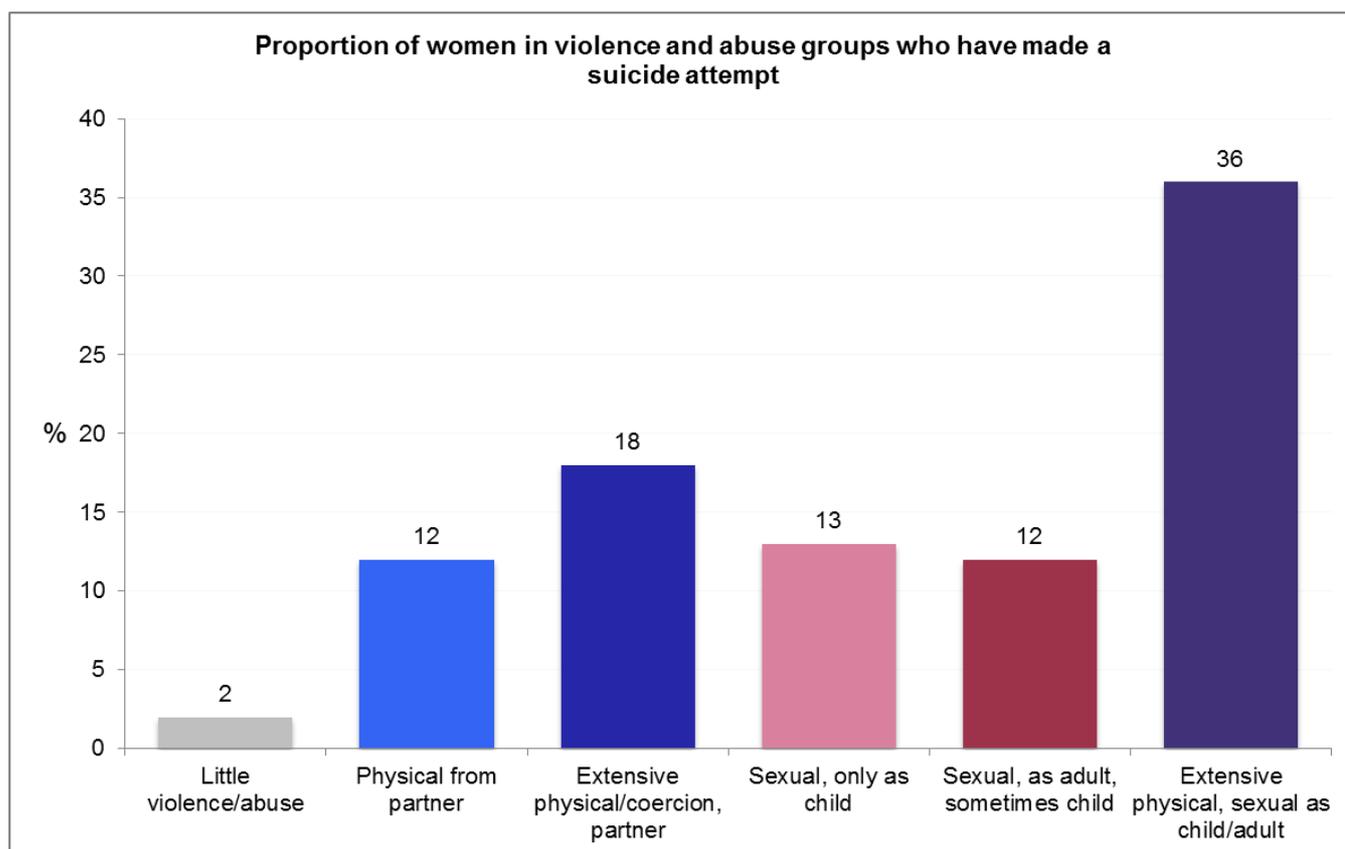


¹⁷ McBride O, McManus S, Palmer B, Brugha T. (2013) Profiling disordered eating patterns and body mass index (BMI) in the English general population *Social Psychiatry and Psychiatric Epidemiology*. Vol. 48, Issue 5.

¹⁸ Eating disorders, including anorexia nervosa, bulimia nervosa and related types of disordered eating, generally onset in childhood or adolescence and range greatly in severity. People with eating disorders often experience acute psychological distress, as well as severe physical complications. APMS includes the first data based on a large general population sample able to describe the distribution of possible eating disorder in England across the adult age range. The SCOFF screening tool for eating disorders was administered by self-completion. Endorsement of two or more items represented a positive screen for eating disorder. This threshold indicated that clinical assessment for eating disorder was warranted. McManus et al. (2009) <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

Suicide attempts and self-harm

While overall men are more likely to take their own life¹⁹, the data presented in this report shows that women are more likely than men to have suicidal thoughts and to make a suicide attempt.²⁰ Among those who have made a suicide attempt, women (58%) are less likely than men (63%) to have sought help afterwards.²¹ Women in all the abuse and violence groups are at least five times more likely to have attempted suicide than women with little such experience. Over a third (36%) of women in the extensive physical and sexual violence group have made a suicide attempt, and a fifth (22%) have self-harmed.



Mental health treatment

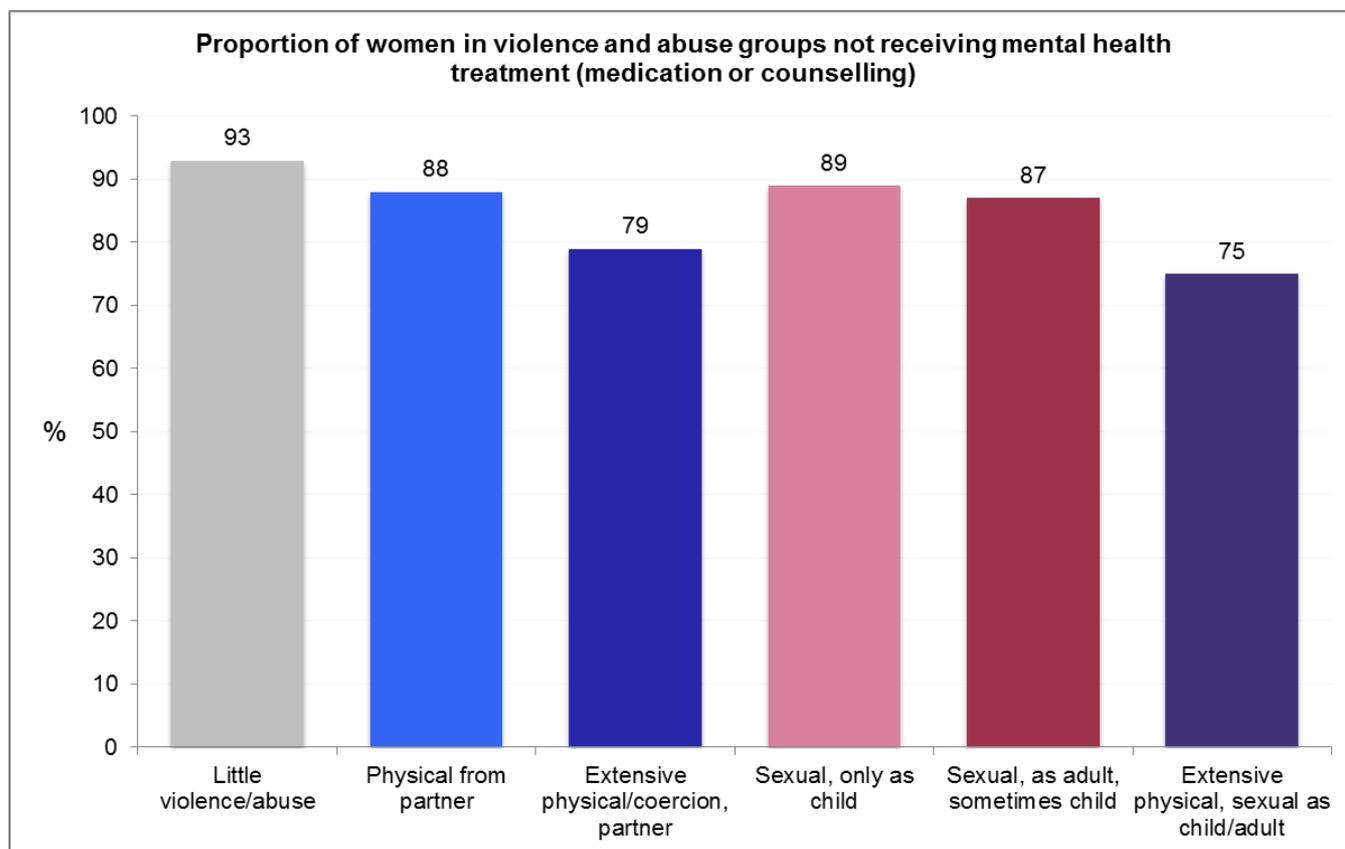
Questions are asked on APMS about treatment and use of health services for a 'mental or emotional problem'. Treatment includes being prescribed mental health medication or receiving talking therapy or counselling at

¹⁹ ONS (2015) Suicides in the United Kingdom: 2013 Registrations http://www.ons.gov.uk/ons/dcp171778_395145.pdf

²⁰ Spiers N, Bebbington PE, Dennis MS, Brugha TS, McManus S, Jenkins R, Meltzer H. Trends in suicidal ideation in England: the National Psychiatric Morbidity Surveys of 2000 and 2007. *Psychol Med*, 2014. 44(1),175 - 183.

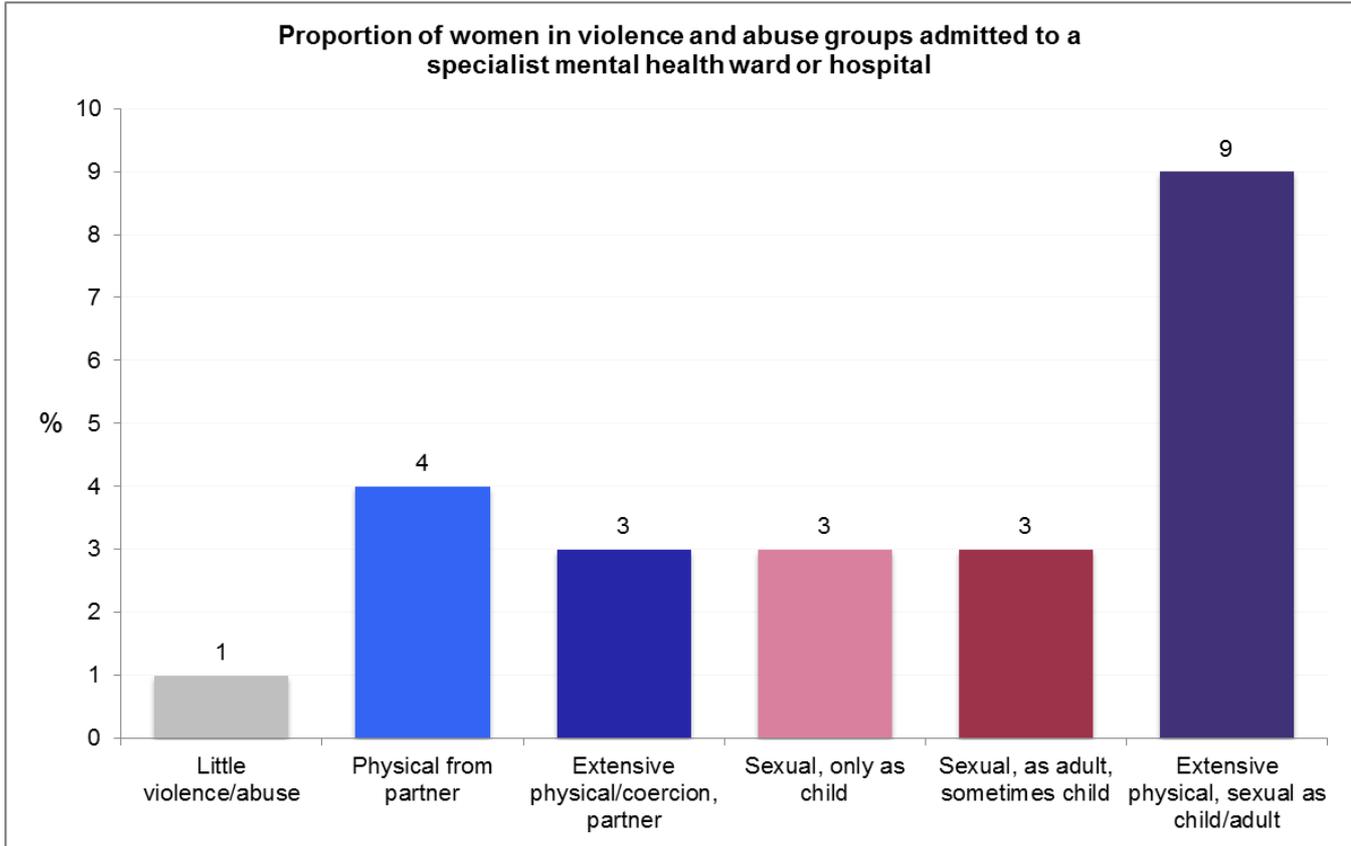
²¹ Suicidal thoughts, non-fatal suicide attempts and self-harm (without suicidal intent) are associated with high levels of distress, both for the people engaging in them and for those around them. Respondents were asked about these in the self-completion section of the interview. McManus et al. (2009) <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

