

Domestic Violence in the Grand Duchy of Luxembourg: Studying Risk Factor for a Targeted Prevention

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Abstract

Introduction: In Luxembourg, the phenomenon of domestic violence has become a serious social problem by affecting family and egalitarian social relations and by implicating health and legal issues. National authorities reported an important increase in the number of domestic violence acts during the last few years.

Objectives: Considering the individual and social burden of domestic violence, this study aims to understand the social processes involved and generated by domestic violence acts in Luxembourg in order to conceive targeted prevention strategies based on the analysis of all the actors involved. This paper proposes the study protocol: a comparative approach of nationally available statistics about domestic violence; an analysis of potential origins and causes of the processes involved, and finally by providing targeted recommendations for the prevention and fight against violence...

Method: The research will follow two phases: an extended survey based on 600 anonymously collected questionnaires; and a more in-depth qualitative study, focused on a reduced representative sample of 50 subjects, using structured in-person interviews. As domestic violence implicates a serious risk for mental health and legal issues, there is an evident need for action.

Results: Identifying predictive factors associated with domestic violence will deliver solid insight on how to conceive public prevention strategies.

Keywords: violence domestic, study, Luxembourg, risk factor, prevention

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I. Introduction

Domestic violence is a serious social problem implicating health issues, vulnerable family and egalitarian social relations, and often culminating into legal problems. Above all, this last point shows that it leads beyond private life by being a crime prosecuted ex officio by the State (Act Grand Duchy of 8 September 2003). In this context, our approach is to clarify "how people can have a respectful and non-violent partnership despite the existence of risk factors." (BFEG, 2011). Since the late 70s, many national and international qualitative surveys, especially in Europe and North America, were conducted on this topic. However, regarding important methodological differences, comparisons between different countries are difficult and need to be made with caution. Indeed, in southern European states, where gender inequalities have higher rates the number of domestic violence acts is also higher than in northern states, even if the prevalent sociological contacts are the same.

The statistics gathered in the 2012 annual report of the Ministry for Equal Opportunities of Luxembourg showed an important increase in the number of domestic violence acts: 801 police interventions (675 interventions in 2011; 589 interventions in 2010...), 695 cases of domestic violence recorded by the national prosecutors, 357 measures of expulsion, and 1152 identified victims. The victims were 1086 adults and 66 minors. Women were affected twice as often as men (728 female victims versus 358 men). Of the 1120 offenders identified, the large majority were adults (1100), with only 20 minors. In contrast to the victims, offenders were twice as many males than females – 771 men and 329 women. Regarding the 357 measures of expulsion, 351 victims were adults with 314 of them being women, whereas the sex ratio among offenders was inverted with only 29 being female compared with 328 males. (Report to government, 2012)

The Luxembourgish figures are not at all an isolated situation in Europe, other high developed European countries also reported high rates of domestic violence acts. Two studies conducted in 2000 and in 2007 in the UK and based on a sample of 8275 community women aged 16–74 years from the National Household Surveys of Adult Psychiatric Morbidity, provided prevalence rates of domestic violence against women of 5.5% in 2000 and 5.1% in 2007. Multivariate analyses performed in these studies identified eight significant risk factors that characterized violence prone women in the UK: young age, residing in social assisted housing, presence of early conduct problems, being a victim of domestic

violence, self-harming behaviour, excessive drinking and past criminal justice involvements. (Yang et al., 2013)

Intimate partner violence is also an increasingly acknowledged issue in Sweden. The Swedish National Council for Crime Prevention estimated that 75% of all cases of violence against women in Sweden are unreported to the police. A national study among the Swedish female population showed that a considerable proportion of violence exposed women did not report to the police but instead contacted the health care system or social services. (Dufort et al., 2013). Other work has been carried in France (Baudeneau A, 2013, Beck F, Cavalin C, Maillachon F, 2010, Jaspard M, 2001, 2010).

