

Domestic Violence: A Literature Review

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Introduction

This literature review was prepared to accompany the HMIP thematic inspection of probation supervision of domestic violence perpetrators. Alongside the inspection report it aims to contribute to the development of effective probation and wider criminal justice practice in reducing domestic violence by enhancing knowledge, understanding and awareness of the experiences of victims/survivors, the behaviour of perpetrators, the extent of the harm done by domestic violence, and the effectiveness of interventions to reduce it. In line with the inspection remit, the review focuses on domestic violence perpetrated against partners and ex-partners. It also concentrates largely on male to female violence, consonant with the evidence concerning predominant abuse trends. Whilst the review occasionally touches on policy and legal frameworks and wider community responses, its main focus is on the issues which should inform criminal justice practice and the themes most salient for the probation service in working to increase the safety of women and children affected by domestic violence and in holding perpetrators accountable for their actions.

The review should be of direct interest and relevance to both probation managers and practitioners seeking to promote, shape and accomplish informed and effective service delivery to domestic violence victims/survivors and perpetrators. It should also assist managers to develop and co-ordinate intra-and inter-organisational policies and strategies designed to improve staff awareness and to identify and systematically address domestic violence. Evidence contained in the review can be used in staff guidelines, briefings and training.

The first part of the review outlines key research findings on the extent and dynamics of domestic violence, explanatory theories, perpetrator types, factors associated with vulnerability to victimisation, risk markers for perpetration, the harm done to women and children, women's responses to domestic violence, and the links with child abuse. The second part of the review presents evidence on criminal justice responses in particular, and their effects on victims and perpetrators, including arrest, prosecution and sentencing, community controls, perpetrator programmes, co-ordinated community responses, assistance to victims/survivors, child protection, and enhancement of intervention effectiveness.

This review was developed by identifying recent relevant research and review papers through online searches of the ASSIA (Applied Social Sciences Index and Abstracts) NCJRS (National Criminal Justice Reference Service) and PsycINFO abstracts databases and other governmental, academic and independent domestic violence information sources, and by following up key referenced texts. Particular attention has been paid to available UK research. However, much of the published literature on domestic violence is North American in origin.

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PART ONE: WHAT DO WE KNOW ABOUT DOMESTIC VIOLENCE?

1. What do we mean by domestic violence?

1.1. Defining domestic violence

Definitions of domestic violence are socially constructed, have developed over time, and reflect prevailing understandings, interests and power distributions (Muehlenhard & Kimes 1999). Feminist understandings shaped by the lived experiences of abused women and by supporting research evidence, have helped to expand conceptualisations of domestic violence as physically injurious assault by highlighting the interrelated range of abusive, coercive, controlling behaviours causing psychological, sexual or physical harm, which often accompany or precede the use or threat of physical force. However, researchers have given considerably less attention to sexual, psychological and other forms of abuse (Bergen 1999, O'Leary 1999, Dekeseredy 2000, Saunders 2002). Some issues of terminology remain actively contested, such as whether domestic violence should be a gender-specific or neutral referent and/or encompass all forms and incidence of abuse in all types of intimate relationships (Muehlenhard & Kimes 1999, Mullender 1996).

Criminal Justice definitions

There is no statutory or shared definition of domestic violence used by UK criminal justice agencies, researchers and other relevant groups. This has implications for the comparability of research and monitoring information, and for co-ordinated policy development and action (Crisp & Stanko 2001, HMCPSI/HMIC 2004). Responses to the recent government safety and justice consultation paper on domestic violence (Home Office 2003a) urge adoption of a common definition (Home Office 2003b), and work is now underway to align definitions used by government and criminal justice agencies.

Current UK criminal justice working definitions attempt to accommodate prevailing understandings and concerns, operational considerations and terminological dilemmas. All core definitions encompass the wide spectrum of abusive behaviour captured in the 2003 Home Office description: "Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse" (Home Office 2003a). Some organisations, including some police services (HMCPSI/HMIC 2004), the Crown Prosecution Service (2001), the National Probation Service (National Probation Directorate 2003a) and the National Association of Probation Officers (1998) also incorporate abuse in other close relationships into their definitions. Police definitions generally limit their additional scope to violence towards adult family members in line with the Best Value Performance Indicator description (Home Office 2000a), whereas probation and CPS definitions include child abuse, although the CPS limits its remit to criminal offences. Recent agreement has been reached that a common definition should refer to violence towards family members and intimates in adult relationships.

Agencies' amplifications of these core definitions generally contextualise domestic violence and focus on key concerns. Most characterise it as an abuse of power, involving a pattern of coercive, controlling behaviour aimed at establishing or maintaining dominance, and involving criminal and/or sub-criminal acts (some of which may cumulatively amount to an offence of harassment). They also make clear that whilst domestic violence can sometimes occur in lesbian and gay partnerships, and can be perpetrated by women in heterosexual relationships, it most often involves abuse inflicted by males on female partners/ex-partners.

Domestic violence as a human rights issue

Some criminal justice agencies situate their domestic violence policy statements within a human rights framework (e.g. Metropolitan Police 2001) to highlight how all forms of domestic violence constitute violations of human rights and freedoms which all public bodies have a proactive duty to prevent under the Human Rights Act 1998. A key unifying feature of the human rights framework is the universality of these rights, which are not qualified by, or subordinate to, the norms and values of any particular culture or tradition (United Nations 1993, Council of Europe 2002, Amnesty International 2004). Viewing domestic violence within a human rights framework shifts responsibility for prevention from the private to the public sphere and focuses not only on public bodies' responsibility for the rehabilitation of the abused and the abuser, but also on broader public health, education and gender socialisation responsibilities (Walker 1999).

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1.2. The nature of domestic violence

The best-known and most widely adopted model of domestic violence provides a classification of types of abusive behaviour and was developed within a power/control paradigm from accounts given by women attending the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota (Cunningham et al 1998, Healey et al 1998). Their Power and Control Wheel www.duluth-model.org provides an inclusive framework for interpreting the behaviour of male domestic violence perpetrators, in which physical or sexual violence occurs with differing frequencies to

reinforce other control and subjugation tactics (Dasgupta 1999). These tactics, which can precede or accompany physical and sexual violence, are described as: intimidation, isolation, use of male privilege, coercion and threats, emotional abuse, economic abuse, use of children, and abuse minimisation, denial and victim-blaming. This model was designed to capture the dynamics of systematic male abuse of female partners but can be adapted when analysing other abusive relationships (Muehlenhard & Kimes 1999).

Measures of physical and psychological abuse derived from this model were considered valid and reliable, and capable of distinguishing violent and non-violent men, based on both self and partner reports (Shepard & Campbell 1992, Dwyer 1999, O'Leary 1999). The power and control wheel dimensions of psychological abuse were found to be significantly intercorrelated amongst men with a partner assault history (though not amongst a non-violent comparison sample), suggesting a syndrome of interrelated actions motivated by power and control needs (Dutton & Starzomski 1997).

Kelly (2001a) extends the DAIP taxonomy to include humiliation and degradation, deception, deprivation and sexual objectification and details examples of behaviours forming part of a constellation of abuse. The incidence of stalking experienced by domestic violence victims, particularly post-separation (Tjaden & Thoennes 2001, Douglas & Dutton 2001), suggests this form of abuse should be included in any taxonomy.

The Domestic Violence Data Source fact sheet www.domesticviolencedata.org describes some of the types of abuse experienced by domestic violence victims/survivors, and powerfully illustrates the range of mistreatment falling under the domestic violence rubric. The Crown Prosecution Service (2001) also provides a helpful list of example behaviours and the criminal offences to which they might amount.

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2. The extent of domestic violence

2.1. Measuring domestic violence

Methodology-variations and implications

Domestic violence is generally acknowledged to be a far more pervasive problem than indicated by police reports, and much research has attempted to estimate its true extent and associations within the general population. Findings concerning prevalence, incidence, gender distribution, causes, consequences and risks of domestic violence vary significantly according to study context, resources and scope, definitions employed, how they are operationalised as questions to participants, sample composition, and methodology (Dobash et al 1992, Dwyer 1999, Dekeseredy 2000, Buzawa & Buzawa 2002, Tjaden & Thoennes 2000a, Johnson & Bunge 2001, Romkens 1997, Archer 2000).

There are significant debates, often associated with study objectives and underpinning assumptions, about whether and how type, seriousness, frequency, impact, context and meaning of violence can and should be measured, which have implications for reporting rates, and for how findings are or should be understood and responded to (Dobash et al 1992, Nazroo 1995, Dekeseredy 2000, Buzawa & Buzawa 2002, Hagemann-White 2001, Romkens 1997, Piispa 2002, Saunders 2002). Particular approaches to definition and measurement can lead to misrepresentation of the phenomenon under investigation (Dobash et al 1992). For example, inclusion of isolated acts of minor aggression may increase disclosure rates but obscure the factors associated with patterns of serious, sustained, multidimensional abuse (Dekeseredy 2000, Dobash et al 1992). Exclusion of forced sex and partner/ex-partner stalking may underestimate levels and patterns of female victimisation whilst also distorting findings concerning the gender distribution of violence (Romkens 1997, Saunders 2002).

