

Characteristics of individuals employing violence in northwest Poland, 2012–2013

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Summary Background. The characteristics of individuals who employ violence are extremely important, but it can be very difficult to form profiles of the perpetrators. Such attempts may nevertheless lead to better adoption of corrective and educational actions aimed at people who employ violence, thereby reducing incidences of violence.

Objectives. The purpose of the research was to characterize individuals employing violence in northwest Poland.

Material and methods. The research material consisted of Blue Card files opened in 2012–2013 in the city of Szczecin. 1,299 documents were analyzed. A diagnostic survey based on document analysis was chosen as the method for the research.

Results. Violence was employed mostly by men (1,148; 88.38%) aged 41–60 living in the city center (366; 28.18%). Violence was most often employed against a spouse (534; 41.11%) or a partner (311; 23.94%). The vast majority of perpetrators (554; 64.57%) were aggressive during police intervention; alcohol abusers constituted the greatest group of people employing violence (919; 78.82%).

Conclusions. Gender is an important factor in the use of violence. Men employ violence much more often than women. Aggression is the most common type of behavior in cases where a Blue Card procedure is initiated. Behavioral disturbances mostly associated with alcohol abuse are the main determinants of the use of violence.

Key words: domestic violence, human rights abuses, characteristics of the perpetrator.

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Background

The World Health Organization defines violence as “intentional use of physical force, threatening or actual, against themselves, someone else or against a group or community, which causes or is likely to cause injury, physical injury, death, psychological pain, abnormal development or deprivation” [1]. In Polish literature, the definition by I. Pospiszyl occurs very often; it described violence as “any non-accidental acts detrimental to the personal freedom of the individual or causing both physical and psychological damage to a person, violate the social rules of mutual relations” [2].

Research carried out in Central and Eastern Europe has revealed that 31% of Czechs, 21% of Poles, 23% of Romanians, 31% of Hungarians and 41% of Russians have lived through domestic arguments several times a month or more often. 2 to 4% of respondents from each of the aforementioned countries declared living in “domestic hell” [3].

It is not only the Central and Eastern Europe that is facing the problem of violence, WHO, in their report from 2013, has indicated the frequency of domestic violence, divided by regions: Americas – 29.8%; Africa – 36.6%; Eastern and Mediterranean region – 37%; Europe – 25.4%; South-East Asia – 37.7%; West Pacific region – 24.6% [4].

The Polish research by TNS OBOP, carried out in 2010, indicated that 34% of society has experienced violence [5].

According to literature, violence can manifest itself as: physical (e.g. hitting, wrenching), psychological (e.g. insulting, criticizing), sexual, economic (e.g. taking away money) and neglect [6–9]. Every type of violence exerts a negative influence on the health condition of the person experiencing violence.

There are a number of factors determining the reasons for using violence. These include poverty, substance abuse, disability, social isolation and low levels of social support [10, 11].

It is difficult to present an explicit profile of a person using violence; however, they are mostly men characterized by the inability to control their own anger. Other important features inducing the use of violence are: low self-esteem, lack of assertiveness, alcohol addiction – aggression may stem from abstaining from alcohol or its excessive consumption. The main objective of the abuser is to obtain control and subordination of family members [12].

The use of violence leads to many negative consequences. The World Health Organization has singled out among them: chronic diseases, such as asthma or cardiovascular diseases; psychological consequences, e.g. depression, anxiety, suicidal thoughts; physical consequences, e.g. traumas, burns, fractures; sexual consequences, e.g. unwanted pregnancy or sexually transmitted diseases [13].

It is important to remember the vital role of primary care providers in the area of combating violence. The specificity of work in primary care makes it possible to establish a close rela-