Scientific research has shown that different factors accumulate to trigger violence and thus must be taken into account when studying this complex social phenomenon. The so-called "Ecological and systemic model" serves as a theoretical basis to understand the complex interplay of individual, social, cultural and environmental factors. The process of domestic violence cannot be explained by a single factor, all registers of the individual and social life are intertwined, "micro, meso, macro," according to the conceptualization of Bronfenbrenner U. (1979) and his theory of "nested environments." (Absil G., Vandoorne Ch., Fond-Harmant L., 2011) The impact of each factor is reinforced or modified by other factors at each level of the biographical trajectory of persons, author (male and female) and victims of domestic violence: the individual level (life history, experience of violence in the family of origin, use of alcohol, personality of the author(s) and victim, stress, mental disorders); the social level (relationship between the author(s) and the victim, abuse of power, conflict, events in a couple's life - pregnancy, birth of a child, separation, divorce); the community level (social isolation, stress, membership in a social group at risk, values and attitudes to violence); the societal level (socio-demographic characteristics including age difference between partners, immigration, economic characteristics such as low income and unemployment, cultural characteristics such as level of education, as well as religious characteristics).

Characteristically, domestic violence is depicted as being male-on-female abuse, however, female-on-male abuse, male-on-male abuse and female-on-female abuse also occurs (Holt et al. 2008).

Regarding the aggressor's typology, a study centred on male-on-female abuse described three subtypes of domestically violent aggressors: *family violence only*, *borderline/dysphoric* and *generally violent/antisocial* (Holtzworth-Munroe & Stuart, 1994). The authors suggested that these three groups of aggressors would differ by dimensions of

psychopathology, by the type of target they aggress (generalized vs. partner-specific violence), and by the severity and frequency of partner violence they perpetrated. The *family only aggressors* are generally free of psychopathology, commit the least severe partner violence and are unlikely to generalize their violence. *Borderline/dysphoric aggressors* manifest symptoms of depression and anger, are likely to perpetrate more domestic violence than the family-only type and are expected to commit some generalized violence. The *generally violent/antisocial aggressors* are characterized by general antisocial symptoms and frequent substance abuse episodes, they commit the most severe partner violence, and the acts of violence are directed both against the partner and against others. (Holtzworth-Munroe & Meehan, 2004).

Considering female-on-male domestic violence, an American study based on 153 female volunteers, found out that compared with nonviolent relationships, relationships with female aggressors were characterized by increased unilateral and mutual verbal aggressions, more male verbal aggressions while the wife reacts appeasing, more male demands and partner withdraw, more mutual avoidance and less constructive communication. Relationships characterized by female violence also had poorer strategies of resolution of problems and more emotional distance after arguments and discussions. (Ridley & Feldman, 2003)

In a study published in 2010, Hines and Douglas conducted one of the first systematic quantitative descriptions of female-on-male intimate partner violence acts. The study identified male victims of female-perpetrated intimate terrorism, manifested by psychological, sexual and physical abuse, injuries and controlling behaviours. (Hines & Douglas, 2010)

In the light of presented previous literature, we are especially interested in understanding the conditions that foster the emergence of relationships dominated by violence. Our research is structured into three phases: a study centred on the victims, a study centred on the authors of violence acts and a study centred on professional actors and experts involved in preventive measures and strategies. The final research goal is to produce recommendations regarding prevention and fight against violence, by supporting policies and programs against violence.

II. Objectives

The first objective of this research is to provide a comparative analysis of available statistics about domestic violence in Luxembourg, issued since January 2003 when the law on domestic violence was implemented. The second objective is to identify, by a thorough analysis, risk factor of the process of domestic violence in Luxembourg. This analysis will be structured in three phases: anonymous

questionnaires and interviews with victims of domestic violence acts, anonymous questionnaires and interviews with authors of violence acts, followed by interviews and/or audition and focus groups with professional actors and experts.

The third objective is to produce recommendations for conceiving targeted prevention and intervention measures, by supporting policies and programs targeted. It is known that violence prevention has important implications for health, public safety and criminal justice services. An effective preventive approach should be based on a comprehensive and evidence-based understanding of the magnitude, the scope, the characteristics and consequences of the many facets of violence. (Yang et al., 2013)

III. Methods

This applied study design is a nation-wide exploratory and qualitative research. It is based on the principles of precaution and rigor provided by the scientific literature and WHO, (WHO, 2010, Blanchet A, Gotman A, 1992, Berthier N, 2010, Bardin L, 2007)

The target population consists of victims and author(s) of domestic violence residing in the Grand Duchy of Luxembourg. Since domestic violence is a taboo phenomenon and hard to identify, the target population studied by CRP-Santé in phase 1 will include reachable victims and authors of violence acts who had been identified by the authorities (police, judiciary authorities, NGO's specialized in care and prevention). The study protocol has been revised and fully approved by the national research ethics committee („Comité National d'Ethique pour la Recherche" CNER) and it has been notified to the national commission for data protection ("Commission Nationale pour la Protection des Données" CNPD).