Large-scale general crime surveys do not easily accommodate fine-grained exploration and analysis, but local, in-depth studies are more prone to sampling bias and therefore less representative (Walby & Myhill 2001a). Furthermore, some research conceptualisations of prevalence (the extent to which violence is distributed in the population), and incidence (the amount of violence that occurs amongst those who experience it) are conflated, confused and inconsistent, affecting the understanding of risk markers (Brownridge & Hall 1999).

How methodology can affect under-reporting by victims

The many factors such as fear, loyalty, embarrassment, and self-protective reluctance to recall traumatic memories that depress disclosure rates by victims in domestic violence research, is a key concern. Methodologies relying on only one measure of domestic violence, which do not include supplementary questions or later probes, or which do not ask about domestic violence outside the context of crime, can lead to disclosure rates at least 10% lower than those that do (Dekeseredy 2000). On the other hand, more in-depth research designs incorporating qualitative methods are more time-consuming and intrusive and may lead to lower participation rates, thus compromising generalisability and also possibly underestimating prevalence when controlling behaviours by partners restrict researcher access to victims (Romkens 1997).

How methodology can affect under-reporting by perpetrators

Studies which attempt to measure prevalence or incidence of domestic violence perpetration solely using men's self-reports can also suffer from under-reporting problems due to denial, minimisation and the wish to project a positive image. Men are particularly likely to under-report violence frequency and severity, various controlling behaviours, and especially forced sex or assaults during pregnancy (Dobash et al 1998). Some studies which have measured participants' socially desirable response bias have found higher bias scores to be significantly associated with lower admitted frequency of violence (Mauricio & Gormley 2001, Cook 2002). In one study, bias scores explained most of the variance in levels of self-reported violence (Mauricio & Gormley 2001). The effect of this response tendency may be to obscure significant associations between domestic violence and other perpetrator-related variables (Mauricio & Gormley 2001). However, many studies have not controlled for the effects of response bias, even though such a strategy is recommended (Holtzworth-Munroe et al 1997b).

Some validity and reliability issues in measuring domestic violence and related factors

Different research instruments used to measure domestic violence can also produce disparate findings. Cook (2002) found that different measurement approaches affected disclosure rates and identified different men as perpetrators. Some measures, particularly of sexual abuse showed no correlation with each other. Many studies that investigate relationships between abuse and other background, behaviour or personality variables rely on self-reports of both taken at the same time. Results are then affected by common method and source variance and may overstate the strength of the relationship, as they are influenced by common factors (Cook 2002). Research that relies on retrospective accounts of past behaviour or experiences can also be at risk of unreliable findings due to faulty recollection or post-hoc rationalisations influenced by participants' implicit causal theories (Magdol et al 1998). Most studies have a correlational design, which does not provide information about causality or even time sequence. Few longitudinal studies have been conducted, making it difficult to establish the factors that are the significant precursors of domestic violence (Holtzworth-Munroe et al 1997b).

Limitations of national crime surveys

National crime surveys were developed to measure the crime that is not reported to police. Internationally, generic crime surveys report significantly lower domestic violence prevalence than national surveys dedicated to the issue of domestic violence or violence against women, which often use broader definitions of violence, use specially trained same-sex interviewers and take more trouble to ensure respondents are alone when interviewed (Walby & Myhill 2001a).

There have been no dedicated national studies of domestic violence in the UK, although both the 1996 and 2001 British Crime Surveys (BCS) included a special set of supplementary questions on domestic violence and used a computer-based methodology to provide greater privacy. This led to a more than doubling of reported victimisation rates by women in 1996 from the previous BCS estimate in 1992 (Mirrlees-Black 1995 & 1999), and the 2001 self-completion questionnaire produced estimates of domestic violence five times higher than the main BCS 2000-1 survey (Walby & Allen 2004). Whilst the 2001 BCS included more aspects of interpersonal abuse, data on sexual assaults and stalking was analysed separately from other domestic violence data, and mostly did not differentiate experiences of sexual assaults and stalking by partners and ex-partners from those perpetrated by others.

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2.2. Findings from community surveys

Findings from national population surveys of domestic violence

A World Health Organisation review of 48 international population-based surveys found lifetime domestic violence prevalence rates for women ranging from 10% to 69% (WHO 2002). Comparison of international prevalence findings indicates that at a conservative estimate, 20-25% of all women have experienced physical assault from a partner or ex-partner in their lifetimes, although the top end of this estimate rises to almost 30% when forced sex is included. At least 10% of all women are estimated to have experienced severe forms of repeated physical abuse, and most of this group are thought to have experienced sexual abuse as well (Romkens 1997).

The 1996 and 2001 BCS self-completion findings provide the most comprehensive available picture of domestic violence in England and Wales. In the 1996 BCS 1 in 4 women and 1 in 7 men said they had experienced domestic assaults (defined as use of force) by partners or ex-partners at some point in their lives, and 1 in 8 women and 1 in 20 men had been assaulted repeatedly. 12% of these women said they had been forced to have sex during the last incident. The 2001 BCS found lower lifetime prevalence of domestic assaults (1 in 5 of all women and 1 in 10 men), but specifically excluded sexual assaults, and used more precise definitions of physical violence. 11% of all women had experienced severe violence. Inclusion of threats, financial abuse (defined as being prevented from having a fair share of household money), and emotional abuse (defined narrowly as being stopped from seeing friends and relatives) increased lifetime prevalence to 1 in 4 women and 1 in 6 men. 1 in 3 women who had experienced lifetime domestic violence (threats or non-sexual assaults) had been abused four or more times by the perpetrator of the worst incident. The survey also identified some overlaps between different forms of interpersonal violence; 2 in 5 domestic violence victims had also been sexually assaulted and 1 in 3 had been stalked at some point in their lives. Whilst the perpetrators may well have been the same person, this could not be ascertained from the data. Relationships were however analysed for worst incidents. 54% of all worst rapes experienced by women were perpetrated by partners (45%) or ex-partners (9%), as were 37% of all stalking incidents involving violence; 22% were by ex-partners (Walby & Allen 2004).

The 2001 BCS provides a more detailed picture of domestic violence in the year prior to the survey. 1 in 17 women disclosed experiencing one or more of the measured forms of domestic abuse during the previous year, and 1 in 25 disclosed domestic assaults or threats in the same period. 72% reported more than one such in-year incident, and the average was 20; a small percentage of women experienced an exceedingly high number of threats and assaults. 37% endured severe forms of violence (being kicked, bit, hit with a fist or weapon, choking, threats to kill, or threats with a weapon), averaging 18 such incidents in the past year. 72% of women were injured in the worst last year incident (Walby & Allen 2004).

These findings are nevertheless likely to underestimate women's victimisation (Walby & Myhill 2001a, Walby & Allen 2004). The surveys did not address the full range of abusive behaviour and 35% of women completing the 1996 special module were not alone when they did so. Where their partners involved themselves in questionnaire completion, reported victimisation rates were reduced by more than a half. In contrast, where female partners contributed to male responses, men's reports of victimisation increased (Mirrlees-Black 1999). The 2001 BCS reported similar incidence of third party presence but did not report the impact of partner contributions on reporting rates. Rates of disclosure were found to be lower when the interviewer was male (which was the case for 1 in 2 participants), and more than 5% lower for the 18% of the sample who needed interviewer assistance with questionnaire completion (Walby & Allen 2004). The BCS samples only included those in a permanent residence, so they omitted a significant portion of vulnerable groups, including all those fleeing domestic violence and living in refuges, temporary accommodation, etc. (Mirrlees-Black 1999, Walby & Myhill 2001a, Walby & Allen 2004). This has particular

implications for calculation of recent incidence rates as the excluded groups are likely to contain many of the most frequently abused (Walby & Myhill 2001a). Whilst this aspect of methodology is not reported for the 2001 survey, Asian women were also under-represented in the 1996 sample due to the questionnaire only being made available in English (Mirrlees-Black 1999). Migrant women are however more vulnerable to abuse, due to factors such as isolation (Walker 1999), and a disproportionately high number of women in refuges are from ethnic minorities (Uddin 1999). Women's survey reporting patterns also suggest that the older the woman, the less likely she is to feel comfortable about disclosing a domestic violence history in a crime survey; in both the 1996 and 2001 BCS, women under 25 reported the greatest life-time prevalence of assaults and women aged 55-59 the least. Men's reports did not show such a strong inverse linear relationship with age (Mirrlees-Black 1999).

The Canadian violence against women survey (VAWS) (Rodgers 1994) gives some indication of the prevalence and incidence of some of the types of abuse which the 1996 BCS did not include, and also indicates the potential for higher disclosure rates when more sensitive survey methods and instruments are used. Despite using a more stringent, legal definition of assault, 29% of women participating in this survey who had ever had a partner, reported being physically or sexually assaulted by them during their lives. 3 in 4 of these women had also experienced emotional abuse (defined as jealous, isolating, controlling, denigrating or financially controlling behaviours) and 18% of women who reported no physical violence said they had experienced emotional abuse. 65% of those who had been assaulted had this experience more than once, and 32% had been assaulted on more than 10 occasions.

