



Nottingham Trent
University

Psychology

Understanding victims and perpetrators of Intimate Partner Violence (IPV) who present to community services

Dr Jenny Mackay

In collaboration with Prof Ben Hine, Prof Nikki Graham-Kevan and Prof Thomas Baguley



Contents

- 1 Some history and context
- 2 Data on victims/survivors and main findings
- 3 What we know about perpetrators
 - a) Background
 - b) Perpetrator programmes
- 4 The perpetrator data and main findings
- 5 Conclusions



History and Context

Victim/Survivor services



Domestic violence & abuse/IPV

- DVA narrative has quite rightly become louder – important to address; public health problem; severe and long-lasting impacts (mental and physical health)
 - Feminist activism
 - How viewed as crime (or not)
 - Changes in criminal justice system attitudes
 - Growth in research and activism (and thus funding)

VAWG – escalation?



Policy and resulting approaches

- DVA policy and frameworks in place
...but still problematic engagement with services (particularly ‘hidden’ groups)
- Gendered paradigm = less known about men, although developing
- But we don’t know much about engagement with services – particularly when services designed for women (maybe not explicitly but implicitly)
- So, need an exploration of characteristics of victims who present to services, comparison of women and men

Data on victims/survivors



This two-part study

- Part 1:

- What were the demographic characteristics, reported abuse context and type, and context, and outcomes and risk factors of service users upon presentation to services?

- Part 2:

- What was engagement with other services, and criminal justice outcomes upon *exit* from services

- On which variables, if any, were there significant differences between male and female victims?

The data

National charity who gathers data from other non-governmental organisations and charities across the UK

- Data gathered by caseworkers (frontline DVA staff – refuge or outreach services)
- Data gathered across 2007-2017
- Services predominantly aimed at supporting women victims, or originally commissioned to support women victims
- Approx. half high-risk clients (DASH)
- Final sample
 - Part 1: $N = 34,815$ (858 men, 33,957 women)
 - Part 2: $N = 27,876$ (734 men, 27,142 women)
- Opposite-sex partners

Analysis – Part 1

- Areas of focus:
 - Demographic characteristics
 - Routes into service
 - Context of abuse
 - Reported abuse types
 - Outcomes and risk factors of abuse
- Differences between male and female victims
 - Importance of effect sizes - how big is the gap and is this clinically significant?

Highlights of findings

- Men significantly older (8.5 years older)
- Referral routes broadly similar
 - 1. police
 - 2. self-referral
 - Women slightly more likely to be referred via MARAC
 - Women slightly more likely to score higher on DASH

Highlights of findings

- Context of abuse

- Men slightly more likely to have more vulnerabilities (physical, learning, other)
- Men more likely to be in employment
- Women more likely to report children being in the home
- Women more likely to report CYPS involvement
- Men more likely to identify abuser as current partner

Highlights of findings

- Reported abuse type
- Physical; sexual; harassment/stalking; jealous controlling – none, standard, moderate, high
 - Broadly similar for men and women
 - Physical - Men more likely to report 'moderate' and 'standard', women more likely to report 'none'
 - Sexual and harassment/stalking – women more likely to report 'high', men more likely to report 'none'
 - Jealous/controlling – women more likely to report 'high', men more likely to report 'standard'
 - Women and men similar length experiencing abuse (average 5 years), and similar levels of previous abuse

Highlights

Outcomes of abuse and risk factors

- Accessing services:
 - Three-quarters clients had attempted to leave abuser in previous 12 months (women more likely than men to have made at least one attempt)
 - One-fifth clients been to A&E
 - Three-quarters clients had called police
 - Just under 70% clients had visited GP
- Broader issues:
 - Small numbers reporting drug/alcohol issues – but where they do, men more likely to do so
 - Women more likely than men to report mental health issues
 - 15% clients report self-harm or suicidal ideation; women more likely to report self-harm

What does this all mean?