Case definition

Domestic violence is defined by the World Health Organization as „*the threat or the intentional use of physical force or power against oneself, another person or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation*". (WHO, 2002)

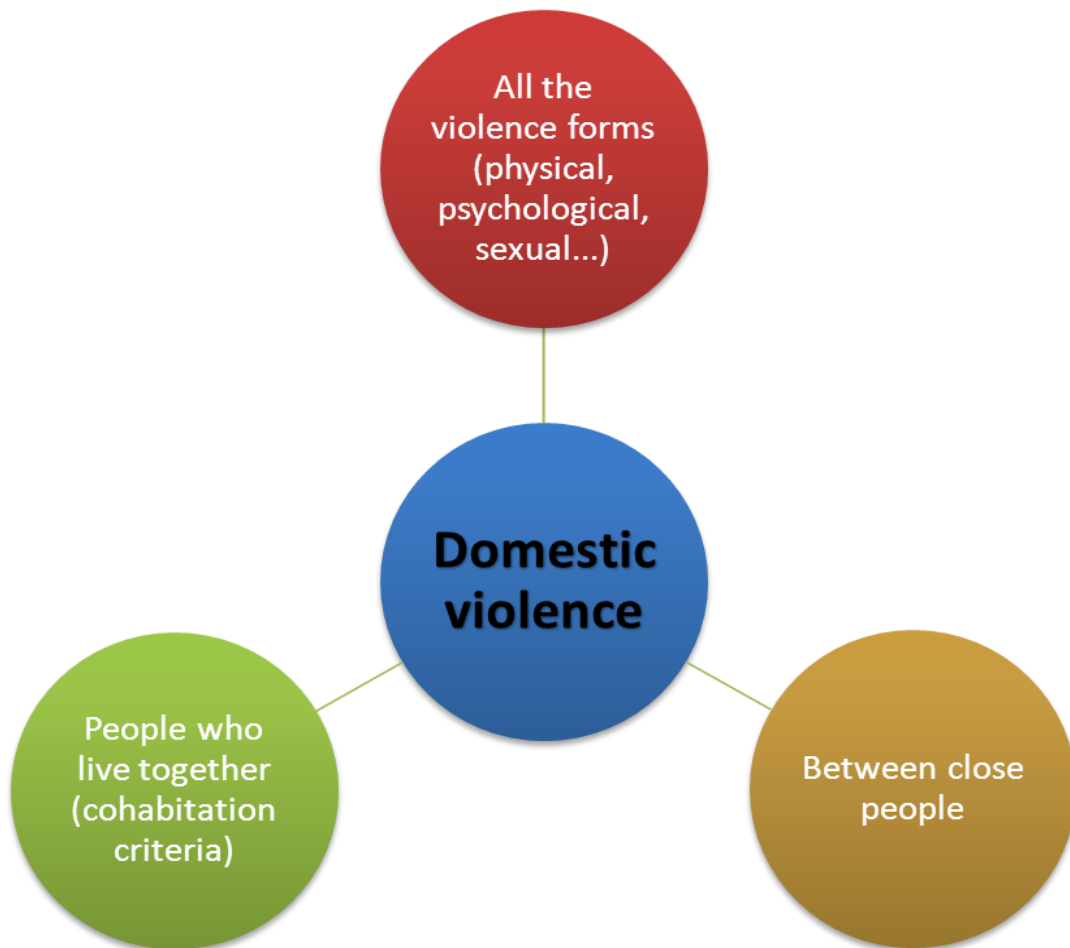
This definition excludes accidental acts in order to focus on the act of violence itself, independent of its nature (physical, psychological or sexual). The consequences of violence have to be discussed in order to consider all possible facts as well as interactions between author(s) and victims of violence resulting in self-administered, collective or interpersonal violence or acts against others). For the scope of this research, the broad definition of violence as adopted by the WHO had to be narrowed in order to identify the meaning of the concept of "violence" in the

Grand Duchy of Luxembourg, and more specifically of "domestic violence" in this project (see Figure 1).