National surveys in Switzerland (Gillioz 1997) and the Netherlands (Romkens 1997) which unlike the BCS, clearly differentiated reports of domestic violence from current and ex-partners, indicate patterns of responding which suggest significant rates of under-disclosure among some women. Disclosure of violence prevalence, frequency and severity was 2-4 times higher for ex-partners than current partners. Whilst some of this difference explicated the reason for and consequences of relationship termination, there were strong indications that women in current partnerships were less willing to disclose and more likely to minimise violence severity (Romkens 1997, Hagemann-White 2001). An apparent lower prevalence of serious and/or frequent domestic violence in current relationships may also be because they have not yet lasted long enough to demonstrate the pattern of escalation which often occurs over time (Johnson & Grant 1999).

Findings from local community surveys of domestic violence

Smaller scope studies in the UK and elsewhere undertaken in a non-crime context and using more sensitive methodologies and research instruments have consistently shown higher rates of domestic violence than government sponsored surveys (Walby & Myhill 2001a). A review of five local UK studies (Mirrlees-Black 1999) indicated that four of these found 30-40% of women had experienced physical assaults by partners/ex-partners in their lifetimes. One study in a deprived area; the London Borough of Hackney (Stanko et al 1998, Stanko 2000), used both police, housing and social services records and a GP waiting room survey to estimate that 11% of women in the Borough had experienced partner/ex-partner assaults causing injuries in 1996 (5 times higher than the 1996 BCS comparative estimate). 29% of women were calculated to have experienced at least one injury-causing assault in their lifetime.

A more recent study in a health-care context (Coid 2000, Richardson et al 2002) also investigated the prevalence of domestic violence in Hackney amongst a larger (5%) sample of women registered with 13 randomly selected GP surgeries. Questionnaires were available in English, Turkish and Bengali. 41% of sampled women had suffered physical violence from partners/ex-partners during their lifetimes, consistent with Stanko's earlier findings in a similar setting, 21% had suffered injuries and 16% had been forced to have sex. 17% had experienced violence within the past year (over 4 times the number reported in the 2001 BCS). 15% of those who had ever been pregnant said they had been assaulted whilst pregnant. Of those who had experienced physical violence, only 1 in 3 had told their doctor, and definite or suspected abuse was even less likely to be recorded in their medical records; only 17% of records mentioned this.

In a more affluent area (Surrey), a survey of women conducted in shopping centres (Dominy & Radford 1996) found that 31% disclosed experiencing domestic violence at some point in their adult lives. Most had been victims of a range of abusive physical, psychological and sexual behaviour.

A 3 month study of women aged 16+ attending an A & E department in Bradford following an incident of assault, found that of the 2 in 3 women asked if their assault was domestic violence, whose responses were recorded, 64% said it was; 25% reported their assailant was a partner, 16% an ex-partner and 22% another family/household member (Moore 2000).

Community surveys of violence in lesbian and gay relationships

Research on violence within lesbian and gay relationships has yielded a wide range of estimates and most studies have been hampered by methodological weaknesses (Balsam 2001). Little research has been dedicated to this issue in the UK. Same-sex relationships were included in the 1996 BCS self-completion module but were not differentiated in most of the analysis. Same sex partners/ex-partners were described as the assailants in 1% of most recent assaults on women and 5% on men (Mirrlees-Black 1999). Almost a third of partner stalking reported by men in the 1998 BCS involved a same sex partner (Budd & Mattinson 2000).

A survey of domestic violence among UK lesbians and gay men commissioned by a TV company (Henderson 2003) used a broader definition of domestic violence than the 1996 BCS. 22% of women and 29% of men reported they had experienced physical, sexual or mental abuse or violence from a regular same-sex partner. Of these, over half of both genders had been physically attacked. Emotional abuse was more common. Lifetime prevalence of physical partner violence amongst lesbians was therefore significantly lower than reported by heterosexual women in the 1996 BCS, whereas rates were comparable for heterosexual and gay men. 19% of women and 24% of men had suffered recurrent abuse, and 14% and 13% respectively had been repeatedly abused in the past year. Abused men were more likely (18%) than abused women (14%) to report receiving injuries needing medical attention. Types of emotional and other abuse reported included humiliation, insults, belittlement, extreme jealousy, abusive phone calls, and for men, threats, sleep deprivation, thefts, arson, blackmail, and HIV infection.

Domestic violence and national community surveys of serious/violent crime

Physical assaults

National surveys also highlight the significant contribution domestic violence makes to overall rates of violent crime and repeat victimisation. Recent generic BCS surveys indicate that domestic violence (defined as physical assault by partners, other household members, family and ex-partners) comprises one fifth to one quarter of all disclosed violent crime victimisation (including muggings and snatch thefts but excluding sexual assaults), 1 in 4 of all alcohol-related violence, and one third to one half of all violent crime reported by women. More than 3 in 4 of those disclosing domestic violence were women (Kershaw et al 2000, Simmons 2002, Budd 2003, Povey & Allen 2003). Repeat victimisation rates are higher than for any other type of crime (Kershaw et al 2000). In 2002/3, reports of in-year repeat domestic violence victimisation were over 50%, and double those for all other forms of violent crime. Likelihood of injury was also significantly higher than for all other assaults and muggings by strangers and acquaintances (Povey & Allen 2003).

Sexual assaults

Analysis of a separate BCS 2000 self-completion questionnaire on rape and sexual assault found that 45% of most recent rapes disclosed by women were committed by partners and a further 11% by ex-partners. These women reported repeat sexual victimisation rates of 62% and 52% respectively and were most likely to have been verbally threatened, blackmailed or intimidated (71%), and to have been injured (Myhill & Allen 2002). As yet, no published national UK surveys have examined the co-occurrence of physical and sexual assaults by partners or ex-partners. US studies indicate that at least 40-45% of women who have been physically assaulted by their partners have also been sexually assaulted by them at some time (Campbell & Soeken 1999, Campbell 2002). A US study of women's experiences of relationship rape indicated that almost all had also been physically assaulted by their partners (Bergen 1999).

Stalking

The 1998 BCS included a special self-completion module on stalking (defined as persistent and unwanted attention). Partner/ex-partner stalking accounted for 1 in 3 of all reported incidents. Women were much more likely to experience this behaviour than men. 5.5% of all sampled women reported being stalked by partners/ex-partners in their lifetimes (Budd & Mattinson 2000). These rates were very similar to the US Violence Against Women Survey (VAWS) findings, which used a fear-causing definition of stalking (Tjaden & Thoennes 2000a). However, rates for men (2.4%) were four times higher than in the VAWS; suggesting fear is a significant feature of women's experience of partner stalking, but less so for men. Nearly half the stalkers were ex-partners. Those stalked by a partner/ex-partner experienced more serious and protracted behaviour. 1 in 4 had been stalked for at least a year, and over half the women had been followed and/or physically intimidated. 44% had experienced threats of violence, 35% had physical force used against them, and 16% had been forced into a sexual act. Over half feared future violence against themselves or someone they knew (Budd & Mattinson 2000). North American reviews and research confirm these findings: The most common victims of stalkers are female partners/ex-partners of male perpetrators, and half of stalking cases involve ex-partners. Male stalking of women partner/ex-partners is also more likely to involve threatening and violent behaviour (Melton 2000, Douglas & Dutton 2001, Tjaden & Thoennes 2001).

As yet, no published national UK surveys have fully examined the relationship between stalking and other forms of violence by partners or ex-partners. Elsewhere, research indicates a significant correlation between stalking and other forms of domestic violence. Around half the men who stalk their ex-partners have previously been violent towards them. Strong associations have been found with serious previous physical and sexual abuse. Stalking may begin after the relationship ends or equally may begin during the relationship and continue after separation, but is much less likely to only occur while the relationship is current. Many male domestic violence perpetrators who go on to kill or attempt to kill their partners have stalked them first (Melton 2000, Douglas & Dutton 2001, Tjaden & Thoennes 2001).

Homicide

International studies have consistently shown that partner violence accounts for a large proportion of homicides of women, with cultural factors and availability of weapons defining different countries' profiles (WHO 2002). Murder by a partner or ex-partner is the leading cause of death for African-American women aged 15 to 45 (Campbell et al

2003). On average, two women are killed every week in England and Wales by partners or ex-partners. In the 12-year period to 2001/2, 20% of all recorded homicides were perpetrated by partners/ex-partners and 78% of these victims were women. Men were relatively unlikely to lose their lives in this way (7%), whereas 43% of female homicide victims were killed by partners or ex-partners (Flood-Page & Taylor 2003). International data show similar gender disparities (Brookman & Maguire 2003).

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2.3. Men and women's experiences of domestic violence

Equal victimisation?

In the 1996 BCS self-completion questionnaire (Mirrlees-Black 1999) equal proportions (4.2%) of both men and women said they had been assaulted by a current/former partner during the past year. The 2001 BCS disclosure rates for non-sexual assaults were 3% for women and 2% for men (Walby & Allen 2004). Equal or near equal victimisation has also been found in many other large-scale national surveys, particularly in North America, some of which report higher levels of violence by women. To maximise disclosure, many of these have measured domestic violence as acts of physically aggressive behaviour used as tactics in relationship conflict. However, such measures often take no account of the circumstances under which these acts occur, and do not include violence by ex-partners, sexual violence, or the consequences of abuse (Kimmel 2002). Meta-analysis of 82 mainly US studies found women were more likely than men to use acts of physical aggression (Archer 2000). Such studies have attracted criticism for claiming gender symmetry in partner violence and for ignoring or obscuring the meaning, nature, context, and consequences of aggressive behaviour (Dobash et al 1992, Nazroo 1995, Hagemann-White 2001, Dasgupta 2002, Saunders 2002). Supporters of a gender symmetry hypothesis also fail to square it with men's disproportionate use of violence and aggressive behaviour relative to women's, in every other sphere of life (Kimmel 2002).