Our interpretations

- Most factors carried similar risk probabilities for men and women
- Yes, there are some differences – but the effect size is so small that it probably isn't clinically significant
- Suggests a lack of gender-specific risk factors??
- But we are concerned:
 - 97.5% of clients were female – contradiction to ONS, 1/3 victims are male
 - Services set up to work with female clients?
 - Underrepresentation of male victims accessing services
 - Similar experiences of abuse – goes against suggestion that female-perpetrated abuse towards men is less severe

What does all this mean?

Our interpretations

- Other concerns:
 - Are men genuinely lower risk? (referral routes in from MARAC and DASH) or do the assessment processes need validating with men?
 - Men's additional needs – is this what makes them more visible? More vulnerable?
 - Older age of men – do men take longer to report their abuse? (although length of abuse same in this study)
 - Presence of children – makes women more visible to services?
 - Men enduring abuse by current partner – makes them less visible to services?
 - Men more likely to experience physical abuse – women's propensity to be as aggressive as men
- BUT – please note negligible differences, probably not clinically significant...
- ...so more similar than different

Analysis – Part 2

- Areas of focus
 - Demographics (won't repeat, similar profile)
 - Context of abuse
 - Reported abuse types
 - Outcomes of abuse
 - Referral to other services
 - Criminal justice outcomes

Highlights of findings

- Context of abuse (on exit)
 - 85% clients not living with partner
 - But men more likely to be doing so than women
 - Where not living with partner – women more likely to be in refuge or abuser in prison; only given as a reason for 13 men
 - Just over 40% still in contact
 - Men more likely to report this
 - Men more likely to say because of ongoing relationship than women

Highlights of findings

- Reported abuse type
 - Less than 5.3% clients report abuse getting worse (similar for male and female)
 - 12-25% report unchanged (higher number of men than women)
 - Higher number of female than male saying abuse reduced (physical, harassment/stalking, jealous/controlling)
- Outcomes of abuse
 - Caseworker assessment of reduction of risk similar for men and women
 - Female clients slightly more likely to report improved quality of life compared to male – but negligible difference

Highlights of findings

- Referral to other services
 - Barely any difference between the support given to and the referral process for men and women – services accessed included: MARAC, safety plans, housing, health, CYP
- Criminal Justice Outcomes
 - Equally likely to have reported to the police – women slightly more likely to have perpetrator arrested
 - 5% have Protection Notice/Order issued
 - CPS proceeded with ~85% cases, women more likely to have case progressed (1/3 cases progressing to Crown Court); male perps more likely than female perps to attend trial
 - Women more likely to have perp charged; men more likely to have perp cautioned
 - Release on bail in 2/3 cases; male perps more likely to be remanded than female

What does this all mean?

Our interpretations

- Most differences are not clinically significant, thus again, challenges in delivery are applicable to all clients, with some gender-inclusive considerations to be made
- Generally – reductions in harm, reductions in abusive relationships
 - = Successful victim support is therefore demonstrating its need
- But where we are concerned:
 - More refuge for women – we know that refuge spaces for women and men do not match the ONS figures for the split of victims
 - Men at greater continued risk of abuse?
 - Criminal justice outcomes for male victims and female perpetrators (will come back to this!)

What do we know about perpetrators?



Aetiology

- Historically, considered as a result of:
 - Male propensity to violence
 - Power and Control
 - Patriarchy
 - Gender roles
- BUT: this struggles to explain female-perpetrated IPV; same-sex perpetrated IPV; transgender perpetrated IPV
- Growing body of literature exploring other possible causal factors
 - Distal
 - Proximal

Distal factors



- Historical, distally related to IPV perpetration, usually childhood/adolescent exposure
- Largely considered Adverse Childhood Experiences (ACEs) and include:
 - exposure to childhood physical, sexual and/or emotional abuse
 - neglect
 - parental mental health
 - parental incarceration
 - parental IPV
- ACEs linked to various physical health, mental health and social problems in later life, including IPV perpetration (Canfield et al., 2019; Herrenkohl et al., 2022; Lourenço et al., 2013; Theobald & Farrington, 2012)