In the Grand Duchy of Luxembourg, the law of the 8 September 2003 (parliamentary report, 2003) regarding domestic violence provides a legislative framework to guide the definition: "As part of its mission of crime prevention and protection of people, police, with authorization of the Public Prosecutor, expelled from their homes person against whom there are evidences who are preparing to commit an offense against the life and physical integrity of those with whom they live in a family setting; or they are preparing to commit again with respect to this person,

already a victim, an offense against the life or physical integrity. Near people affected by this law is the spouse or the person with whom the person who is the subject of an expulsion usually lives, ascendants and descendants legitimate, natural or adoptive. This also includes ascendants and descendants legitimate, natural or adoptive from the spouse or the person with whom the person usually lives who is the subject of a deportation order. Only minor or disabled children are taken into account when talking about the descendants of the spouse or the person which live with the person expelled. (see figure 1).

Figure 1: Synthesis of the "domestic violence" definition in this project



Inclusion criteria

Eligible participants are victims and authors of domestic violence acts who live in the Grand Duchy of Luxembourg. Because domestic violence is a serious social matter, authors and victims of such acts are not always known by the authorities, as they tend to hide inside their family homes and be silent about their problems. The consequence is an important restriction of access to the reference population of the study.

The definition of domestic violence as adopted by the national law also includes violence against children and adolescents, but the national legislation does not allow minors to participate in an open research study. Taking into account these two limitations, the target population of phase 1 will include adult victims and authors of domestic violence acts who have registered with the operational partners of CRP-Santé regarding this project (Femmes en Détresse, Fondation Maison de la Porte Ouverte, Fondation Pro Familia, Foyer Sud, InfoMann, Noémi ABSL, Riicht Eraus).

Recruitment procedure

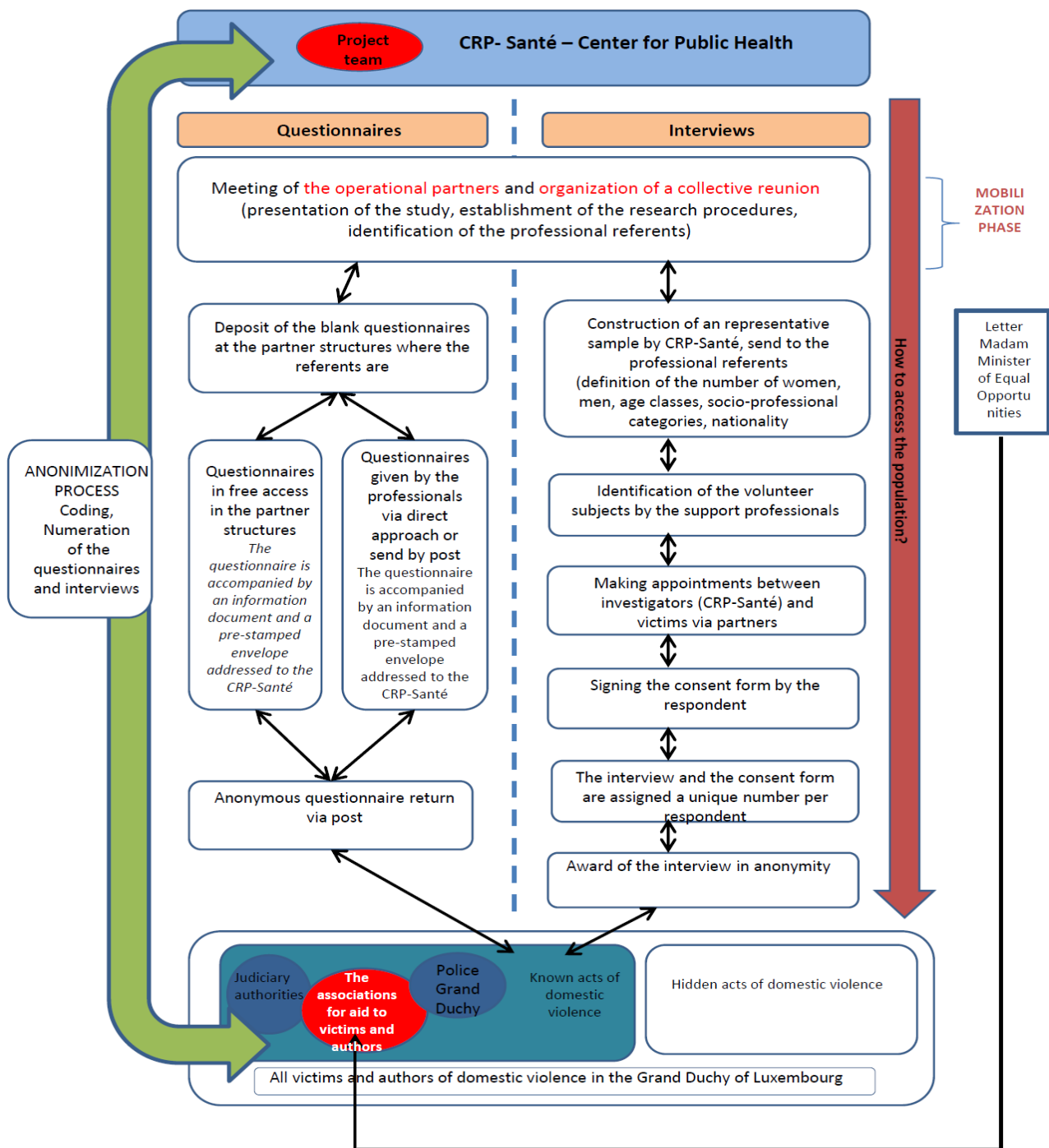
The research will follow two phases: a first focus on victims of domestic violence and a second focus on authors. The first phase will have two steps. The first one will be an extended research based on a sample of 600 subjects participating in an anonymous survey; and the second one will be a more in-depth qualitative study, focused on a reduced representative sample of 50 subjects selected from the previous 600, and using structured in-person interviews conducted by trained CRP-Santé researchers.