the time of the interview. Use of health services included GP contact in the past two weeks and past year, and inpatient or outpatient healthcare in the last quarter for a mental health reason. Having ever been admitted to a specialist mental health ward or hospital was also asked about.



Despite all the indications of very high levels of mental ill health, three-quarters (75%) of women in the extensive physical and sexual violence group were not receiving either medication or counselling for a mental health problem at the time of the APMS interview. Among the quarter who were receiving treatment, this was more likely to take the form of medication than counselling, with 16% receiving medication only, 2% in counselling only, and 7% in receipt of both. 7% had discussed their mental health with a GP in the two weeks prior to interview.

More than a third (37%) had used health services because of a mental or emotional problem, either from a GP in the past year or as an inpatient or outpatient in the previous quarter. Being admitted to a mental health specialist ward should usually be avoidable if primary and community-based provision is sufficient and appropriate. However, one in ten (9%) women in the extensive physical and sexual violence group had been admitted at some point in their lives to a specialist mental health ward or hospital.



Multiple disadvantage among women experiencing violence and abuse

Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives, including disability, ill health and substance dependence; poverty, housing and debt; childhood adversity and discrimination.

Multiple disadvantage - overview

In line with previous research, APMS data shows that men are more likely than women to meet the most widely-used indicators of severe and multiple deprivation (SMD).^{22 23} These include higher rates of homelessness (likely to be interpreted by survey participants as rough sleeping), substance dependence, contact with the criminal justice system, and economic shocks such as redundancy and financial crisis. However, women experiencing extensive violence and abuse have rates of homelessness, substance dependence, and economic shocks at levels comparable with those of men. In addition, they are also more likely to experience indicators of chronic disadvantage spanning ill health, disability and poverty. This fits with

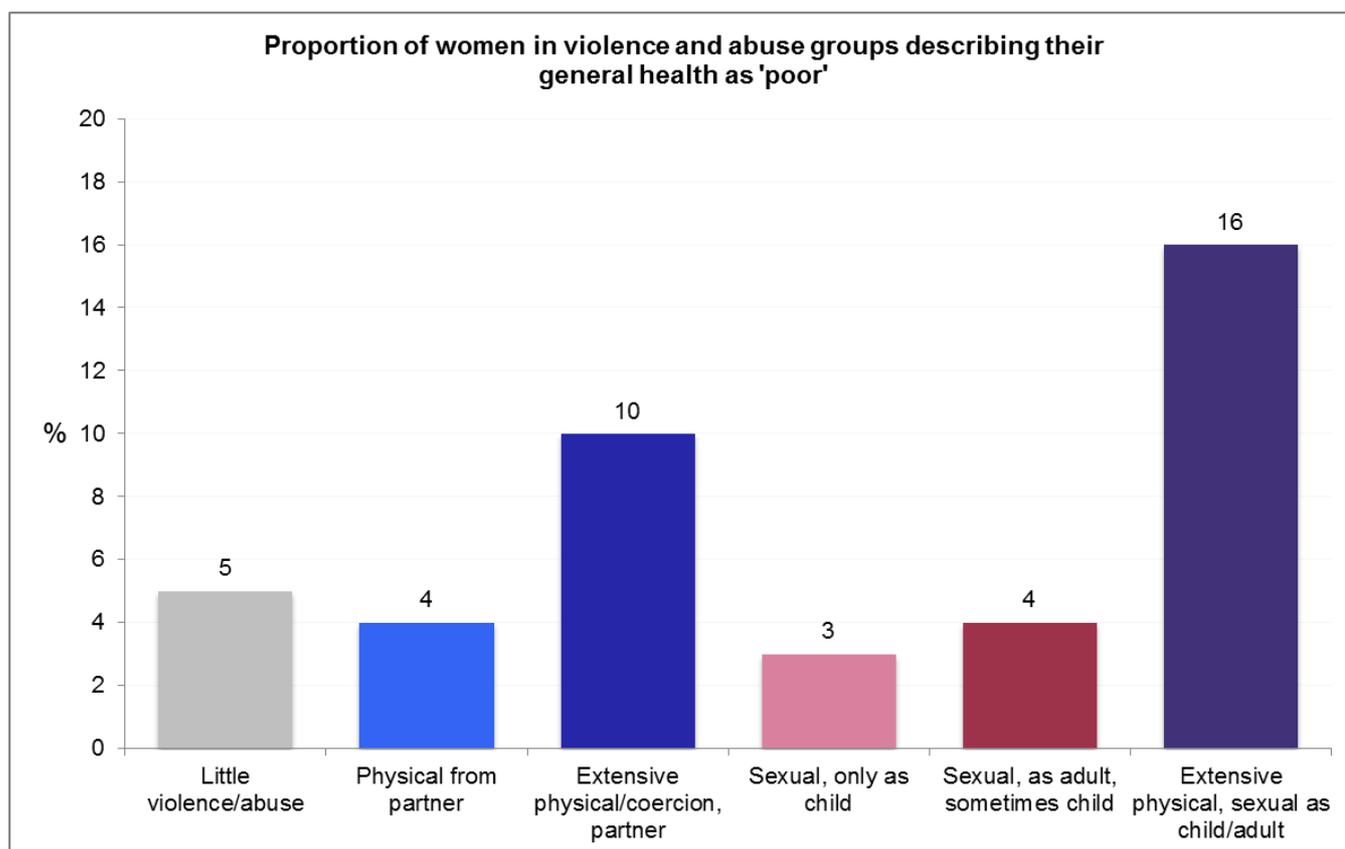
²² Bramley G, Fitzpatrick S (2015) *Hard Edges: Mapping Severe and Multiple Deprivation*. London: Lankelly Chase. <http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>

²³ McNeish D, Scott S, Sosenko F, Johnsen S, Bramley, G. (2016, forthcoming) *Women and girls facing severe and multiple disadvantage in the UK*. London: Lankelly Chase Foundation.

the wider evidence base, showing that accumulated experience of abuse across the life course is the most damaging to mental health and life chances.²⁴

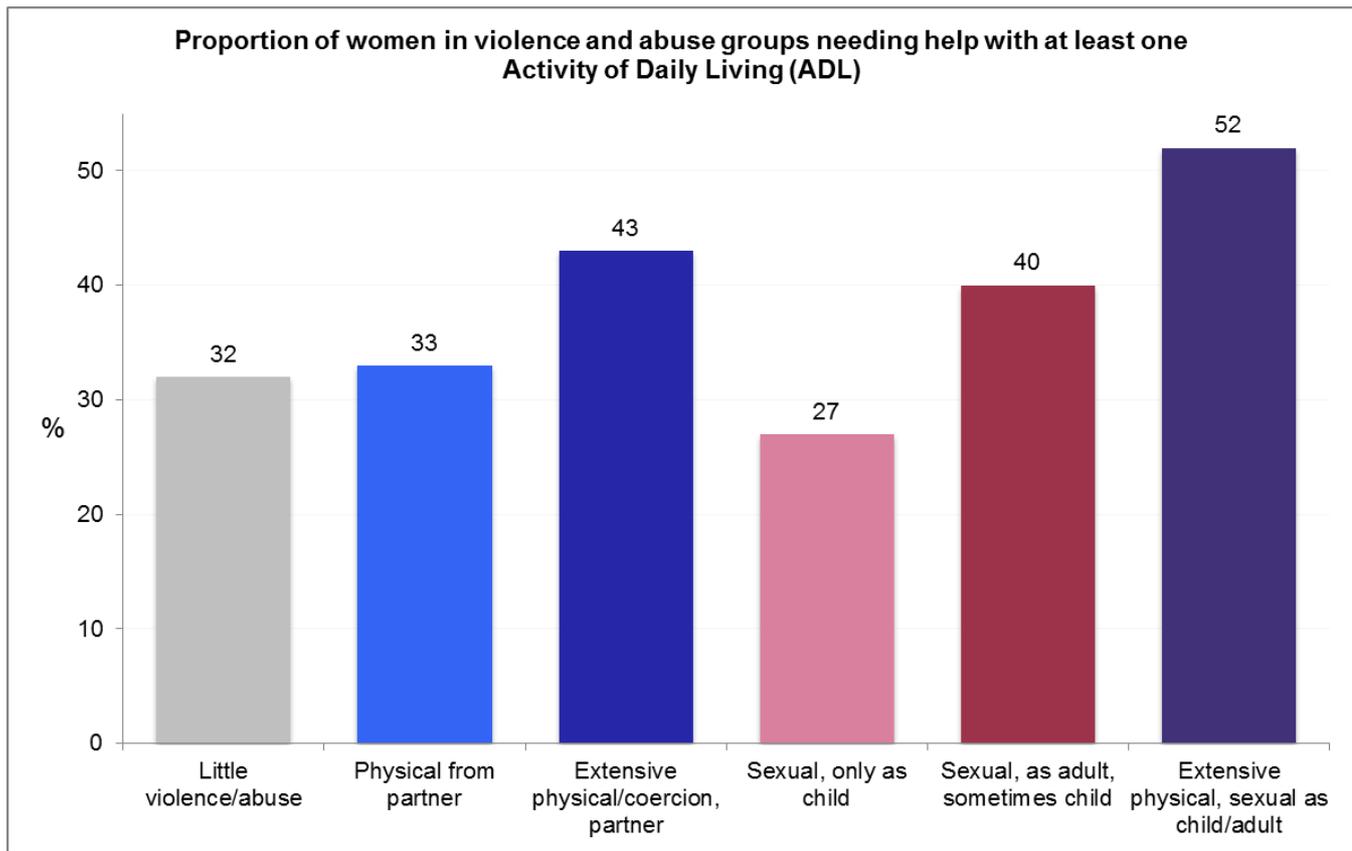
Disability and ill health

Just 6% of women with experience of extensive physical and sexual violence describe their general health as excellent, and 16% describe their health as poor compared with 5% of women with little experience of violence and abuse.



