



Nottingham Trent
University

Psychology

Causes of IPV perpetration: The importance of trauma

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Overview

- Context of my research – including controversies
- History - how we have got to today
- Pathways to IPV perpetration
 - Complexities
 - The importance of trauma
- Where do we go from here?

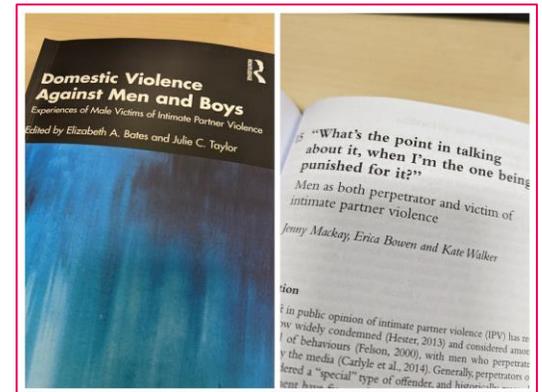
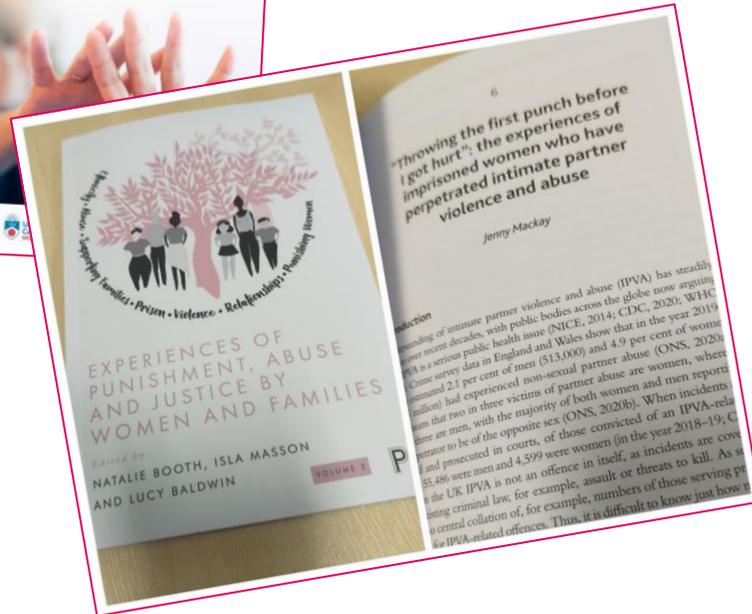
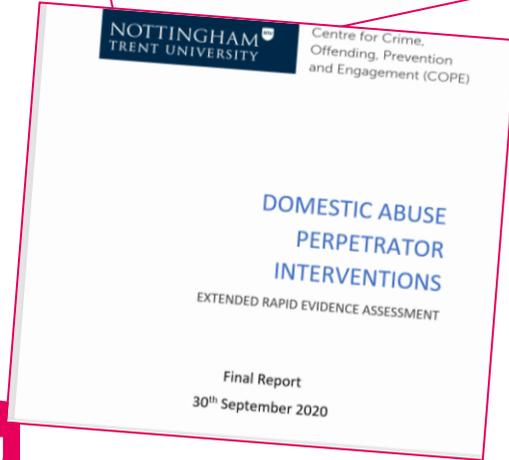
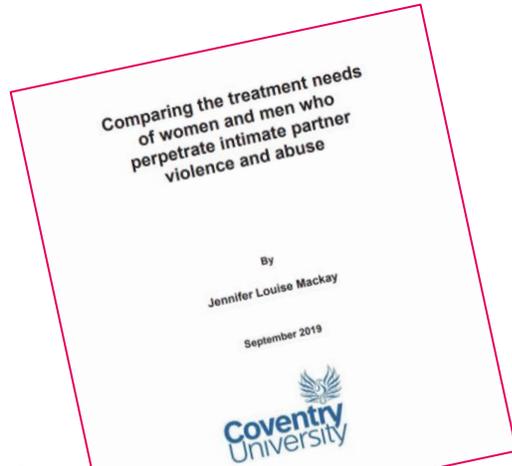


Context

Practitioner career with vulnerable clients in both forensic and non-forensic populations

- Secure children's home (girls/young women's unit)
- Prison (adults and young offenders)
- Probation service ('persistent offenders')
- NHS (learning disabilities and behaviours that challenge)
- Research in adult education
- Substance misuse work
- Work with new parents

Context: Overview of research



Context: Controversies

Cards on the table...I am interested in the controversial issues!