Operational partners will receive 600 anonymous questionnaires and will be asked to identify victims of domestic violence. The questionnaires will be made available by free access or by direct approach. Regarding the first option, an information point will be implemented in partner associations where eligible and interested participants can take the questionnaire, together with an explanatory note and a stamped envelope to send the completed documents to CRP- Santé.

The police will also be actively involved in the diffusion of questionnaires, every regional office will have the same information point as partner associations. When adopting the direct approach, professionals from the mentioned partner structures will identify potential and/or known victims and ask them to fill out the questionnaires that will be sent to CRP-Santé immediately by the association.

The second phase of the study will consist on in-depth interviews among a representative sample of victims and authors of domestic violence. The sample will consist of 50 participants and the sampling procedure will take into account the following criteria: gender, age, socio-professional category and nationality. (See figure 2)

Figure 2: The process of population access



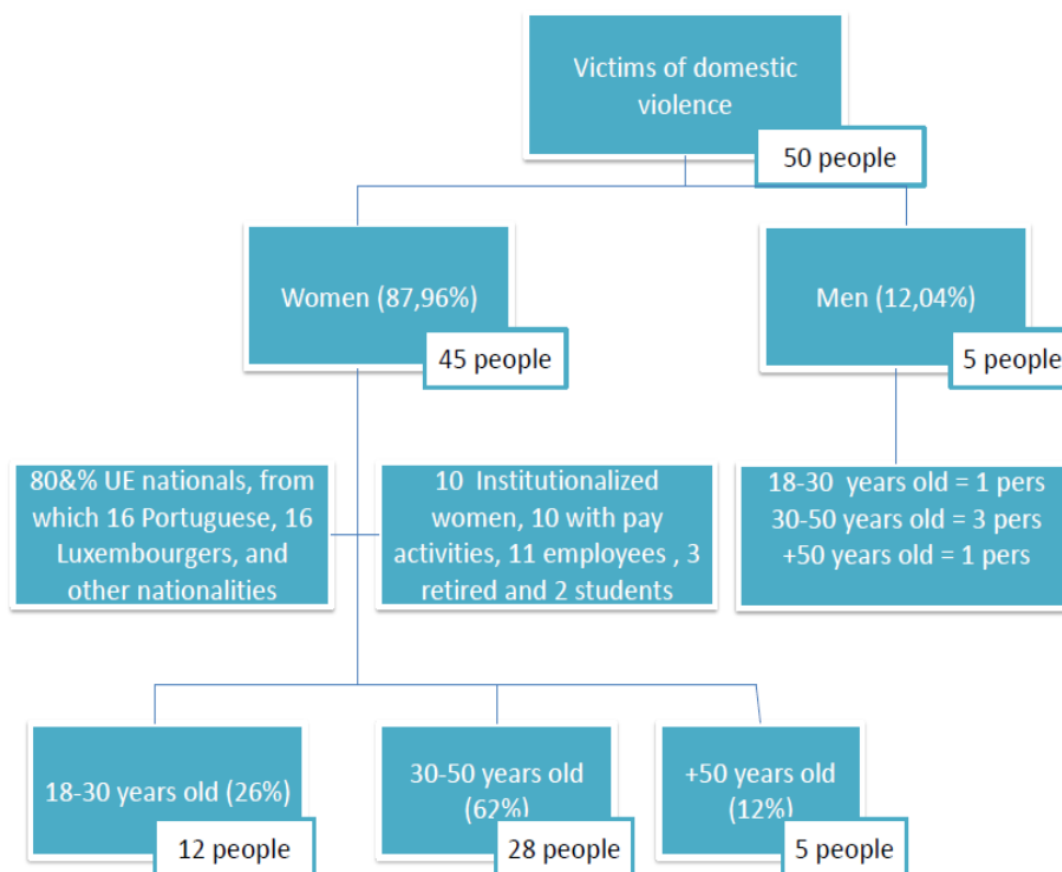
Sample size estimation

The first phase of the research, related to the study of the victims of domestic violence, will involve 600 participants which will fill anonym questionnaires, followed by 50 in-depth interviews anonyms. Considering the 695 officially reported cases of domestic violence (référence rapport ministère), the

research team aims to reach a maximum of 600 participants residing in Luxembourg.

The selection of 50 participants targeted by the in-depth interviews will be based on available statistics regarding socio-demographic characteristics in order to constitute a representative sample. The selection process is described in Figure 3.

Figure 3: Sample size characteristics for the in-depth interviews



Measures

The anonymous questionnaire was developed by the CRP-Santé research team and has the objective to identify potential risk factors of domestic violence at three different levels: individual, relational and cultural. Questions target individual demographics and socio-economic factors, socio-cultural factors, health and wellbeing factors, woman-man relationships, social climate in the family home, information about the violence author/victim.

Made with professionals, the questionnaire covers first general topics (sex, age, number of children, profession...) then focus gradually on the facts of violence, in order not upset respondents. The questions were developed with special attention by using words and sentences comprehensible and accurate for everyone.

Although the questionnaire was developed to be self-administered, measures were taken to ensure a larger return. 43% of Luxembourg's population is foreign (Statec, 2013) in addition to the initial drafting language (French), the questionnaire was translated, into German and Portuguese. If necessary, respondents were able to ask for help to a professional to fill the questionnaire. This might be especially encouraging for

people with illiteracy or any other difficulties regarding reading, comprehension and concentration. The questionnaire for the second phase of the research, will be adapted for authors, based on the version for victims.

In May 2014, a meeting with approximately 20 to 25 professionals was held at CRP-Santé in order to inform partners about the study objectives, to present the questionnaires and information material, to develop an integrative network of professionals (psychologists, educators and others) and to organize practical arrangements for the dissemination of investigative tools according to specificities of implied structures and their hosted public.

The semi-structured interview aims to identify more biographical data, focusing on the life course of the individual and the gradual onset of domestic violence. Including open questions, the CRP-Santé researcher can help the person in his narrative following an interview guide.