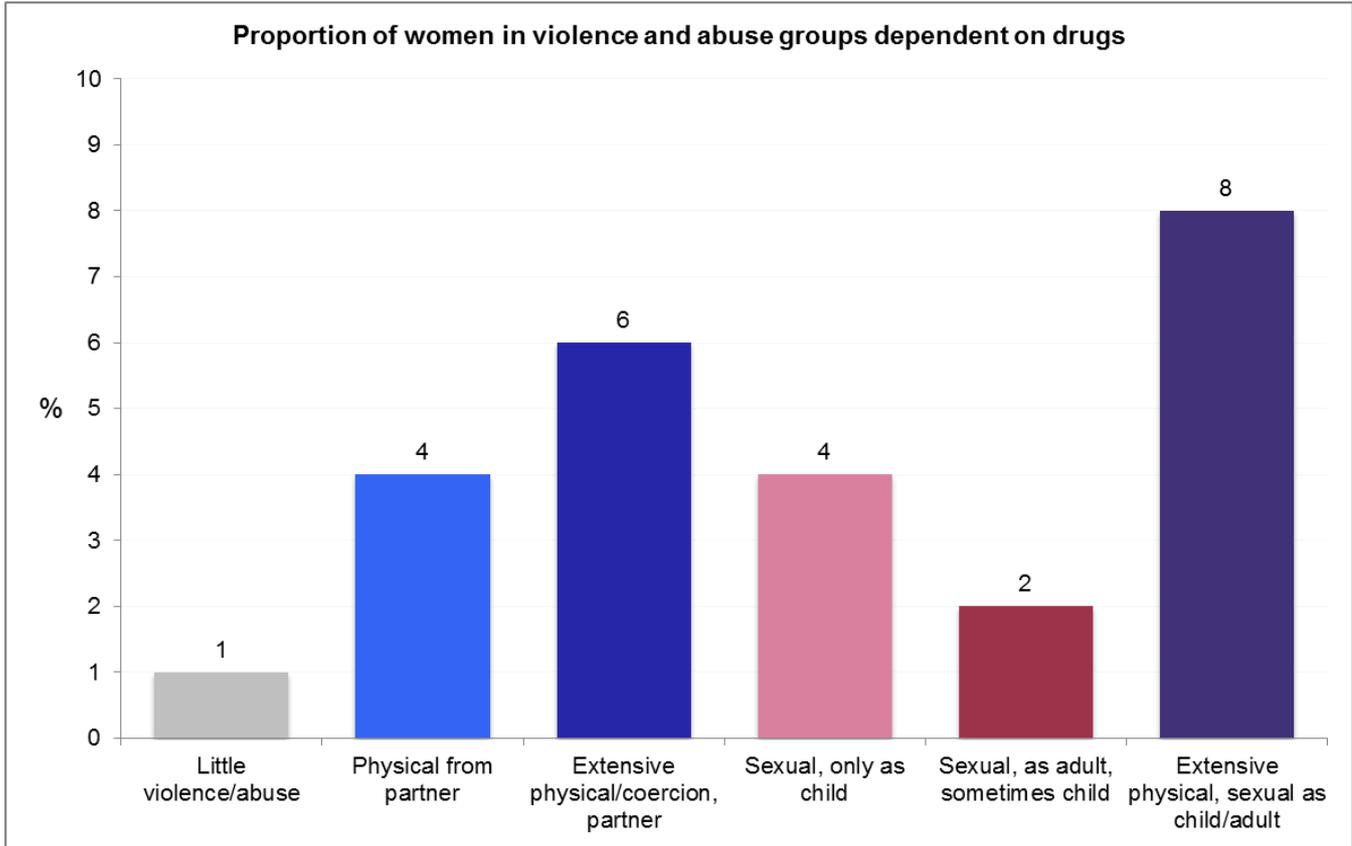
Women in this extensive violence and abuse group are more likely to have a range of different physical health conditions, including stomach, bowel and bladder problems; asthma, allergies, migraine and skin problems; and back, joint and muscle problems. Half (52%) of the women in the extensive sexual and physical violence group have a disability that means they need help with everyday activities, compared with a third (32%) of those with little experience of abuse. This is despite the fact that women with little experience of violence and abuse are, on average, much older.

²⁴ McNeish, D, Scott, S (2014) *Women and girls at risk: Evidence across the life course*. London: Lankelly Chase Foundation. <http://lankellychase.org.uk/news-story/women-and-girls-at-risk/>



Health risk behaviours

About a third (31%) of women in the extensive physical and sexual violence group have an alcohol problem, nearly half smoke (47%) or have used drugs (45%), and 8% show signs of drug dependency. These rates are much higher than for women with little experience of violence and abuse: they are about twice as likely to have an alcohol problem, three times more likely to smoke, and eight times more likely to be drug dependent. While women are generally less likely to have problematic patterns of tobacco, alcohol and illicit drug consumption than men, among people with extensive experience of violence and abuse male and female rates are much more similar. Drug and alcohol use is likely to be a form of self-medication for women with experiences of violence and abuse, serving as a strategy to alleviate stress and distress.

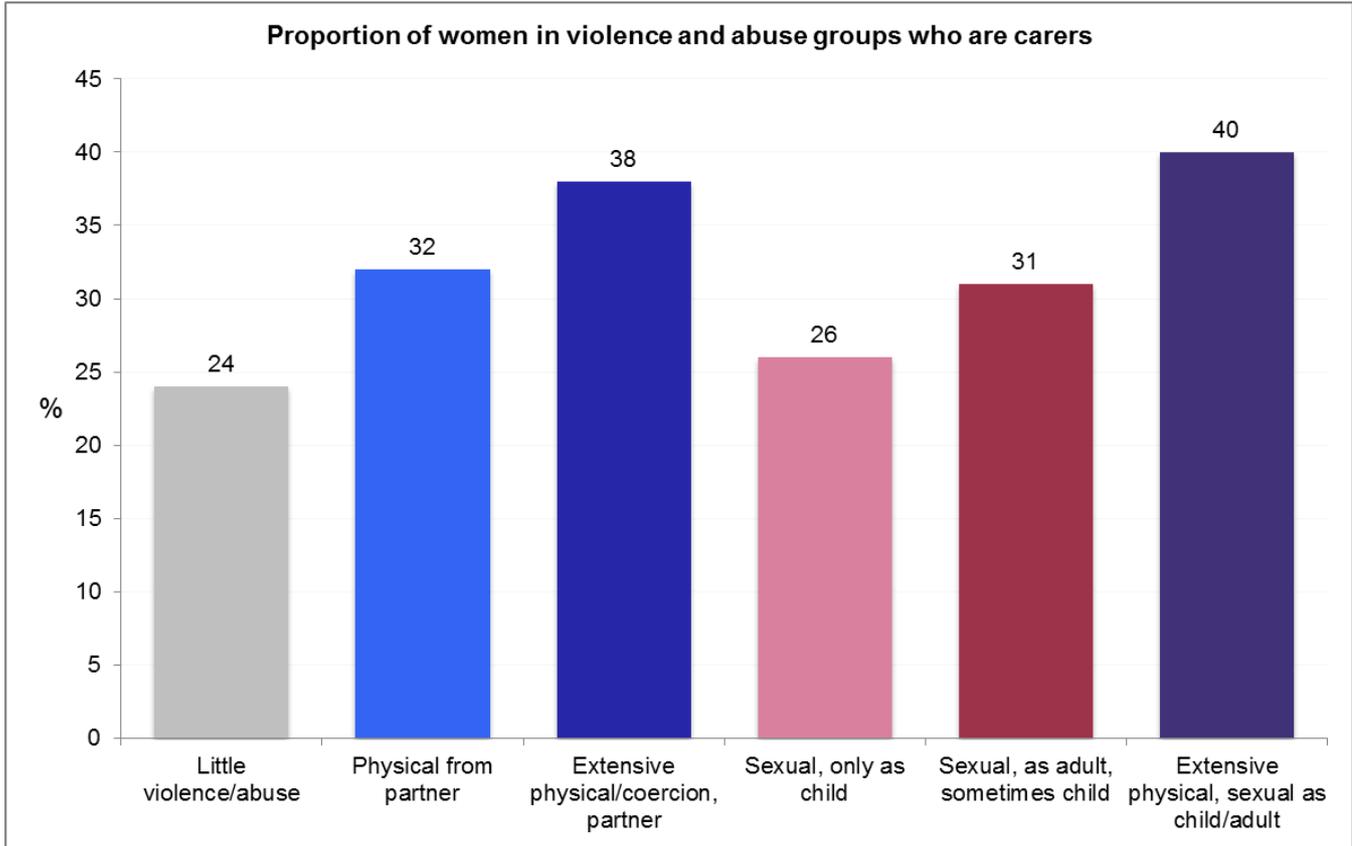


Caring responsibilities

More than one in three (40%) women experiencing extensive physical and sexual violence - and with high levels of need themselves - are care providers for someone who is sick and disabled. They are more likely to be care providers than women with little experience of violence and abuse (24%). Overall, women are somewhat more likely than men to be care providers,²⁵ and it is well established that the stress and burden of caring responsibilities are linked with having poor mental health.²⁶ It is possible that in some cases the people they are providing care for are the perpetrators of the violence and abuse against them.

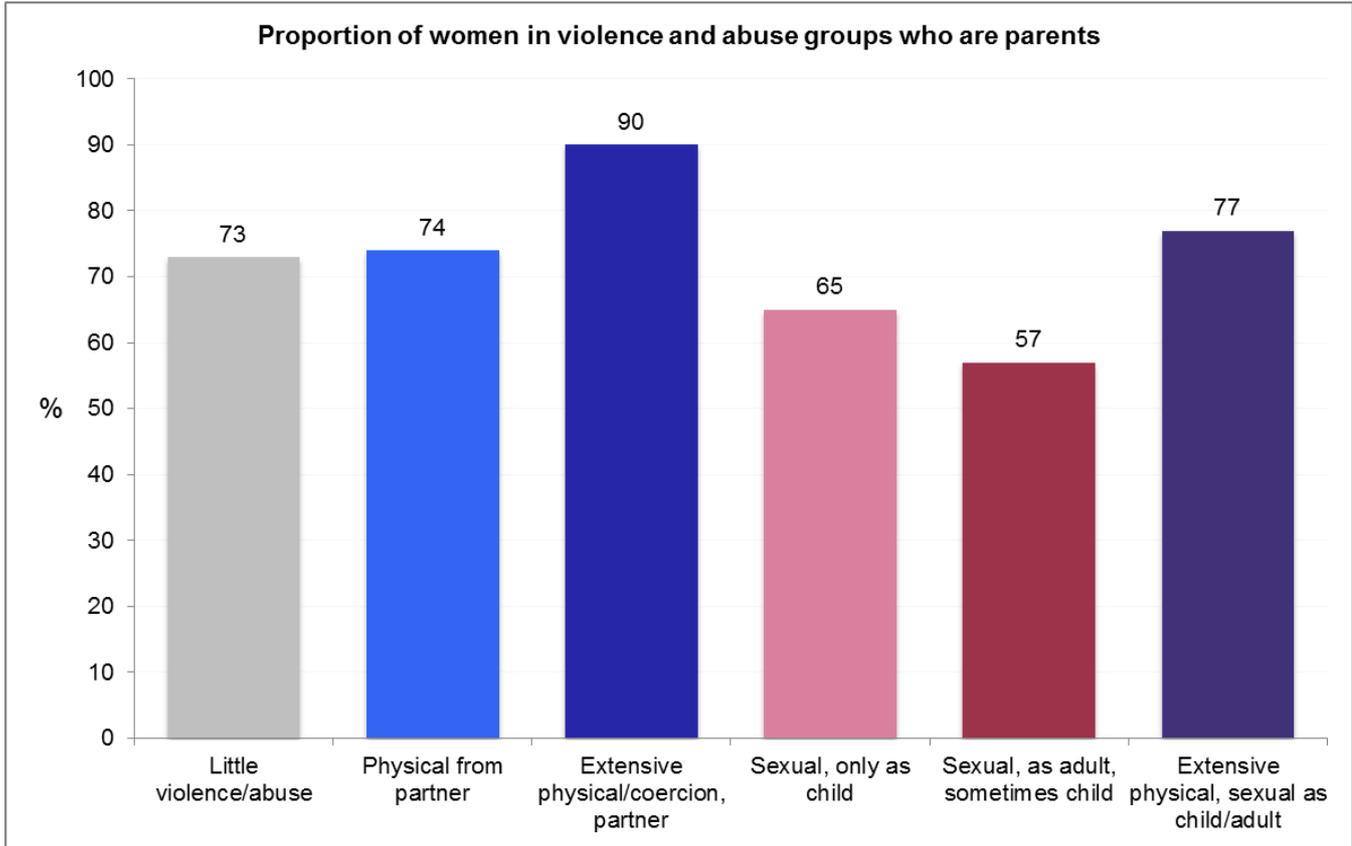
²⁵ Smith L, Onwumere J, Craig T, McManus S, Bebbington PE, Kuipers E. Mental and physical illness in caregivers: results from an English national survey sample 2007. 2014;205(3):197-203.