} = Trauma

Distal factors

- Violence in family of origin
 - Clear link/associated with later IPV perpetration (Fowler, et al., 2016; Holtzworth-Munroe & Stuart, 1994)
 - Combination of types of abuse experiences linked with later IPV perpetration (Davies et al., 2018)
 - Clear associated found in systematic reviews of hundreds of papers (Capaldi et al., 2012; Costa et al., 2015)
- Other family related factors
 - Longitudinal study: having a criminal father, disrupted family, poor parental supervision, large family size, low income and not getting on with family at age 18 years (Theobald & Farrington, 2012)

Proximal factors

- Temporally closer to IPV perpetration
- Situational and psychosocial factors
- Substance misuse
 - Wealth of literature linking substance misuse with IPV perpetration (Rivas-Rivero & Bonilla-Algovia, 2021; Canfield et al., 2019; Choenni et al., 2017; Ulloa & Hammett, 2016; Capaldi et al., 2012; Hester, 2013; Theobald & Farrington, 2012; Stuart et al., 2008; Henning et al., 2003)
 - ACEs linked with substance misuse (Halpern, et al., 2018; Santo, et al., 2021)
 - Potentially substance misuse as a mediating factor for IPV perpetration?
 - depression and intoxication have been found to mediate the relationship between ACEs and IPV perpetration (Mair et al., 2012)



Psychopathology

- Depression and anxiety associated with IPV perpetration in longitudinal study (Theobald & Farrington, 2012) and in systematic reviews (Oram et al., 2014)
- Suicidal ideation and behaviour linked to IPV perpetration (Sesar et al., 2018)
- Personality disorder linked to IPV perpetration (Mackay et al., 2018; Jackson et al., 2015; Hughes et al., 2007; Dutton, 1995; Holtzworth-Munroe & Stuart, 1994)

Perpetrator programmes



Background

- Work with perpetrators grew from victim services
 - Recognition of the problem of the perpetrator
 - Revolving door
- Thus, underpinned by feminist approach
- Not without controversy, reluctance, division (within victim services)



Background 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

- 100s of community programmes (probably)
 - Delivered by charitable/third sector organisations
 - And also Prisons/Probation (accredited and non-accredited...more to follow...)
- Largely feminist/CBT approaches
- 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

Efficacy of programmes

- 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 work
 - Huge number of recommendations

The perpetrator data

And main findings



The data

- National charity, gathers data on DVA from other non-governmental organisations, charities and other organisations across the UK through a dedicated portal, collected by caseworkers from victims and perpetrators upon engagement with, and exit from, frontline DVA services, including perpetrator programmes.
- Data for the present study comes from six services located within England and Wales
- Half of the programmes are accredited by *Respect*, and were delivered via group or 1:1 intervention (or both)
- The sample presented here will be representative of the vast majority of individuals who engaged with perpetrator programmes run by the services outlined above across the time span covered in this study (2018-2021)
- $N = 973$