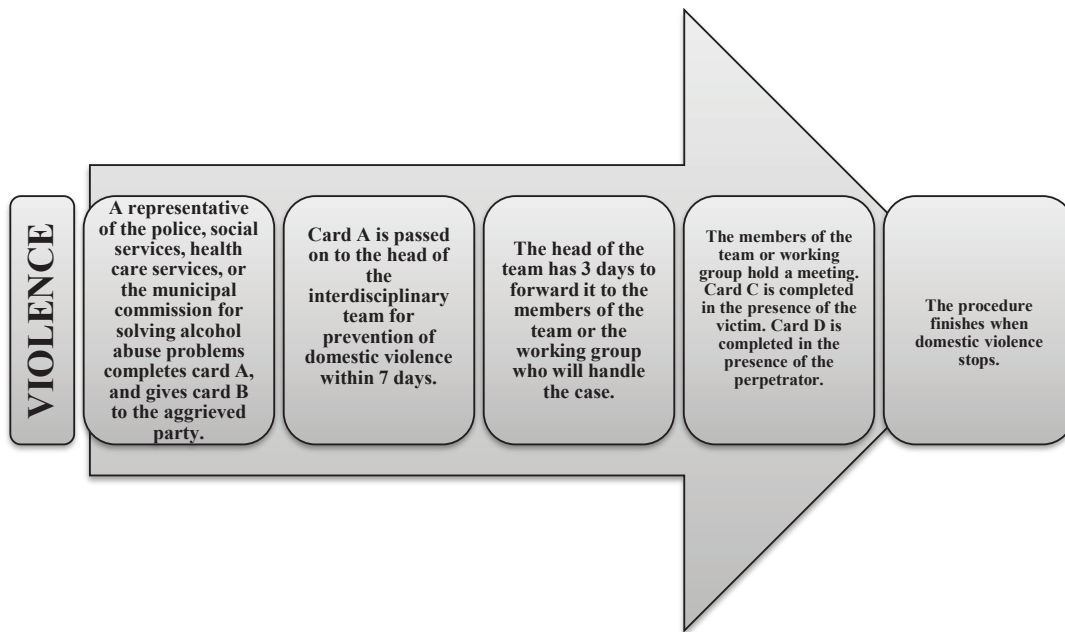


Figure 1. Blue Cards procedure

tionship with a family, gain trust and make a continuously verifiable diagnosis [14].

Objectives

The purpose of the research was to characterize individuals employing violence in northwest Poland.

Material and methods

Research material consisted of Blue Cards files opened in 2012–2013 in the Municipality of the City of Szczecin. 1,299 documents were analyzed. In 2012, there were 409,211 inhabitants in Szczecin and 408,502 in 2013 [15]. A diagnostic survey based on an analysis of documentation – Blue Cards files opened as part of the Blue Cards procedure shown in Figure 1 – was the method chosen for the research.

The research process does not require the consent of the Bioethics Committee (information dated 18 June 2014, KB0012/47/06/2014). All authors have obtained consent to the processing of the relevant personal data.

Statistical analysis was performed using the chi-square test with Yates correction. The level of statistical significance was $p < 0.05$. The statistical data were processed with the Statistica 10 program.

Results

An analysis of 1,299 Blue Card showed that those who use violence are mainly men (1,148; 88.38%), women resorted to violence in 140 cases (10.78%). The gender was not specified in 11 cards.

The largest number of perpetrators was in the age groups of 41–60 (480; 36.95%) and 19–40 (467; 35.96%), while the least numerous group consisted of people aged 11–18 (18; 1.39%) and those over 80 years of age (3; 0.23%).

When searching for areas threatened by the largest proportion of violence, it was found that the largest number of cases of violence occurred in the city center (366; 28.18%), whereas the smallest number – in the region of the right-bank of Szczecin (273; 21.02%).

During the analysis, we made an attempt to answer the question what the relationship between the victim and the offender is. Verification of the degree of relationship with the person experiencing violence showed that in 534 (41.11%) cases,

violence was used against a spouse, while 311 (23.94%) Blue Cards showed no kinship between the perpetrator and the victim, e.g. domestic partnerships. The third most common group experiencing violence was descendants, e.g. children or grandchildren (245; 18.86%). In 116 cases (8.93%), ascendants, e.g. grandparents or parents, were the victims, and in 44 (3.39%) – persons related collaterally, e.g. siblings. In 13 cases, violence was used against strangers, e.g. neighbors. In thirty-six (2.77%) Blue Card forms, the relationship between the perpetrator and the victim was not stated. The socio-demographic data of the tested group is shown in Table 1.

Table 1. Socio-demographic data of the tested group

Socio-demographic	n	%
Gender		
Female	140	10.78
Male	1148	88.38
No data	11	0.85
Age		
11–18 years	18	1.39
19–40 years	467	35.96
41–61 years	480	36.95
61–81 years	111	8.55
> 81 years	3	0.23
No data	220	16.94
Region of residence		
North	308	23.71
Right-bank	273	21.02
West	319	24.56
City center	366	28.18
No data	33	2.54
Relationship with the person experiencing violence		
Ancestor	116	8.93
Descendant	245	18.86
Collateral kinship	44	3.39
Spouse	534	41.11
Stranger	13	1.00
Cohabitant	311	23.94
No data	36	2.77

The behavior of the abuser during initiation of the Blue Card procedure was analyzed. The analysis revealed that the vast

majority were aggressive (554; 64.57%). In 283 cases (33.25%), the authority representatives initiating the Blue Card procedure had difficulty in making contact with the perpetrator. Every fifth person using violence was calm (Table 2).

The behavior of the abuser	<i>n</i>	%
Difficulty in contact making	283	33.25
Calm	251	29.74
Tearful	74	8.82
Intimidated	9	1.08
Avoiding conversations	198	23.6
Aggressive	554	64.57
Resisting police	180	21.95

The conducted research showed that the largest group of perpetrators overused alcohol (919; 78.82%), and 165 people were previously punished for using violence. Every ninth person was treated psychiatrically. A major problem was also drug abuse, which was found in 138 cases (Table 3).