²⁶ Stansfeld S, Smuk M, Onwumere J, Clark C, Pike C, McManus S, Harris J, Bebbington P. Stressors and Common Mental Disorder in Informal Carers - an analysis of the English Adult Psychiatric Morbidity Survey 2007 *Social Science & Medicine*. 2014;120:190-8.

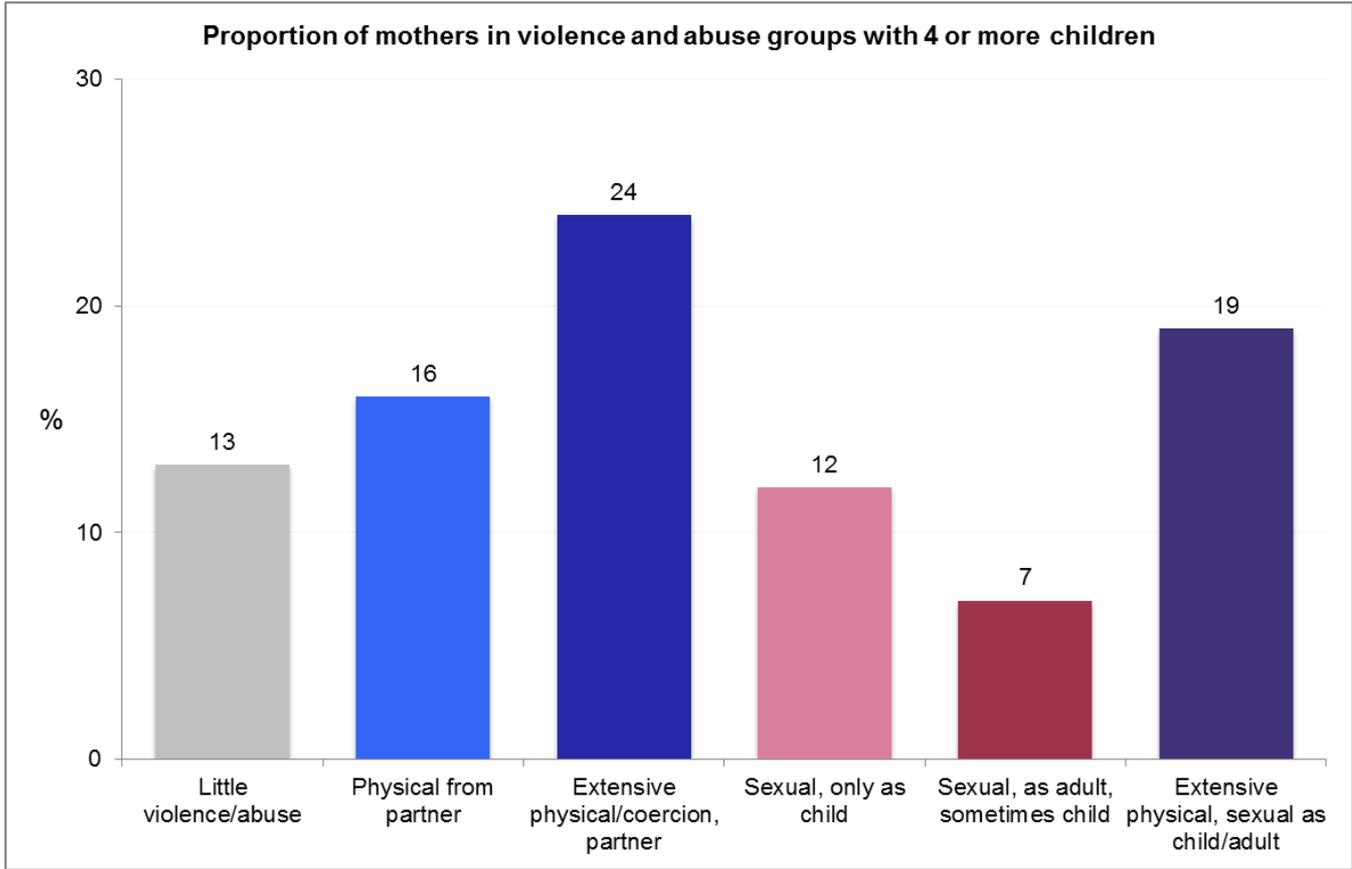


Children and family

Most women with extensive experience of physical and sexual violence are mothers (77%). This is even more pronounced among women experiencing extensive physical violence from a partner, among whom 90% are parents. Women in the extensive violence and abuse group are particularly likely to live in households with children.

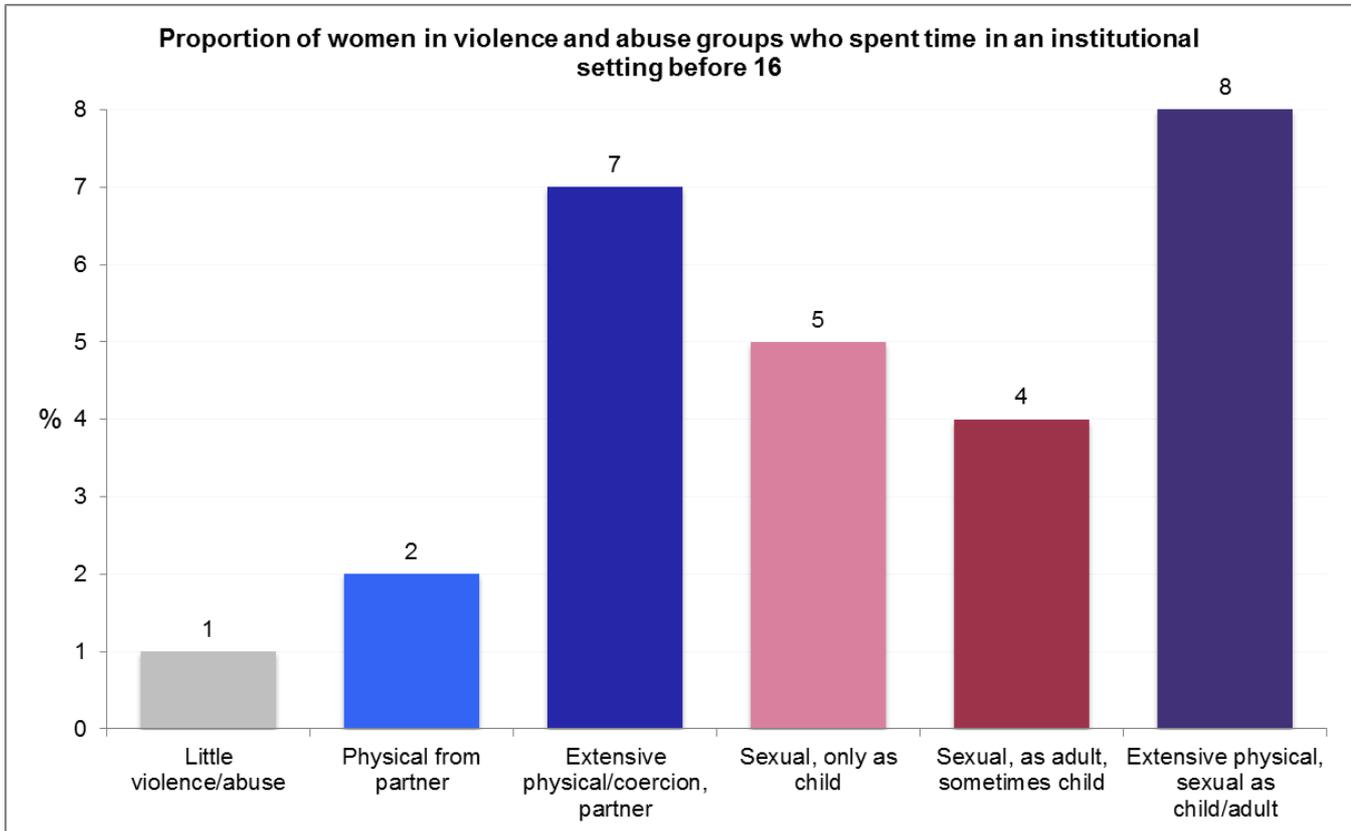


A fifth (19%) of mothers with experience of physical and sexual violence, and a quarter (24%) of mothers in the extensive physical violence from a partner group, have at least four children.

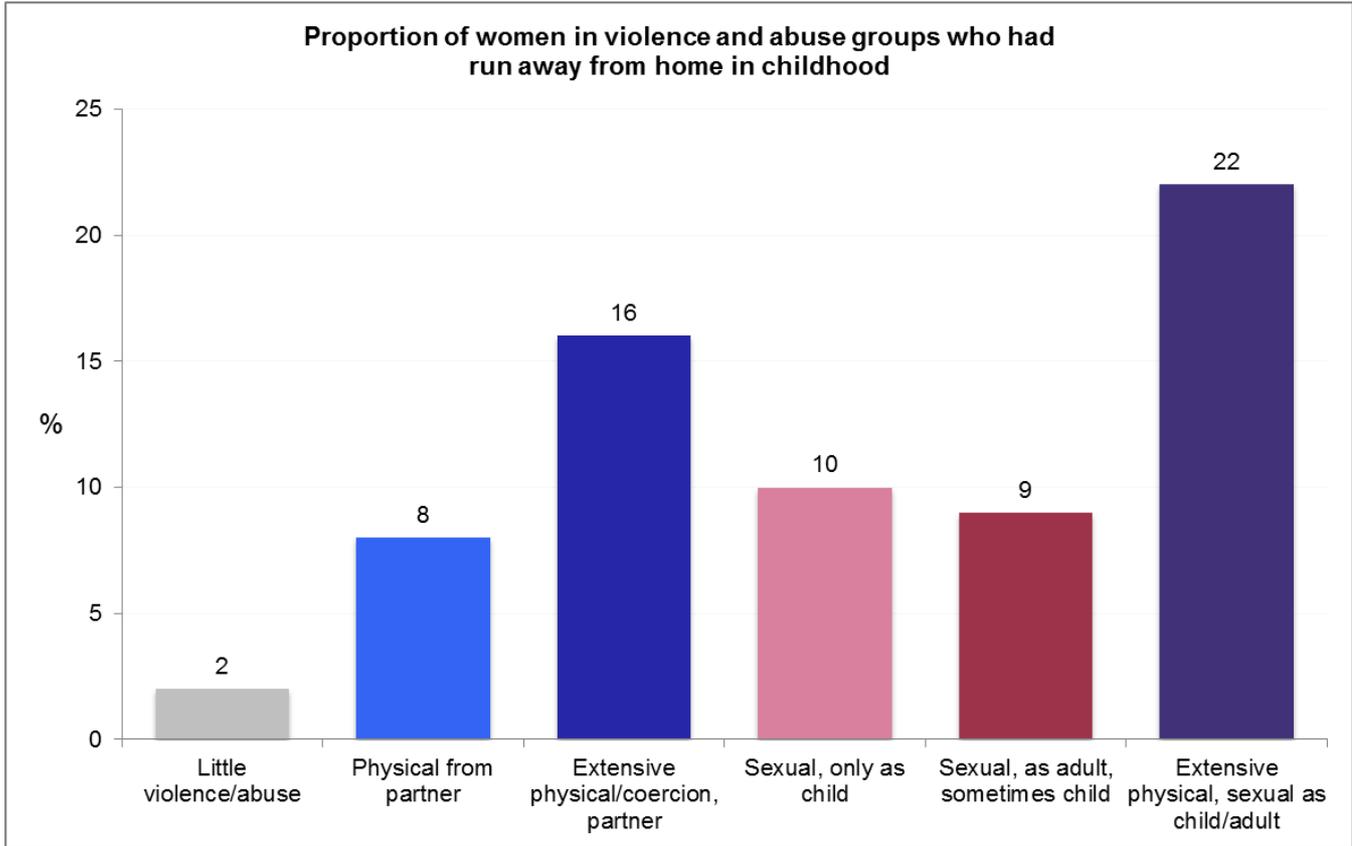


Childhood adversity

Those women who have experienced extensive abuse starting in childhood and extending into their adult lives were the least likely to have grown up with both natural parents and the most likely to have spent part of their childhood in institutional care.



