EURO EPI 2012

Porto, 5-8 September 2012

Epidemiology for a fair and healthy society

Evidence for a gender effect in the impact of intimate partner violence victimization on health-related quality of life

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INTRODUCTION

The effect of intimate partner violence (IPV) on Health-related Quality of Life has been extensively studied in female victims. However, though males are also frequent victims of IPV no such information is available.

AIM

To test in a sample of the European general population the presence of gender differences on how IPV impacts health-related quality of life.

METHODS

Random samples of non-institutionalized adult (18-64 years) men (n=1646) and women (n=2233), residing in 8 European cities (Granada, Gent, Porto, Ostersund, Stuttgart, London, Athens and Budapest) were evaluated. Violent acts assessed by the Revised Conflict Tactics Scales were coded to provide past year prevalence for each type of violence (psychological, physical, sexual coercion and injury). When all items were answered with 0 ("This has never happened"), participants were coded as non-cases, and as a case otherwise. A variable was coded to express the severity level (as described by the original scale author in minor and severe acts) for all types of violent sustained in the past year, and used as independent variable: no violence, minor acts, severe acts.

The eight original dimensions of the SF-36 were coded and t-scored to range from 100 to zero (mean=50, standard deviation=10).

The mental (MCS-36) and physical component summary (PCS-36) scores were derived from the eight scales of the SF-36 using principal components analysis with varimax rotation. Higher scores represent better health-related quality-of-life.

General linear models were computed to estimate marginal means of summary components extracted from the SF-36 by violence severity and to test sex interactions. Models were adjusted for country, age and education. Differences in the impact of IPV on the SF-36 summary component scores (Mental and Physical) were expressed as unstandardized betas (Standard Error) according to gender.

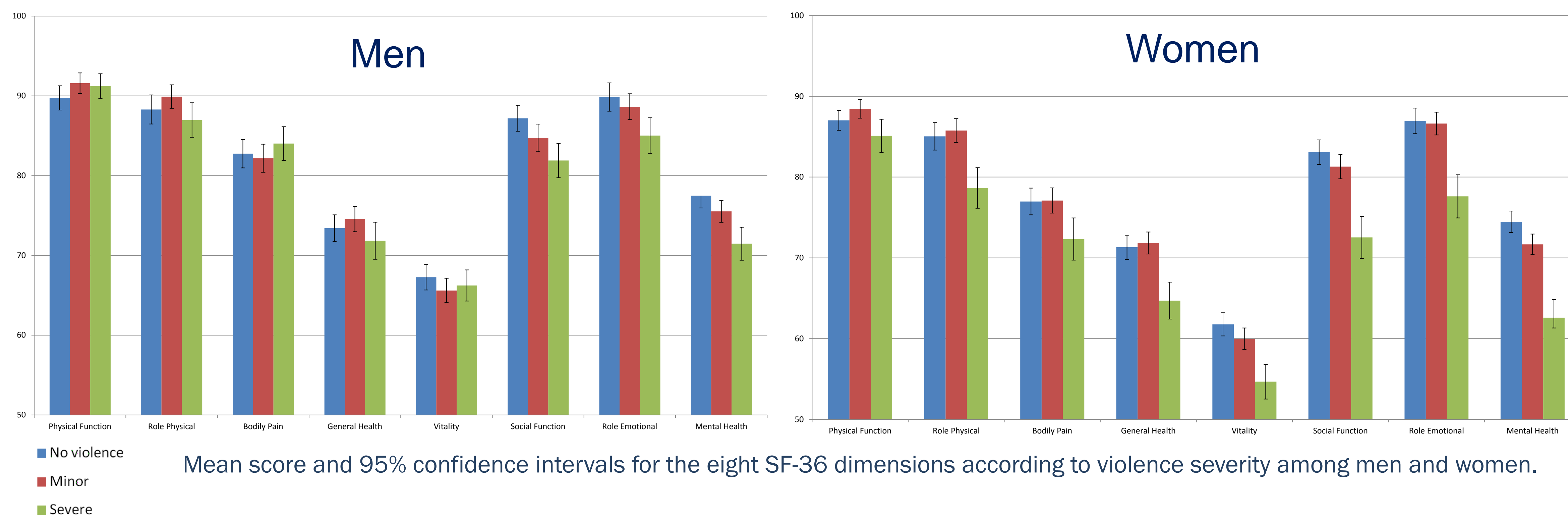European cities represented in the study
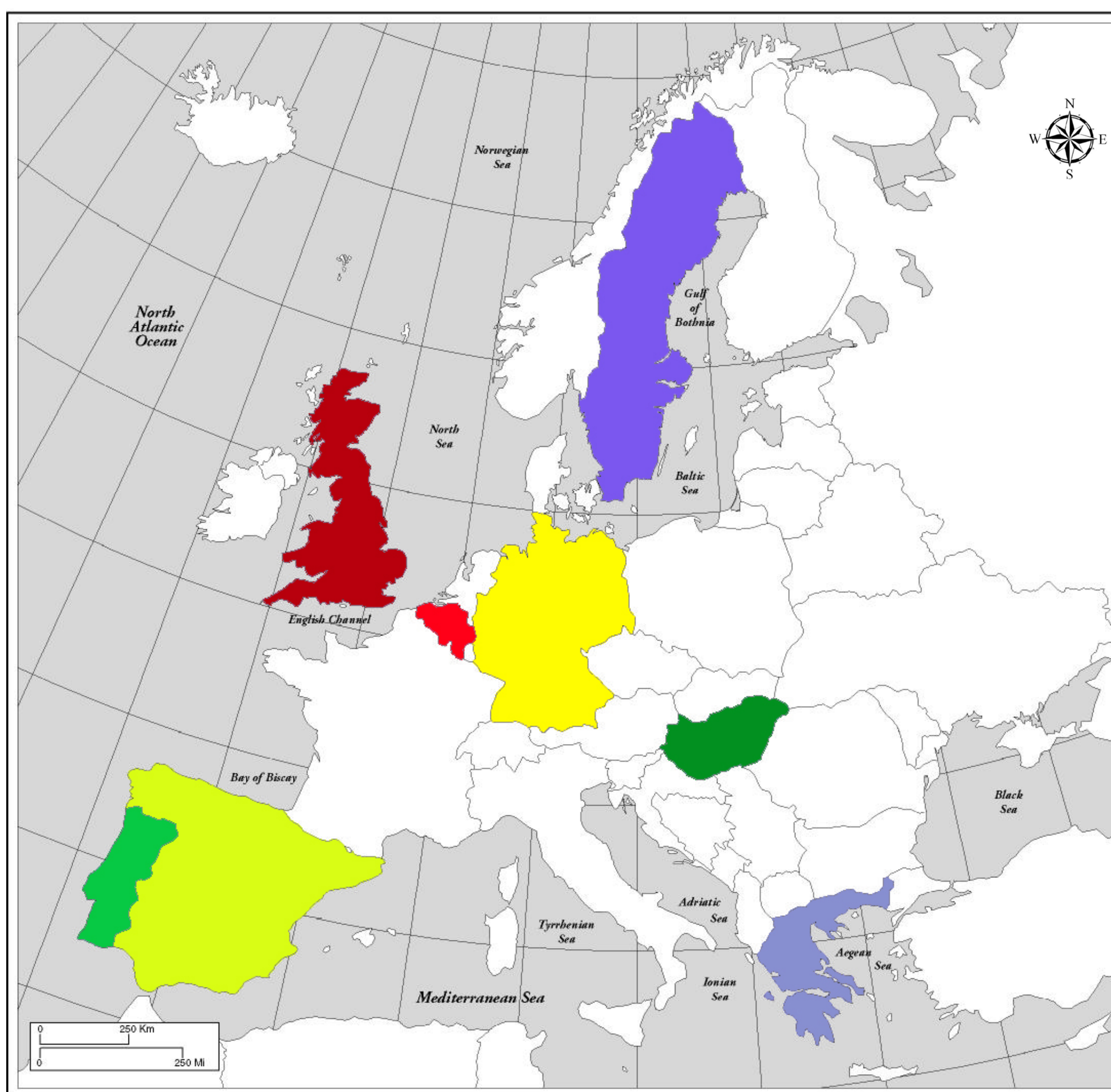
Sample size:

Granada: 138
Gent: 245
Porto: 632
Ostersund: 594
Stuttgart: 546
London: 571
Athens: 548
Budapest: 604

RESULTS

General Linear Model for summary components of the SF-36 by violence severity in the past year

		Mental Health		p-value for sex interaction	Physical Health		p-value for sex interaction
		Women Beta (SE)	Men Beta (SE)		Women Beta (SE)	Men Beta (SE)	
Model 0	No violence	Ref	Ref	<0.001	Ref	Ref	<0.001
	Minor	-1.525 (0.49)	-1.574 (0.54)		1.146 (0.50)	1.263 (0.53)	
	Severe	-5.672 (0.62)	-2.994 (0.62)		-0.530 (0.62) ns	1.186 (0.62) ns	
Model 1	No violence	Ref	Ref	<0.001	Ref	Ref	<0.001
	Minor	-1.485 (0.50)	-1.563 (0.54)		0.940 (0.50) ns	1.199 (0.53)	
	Severe	-5.915 (0.63)	-3.051 (0.64)		-0.567 (0.63) ns	1.193 (0.64) ns	
Model 2	No violence	Ref	Ref	<0.001	Ref	Ref	<0.001
	Minor	-1.210 (0.51)	-1.622 (0.54)		-0.100 (0.48) ns	0.735 (0.50) ns	
	Severe	-5.511 (0.64)	-2.924 (0.65)		-1.230 (0.61)	0.431 (0.60) ns	
Model 3	No violence	Ref	Ref	<0.001	Ref	Ref	<0.001
	Minor	-1.049 (0.51)	-1.293 (0.55)		0.076 (0.50) ns	0.787 (0.52) ns	
	Severe	-4.182 (0.66)	-1.772 (0.68)		-0.917 (0.65) ns	0.732 (0.64) ns	

ns= non-significant; Model 1: adjusted for country; Model 2: adjusted for country, age and education; Model 3: Adjusted for country, age, education and exposure to child abuse.

Mean score and 95% confidence intervals for the eight SF-36 dimensions according to violence severity among men and women.

CONCLUSION

Intimate partner violence influences health-related quality of life in men and women, the impact being more pronounced in the Mental Health of women.