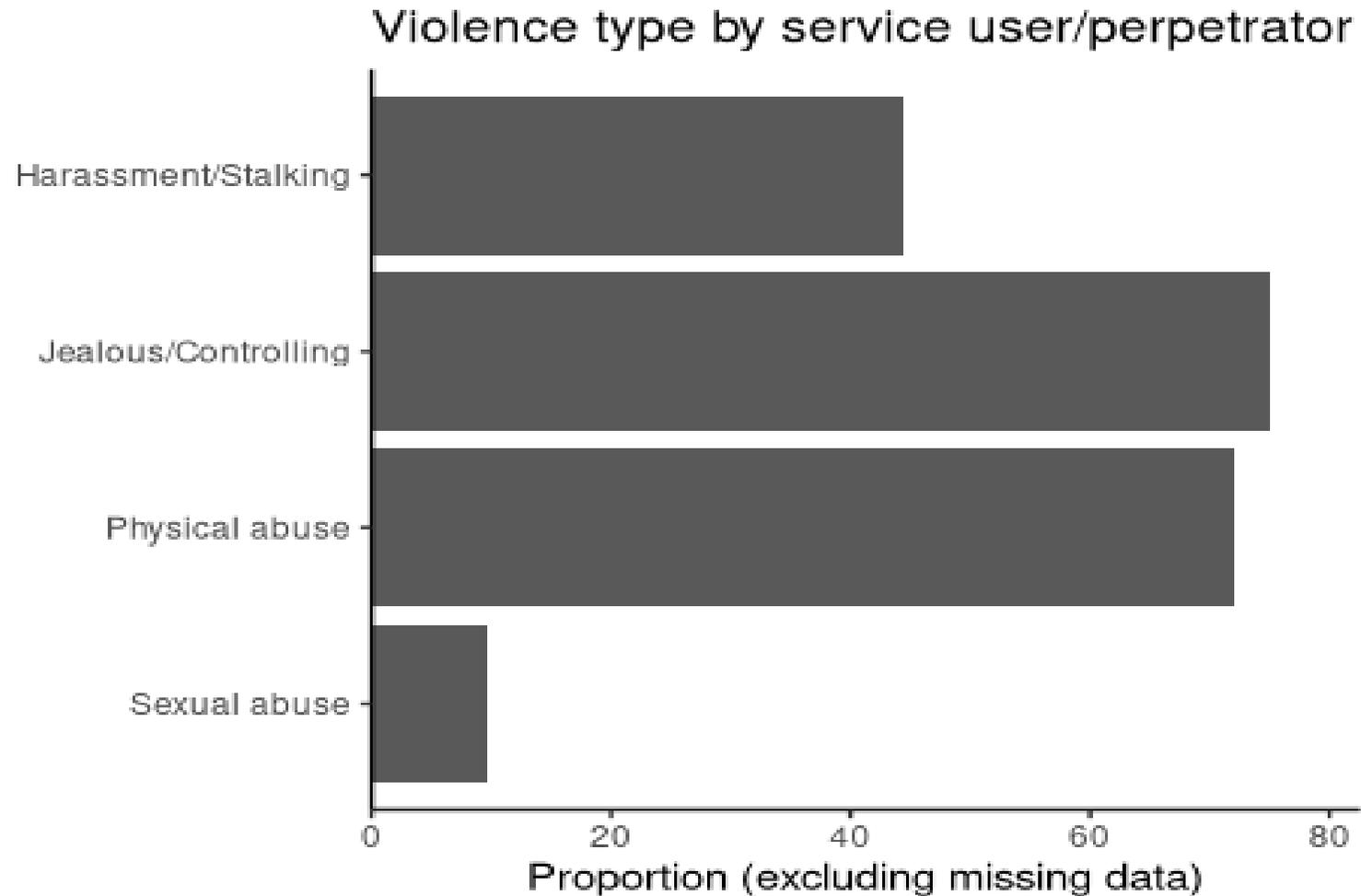
Description of sample

- Demographic variables
 - Sample – White, cisgender, heterosexual, male
 - Predominantly male perpetrator, female victim dynamic
 - 872 male, 53 female
 - Typically mid-thirties (female perps slightly older)
 - Median of two children involved in the relationship
 - 58.6% experienced some kind of ACE
 - 46% had mental health needs
 - 11% had some kind of disability

Description of sample

- Programme Variables
 - Most (84.8%) were new to the service – 13.5% were repeats
 - Majority coded as voluntary referrals (although this may be erroneous)
 - Voluntary referrals were less likely to have mental health needs
 - Majority in group intervention
 - Most were low or medium risk (and risk spread was similar across vol vs man referrals)
 - Nearly half had a civil or criminal order in place
 - 52% came through CYPS – suggests a link between children and referral – with implications for voluntary as may not be voluntary in practice
 - Relatively high levels of substance use, with lower issues of housing and physical health
 - High levels of reporting for depression and anxiety

