WOMEN INVOLVED IN FAMILY LAW CARE PROCEEDINGS: DOMESTIC VIOLENCE RISK FACTORS

BACKGROUND:
The detrimental impacts of domestic abuse and violence (DVA) are felt by those directly exposed, as well as family members. Suffering significant harm may include bearing witness, or exposure to DVA at the hands of a parent or caregiver. The WHO classified the effect on health and wellbeing on children a major public health concern.

DVA is more common among people considered vulnerable, including those involved in Public Law Family Court proceedings initiated when a child is identified as having suffered or at risk of suffering significant harm (section 31 of the Children Act (1989)).

The National Institute for Health and Care Excellence (NICE) publish various risk factors in DVA guidelines. However, there is a lack of evidence regarding risk factors for vulnerable groups including those involved in the family justice system.

AIM: Investigate primary care (GP) reported DVA risk factors and prevalence for women involved in public law family court proceedings, and women in the general population in Wales.

METHODS: Family Court related individual level data supplied by Cafcass (Child and Family Court Advisory Service). Data anonymously linked to array of health and other administrative data held in the SAIL Databank. Included women with GP data (~80%).

CONSORT: mothers of children aged under 18 involved in court proceedings (2011-2019)

COMPARISONS: mothers of children aged under 18 (2015), matched on age and deprivation.

OUTCOME: Primary Care (GP) reported DVA: presence of specific DVA lead codes captured by GP in primary care data (validated code list) within 2 years prior to index date (Cohort = court date, comparisons = July 1st 2015).

RESULTS
Cohort: m=165,899; DVA prevalence = 5.2%
Comparisons: m=554,442; DVA prevalence = 0.3%.

DVA is underreported across reporting sources. The Crime Survey England and Wales 2020 estimated female prevalence at 7.3%. Our findings are similar to a prior (2017) data linkage primary care study with a lifetime prevalence 0.37%.

NICE GUIDELINE MODEL RESULTS

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Odds Ratio</th>
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<tbody>
<tr>
<td>Is aged under 25 years</td>
<td>2.4</td>
</tr>
<tr>
<td>Has moved house more than once</td>
<td>2.1</td>
</tr>
<tr>
<td>Has had a recent unintended pregnancy</td>
<td>2.0</td>
</tr>
<tr>
<td>Has an intellectual/learning disability (ever recorded)</td>
<td>2.0</td>
</tr>
<tr>
<td>Has a history of substance use conditions</td>
<td>2.3</td>
</tr>
<tr>
<td>Has a history of mental health conditions</td>
<td>2.2</td>
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FUNDING This study uses anonymised data held within the Secure Anonymised Information Linkage Databank, which is part of the national population data research infrastructure for Wales. Administrative Data Research (ADR) Wales, part of the ADR UK, intends research expertise from Swansea University Medical School and Wales Institute of Social and Economic Research and Data at Cardiff University with analysts from the Welsh government. ADR UK is funded by the Economic and Social Research Council, part of UK Research and Innovation. Funding from the Nuffield Family Justice Observatory (FJO/43766) also supported this project (RDJ, LJG, LEC, and KB).

FINAL COHORT MODEL RESULTS
The percentage of mothers with and without a DVA record & the Odds Ratio of having DVA compared to those without DVA for each risk factor.

DATA availability and trust
Administrative data provides opportunities to examine and highlight risk factors for DVA. Our study evidence poses the potential of administrative data and measured across a two-year baseline period. Multivariate logistic regression models quantified associations between DVA outcome (binary) and each of the risk factors.

FUTURE RESEARCH POSSIBILITIES

Women involved in court proceedings were EIGHT TIMES MORE LIKELY TO HAVE A RECORD OF DVA

KEY FINDINGS:
- Evidenced and emphasised increased vulnerabilities of women involved in court proceedings with an adjusted eightfold increased risk of DVA (3 times unadjusted increased risk).
- Women involved in family court proceedings do not have the same pattern of national guideline risk factors as women in the general population.
- Additional risk factors highlighted not included in national guidelines which could be used to signpost help, and help inform future policy and practice interventions for tailored support services (living in rural areas, emergency department assault related attendances, and having more than one child).
- Replication and combination of NICE risk factors using administrative data sources proved a successful approach which could be used in wider research.
- Confirmed prevalence and level of underreporting of GP reported DVA in women within cohort and general population.

If you are worried that a friend, neighbour or loved one is a victim of domestic abuse, you can call the National Domestic Abuse Helpline for free and confidential advice, 24 hours a day: 0808-2000-247.

Full study published here:
Risk Factors Associated with Primary Care–Reported Domestic Violence for Women Involved in Family Law Care Proceedings: Data Linkage Observational Study. J Med Internet Res 2023;25:e42375

Read more:
Swansea University: Rhodri Johnson, Lucy Griffiths, Laura Cowley, Rowena Bailey
Swansea University Medical School: Karen Broadhurst
Lancaster University: Karen Broadhurst

PREVALENCE DVA

100%

Has an intellectual/learning disability

40%

Has had an ED assault atten

60%

Has a history of substance use conditions

20%

Has a recent unintended pregnancy

8%

Has a history of mental health conditions

5.7% PREVALENCE DVA

Women involved in court proceedings were EIGHT TIMES MORE LIKELY TO HAVE A RECORD OF DVA

Final risk factor model: Establish final risk factors for women in court proceedings.