Studies which attempt to gauge the extent of domestic violence by also measuring men and women's reports of their violence perpetration, often do not allow for the impact of gender differences on disclosure rates. Methodological research shows women are the more reliable respondents and also tend to report their own violence more completely (Romkens 1997). The reliability of male survey responses is also cast into doubt by a follow-up study of men reporting violence by their partners in the Scottish Crime Survey (Gadd et al 2002), which had initially indicated that 1 in 3 of those experiencing domestic violence were men (Macpherson 2002). 28% of those retraced said they had never experienced any form of partner violence; they had misunderstood the self-completion form questions about domestic abuse and were referring to other crimes committed around their homes.

Differences in men's and women's experience of domestic violence

Research and analysis which has explored and differentiated some of the issues integral to men's and women's experience of domestic violence has shown that women abused by partners or former partners are more victimised than men (Kimmel 2002, Saunders 2002, Walby & Allen 2004). They experience significantly higher rates of severe and dangerous violence i.e. being beaten up, choked, strangled, suffocated, threatened/assaulted with a weapon, or sexually assaulted, as well as more death, injury, and hospitalisation (Mirrlees-Black 1999, Johnson & Bunge 2001, Tjaden & Thoennes 2000a, Saunders 2002, Archer 2000, Gadd et al 2002, Kimmel 2002, Richards 2003, Walby & Allen 2004). Women are also more likely to experience repeat victimisation, a longer history of violence, post separation violence and stalking, fear, threats, intimidation and assaults during stalking, serious threats, and fear that they or someone close to them would be harmed or killed (Jacobson et al 1994, Mirrlees-Black 1999, Budd & Mattinson 2000, Tjaden & Thoennes 2000a, Johnson & Bunge 2001, Gadd et al 2002, Hamberger & Guse 2002, Saunders 2002, Dasgupta 2002, Walby & Allen 2004). Men are much more likely to laugh at, or feel amused by their partner's violence, and are much more likely to accompany their violence to women with dominating and controlling behaviours (Hamberger & Guse 2002, Kimmel 2002).

Evidence indicates women experience more negative impact than men as a result of abuse, including emotional/psychological consequences such as fear, anger, insult, stress, depression, anxiety attacks, shame, lowered self-esteem, sleeping problems, psychosomatic symptoms and post-traumatic stress symptoms, loss of time from work, and a need to take extra security precautions (Mirrlees-Black 1999, Budd & Mattinson 2000, Bunge & Locke 2000, Tjaden & Thoennes 2000a, Johnson & Bunge 2001, Hamberger & Guse 2002, Saunders 2002, Walby & Allen 2004). Women have also been shown to initiate the violence far less than men, and to call the police far more often than men (Mirrlees-Black 1999, Hamberger & Guse 2002, Saunders 2002, Walby & Allen 2004). Men who reported last-year victimisation in the 1996 BCS were much more likely than women to say that they felt wholly or partly to blame for the last incident (over 75%), and very few saw the incident as a crime (Mirrlees-Black 1999).

Kimmel (2002) estimates that if data on assaults and homicides by ex-partners, partner homicides and sexual assaults are added to the data which purports to show equal rates of violence, men would be shown to have perpetrated 80% of all partner violence and 90% of systematic, persistent and injurious violence; 87% of partner homicides in London during 2001/2 involved male perpetrators and female victims (Richards 2003). However, some unilateral female violence does occur. 1 in 10 non-victimised women in a Dutch national survey reported being violent at some point towards their partner, but this was mainly low frequency and involved injury in only 15% of such cases (Romkens

1997). In the main, any gender symmetry tends to be clustered almost entirely at the lower end of violence seriousness (Kimmel 2002).

Differences in men's and women's motivations for violence

Research which assesses female violence to partners from both objective and subjective accounts indicates that many women who assault their male partners are themselves victims of ongoing abuse and use violence to try to escape or stop it (Dobash et al 1992, Dasgupta 1999 & 2002, Saunders 2002). Homicide studies show women are much more likely to use violence in self-defence than men (Archer 2000, Saunders 2002). Some studies also point to other motivations for women's violence such as perceived threat to children or other loved ones, retaliation and punishment for past hurt, self-assertion, gaining emotional attention, expressing anger and reacting to frustration and stress. Although both genders use violence to achieve control, women try to secure short-term command over an immediate situation whereas men tend to establish widespread authority over a much longer period. However, women are generally unsuccessful in achieving objectives such as controlling their partner's violence or otherwise modifying his behaviour through their own violence, and they are less likely to be able to effectively employ other tactics designed to achieve domination and control than men (Dasgupta 1999 & 2002, Saunders 2002). In contrast, men's motivations for killing female partners appear to revolve around jealousy and a need to control, especially during the imminent or actual termination of a relationship, and men's motives for non-lethal violence often include intent to intimidate, show who is boss, punish unwanted behaviour and coerce their partner into doing something (Archer 2000, Saunders 2002).

Illustrating differences in men and women's motivation and behaviour

A small-scale UK couples study (Nazroo 1995) analysed victim and perpetrator descriptions of the same incidents, and found a higher prevalence of violent acts by women. Further exploration revealed that male violence was far more likely to be dangerous, threatening, involve serious injury, and account for all differences in anxiety symptoms between men and women in the sample. Further qualitative analysis revealed that whilst a significant number of men repeatedly and severely physically abused, intimidated and humiliated their partners, none of the women carried out similar attacks. The few women who had seriously assaulted their partners did so during a psychotic breakdown or after experiencing severe repeated beatings. Others attacked their partner in self-defence whilst they were being beaten up, or else struck only one or two blows, or occasionally slapped or pushed their partners, who easily defended themselves, were not intimidated and were frequently amused. Unlike the men who used severe violence, women rarely seemed intent on harming their partners and desisted immediately on the few occasions they got the upper hand. Women's violence rarely succeeded in changing men's behaviour, whereas men were much more likely to coerce such changes in women.

Differences in male and female violence known to community agencies

In contrast to findings of gender symmetry in some large surveys, other research using data from divorce and criminal courts, police, accident and emergency departments, women's shelters and other help-seeking sources, has found heterosexual women were far more likely to be assaulted by their partners than men (Dobash et al 1992, Kimmel 2002). Samples that are community-based and representative appear to differ from help-seeking or criminal justice samples that are likely to include the most serious cases (Archer 2000). The latter show significantly higher domestic violence prevalence rates for women, with particularly strong differences in levels of injury (Saunders 2002). Representative community and national studies may also under-report the most severe forms of abuse, which are likely to require criminal justice and social service interventions. Offenders and victims in these cases may be more reluctant to respond to surveys and harder to locate (Saunders 2002). Official North American data from medical and police sources show that women constitute 85-90% of domestic violence victims known to these agencies (Tjaden & Thoennes 2000a, Bunge & Locke 2000).

Within the UK, there are no national arrangements for systematic collection of data on domestic violence cases coming to the attention of public agencies. Stanko (2001) designed an innovative day-count methodology, which attempted to gauge the extent of domestic violence reaching the notice of a selection of public and voluntary sector agencies during one weekday in September 2000. A range of UK agencies audited their domestic violence contacts that day. Findings indicated a disproportionate amount of violence faced by women and perpetrated by men. 86% of calls to police that day involved female victims attacked by male partners/ex-partners, 8% male victims attacked by female partners/ex-partners, 2% female victims attacked by female partners/ex-partners, and 7% male victims attacked by male partners/ex-partners. 90% of contacts made with victim support in England involving domestic violence were from women, and 100% in Wales. Further evidence of considerable disparities in male and female abusive behaviour comes from a study of cases sent for prosecution under the Protection from Harassment Act (Harris 2000). 94% of partner harassment perpetrators were male.

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2.4. Victim diversity and domestic violence

Violence against minority ethnic women

Domestic violence prevalence

Whilst differences in victimisation prevalence rates according to ethnic group have been found in some international surveys, they diminish significantly when effects attributable to socio-economic and other demographic variables, such as education and income, are controlled (Jewkes 2002, Tjaden & Thoennes 2000b). Likewise, risk for UK women does not significantly differ by ethnic origin (Mirrlees-Black 1999, Walby & Allen 2004). Richardson et al (2002) found abuse disclosure rates were slightly lower for black and Asian women in Hackney. Research reviews (Hotelling & Sugarman 1986, Schumacher et al 2001, Walby & Myhill 2001b) conclude there is no significant relationship between race/ethnicity and victimisation.

Prejudiced responses

Minority ethnic women experiencing violence may however face increased vulnerability to escalation and continuance of abuse, and greater difficulties in dealing with its adverse effects. They often encounter obstacles in seeking support and may receive or fear prejudiced, stereotyped responses that draw on notions of the commonness and even acceptance of abuse in certain social groups (Morley & Mullender 1994, Viano 1996, Piispa 2002, Nicholson et al 2003). This can lead to official agencies being unwilling to intervene (Morley & Mullender 1994, Viano 1996, Choudry 1996, Richards 2004).