Type of violence



Typology (perceived)

Perceived abuse typology	n
Intimate Terrorism	403
Missing	338
Situational couple	200
Mutual couple	26
Violent resistance	6

Programme outcomes

- 28% unplanned closure (33% missing) – when missing accounted it is 43% drop-out rate but could be as high as 62%
 - 86% of unplanned were due to user disengagement
- Large amounts of missing data outcomes because of user disengagement
- Majority not living together, but there is high levels of ongoing contact (children)
- Mean service user rating was 3.34 – neutral
 - Ratings are noticeably lower for understanding how their abuse behaviour impacts others and in relation to their case manager respecting and understanding their background and culture
- Mean caseworker rating was 3.44 – neutral
 - More consistent than service user ratings

What does all this mean?

- Demographic and Programme

- Clear issues with accessibility and availability of provision to individuals who are not cis het men
- This may be linked to the feminist accreditation of these programmes and their overall approach to the issue of IPV
- Huge treatment and trauma-informed needs including ACEs – related to needs in adulthood
- Issues with ‘voluntary’ referrals and how these are described/allocated
- Most engaged in group work – although evidence for the efficacy of this is still limited
- Lack of clarity on how abuse types and typologies were assessed

What does all this mean?

- Outcomes

- Drop-out rate was **extremely high** (43%) – and this may be a function of the programme approach
- “suggests that the risks, needs, and vulnerabilities prevalent in clients are not being acknowledged or targeted as part of attempts to reduce recidivism”
- Both caseworker and client ratings (of those who stayed in programme) were middling/neutral - likely to be a positive representation as drop-outs not included
- Very few variables predicted the outcomes, suggesting that measures may be unhelpful or that the right variables aren't being assessed

Recommendations (1)

- Recommendation 1: Conduct an urgent, government-led review to understand the reasons for high levels of client drop-out/disengagement
- Recommendation 2: Establish a clear understanding of the community provision available to perpetrators of DVA
- Recommendation 3: Implement clear, transparent mechanisms for monitoring the commissioning, delivery, and performance/evaluation of DAPPs within England and Wales. It must be ensured that:
 - a. The monitoring systems fit the evidence base for programme success and the specific programme orientations
 - b. The evaluation outcomes should be published openly so that individuals and commissioners can see to what extent individual programmes are successful at retaining clients and delivering meaningful and measurable change

Recommendations (2)

- Recommendation 4: Following the implementation of recommendation 3 (for a period of at least two years), produce a set of evidence-based standards for all stages of DAPP development and provision
- Recommendation 5: Establish a system of oversight for the above, for example through the inception of an expert panel of stakeholders, including but not limited to government officials, academics, and end users, which is:
 - a. Robust
 - b. Independent
 - c. Evidence-Based
 - d. Transparent
 - e. Credible

Conclusions

- The current project provides hugely valuable insight into the demographic characteristics and needs of clients referred to DAPPs in England and Wales;
- It has illuminated the hugely rich and complicated arrays of needs that referred individuals present
- Disappointingly, it has also highlighted generally poor outcomes for clients, both in terms of alarmingly high levels of attrition and average ratings of improvement by both clients and caseworkers
- It is argued that a drastic rethink of DAPPs in England and Wales is required to appropriately support individuals referred for intervention, and in ways that will:
 - a) increase engagement,
 - b) reduce attrition,
 - c) reduce recidivism,
 - and d) improve caseworker and client outcome ratings

To note

- Response from Division of Forensic Psychology for VAWG escalation consultation being entered
- Standards for domestic abuse perpetrator interventions
 - [Policy paper proposed by Home Office](#)
- HM Inspectorate of Probation
 - [Thematic inspection of work to reduce domestic abuse](#)

Acknowledgements

- Home Office
- Organisations and programmes who contributed their data
- Research Assistants – Michelle and Abbie
- Ben Hine, Nicola Graham Kevan and Thom Baguley

- Jennifer.mackay@ntu.ac.uk