More than a fifth (22%) had run away from home in childhood (compared to 2% of women who have suffered little violence or abuse) and 4% had been expelled from school.



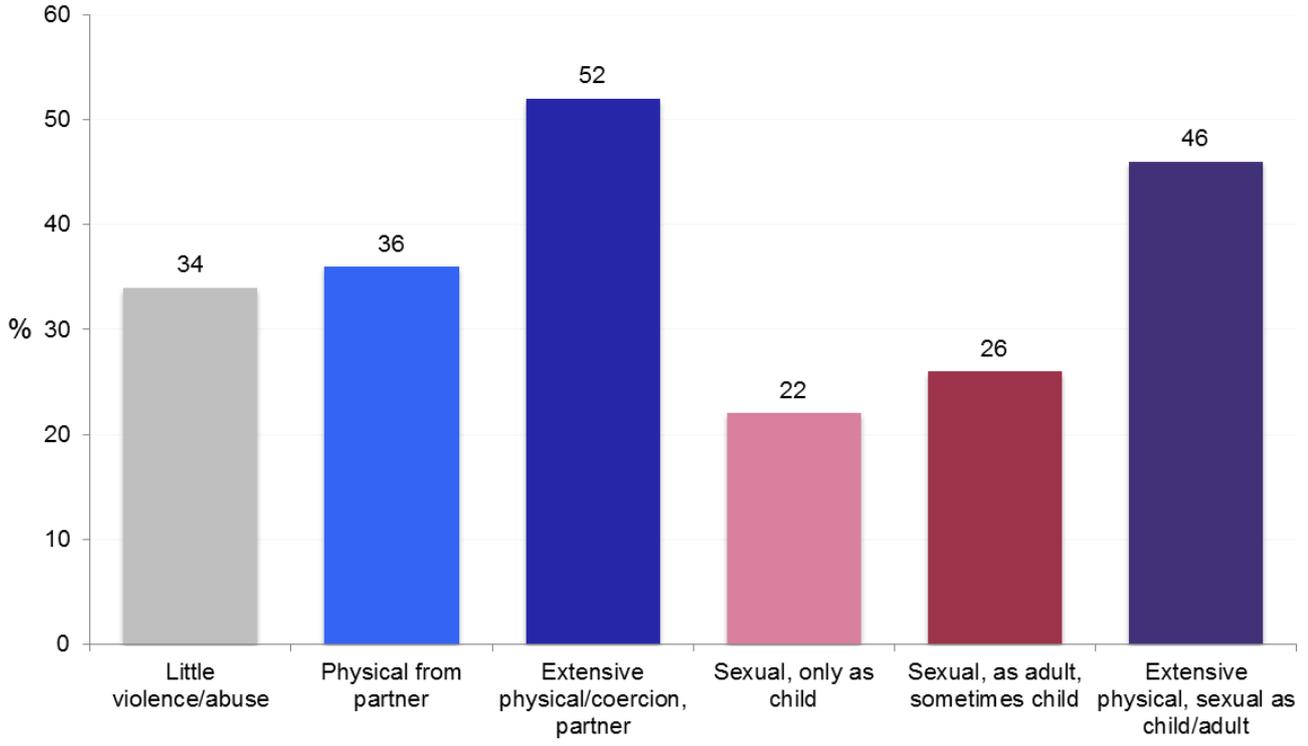
Socioeconomic circumstances - overview

The socioeconomic circumstances of women differ between the violence and abuse groups. Women who have experienced extensive physical violence from a partner are far more likely than women without such experiences to have lower household incomes and live in rented accommodation. Among men, the data did not show a link between these indicators of socioeconomic disadvantage and experience of partner violence. Women reporting experience of sexual abuse (whether in childhood or adulthood) but not physical partner violence were no more likely than other women to be socioeconomically disadvantaged.

Household income

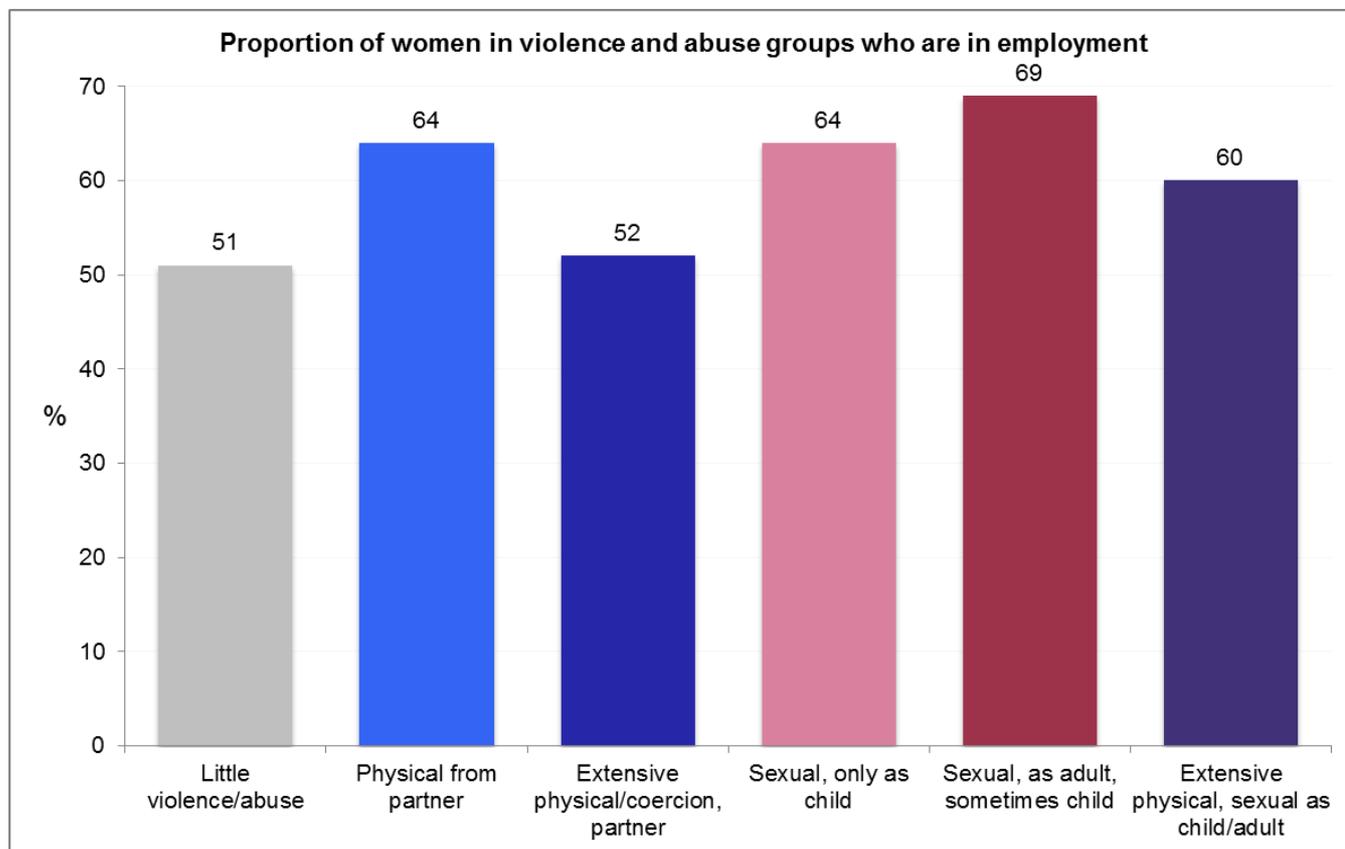
It is well established that, overall, women tend to be poorer than men. APMS data confirms this, showing that women (35%) are more likely to live in low income households than men (28%), and are less likely to be in employment (55% women, 68% men). Women with experience of extensive physical violence are particularly likely to live in low income households. For men, there appears to be a weaker and less clear link between socioeconomic disadvantage and experience of violence and abuse.

Proportion of women in violence and abuse groups living in households in the lowest income tertile



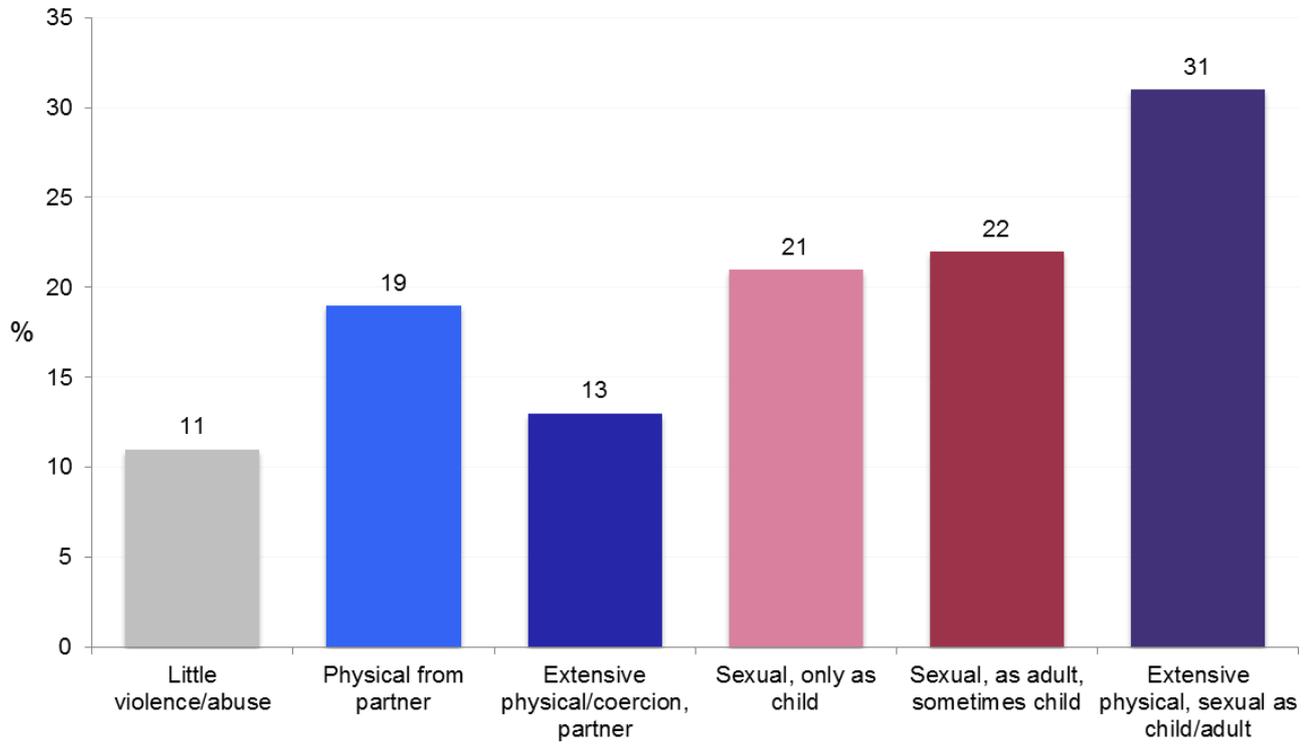
Employment

Despite enormous adversity across multiple domains of life, women with extensive experience of physical and sexual violence manage to sustain reasonably high levels of employment (60%).