The interview guide is divided into two parts and will explore the following registers:

1. objective biographical information (age, sex, nationality, civil status ...), education trajectory, and professional experiences, economic status (level of education, current and past employment status ...);

2. subjective biographical information: history and life course (family history, social climate of the home during childhood, migration route, the influence of community and culture ...), evolution of the domestic violence in the person's life (context in which situations of violence appear, reporting, recurrence, aggravation facts ...), individual and collective strategies to improve living conditions, needs, expectations, hopes and desires. The purpose of the interview is to understand the biographical dynamics that constitute the individual trajectories of respondents. To objectify events we will work according to the "calendars method" which means that at the end of each interview, a summary is prepared, together with the individual, and using a synoptic table to synthesize meaningful events of life and relationships that had emerged from these events. The construction of these biographical calendars is the step that allows, to discover trajectories of life, which may lead to violence. These trajectories will help us to understand the history of participants centered directly on biographical facts rather than on representations.

To facilitate exchanges between researcher and respondent, elements relating to representations of violence and representations of (in) equality between men and women can be addressed using the *photo language* tool. This is a technique to answer one or more open questions using one or more photographs selected from those proposed by the researcher. It allows the illustration. Each participant has the possibility to connect in personal record elements of experience depending on the chosen theme with what he suggests a particular photograph.

IV. Results

To provide a comprehensive approach of the statistics about domestic violence in Luxembourg, a comparative analysis will be conducted on the results of the first study about the victims of domestic violence on individual demographics and socio-economic factors, socio-cultural factors, health and wellbeing factors, woman-man relationships, social climate in the family home, information about the violence author/victim. Results will be expressed as mean and standard deviation (SD) for quantitative measurements, and as frequency tables for categorical findings.

To identify potential risk factors of domestic violence on the three levels (micro-individual, meso-relational and macro-cultural), we will first conduct a logistic regression analysis with domestic violence as the outcome and socio-economic, socio-cultural, health and wellbeing factors, woman-man relationships as well as social climate in the family home as predictors of interest. Results will be considered as statistically significant at the 5% critical level ($p < 0.05$). All

calculations will be carried out using the SAS System (Version 9.2 for Windows) statistical package and SPSSInc PASW Statistics 18. The qualitative analysis will be made using the NVIVO 10 programme.

Second, we will conduct a qualitative analysis of the data resulting from in-depth interviews, using phenomenological analysis technique, an in-depth approach that requires intensive work with interview transcripts (Bardin L, 2007) We aim to discover whether subjects share a psychological and social structure that accounts for domestic violence in the Grand Duchy of Luxembourg. The data will be transcribed and divided into "meaning units", will be transformed by explication and we will seek the least variant psychological and social structure, among the descriptions gathered.

V. Conclusions

This exploratory qualitative study intends to understand the social processes involved and generated by domestic violence acts in the Grand Duchy of Luxembourg, by analysing all actors involved. The main questions concern: Which are the beliefs, attitudes and behaviours reported by both the author(s) and the victims of violence? In which social and cultural situations they live? Are they exposed to violence in their homes or in the community? Which are the main risk factors for violence? Does Luxembourg have any specificity related to the heterogeneous composition of its population? Has the economic crisis promoted social distress resulting in an increase of domestic violence? What are policies implemented to fight against domestic violence, what are the main intervention strategies and responses that have been adopted and to what extent are they successful? What do the professionals (judges, police officers, social workers, psychologists) think about it?

Due to deficiencies either in measurement (self-report measures, recall biases), study design (retrospective) or sampling (sample size, group definition, refusal to participate due to the stigmatisation of the phenomenon), current research on domestic violence seems largely inefficient to meet the conceptual and methodological requirements. This is the reason why we have designed this research into two phases.

The first phase is a quantitative comprehensive study of 600 cases of domestic violence, which is over 86% of the identified population in the country in 2012. In order to identify the main factors associated with this phenomenon we have decided to include as many cases as possible.

The second phase will be a qualitative in-depth study on a reduced sample of 50 cases. This part of the design is nevertheless limited, because selection will be

contingent on subjects who will agree to participate in the interviews, thus the randomization procedure cannot be applied. Also, the phenomenological analysis implies the subjective interpretation of qualitative data by the researcher. However, since data collection and analysis will be done by the CRP-Santé researchers only, including trained psychologists and sociologists, the

interpretation biases will be substantially reduced. Data collection will be optimized by the combination between self-report questionnaires and structured in-person interviews conducted by research professionals, thus increasing the accuracy of data and reducing the subjects' inhibition due to social acceptance needs.

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