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Original communication

7208 Victims of domestic and public violence; an exploratory study based on the reports of assaulted individuals reporting to the police

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ABSTRACT

In this study, the data of 7208 victims (children and adults) of domestic and public violence were analysed after they reported this to the police in Amsterdam, the Netherlands. In this analysis the characteristics of these intentional injuries were collected and compared. Despite some significant differences, there is no clear, specific way to distinguish between public and domestic violence.

Therefore, it is more efficient for doctors to limit their focus to the differences between accidental and intentional injuries.

1. Introduction

As defined by the WHO, violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, physiological harm, maldevelopment, or deprivation.

In the World report on violence and health (WRVH) it is described as interpersonal violence and is subdivided into family and intimate partner violence, and community violence. The former category (DV) includes child maltreatment, intimate partner violence and elder abuse, while the latter (PV) is broken down into acquaintance and stranger violence and includes youth violence, assault by strangers, violence related to property crimes and violence in workplaces and other institutions.[1] Not much has been written about public or community violence in the existing literature.

DV is increasingly recognised as a public health problem that can cause a lot of physical and psychological damage. More than 4 out of 10 women in the United States have experienced one or more forms of violence including child abuse (18%), physical assault (19%), rape (20%), and intimate partner violence (35%).[2] In addition, 2-3 million children and 1-2 million elderly Americans are abused yearly.[3] In the Netherlands, 45% of all adult inhabitants has been a victim of domestic violence at least once in their lives.[4] Possibly more than 118.000 children in the Netherlands are a victim of violence every year.[5] Violence between partners is also associated with significant physical and mental health consequences for both male and female victims and can lead to increased risk of poor health, depressive symptoms, substance use and developing a chronic disease, chronic mental illness and injury.[6] The incidence of IPV in women presenting to emergency departments in the United States has ranged from 14% to 41%.[7–10]

Identifying the signs of an abusive relationship is the first step to ending it. In medical trainings in the Netherlands little attention is paid to violence, abuse and assessment of injuries.[11] There are clear indications that service providers often do not recognise or discuss underlying violence issues.[12–15] Almost 75% of Dutch GP's reported experiencing barriers and/or limitations when identifying physical abuse.[16] Whilst efforts have been made to improve medical education on issues of violence,[17] it is reported that an average of only 3 h of medical school curricula are devoted to this topic.[18] Many female victims of DV visit their GP during the time of the violence

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but most do not talk about this out of shame.[19] However, questions about DV are not documented routinely by clinicians.[20] In addition, nowadays men too are recognised as victims of domestic violence[21–28] and there are indications that men experience similar types of physical abuse as female victims.[29–32]

The objective of our study is to acquire insight into the characteristics of intended abuse and injuries of children, males and females after DV and PV. Previous studies regarding the mechanisms of violence and the types of injuries of DV incidents focused predominantly on medical records of hospital admissions and emergency department presentation data. However, not every DV or PV victim needs medical help. We therefore focus on the analysis of police data to compare type of abuse, the location and the type of injuries of DV victims with those documented for victims of public violence. The aim is to help service providers to better differentiate injuries that may have occurred after DV versus PV. We hypothesize that DV incidents involve much more severe injuries overall than the PV incidents.

2. Methods

In the Netherlands, when a victim of physical violence notifies the police, an independent physician conducts an injury examination. In Amsterdam, this takes place during consultation hours at the Department of Forensic Medicine of the Public Health Service (GGD Amsterdam). During the examination, performed according to the guideline of the Dutch Forensic Medical Society, a forensic physician asks the victim for a brief statement (what happened i.e. how long ago, who the perpetrator was and the methods of infliction). Subsequently, the external lesions are examined and photographically documented, after which the physician determines whether the injuries found match the given statement. All these aspects of the examination are registered on a form, which is added to the police record as evidence for further judicial proceedings. The injury examinations are performed by a group of specifically educated and certified forensic physicians. These forensic physicians ($n = 11$) perform approximately 1400–1500 injury examinations annually. For each physician individually, this comes down to around 85 to 150 examinations in one year.