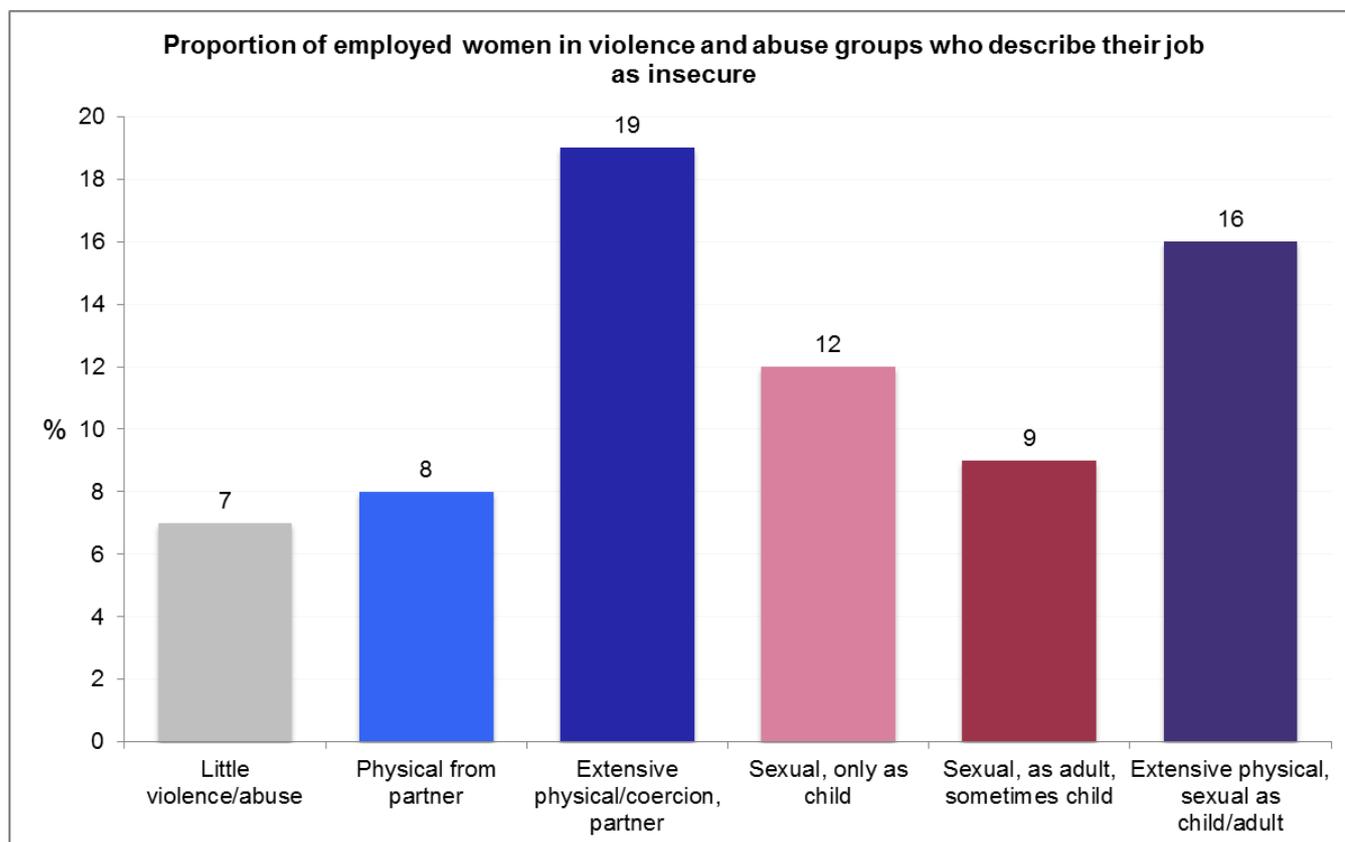


They are also, however, more likely to have been made redundant or sacked from a job (28%), and to have struggled to find new work, a third (31%) having searched without success for a month or more.

Proportion of women in violence and abuse groups who looked for work for more than a month



Among those in employment, women and men are equally likely to describe their job as 'insecure' (8% of employed women, 7% of employed men) ²⁷; with job insecurity much more common among those experiencing extensive violence (16%). Nearly one in ten (8%) have experienced violence while at work.

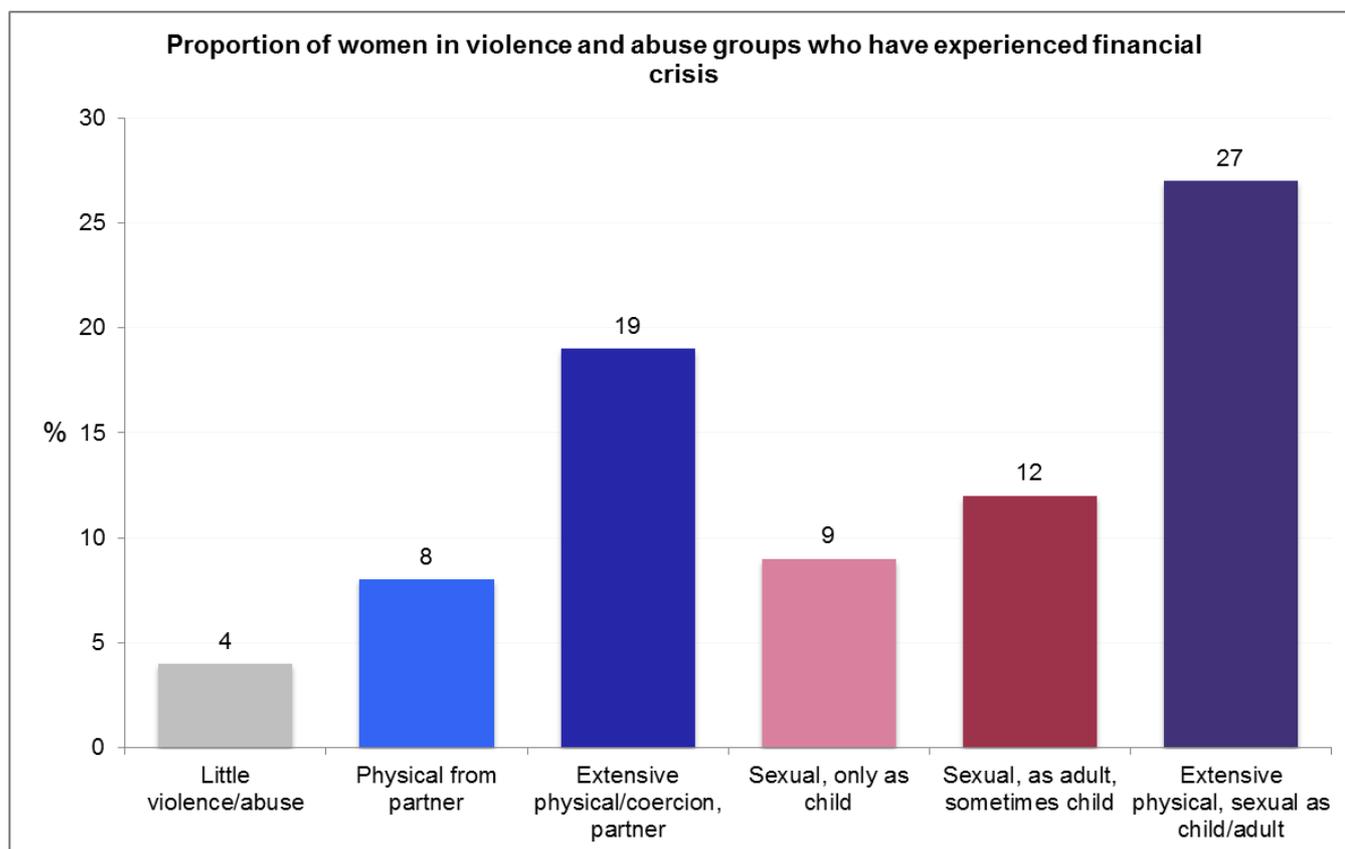


Alongside this, they also report higher levels of discrimination across multiple domains, including on the basis of gender, ethnicity, health and sexual orientation.

²⁷ Butterworth P, Leach LS, McManus S, Stansfeld SA. Common mental disorders, unemployment and psychosocial job quality: is a poor job better than no job at all? *Psychological Medicine*. 2013;43(8):1763-72.

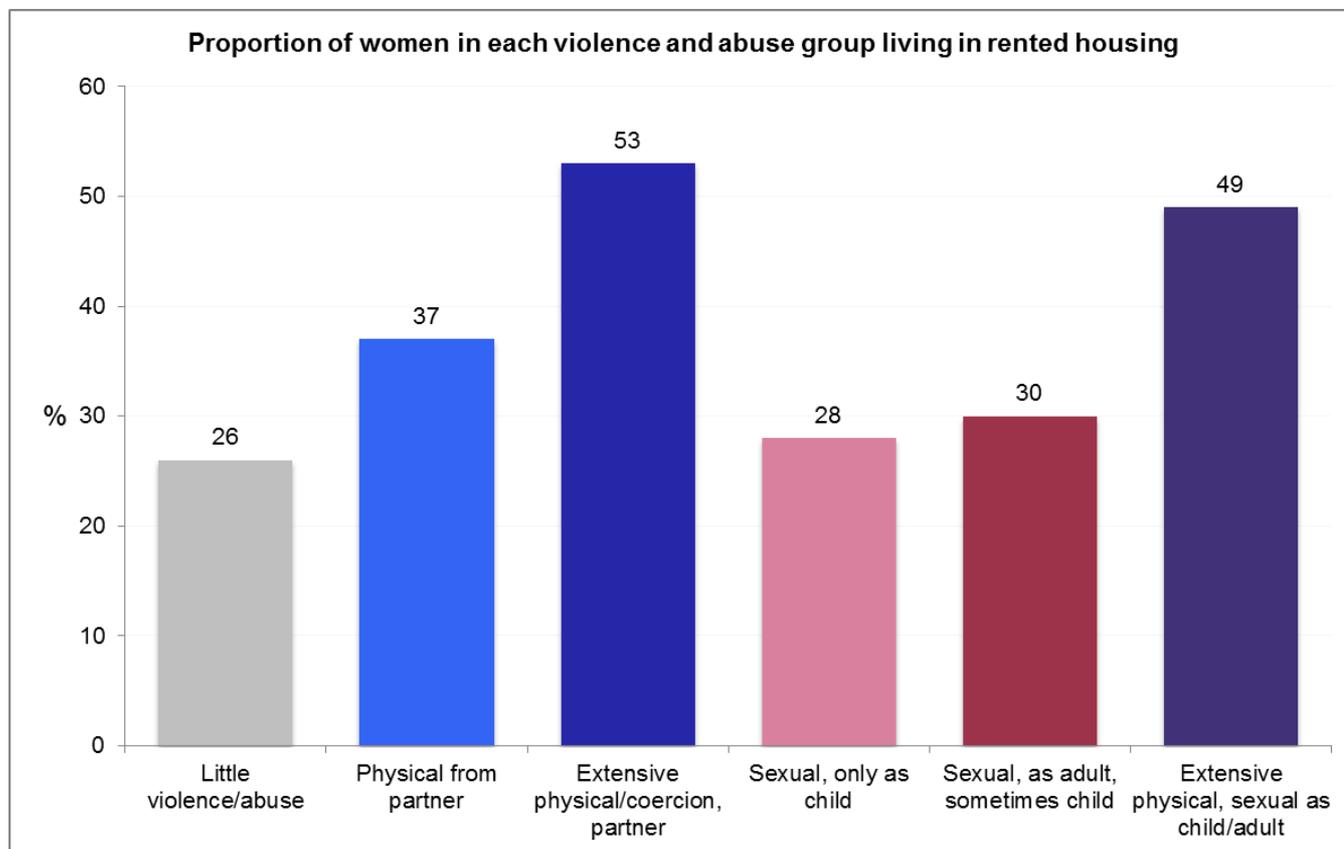
Debt and financial security

A quarter (27%) of women with experience of extensive physical and sexual violence have had a major financial crisis in their lives, compared with 4% of women with little experience. A third (33%) have borrowed money in the last year (from family, friends or money lenders), five times the rate among women with little experience of violence and abuse (6%).