- Women as perpetrators of IPV
- Men as victims of IPV
- IPV in same-sex relationships

But also...

- How best to support victims?
- How to best 'intervene' with perpetrators to stop future violence
 - Duluth model?
 - CBT/Psychoeducational?
 - Trauma-informed; Strength based; emotion regulation based?
 - Gender based or gender informed?



History

How we got to where we are today



Interventions: a whizz through history

- In the beginning...
- Work with perpetrators grew from victim services
 - Recognition of the problem of the perpetrator
 - Revolving door
- Not without controversy, reluctance, division (within victim services)



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History cont'd...

- Duluth model of intervention (1980's - Minnesota)
 - Shared responsibility and understanding
 - Victim at heart of services
- Incorporation of CBT approaches
- Replicated in UK
 - Psychoeducational
 - Cognitive Behavioural Therapy techniques
 - Group work



From theduluthmodel.org



Today

Duluth model still influential...we think

- 100s of community programmes (probably – there is no oversight of these)
 - Delivered by charitable/third sector organisations
 - And also Prisons/Probation (accredited and non-accredited)
- Largely power & control/Psychoeducational/CBT approaches, 'One size fits all':
- Bates et al. (2017) review
 - 10% response rate
 - 52.4% power and control work; 19% identified work as feminist
 - CBT 85.7%; social learning 66.7%; Strengths-based approach 57.1%
- Price and Rosenbaum (2009)
 - Survey of 276 programmes (via web searches) = 53% Duluth philosophy
 - So likely to be more that 19% identified above in UK

However, are they working?

- Babcock et al. (2004)
 - Meta-analysis of several treatment programmes
 - Overall, treatment had a small impact on recidivism (and no difference found between Duluth vs CBT programme)
- Corvo et al. (2008)
 - Duluth programmes not based on rigorous evidence, and do not match need to provision
- Babcock et al. (2016)
 - 400 studies considered
 - Overall effectiveness = little convincing evidence that IPV programmes are working to reduce violence

Further complexities:

- High drop out rates
- Revolving door of perpetrators?
- Robustness of evaluations – even where used as evidence of what’s working
 - Project Mirabal ‘Do domestic violence perpetrator programmes (DVPPs) actually work in reducing men’s violence and abuse and increasing the freedom of women and children?’
 - Outcome measures are not explicit measures of violence/abuse, but measures of (mostly ex-) partners perceptions, e.g., respectful communication, expanded ‘space for action’ (restored freedom)
 - High degree of attrition
 - 56% men completing follow up interview
 - 54% women completing follow up interview
 - (?reflects attrition in IPV interventions)

“

...largely found there to be no significant differences in reductions in violence and abuse

Project Mirabal (Kelly & Westmarland, 2015, p.8)

”

Thematic Inspection

- Oversight of accredited programmes, SIs, and Toolkits
 - Complexity of recording nationally to understand the picture
 - Numbers of completions ↓
 - Issue around training and support for staff
 - Heavy workloads
- Depth of understanding (our own current mapping project at NTU Psychology – this is really complex!)
- Recommendations for work to be done across HMPPS

Why is all this problematic?

- To reduce risk, it means addressing criminogenic need
- Are we confident that our current interventions are targeting:
 - the correct needs?
 - the array of risk factors that IPV perpetrators come to the door with?
- The research evidence is clear that power and control are just *part* of the explanation...
- ...and that trauma histories are an important part of the pathway to IPV perpetration



PhD reflections – convicted, imprisoned sample

- I expected - Harrowing stories from women as perpetrators
- I didn't expect - Equally harrowing stories from men – with different layers of difficulties
- Some examples
- I thought I'd be arguing – hey, women need XYZ!
- But instead, the conversations I have:
 - Actually, we ask the right questions of women,
 - and seem to provide the 'correct' support,
 - but we don't do this of men...why? And shouldn't we be?

What does research tell us are the pathways to IPV perpetration?

Causes? Risk factors?



Caution – difficulties in measuring risk factors

- For perfection, would need carefully designed research
 - Longitudinal
 - Not only self-report or official stats to rely on
 - Comparison groups who don't have the outcome factor (i.e., IPV perpetration)
 - Clear timelines of what happened when
 - Clear statistical modeling of mediation and moderation

However, in reality, how can we know?

- Longitudinal studies that follow up for criminal behaviour
- Asking IPV perpetrators about their histories and circumstances
 - Interviews
 - Questionnaires
 - Diagnoses

Risk factors – what are we talking about?