Cultural factors

Domestic violence may take on different forms within specific communities and can include so-called 'honour killings' (Richards 2004). Sometimes members of the abuser's family, including mothers and sisters, may encourage or instigate the abuse (Choudry 1996). Male-controlled/interpreted religious and cultural orthodoxies may be invoked by men to coerce their partners or justify violence. Both the Bible and the Koran simultaneously contain passages that can be read as justifying and condemning violence against women (Mama 1989). Cultural, social and religious norms may deter women from seeking help or exposing the problem through a prosecution, as they may fear censure from within their families or communities, or fail to receive the necessary validation to name their experience as victimisation (Hart 1996, Viano 1996, Erez 2000, Erez 2002, Raj & Silverman 2002, Nicholson et al 2003). In some communities, women face dishonour and rejection if they leave their partners, even if they do so as a result of domestic violence (Choudry 1996). A study in the Western Isles of Scotland (MacNeil et al 2004) demonstrates how some tight-knit rural and remote communities can have strong cultural and religious norms which stress family privacy and non-interference, and attach considerable social shame to domestic violence, perceiving it to arise through victims 'failing' in exercising family responsibilities. When combined with a high tolerance for alcohol misuse and condoning of alcohol-related violence, these factors can affect women's exposure to violence, and their ability to acknowledge its occurrence and seek or obtain community support.

Effects of racial disadvantage

Racism and socio-economic disadvantage affecting access to independent housing can result in some black men establishing 'cohabitations of convenience' which lack reciprocity and become abusive (Mama 1989). Negative experiences of black men's treatment by the criminal justice system may foster community or family disapproval of criminal justice action against the perpetrator, which he is able to use to his advantage by continuing or intensifying his abuse with impunity (Mama 1989, Viano 1996, Hart 1996). Black women's disproportionate dependence on public housing when combined with institutionalised racism can entail particular problems and delays in gaining access to decent accommodation, which can deter them from leaving violent relationships (Mama 1989).

Difficulties faced by migrant women

Some migrant women are particularly vulnerable to victimisation and face unique difficulties in seeking help or ending violent relationships due to language problems, lack of financial autonomy, anticipated racism or prejudice, insecure immigration status, ignorance of their rights and available services, social isolation, restrictions on their personal freedom, and fear of retaliation from their abusers family (or sometimes from their own) if they return to their country of origin (Mama 1989, Choudry 1996, Erez 2000 & 2002, Raj & Silverman 2002). Women who enter the UK as a result of forced marriages may be particularly vulnerable to abuse (Choudry 1996). Concessions have now been made to immigration rules to allow migrant women leaving violent British partners in the first year of marriage to avoid deportation. However, conditions are stringent and very hard to meet. Proof of violence is required in the form of a civil court order or offender prosecution, yet women in this position have no entitlement to state benefits or other services to enable them to survive outside abusive relationships (Khaliq 2000). Abusers may exploit women's dependence on their language skills and knowledge of the UK system as part of their pattern of control. They may mislead women about their rights and the responses and services they might receive from official agencies, refuse them access to language classes, destroy their immigration documents, threaten them with deportation and loss of their children, and restrict their contact with friends and family in their home country, so as to enforce a greater submissiveness, isolation and dependence, and to ensure the woman stays silent about the abuse (Choudry 1996, Erez 2000 & 2002, Raj & Silverman 2002).

[Adverse impact](#)

In a survey of 200 users of UK domestic violence outreach services commissioned by Women's Aid (Humphreys & Thiara 2002 & 2003) minority ethnic women were disproportionately represented among those facing substantial and persisting material and emotional difficulties after separating from their abuser. The very high rates of clinical depression (74-80%) and other psychological distress symptoms found among abused black women in US studies (Dutton et al 1999, Goodman et al 1999) suggest that the impact of domestic violence can combine with the effects of other stressors such as poverty and discrimination to seriously impair mental health. Domestic violence is a factor in heightened levels of self-harm amongst young British Asian women, who may be more reluctant to use mental health and other services for fear of community stigma attaching to themselves and their families (Humphreys & Thiara 2003).

[Violence against lesbians and gay men](#)

Living with the stress of homophobia and internalised homophobia can contribute to violence in lesbian and gay relationships. Isolation may increase dependency on a partner. Abuse may take the form of threatening to 'out' a partner to their family or friends. Victims can find it harder to seek help and support because of fear of confirming homophobic stereotypes, encountering homophobic reactions, or because of isolation from family (Balsam 2001). Women who are leaving an abusive relationship with a man for a lesbian partnership may face particular fears and prejudices (Nicholson et al 2003). Assistance may be harder to obtain due to a lack of resources dedicated to lesbian and gay victims, insensitive, prejudiced responses from the wider community, and a reluctance to fully recognise the problem within the lesbian and gay community itself (Balsam 2001, Humphreys & Thiara 2003). Development of appropriate programmes to reduce violence by lesbian and gay perpetrators is still in its infancy (Healey et al 1998).

[Violence against men](#)

Whilst in general men are far less likely to be victims of domestic violence perpetrated by women, and usually experience less severe violence, this does not mean that there are not some men who are seriously affected (Kimmel 2002, Humphreys & Thiara 2003). These men deserve equal compassion and intervention (Kimmel 2002). They may face significant obstacles in increasing their safety and recovering from trauma because of disbelieving or stereotyped responses from their families, communities and official agencies (Viano 1996). This lack of acknowledgement and the absence of services dedicated to assisting male victims may exacerbate a sense of invisibility and isolation (Humphreys & Thiara 2003).

[Other diversity issues](#)

Violence may be more likely to be hidden by professional or middle class abused women who may be deterred from seeking help by the implications of exposure, and who feel a particular shame at the discontinuity between the respect they receive outside the home and the way they are treated within it (Mama 1989, Nicholson et al 2003). The 2001 BCS found that abused women living in more affluent households were significantly less likely to tell the police or seek medical attention than those in poorer households, suggesting they experienced more stigma attached to their abuse (Walby & Allen 2004). Other vulnerable groups include women working in prostitution, those with disabilities, learning difficulties, mental health or addiction problems (which may have been triggered or exacerbated by abuse). These women may be less able to seek help or less likely to seek it because they fear prejudiced or unsympathetic reactions and adverse consequences such as the removal of their children (Nicholson et al 2003).

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[2.5. Visible and invisible domestic violence](#)

[Understanding patterns of violence against women reported in crime surveys](#)

The 1996 BCS, in common with many and other crime surveys, did not analyse the patterns of violence reported, or give much information about their relationship to help-seeking (Crisp & Stanko 2001). There is a considerable difference between 1 in 4 women's reported lifetime experience, and 1 in 25 women's current year experience of domestic violence, which may suggest that for some women, violence is an isolated occurrence, or that whilst for some violence escalates, for others, there is desistance over time. Alternatively, these findings may indicate that violence is a major factor in relationship termination for many women, and that on the whole, separation forestalls escalation (Walby & Myhill 2001b). Very little of this violence was apparently reported to police: only 15% of sexual assaults by partners, 19% of sexual assaults by ex-partners (Myhill & Allen 2002), 12% of physical assaults (Mirrlees-Black 1999), and 29% of persistent stalking cases (Budd & Mattinson 2000). Hence the true scale of repeated, serious domestic violence in the UK is difficult to estimate (Crisp & Stanko 2001). A longitudinal Canadian study, which monitored arrest data, indicated that based on reports from a sample of women, there were 35 assaults for every arrest (Dutton et al 1997). Morley & Mullender (1994) quote a similar number of average experienced assaults before women contact police. Cases coming to police attention are therefore likely to involve an ingrained pattern of violence.

The recently published 2001 BCS findings give a somewhat fuller though fragmentary picture of the course of violent relationships. 25% of women had never lived with the perpetrator of the worst incident. For 1 in 2 of those who had, violence began in the first year after the couple began living together, and for 90%, within five years. The worst incident of violence tended to come later in the relationship; it occurred within the first year for 1 in 4 women, but

more typically took place within 1-5 years for 43%. However, for 1 in 3, their worst experience came more than 5 years after they began living with the perpetrator. 1 in 4 women were not injured in the worst incident, whereas 97% of those who had been victimised four or more times were hurt, with 2 in 3 suffering bleeding, bruises, internal injury or broken bones. 2 in 5 women left home after the worst incident, although half of these later returned to their partner. Among those who had ended their relationship with the perpetrator of the worst incident at the time of the survey, violence stopped completely after separation for 63%, but continued in some form for 37%. For 82% of women who had suffered domestic violence many times, the last incident was more than two years ago, and more than five years ago for 2 in 3. Among the 90% who had not experienced violence for more than six months, 88% said the violence had stopped because they split up with/stopped living with the perpetrator. Police came to know about only 21% of worst lifetime and 23% of worst last year incidents. Younger women (under 25), and women in households with above-average incomes were less likely to inform the police. However, police were more likely to be informed when the violence was more frequent, serious and injurious. Although they were made aware of 34% of worst incidents experienced by women who had been assaulted four or more times, and 45% causing serious injury (internal injuries and broken bones), the majority of such incidents were not reported. Worst lifetime rapes were even less likely to be reported (Walby & Allen 2004).