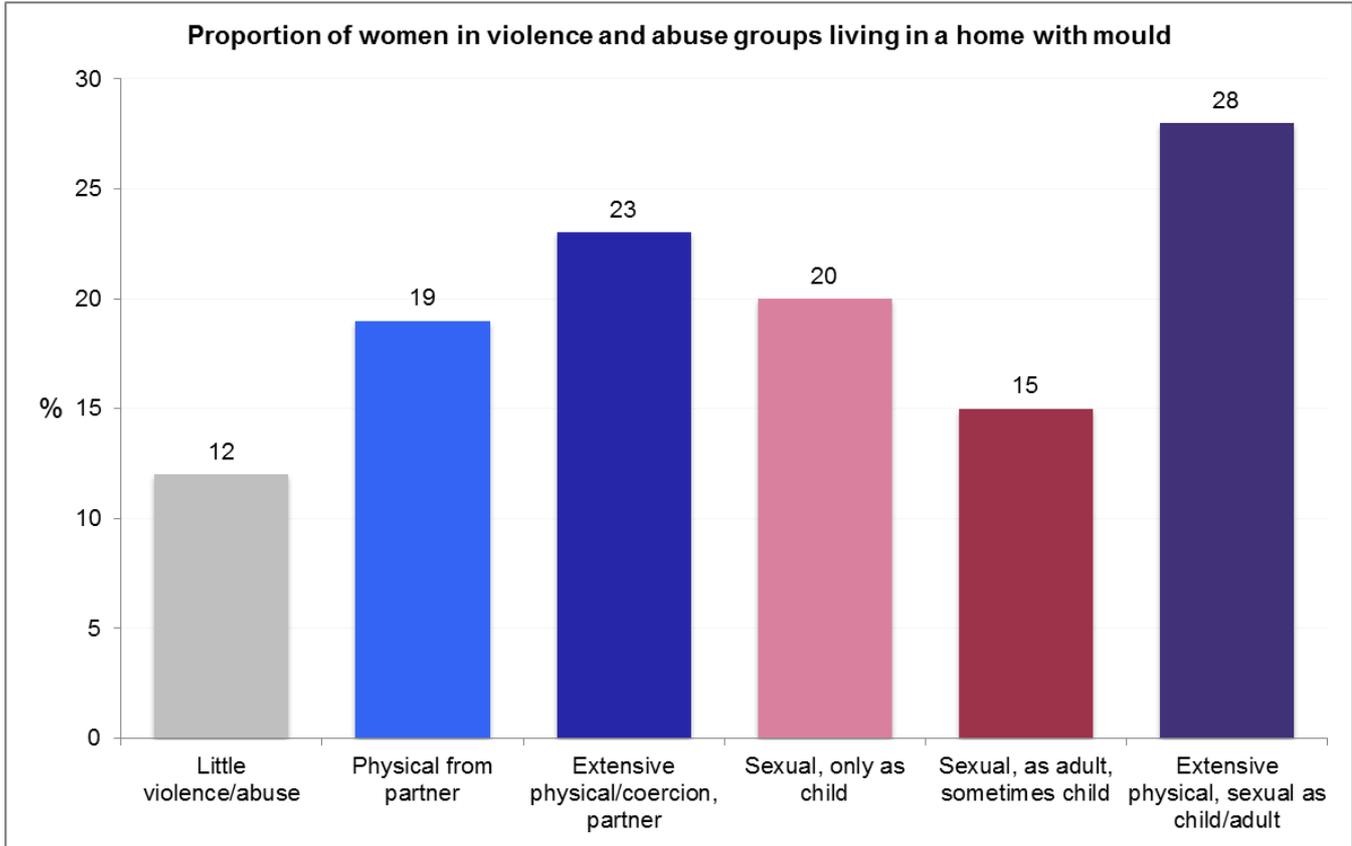


Housing and homelessness

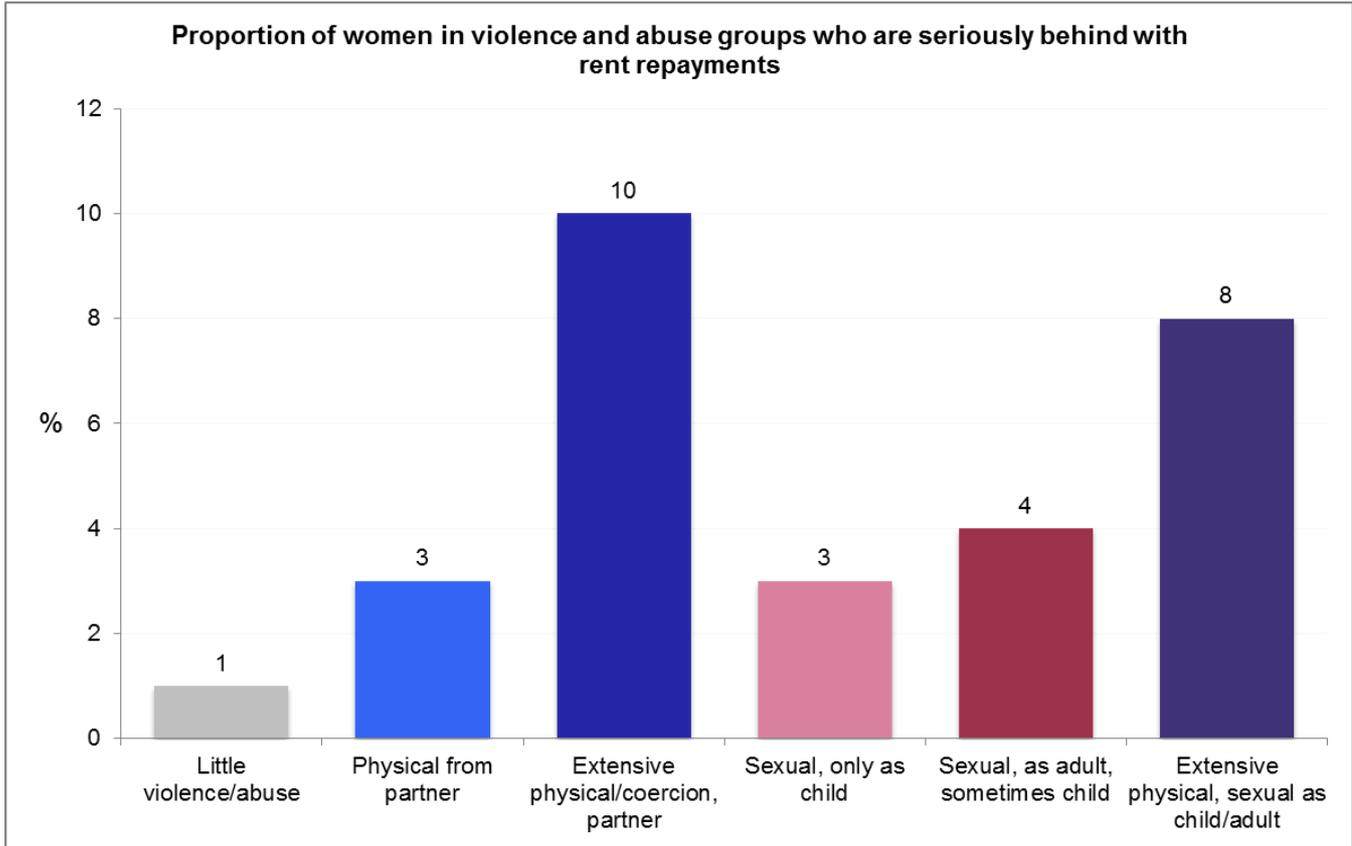
Half of the women in the two extensive violence and abuse groups live in rented accommodation, compared with a quarter of those with little experience of violence and abuse.



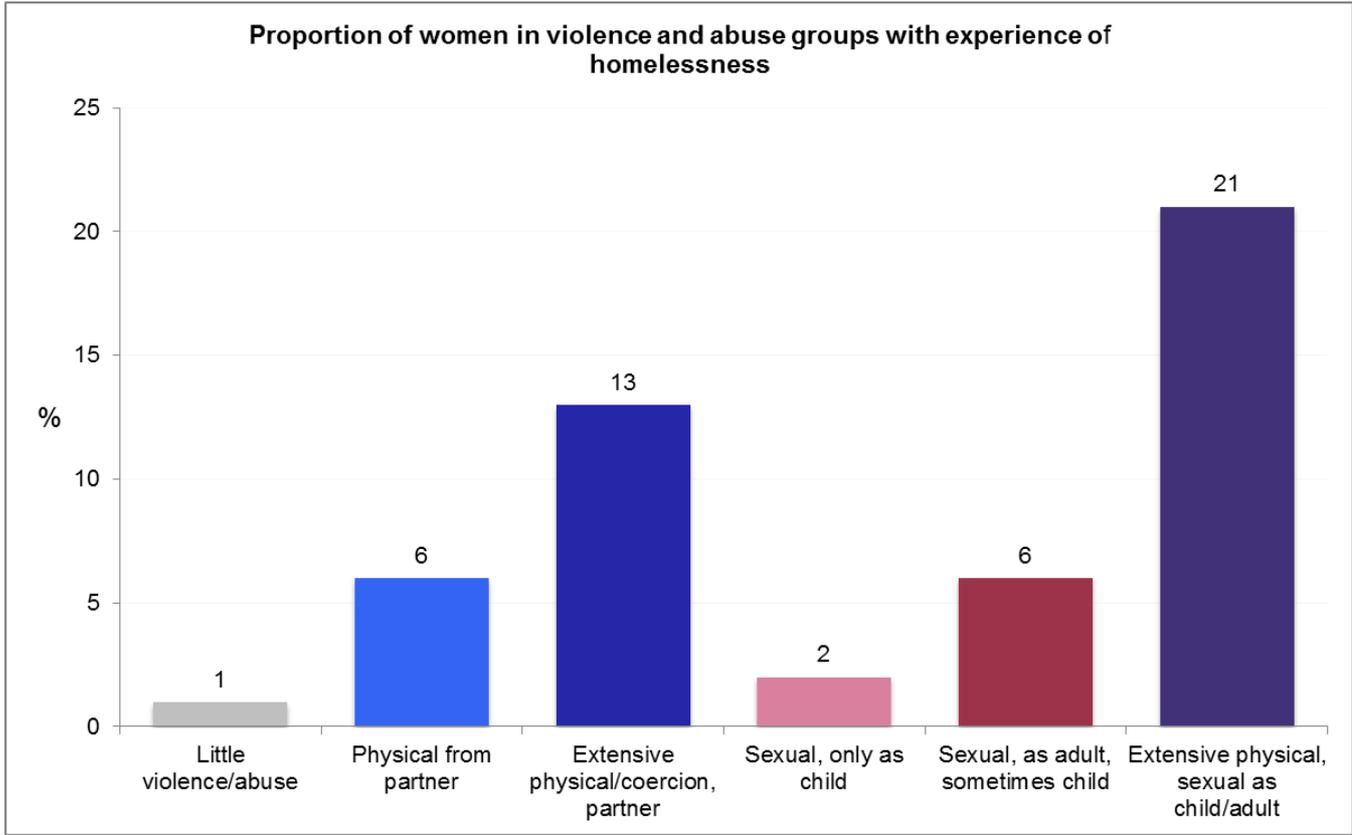
The homes that women with experience of violence and abuse are living in are more likely to be in a poor state of repair, with a quarter (28%) of those in the extensive physical/sexual violence group living in properties with mould.