Characteristics of people using violence		<i>n</i>	%
Previously penalized for using violence <i>n</i> = 845*; 100%	no	680	80.47
	yes	165	19.53
Alcohol abuse <i>n</i> = 1,166*; 100%	no	247	21.18
	yes	919	78.82
Drug abuse <i>n</i> = 877*; 100%	no	739	84.26
	yes	138	15.74
Psychiatric treatment <i>n</i> = 933*; 100%	no	792	84.89
	yes	141	15.11

* Different numbers are the result of missing data.

While analyzing the relation between the characteristics of people using violence and their behavior during initiation of the Blue Card procedure, it was proven that there exists a statisti-

cally significant correlation between behaviors, such as: conversation avoidance, aggression and resisting police and previous penalty for using violence. Alcohol abuse had a statistically significant influence on difficulty in making contact and resisting police, and psychiatric treatment – on difficulty in making contact and tearfulness (Table 4).

Discussion

Recently, more and more attention has been paid to the issues of violence and the perpetrators. Unfortunately, a detailed characterization of people using violence is not possible. The reason for this is the very large number of incidents that are not reported.

The lack of literature describing the data contained in Blue Card forms is a factor that hinders the comparison of the obtained results with the findings of other authors.

While analyzing the perpetrators' gender, it seems justified to state that men resort to violence more often than women. Roberto et al. confirm this statement [12]. The same state of affairs has been demonstrated in the research conducted herein, where almost 90% of people using violence were males. The percentage of women using domestic violence was 10.8%. This may be due to the fact that women report domestic violence more frequently. Men are less willing to report violence, as they are ashamed of the reaction of their social environment.

The authors' research showed that the largest number of perpetrators were aged 41–60 and 19–40. Cape Town studies conducted on men using sexual violence revealed that most of the perpetrators are aged 30–39 [16], whereas Masho and Anderson indicated that the age of the perpetrators usually fluctuates between 18–24 years and above 35 years of age [17].

Very often, the use of violence is connected with social problems, such as alcohol or psychoactive drug abuse. The research conducted herein analyzing the profile of the abuser confirms this, as almost 79% of the analyzed cases involved alcohol abuse. Brazilian polls, carried out on 1,445 people, demonstrated that more than 30% of men experienced violence from women addicted to alcohol. On the other hand, almost every second woman (44.6%) was the victim of violence by male abusers who were also alcohol addicts [18]. Residents of India [19], the United States [20] and Ethiopia [21] also pointed to an increased rate of violence caused by alcohol consumption. The

PUV characteristics		Previously penalized for using violence	Alcohol abuse	Drug abuse	Psychiatric treatment
PUV behavior					
Difficulty in making contact	chi ²	0.001	0.606	4.048	8.066
	<i>p</i>	0.978	0.436	0.044*	0.004*
Calm	chi ²	2.026	8.805	0.195	2.125
	<i>p</i>	0.154	0.003*	0.658	0.144
Tearful	chi ²	0.513	4.548	0.002	5.083
	<i>p</i>	0.473	0.032*	0.957	0.024*
Intimidated	chi ²	0.038	0.002	0.471	0.100
	<i>p</i>	0.845	0.959	0.492	0.751
Avoiding conversations	chi ²	5.327	0.002	2.019	1.210
	<i>p</i>	0.021*	0.963	0.155	0.271
Aggressive	chi ²	5.834	23.277	1.957	0.248
	<i>p</i>	0.015*	< 0.001*	0.161	0.618
Resisting police	chi ²	5.257	21.259	8.294	3.772
	<i>p</i>	0.022*	< 0.001*	0.003*	0.052

p – value for chi-square test with Yates correction, * statistically significant.

research by Reichenheim et al. also confirmed that frequent alcohol and drug abuse, as well as free access to firearms, has an impact on the use of violence [22].

Poverty and/or drug abuse are other factors determining the use of violence. This has been confirmed by the research of Ruiz Sanmartin, which drew attention to the impact of drug addiction on the use of violence [23]. The study by the author revealed that more than 15% of people using violence were also addicted to drugs.

It is vital to take further action to create the profile of a person using violence in order to enable application of the most suitable corrective and educational programs in therapeutic work with the perpetrator, which, in turn, can help reduce domestic violence.

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Conflict of interest: The authors declare no conflict of interests.

Conclusions

1. Gender is an important factor when determining the use of violence. Men are more likely to employ violence than women.
2. Aggression is the most common behavior of the perpetrator during initiation of the Blue Card procedure.
3. Behavioral disturbances, mostly related to alcohol abuse, determine the use of violence.
4. The perpetrator's behavior during initiation of the Blue Card procedure is determined by their previous experience, as well as their addiction to psychoactive substances.
5. Violence research is of great importance to primary care professionals, due to their frequent contact with the patient, effective ability to detect violence and rapid response time.

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