- **Distal factors**

- Could be grouped under heading of Adverse Childhood Experiences (ACEs)
- Trauma experiences
- E.g., parental violence, neglect, abuse; exposure to IPVA in the household (e.g., Theobald & Farrington, 2012; McGavock & Spratt, 2017)

- **Proximal factors**

- The immediate *triggers* to IPV perpetration
- E.g., substance misuse; poor emotional management; schemas/scripts
- Psychopathology: depression & anxiety, suicidal ideation, personality disorder (BPD)

What do we mean by ‘trauma experiences’?

Adverse Childhood Experiences (ACEs)

- Physical abuse
- Verbal abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Parents with substance abuse
- Parental violence
- Caregiver imprisoned
- Severe mental illness in caregiver
- Death/divorce/abandonment

Child maltreatment

- Acts of commission or omission by a parent/caregiver resulting in
 - Harm
 - Potential for harm
 - Threat of harm
- Even if unintentional
- Less studied:
 - Neglect
 - Emotional abuse
 - IPV exposure
 - Poverty
 - Intersectionality
 - Bullying
- Complex trauma – exposure to multiple adversities (poly-victimisation)
 - Unpredictability
 - Unsafe/insecure



See Gilbert et al. (2009) for a comprehensive review

The importance of trauma

The evidence base...is overwhelming!



Longitudinal studies



- White & Widom (2003)
 - Neglect/child abuse before age 12
 - By 29, significantly higher rates of physical IPV perpetration in men and women, than a matched control group
- Ehrensaft et al. (2003)
 - Community sample followed over 20 years
 - Exposure to parental violence and punitive parenting = increase risk of IPV perpetration
 - Child abuse also associated with increased risk of IPV perpetration, mediated by the child's behavioural problems
- Theobald & Farrington (2012)
 - Criminal father; disrupted family; poor parental supervision; high impulsivity
 - If none of these – 6.2% perpetrated IPV age 32
 - If all four of these – 63.4% perpetrated IPV age 32
- Shakoor et al. (2020)
 - Cambridge Study in Delinquent Development – exposure to IPV perpetrating father in childhood doubled odds of women becoming IPV perpetrators in adulthood

Community or other samples

- Whitfield et al. (2003)
 - ACE study; assessed perpetration in men, victimisation in women; childhood physical abuse, childhood sexual abuse, exposure to parental IPV (mother as victim) = 2x increase risk of IPV perpetration
 - More risk factors, more risk of IPV perpetration
 - Fang & Corso (2007)
 - Nationally representative sample of men
 - Childhood sexual abuse = direct relationship with IPV perpetration
 - Childhood physical abuse and neglect = indirect relationship with IPV perpetration via adolescent violent behaviour
 - Davies et al. (2018)
 - Four groups of men: 1) Low maltreatment; 2) Emotional and physical maltreatment group; 3) Emotional and sexual maltreatment group; 4) Poly-victimised group
 - Highest rate of physical and psychological IPV perpetration – Emotional and physical maltreatment group
 - Lowest rate of physical and psychological IPV perpetration – Low maltreatment
- FYI: Poly-victimisation group – lowest education levels, highest incarceration rates, highest amounts of psychological distress

Measuring trauma in convicted samples

- Gilchrist et al. (2017)
 - A higher number of ACEs is associated with controlling behaviour
- Fowler et al. (2016)
 - Probation sample
 - Exposure to parental violence in childhood = 3x risk increase for domestic violence
- Hilton et al. (2019)
 - IPV offenders have highest mean ACE scores compared to non-IPV violent offenders and non-violent offenders (note: violent and IPV offenders similar on other concepts)

Systematic reviews

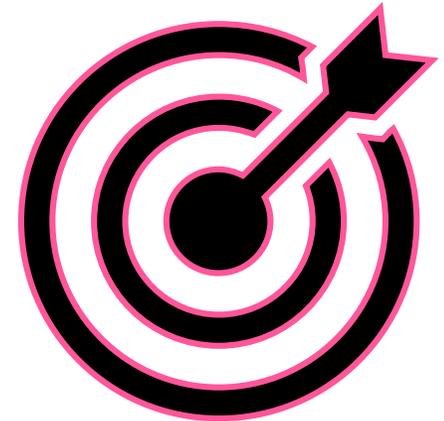
- Capaldi et al. (2012)
 - Exposure to parental violence; childhood abuse; childhood neglect = associated with later IPV perpetration
- Costa et al. (2015)
 - Exposure to parental violence; childhood abuse; poor relationship with parents = associated with later IPV perpetration
- Lee et al. (2022)
 - Reported ACEs = associated with IPV perpetration in black men
- Spencer et al. (2022)
 - Being victim of abuse as a child and exposure to IPV in family of origin = significantly stronger predictors of physical IPV perpetration in men than women

How might this manifest as targets for treatment?