The high levels of renting, combined with lower household income, less secure employment, and higher levels of borrowing, provides context for why as many as one in ten (10%) women in these groups are also seriously behind with their rent payments, potentially placing them at risk of homelessness. Women in all of the violence and abuse groups have elevated rates of struggling with rent payments compared with women who have experienced little violence (1%).

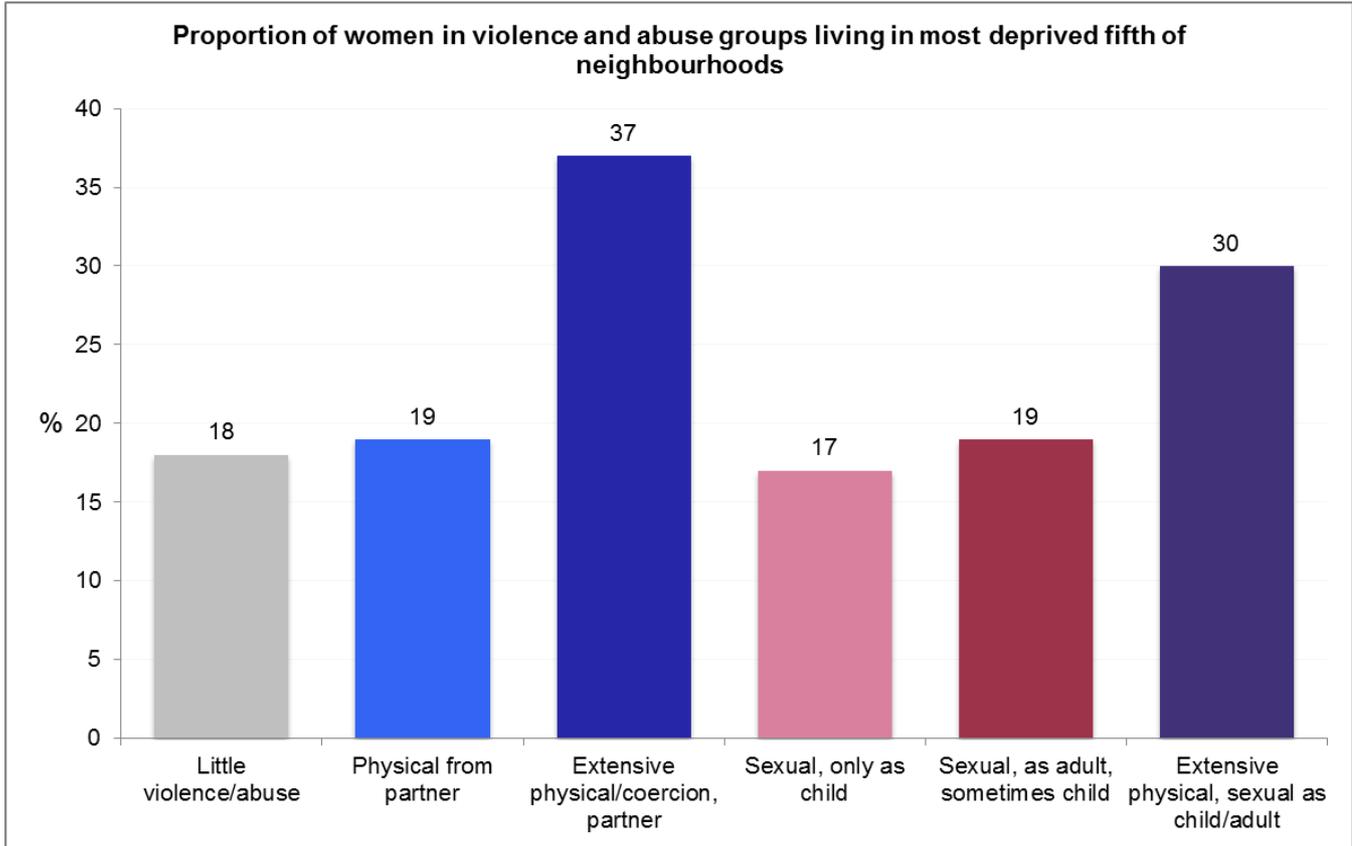


One in five (21%) women in the extensive physical and sexual violence group have been homeless. We don't know whether the homelessness played a causal role in this relationship, by exposing women to violence and abuse, or whether the violence and abuse contributed to their becoming homeless in the first place. Either way, while statistics suggest women make up a minority of the rough sleeping population, rates of homelessness among women with extensive experience of violence and abuse are far higher than those for men overall, and comparable with that of men in violence and abuse groups.



Neighbourhood deprivation

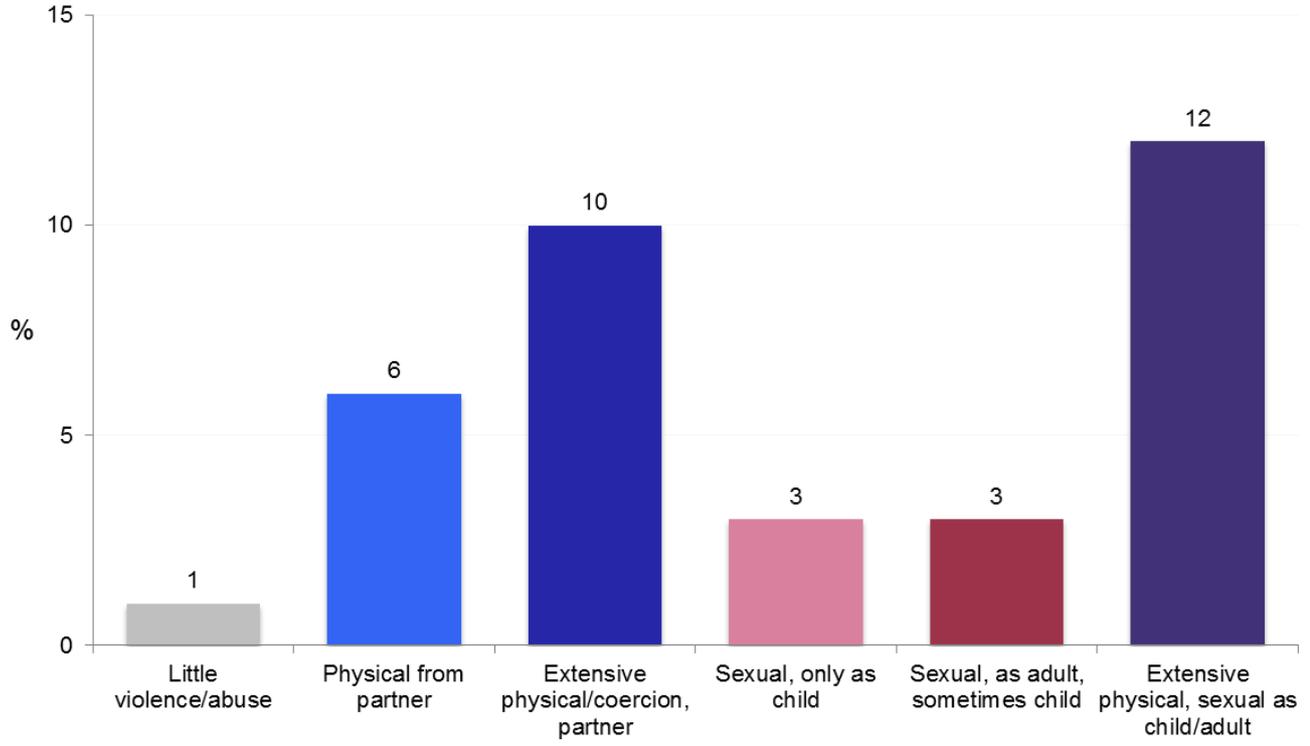
Women in the extensive violence groups are particularly likely to be living in more deprived neighborhoods. However, the strength of association with abuse and violence tends to be greater for individual or household level indicators of deprivation (such as income), rather than for area level indicators.



Encounters with police and the courts

APMS includes a question about whether or not the respondent has experienced ‘trouble with the police involving a court appearance’. The question is ambiguous; it could be interpreted as referring to contact with the police due to the respondent’s own offending behavior, or as referring to contact as a witness to, or victim of, a crime. Either way, the data indicates that around one in ten (12%) women with extensive experience of violence have had encounters with the police which involved appearing in court, and that this is much more common than among women with little experience of abuse and violence (1%).

Proportion of women in violence and abuse groups who have experienced 'problem with police involving court appearance'



3. Conclusion and recommendations

It is well established that all sexual and physical abuse takes a significant toll on victims' lives. What this analysis makes clear is that the greatest disadvantage is experienced by those who endure a range of types of extensive abuse across their life-course – and that over 80% of this group are women.

Many of the most negative outcomes that can result from abuse – and from attempts to escape it - increase the risk of further victimisation. For example, girls who run away from home and women who become homeless, misuse drugs or are exposed to criminality are highly likely to experience further violence in their lives.

There are some major implications of this analysis for policy makers, services providers and practitioners. The key message is that women with extensive experience of violence and abuse in their lives should constitute a priority group across many different areas of policy and service delivery. In particular, we recommend that:

- Women and girls with extensive experience of violence and abuse often have multiple difficulties in their lives. These are more likely to require specialist services which provide holistic support, including the opportunity to address the trauma of violent and abusive experiences. Central and local government must make sure such services are adequately funded and properly commissioned.
- 'Gender neutral' services often fail to respond to the different experiences of violence, abuse and other disadvantages in the lives of women and men and as such are far less likely to meet women's needs. Greater priority must be given to commissioning gender specific services and to ensuring that public services which women come into contact with are gender responsive.
- Staff in public services (including for example mental health, housing, substance misuse or employment support) need to have ongoing training and support that gives them insight into the impacts of inequalities, violence and abuse on women's lives. This should be supported by a culture that encourages and enables them to work with women at risk in ways that are helpful and empowering.
- 'Routine enquiry' (asking women whether they have experienced violence and abuse) should become standard practice across a whole range of services and be accompanied by proper support for those women who disclose past or present experiences of abuse.



Agenda is a new alliance of organisations and individuals who have come together to campaign for change for women and girls at risk. We believe society is failing to adequately protect and support women and girls who face the most extensive violence, abuse, trauma and extreme inequality.

We are calling for systems and services to be redesigned with women and girls at their heart so that they can access the support they need to rebuild their lives and reach their full potential. www.weareagenda.org.

Agenda,
18 Victoria Park Square
Bethnal Green
London E2 9PF

+44 (0)20 8709 4819
press@weareagenda.org
weareagenda.org