National surveys in Finland (Piispa 2002) and Holland (Romkens 1997) also cast some light on patterns of violence and help seeking. In combination, they suggest that many older women reporting relatively mild past violence had ended the relationship. Often this abuse had been prominent during a divorce process, and occasionally mutual. Some younger women, whose relationships were still in their infancy, had experienced a short ongoing history of violence that they tended to underplay, and believe they could sort out themselves. Violence in both these patterns had rarely been reported to police. Around 10% of women had however experienced serious, sustained and injurious violence, often over a number of years. For some, mainly older women, frequency of assaults had gradually diminished over time, and had been replaced by other forms of control and domination, including humiliation and degradation. This pattern of experience would not be fully reflected or included in surveys such as the BCS, which do not fully explore non-physical forms of abuse. For the remainder, violence continued to be very severe, and often involved death threats, and painful, sadistic sexual acts. This group of women were considered to be under-represented in the surveys, as they were less likely to be reached. Most of the women who had experienced serious, longstanding violence had sought help through official channels at some point, and 1 in 5 serious assaults had been reported to the police.

These findings suggest that whilst many women experiencing patterns of sustained, serious violence will eventually bring their plight to the attention of public agencies, a significant proportion will not do so, and those who do will only report a fraction of the assaults they experience. Only 36% of women reporting chronic victimisation (3+ assaults in the past year) said the police had been involved at some point (Mirrlees-Black 1999). On the other hand, women experiencing less frequent or severe violence, or whose relationships have not lasted long enough for the trajectory of violence to be apparent, are far less likely to seek help.

Domestic violence known to public agencies

Despite much domestic violence remaining hidden, it is nevertheless significantly visible in the daily work of public agencies (Stanko 2001). There are no official national statistics on the number of domestic violence cases brought to the attention of police, although it is estimated that police receive a call every minute about domestic violence (HMCPSI/HMIC 2004). Metropolitan police information indicates that a case of domestic violence is reported to them every six minutes; over 104,000 calls each year, comprising 1 in 20 of all notifiable offences. Domestic assaults account for 1 in 3 of all common assaults and 1 in 4 Actual Bodily Harm (ABH) offences reported. 1 in 9 domestic violence cases involve criminal damage and 1 in 20 theft (Richards 2004).

The September 2000 day count conducted by Stanko (2001) found that nationally, over 1,300 calls to police that day concerned domestic violence. Over 2,700 women and their children were accommodated in UK refuges and over 2,300 calls were made to local refuge groups and to the Women's Aid national helpline, seeking advice and support. Only 12% of calls to the national helpline could get through. Almost 300 women requesting a refuge place that day could not be assisted because refuges were full. Nearly 1 in 5 Relate counselling sessions that day mentioned domestic violence as an issue in the relationship. 1 in 4 crimes of violence (sexual offences and assaults) reported to the London Metropolitan Police that day were domestic violence.

The level and nature of domestic violence in cases known to criminal justice agencies

In her analysis of a sample of serious (ABH+) domestic violence assaults and domestic violence sexual offences reported to the Metropolitan police, Richards (2004) concludes that by the time victims contact police, they have been exposed to a pattern of repeated abuse, particularly where offences are more serious. In her analysis, repeat victimisation was frequent and protracted; recorded information indicated 63% of the sexual assault victims and 51% of the serious assault victims had made previous domestic violence reports to police, and a further 18-19% of each group had been abused before but not reported it. 1 in 3 perpetrators in both samples had reoffended since committing the offences analysed. Sometimes the victim was the same partner, in other cases a new partner. Many were serial offenders going from one abusive relationship to the next. 10% of the serious assault and 5% of the sexual assault offenders breached bail, injunctions and other court orders to commit the analysed offences. Others had

recently been released from prison and two had killed previous partners. 36% of domestic violence sexual attacks and 77% of serious assaults involved use of a weapon; in most cases this was used to injure the victim rather than to gain their compliance. Of the serious assault cases four victims (3%) were killed, 96% were injured and 1% kidnapped, 74% received stitches and 23% broken bones. Some victims incurred very serious injuries; one required re-constructive surgery to her vagina. Domestic violence sexual assaults tended to result in more serious injury. Weapons used included a knife, iron bar, razor, screwdriver, meat cleaver, and boiling water/oil (Richards 2004).

Similar evidence emerges in evaluations of projects in London and Cardiff providing support and advocacy to victims referred by police following call-out to a domestic violence incident (Kelly et al 1999, Robinson 2003). A survey of users of the Domestic Violence Matters (DVM) project in Islington (Kelly et al 1999) indicated that 45% had experienced more than 10 previous physical assaults and 14% had endured more than 40. Of those experiencing abuse on two or more occasions, 1 in 2 had suffered strangulation, threats to kill, forced sex, and more than 1 in 3 had experienced assaults with weapons. Half of those who had ever been pregnant were assaulted whilst pregnant, and 84% of those with children said they had witnessed or overheard the violence. Less than half had called the police on a previous occasion.

Data on a sample of clients of the Cardiff Women's Safety Unit (Robinson 2003) indicated they also had extensive and serious abuse histories, and had suffered an average of six years of abuse from their current partner, leaving them with many injuries. More than 2 in 3 were fearful for their lives and reported abuse histories that had escalated in frequency and severity during the past year. 1 in 3 perpetrators who had been reported to police for domestic violence on a previous occasion had sexually abused their partners. 1 in 2 victims experienced constant financial abuse, often related to the perpetrator's drug, alcohol and gambling problems, and including threats of forced prostitution. Half the perpetrators were reported to have drug problems and this group caused a significantly higher level of injuries. 14% had previous convictions for domestic violence and half had convictions for other matters, notably drunken driving and property crimes, as well as other assaults.

Analysis of 200+ cases drawn from all five UK specialist domestic violence court pilot sites (Cook et al 2004), confirms these trends in cases reaching the courts. More than half the victims had a recorded history of previous victimisation, whilst 99% of victim statements made reference to previous domestic violence. Weapons were used in 1 in 5 cases (hammers, baseball bats, chairs, bricks or, occasionally, knives) and these attacks were more likely to have been judged as planned. 55% of defendants had previous criminal convictions, including property offences (41%) and drug offences (22%). The average defendant had been in custody twice previously. Hence much of the criminal justice domestic violence workload was noted to involve repeat victimisation in cases already known to agencies, which could have been better addressed at an earlier stage. Despite evidence of a serious pattern of assaults, most often defendants were initially charged with common assault (45%) and more were convicted of this due to charge reductions. Only 32% of cases reaching the court resulted in a criminal conviction and most sanctioned offenders were bound over, fined or conditionally discharged.

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[2.6. Domestic violence prevalence amongst offenders](#)

Relatively few studies have been undertaken to assess the prevalence of domestic violence perpetration and the level of risk among convicted offenders. However, the characteristics of domestic violence perpetrators appear generally similar to those of incarcerated and supervised offenders; many come from abusive backgrounds, abuse drugs and alcohol, and evidence salient personality characteristics, suggesting that there will be a high incidence of domestic violence perpetration among such groups (Dutton & Hart 1992, Johnson & Grant 1999).

[Domestic violence uncovered in the UK Probation Service](#)

In the UK, much domestic violence remains hidden on probation caseloads. Many offenders may never have been convicted for a domestic violence offence and their level of risk is neither fully investigated nor appreciated. Offenders' accounts of their past behaviour (involving denial and minimisation) are often taken at face value and, as a consequence, much risk goes unaddressed and unmanaged (Beattie 1995). Evidence suggests the probation service is slowly uncovering the extent of domestic violence on its caseload. A survey in Merseyside probation (Stelman 1993) found it featured in 10% of cases. Introduction of a systematic assessment tool (OASys) increased identification of domestic violence. 14% of male offenders were identified as perpetrators and 46% of female offenders as victims in an evaluation of pilot assessments conducted in County Durham (Howard & Watt 2003). The disparity in proportions of identified perpetrators and victims however, suggests substantial numbers of perpetrators remained unrecognised. A recent HMIP inspection found that police records indicated a call-out to a domestic violence incident in relation to almost half of a general sample of 100 offenders drawn from the area's caseload (HMIP 2004).

[Domestic violence uncovered among North American prison inmates](#)

US and Canadian research which has sought out domestic violence suggests substantial proportions of convicted offenders, particularly those in prison, are perpetrators. A Canadian file review study in one correctional institution found evidence of domestic violence perpetration, mostly from criminal records, for 1 in 4 inmates. Almost half the cases involved injury requiring medical attention and half the abusive men had assaulted more than one partner. Over

half the total sample had one of the key risk markers for domestic violence, i.e. witnessing or experiencing violence in the family as a child, and the study confirmed that childhood victimisation of this kind predicted higher rates of domestic violence perpetration. As domestic violence most often does not result in the perpetrator being charged, this study estimated that there were many more abusers in the sample who were not detected, particularly young offenders (Robinson & Taylor 1995).

Another Canadian study (Dutton & Hart 1992) reviewed the files of inmates in a medium security prison and sorted men into 3 groups: non-violent (NV) offenders, whose files contained no reports of violence (12%), stranger violent only (SV) offenders (58%), and family-violent (FV) offenders (30%), whose files included reports of domestic violence. However, subsequent interviews with inmates revealed higher rates of abuse: 38% of inmates, comprising men from all three groups, admitted physical abuse towards their partners in the year prior to incarceration, and overall, 10% admitted severe abuse. However, in interviews, with a small sample of their partners, a much larger (50%) rate of abuse by these men was disclosed. 1 in 3 women reported receiving violence when their partners reported no violence. Not all partners felt able to disclose; 8% of women said there had been no violence despite their partners admitting to this. In total there were self and/or partner reports of domestic violence for 58% of the sub-sample. 14% of the SV group disclosed violence to partners which did not show up in the institutional files, and 36% of their partners said they had been abused by these men. 14% of the NV group also admitted to partner violence. Inmates' partners said there had been over 10 times more incidents of serious violence than the men admitted to.