- Psychopathology
 - Systematic review: Risk of perpetrating IPV increases with the presence of depression, generalised anxiety disorder or panic disorder (higher risk for men than women) (Oram et al., 2014)
- Self-harm
 - Suicidal ideation and behaviour in male IPV perpetrators (Sesar et al., 2018)
- Personality disorder
 - Meeting diagnostic criteria for Borderline Personality Disorder increased likelihood of more severe IPV perpetration (Jackson et al., 2015)
- The need for control
 - Power and control mediated the association between trauma exposure and emotional abuse perpetration in male IPV perpetrators (Maldonado & Murphy, 2020)
- Drug/Alcohol use
 - Substance misuse as one of the most robust factors related to IPV perpetration (Capaldi et al., 2012)
- Emotion (dys-)regulation
 - Trauma impacts normative neuro-development, having an impact on:
 - Cognition ('dysfunctional thinking')
 - Self-regulation
 - Feeling recognition (all impacting on skills needed to successfully navigate healthy relationships) (e.g., McCrory et al., 2011)

To note

- Correlation does not equal causation
- Not all maltreated children go on to perpetrate IPV
- What we're seeing is a complex picture and thus can't rely on single factor explanations
- Therefore, we need a case-by-case approach to understanding and intervening with individuals...
- ...that should be informed by trauma histories to properly target the risk



Where do we go from here?



Where to

- Trauma-informed approaches have been applied elsewhere in treatment (sexual offending, substance misuse, mental health, female offenders)
- Is this the new controversy for IPV perpetration?
- Not only is efficacy of current programmes under question, but there are gaps in traditional approaches:
 - Same-sex relationships
 - Gender diverse relationships
 - Ethnic minority perpetrators
 - Female perpetrators

Where to: Voith et al. (2020)

A Paradigm Shift in Batterer Intervention Programming: A Need to Address Unresolved Trauma

- Trauma-informed care as “necessary but insufficient”
 - Knowledge about prevalence of trauma, and the impact this has on individuals
 - Components of safety, trust, collaboration, choice, empowerment (J. Levenson, 2017)
 - ~~What’s wrong with you~~ → What happened to you
 - And do:
 - 1) thorough, trauma-informed assessment
 - 2) person-centred treatment (based on knowledge of trauma)
 - 3) choice in elements of treatment plan (!!)
 - 4) trauma-informed interviewing, e.g., motivational interviewing
 - 5) view maladaptive coping mechanisms through a trauma perspective

Where to: Voith et al. (2020)

- What happened to you → What is right about you? (Harris & Fallott, 2011)
- Use bottom-up *and* top-down approaches, not just top-down
 - Need to address physiological elements of the ‘middle brain’
 - Emotional arousal; connection with feelings and with bodies; biological rhythms; grounded
 - E.g., mindfulness, breathing, EMDR, havening
 - Then address the ‘higher brain’ processes by teaching skills
 - ACT principles?

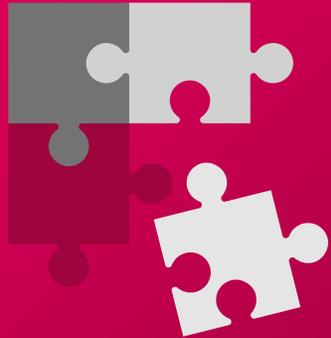
Where to

- Importance of good relational practices (Erica's talk) – confrontational approaches can be damaging (Holdsworth et al., 2014)
 - Motivational Interviewing; Strengths-based approaches; Solution-focused approaches
- Any lens shift *must* pay careful attention to victims/survivors
- Gender is still really important to consider
 - Needs must be gender-informed
- There are some interventions in existence that are trauma-informed / strengths based / solution focused approaches
- Draw on wealth of research knowledge around risk factors related to IPV perpetration
- For example:
 - Inner Strength (Graham-Kevan & Wilks-Riley)
 - Mentoring West Midlands
 - Ahimsa
 - Brighter Futures



Conclusions

- One size probably doesn't fit all
- IPV perpetration needs to be targeted differently (to what we have been doing) to make sustainable change so that we reduce victimisation
- Being trauma-informed is part of the jigsaw to understanding this complex phenomenon





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Thank you



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