In this study we investigated the official reports of victims who attended the Department of Forensic Medicine between March 2005 and March 2010. In our department we investigate all victims of violence who are referred upon instructions of the Police after reporting the violence. The reports were structurally analysed by a single investigator (UJLR) and the following items were examined: 1) number of reported perpetrators 2) frequency of each type of violence reported by the DV population and the PV population and 3) frequency of each type of injury observed. Each of these outcome measures were analysed according to distinct age and gender subgroups. Furthermore, types of reported locations where the incident occurred (i.e at home or at a public place) and types of perpetrators (i.e. partner, friend, family) were examined. Two percent of the official injury reports (160 out of 7368) drawn up between 2005 and 2010 were excluded from further analyses due to missing data on several primary studies. These 160 excluded victims were registered in our database, but the injury reports were conducted at a different location (police stations) and had not been added to our database.

3. Statistical analysis

Descriptive statistics such as frequency distributions were used to summarize the data. A statistical analysis was performed with SPSS for Windows version 19.0 (SPSS Inc. Chicago, Illinois).

4. Results

Over the course of 5 years, 7208 victims attended our department. These victims consisted of 1839 DV victims and 5369 PV victims. The demographic characteristics are shown in Table 1. The DV population represents significantly more female victims than the PV population (85% vs. 31%, $p < 0.001$). No age difference was found between the two populations. Mean age of the DV victims was 33.0 ± 12.8 years versus 33.3 ± 13.7 years for the PV victims ($p = 0.7$).

The majority of the DV victims were abused in a private environment such as a residence (95%). Various locations of abuse were reported by the PV victims such as 'on the street' (54%), 'in the traffic' (11%), 'at public service companies' (9%) and 'other public places' (8%). Most reported type of perpetrator in the DV population is a (previous) partner (70%), whereas the remaining perpetrators appeared to be parents, siblings and other relatives. 96% of the DV population was attacked by a single perpetrator as compared to 73% of the PV population [Table 2]. In both the DV and PV population, adult female victims were more often attacked by a single perpetrator (99 and 86% respectively) as compared to victims of the other subgroups. Approximately 5% of minor DV victims and 4% of adult male DV victims were abused by two perpetrators. In the PV population several perpetrators were more common, especially among underage males (27%).

The most common type of violence appeared to be 'beaten/punched', ranging from 41% to 73% in the distinct DV and PV subgroups, followed by 'kicked' (14%–37%), and 'pushed to ground/object' (16%–29%) [Table 3]. However, DV victims appeared to be exposed to significantly more different types of violence than PV victims (2.0 ± 1.1 vs. 1.6 ± 0.8 different types of violence, $p < 0.001$). In addition, DV victims significantly more often reported to have been beaten or punched (70% vs. 59% in the PV population, $p < 0.001$), pushed to ground or an object (26% vs. 23%, $p = 0.009$), attempted strangulated (16% vs. 4%, $p < 0.001$), gripped or pinched (17% vs. 8%, $p < 0.001$) bitten (5% vs. 3% $p < 0.001$), pulled by the hair (10% vs. 4%, $p < 0.001$), burned (1% vs. 0.4%, $p < 0.001$) and raped (1% vs. 0.1%, $p < 0.001$) than the PV victims. On the other hand, PV victims more often mentioned a head-butt (3% vs. 2% in the DV population, $p = 0.01$) and were more often hit with an object (4% vs. 0.4%, $p < 0.001$).

92% of all injury assessments were completed within three days after the incident had occurred. The most frequently observed injuries by the forensic physician among the DV and PV victims were bruises (46%–67%), scrapes/abrasions (36%–51%) and swellings

Table 1
Demographic characteristics of the study population.

	Domestic violence victims	Public violence victims	Total population of victims
No. of cases	1839	5369	7208
Gender			
Male	261 (14%)	3615 (67%)	3876
Female	1566 (85%)	1688 (31%)	3254
Not documented	12 (1%)	66 (1%)	78
Age			
<18 yrs	138 (8%)	624 (12%)	762
18–24 yrs	436 (24%)	1186 (22%)	1622
25–34 yrs	514 (28%)	1345 (25%)	1859
35–44 yrs	436 (24%)	1050 (20%)	1486
45–54 yrs	211 (12%)	763 (14%)	974
55–64 yrs	67 (4%)	274 (5%)	341
65–74 yrs	19 (1%)	66 (1%)	85
≥75 yrs	11 (1%)	31 (1%)	42
Not documented	7 (1%)	30 (1%)	37