A US study (White et al 2002) found similar rates of self-identified violence against women partners during the year prior to incarceration in a low security federal prison, where the majority of inmates were non-violent drug offenders. 1 in 3 sampled inmates disclosed violence, 13% admitted to severe violence and 14% to five or more assaults during that period. White and his colleagues conclude that true abuse rates were likely to be significantly higher due to perpetrators' propensity for denial and minimisation, and that low-risk, presumed non-violent offenders merited screening and interventions for partner abuse.

The Canadian correctional service now screens all offenders for domestic violence (Allegri 2003). Initial screening involves four risk criteria. If any are met, the Spousal Assault Risk Assessment (SARA) (Kropp 2002) is completed to determine the risk level. Using these methods, one institution identified 59% of all offenders as being at some risk for perpetrating family violence (Johnson & Grant 1999).

Previous offending uncovered in UK police reports and homicide reviews

Confirmation of a strong relationship between domestic violence perpetration and other offending comes from analysis of sexual and serious (ABH +) domestic violence cases reported to the Metropolitan police in a 2-4 month period (Richards 2004). 17% of perpetrators could not be traced as they gave false identification or because inaccurate/incomplete details were recorded. Of the remainder, 60% of sexual assault and 82% of the serious assault perpetrators had a previous criminal history, mainly for offences other than domestic violence, including property crime and drug-dealing. 1 in 2 of the serious assault and 1 in 4 of the sexual assault perpetrators were prolific offenders. 1 in 12 in both samples had previous convictions for, or were suspected of involvement in, other rapes and sexual assaults. Only 24 (6%) of offenders in this sample had previously been sentenced for a domestic violence-related offence. In a separate analysis of a sample of homicide reviews (Richards 2003), 53% of offenders were found to have previous convictions for other offences and 43% had been violent to other people. Only 2 offenders (7%) had previous convictions for domestic violence; both had received short prison sentences for assaulting their partners, and on release, they went straight round to their victim's homes and killed them. The implications of Richards investigations are that the great majority of the most serious domestic violence perpetrators will be known to the probation service at some point, but very few will have previous convictions for domestic violence and even fewer will be currently supervised for an index offence of domestic violence.

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3. Explaining domestic violence

3.1 Theories of domestic violence

Feminist and socio-structural theories

Feminist theories of the origins and dynamics of domestic violence have been particularly influential in exposing the issue, campaigning for change, and in sponsoring practical action to address abuse. They draw on the accounts of abused women and an understanding of how patriarchal attitudes, institutions and gendered power differentials have fostered inequality, male privilege, and a sense of male entitlement. Violent behaviour operates as a route to achieving and maintaining male domination, power and control (Eisikovits & Edleson 1989, Hamberger & Hastings 1993, Cunningham et al 1998, Healey et al 1998, Mauricio & Gormley 2001). Support for the feminist perspective comes from cross-cultural ethnographic studies which demonstrate that violence against women is more endemic in cultures and sub-cultures in which men dominate decision-making and assign fixed, subservient gender roles to women (WHO 2002, Heise 1998). Other socio-political theories point to structural inequalities as the cause of men's violence to women. Whilst domestic violence occurs across all social strata, there is evidence that men with lower socio-economic status perpetrate more domestic violence. Socio-structural theories also explain abuse as a stress reaction to a masculine identity crisis in situations of relative deprivation, unemployment, or changing gender roles (Heise 1998, Jewkes 2002). Feminist and socio-structural theories have variously been criticised for ignoring individual differences, failing to explain why most men (and most poor men) are not violent to women, or why violence occurs in lesbian relationships (Dutton 1995d, Mullender 1996, Healey et al 1998, Heise 1998, Mauricio & Gormley 2001).

Interventions to address domestic violence suggested by feminist and socio-structural theories include macro-level changes to social norms and structures, driven by policy and law which takes public ownership of the problem and adopts a proactive, systematic approach to eliminating domestic violence. From this perspective, interventions should be focused primarily on improving women's safety and enabling their recovery, whilst also ensuring men's accountability through formal criminal justice and informal controls. Public expenditure should not prioritise perpetrator rehabilitation over victim services and safety. Resources should only be expended on efforts to change perpetrators if they can be shown to re-socialise and re-educate men to accept responsibility for their violence and to reduce all forms of abusive control (Hamberger & Hastings 1993, Mullender 1996, Cunningham et al 1998, Healey et al 1998). Interventions with perpetrators based on feminist models have been located within a co-ordinated community response with dual goals of victim safety and offender accountability. Education, challenge and re-socialisation techniques are used to increase men's understanding and enactment of mutual equality and respect, and their acceptance of responsibility for their violence (Hamberger & Hastings 1993, Healey et al 1998). Programmes for abusers based on a solely feminist model have raised concerns that information-giving alone may not enable change, and that a confrontational approach may alienate some participants, further entrench behaviour, and mirror the dynamics of abuse by seeking to compel change by use of power and control (Hamberger & Hastings 1993, Healey et al 1998).

Individual theories

Individual-level explanations of domestic violence draw on developmental and personality theories. They variously suggest that interrelated factors such as early abuse trauma, harsh, shaming, disrupted parenting, insecure or disorganised attachment styles, personality disorders, anger, depression, emotional difficulties, substance misuse problems or low self-esteem, explain why some men become violent to their partners (Hamberger & Hastings 1993, Dutton 1995d, Cunningham et al 1998, Healey et al 1998, Heise 1998, West & George 1999, Mauricio & Gormley 2001, Sonkin & Dutton 2003). Generally research has demonstrated that abusive men do have more pathology and behavioural problems than non-abusive men (Dutton 1995c & d 1995d, Heise 1998, Cunningham et al 1998, Mauricio & Gormley 2001). Feminist and other critics have argued however that some of these associations emerge as a consequence rather than as a cause of domestic violence, or because abusive men blame their behaviour on other problems to excuse it. Individually-oriented explanations can let men off the hook and ignore both the socio-structural context of violence, and the power dimensions of abuse. Individual theories also fail to explain why domestic violence is largely perpetrated by men against women, why some men without obvious pathology abuse women, why most men abused as children do not go on to abuse their partners, and why some abusive men are not violent in other relationships (Tolman & Bennett 1990, Mullender 1996, Cunningham et al 1998, Healey et al 1998, Mauricio & Gormley 2001).

Individual-level perspectives focus their attention on the treatment of the abuser and suggest individual, or sometimes specialised group therapies, which draw on cognitive-behavioural or insight-oriented psychotherapeutic methods to enable cognitive restructuring, teach coping techniques and emotional regulation, or address unresolved childhood trauma and unconscious conflicts (Saunders 1993, Hamberger & Hastings 1993, Healey et al 1998, Cunningham et al 1998, Saunders 2001, Sonkin & Dutton 2003). Individuals with chronic psychological problems are thought likely to require lengthy and intensive interventions and substantial additional individual support. Some types of personality disorder are not considered amenable to treatment, so a risk management approach is an advocated alternative (Saunders 1993, Healey et al 1998, Cunningham et al 1998). Interventions with perpetrators based solely on individual models (e.g. psychotherapy, anger management or substance abuse treatment) have raised concerns that the

interpersonal and cultural context of violence and its functional nature, is ignored, and that the violent and controlling behaviour itself not directly confronted or addressed, and may even be exonerated, or tolerated until the perceived underlying problem is resolved. Anger management approaches may also implicitly ascribe responsibility for the violence to the victim (Hamberger & Hastings 1993, Healey et al 1998, Saunders 2001).

Interpersonal theories

Interpersonal perspectives locate the causes of domestic violence within relationship conflict. Family or couple interaction patterns characterised by poor communication and ineffective conflict resolution are thought to produce dysfunctional violence-prone family systems that reinforce and perpetuate problem behaviours. All family members/partners are therefore considered to make a contribution to the causes of violence (Hamberger & Hastings 1993, Cunningham et al 1998, Healey et al 1998, Eisikovits & Edleson 1989, Jewkes 2002). Family systems theories and interventions are criticised for ignoring the power dynamics in relationships, blaming victims and/or requiring them to change their behaviour so as not to 'provoke' an attack, increasing the risk of further abuse, and for failing to hold abusive men accountable for their behaviour (Mullender 1996, Cunningham et al 1998, Healey et al 1998, Eisikovits & Edleson 1989, Maurico & Gormley 2001, Saunders 2001). Interventions suggested by family systems perspectives are gender-neutral relationship or family counselling involving both partners, focused on improving inter-personal, communication and negotiating skills (Cunningham et al 1998, Healey et al 1998, Saunders 2001). Couple and family based therapies, which include domestic violence couples groups, have also raised concerns that victims will be inhibited from speaking honestly, or will face reprisals if they do, and that encouraging women to change their behaviour denies their autonomy, discourages separation as a solution, and diverts attention from the perpetrator's choices (Hamberger & Hastings 1993, Healey et al 1998).

Social and learning theories

Social theories focus on the influences of the individual's social context such as social norms and attitudes to violence. Learning theories regard violence and the attitudes that accompany it, as learned through imitation or by trial and error. The individual discovers the functional value of violence for achieving desired outcomes by observing the effects of behaviour modelled by others with whom they identify, or by observing the consequences of their own behaviour. Behaviour is rewarded and reinforced by its effects (Eisikovits & Edleson 1989, Hamberger & Hastings 1993, Cunningham et al 1998). Evidence of intergenerational transmission of violence comes from longitudinal and ethnographic research that observes the relationships between childhood influences and later adult behaviour (Jewkes 2002, Ehrensaft et al 2003). Witnessing domestic violence as a child emerges as one of the strongest predictors of later perpetration (Hotaling & Sugarman 1986, Saunders 1993, Cunningham et al 1998). However, social learning theory cannot explain why most children exposed to adverse influences do not go on to perpetrate violence, or why a substantial proportion of abusers report no exposure to family violence (Mullender 1996, Cunningham et al 1998, Dutton 1999c). Interventions suggested by models of social learning and social cognition include action to prevent children's exposure to violence, and for perpetrators, group learning using cognitive-behavioural methods, which identifies faulty thinking leading to negative emotion, and replaces abusive thinking and behaviour patterns with new modelled skills and behaviours such as assertiveness and 'self-talk' analysis (Hamberger & Hastings 1993, Cunningham et al 1998, Saunders 2001). Perpetrator interventions based solely on social learning theories have raised concerns that they are a 'quick fix' and do not sufficiently hold the abuser accountable for their behaviour, avoid directly addressing the violence, and ignore the power and control dimensions of abuse (Hamberger & Hastings 1993, Healey et al 1998, Mullender 1996).

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3.2. Integrated perspectives

Historically, these various explanations have been viewed as competing theories, but there is now recognition that integrated perspectives and interventions better account for and address domestic violence (Cunningham et al 1998, Heise 1998, Maurico & Gormley 2001, James et al 2002). No single theory provides a necessary or sufficient account of domestic violence (Cunningham et al 1998, Schumacher et al 2001) and no intervention programme based only on one model has been shown to be consistently effective (Cunningham et al 1998, Healey et al 1998). Eclectic models which incorporate multiple theoretical perspectives, particularly feminist and social learning approaches, have been developed and used by the majority of practitioners, although research studies which combine these different paradigms are somewhat limited (Maurico & Gormley 2001). A search has also begun for specially tailored interventions which acknowledge the diversity of perpetrators and which match the type of offender and his level of risk and motivation to change, to the type of intervention (Healey et al 1998, Saunders 2001).

An ecological perspective is compatible with both feminist and social learning perspectives and provides a useful integrating framework for understanding and addressing domestic violence, which is viewed as the result of interacting variables at various levels of social systems (Eisikovits & Edleson 1989, Saunders 2001). The ontogenic/individual level includes child socialisation history, past experiences, personal characteristics and perceptions which individuals bring into their social context. The micro-system/family level represents the interpersonal context, in which the abuse occurs. The exo-system/community level refers to the social systems and structures impinging on the individual and family. The macro-system/culture level involves the larger background influence of social norms, values and history (Dutton 1995d, Heise 1998, Dasgupta 2002). Within this model, effective

domestic violence interventions should be multidimensional, grounded in an understanding of how each level/system interacts with the other, and aimed at achieving change in all systems and levels (Dutton 1995d, Dasgupta 2002).

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4. The dynamics of domestic violence

4.1. Patterns of domestic violence

Psychological abuse as a precursor to other abuse

Physical abuse of women in the absence of psychological abuse is virtually non-existent. Psychological abuse generally precedes physical abuse both during the course of the relationship and in the escalation of particular incidents. Different types of psychological abuse (e.g. recurrent criticism and ridicule, threats and verbal aggression, and acts of isolation, control and domination) are usually found to be inter-correlated, suggesting that most abusive men have a repertoire of emotionally abusive methods (O'Leary 1999).

Stalking, psychological abuse and separation

Frequently stalking begins when the relationship has been ended by the victim and is motivated by jealousy, the need to control, abandonment rage, and/or a desire to re-establish the relationship. Stalkers are also often found to be obsessional and to blame their victims for their misfortunes (Melton 2000, Douglas & Dutton 2001). The 2001 BCS found that 15% of all worst incidents of aggravated stalking experienced by women were by partners and 22% by ex-partners (Walby & Allen 2004). Stalking by partners featured in 12% of the domestic violence reports to police in one US study and in 38% of the reports involving ex-partners. In over a third of reports which included stalking there was a current restraining order against the perpetrator (Tjaden & Thoennes 2001).

Sexual abuse and physical violence

Evidence suggests that sexual abuse rarely occurs in a relationship that is not also physically violent and often one form of abuse accompanies the other. Whilst the BCS does not give a full picture of sexual assaults in relationships, 2 in 3 of all women who had experienced serious sexual assault had also experienced domestic violence (Walby & Allen 2004). A qualitative small-scale US study of women's experiences of relationship rape (Bergen 1995) found that some women described 'giving in' to their partner's advances to avoid violent consequences due to fear induced by past physical violence. The majority described rape immediately following physical abuse, which their partners viewed as an attempt to reconcile. Others described incidents of severe sexual sadism involving torture. Other studies suggest women are likely to be raped many times before they are able to end the violence. Some men rape their partners while they are asleep or use weapons and threats as well as physical violence to force their partners to have sex. Victims of relationship rape are less likely to disclose this form of assault to friends, family or helping agencies (Bergen 1999). Using reports from a community sample of heterosexual couples, Marshall and Holtzworth-Munroe (2002) found that men's level of psychological and physical abuse of their partners each independently predicted the frequency of their non-violent sexual coercion (e.g. insisting on sex when their partner did not want it). However, only physical violence levels predicted frequency of sex obtained by threats or physical force. Whilst the great majority of men who sexually coerced their partners were also physically violent towards them, a small group of non-violent men (3% of the sample) were found to be sexually coercive without being physically violent.

Constellations of abuse

A study of the variation in accounts of violence given by men attending a Scottish perpetrator programme and their partners, Dobash et al (1998) indicates that relying on men's descriptions of the nature, frequency and severity of their behaviour, is problematic. In interviews, women provided much fuller and more vivid accounts of events, unlike men, whose stories were sparser and inconsistent. Men were significantly less likely to acknowledge the more serious violence reported by 3 in 4 women, including choking, threats to kill, or being knocked unconscious, or the consequential harm/injury experienced by over 90% of women. In particular, men were very reluctant to admit to forced sex (reported by 1 in 4 women but admitted by only 6% of men), and assaults during pregnancy (reported by nearly half the women but acknowledged by only 1 in 10 men). Results suggested that women experienced substantial, recurrent violence and injuries throughout the relationship. Choking, kicking, punching and being dragged by the hair were prominent in women's descriptions, as were injuries such as bruising, bleeding, hair loss, and vomiting. A considerable proportion of women reported continual controlling, demeaning, intimidating and coercive acts throughout the relationship.

In a multi-site evaluation of US perpetrator programmes, men who were reported by their partners to have repeatedly assaulted them during the study follow-up period appeared more domineering, possessive, controlling and terrorising, and were more likely to use alcohol and drugs. A small group (4%) committed unrelenting and excessively severe violence, but were not easily identifiable at programme intake by any behavioural or demographic indicators. The repeat assaulters pattern of behaviour suggested that they used violence punitively more often, and that they did so partly because they were able to get away with it. Their partners however were less likely to call the police and more likely to be resigned to the continuation of violence, suggesting that they were fearful of retaliation, debilitated by daily subjection and discouraged by the ineffectiveness of previous help-seeking attempts. Some women with the most harmful and repeatedly violent partners correctly perceived a high risk of further assault but felt there was nothing they could do to escape or contain the violence (Gondolf & Beeman 2003, Heckert & Gondolf 2004).

Control and resistance

Social psychology research suggests that threats of violence are generally a typical tactic used to coerce compliance. Felson & Messner's (2000) analysis of crime victimisation survey data found male assaults on partners were more likely to involve a control motive than other kinds of assault; pre-violence threats occurred in over half of all reported partner assaults by men, and the odds of a threat before an assault were over 3½ times greater than for other forms of violent incidents.

Pervasive use of a range of controlling behaviours among men attending a Scottish perpetrators programme was reported by partners and acknowledged to some degree by the men themselves. The use of violence may however indicate not the experience of control, but rather the experience of loss of control (over women). If an implicit threat of violence is compromised by women asserting themselves, men may feel compelled to use explicit violence to restore their control and sense of manhood (Dobash et al 1998). Sexual jealousy, perceptions that women have failed to perform their household duties fully or properly, and women challenging male authority on financial matters have been found to be common antecedents of men's use of violence (Kimmel 2002).

Studies of the interaction patterns of abusive relationships demonstrate that women do not generally passively acquiesce to their partners' efforts to control them, but that in resisting men's dominance seeking they may expose themselves to further violence (Jacobson & Gottman 1998). A longitudinal analysis of qualitative accounts given by partners of men attending US perpetrator programmes (Gondolf & Beeman 2003) indicated that abusive incidents characterised by male use of a chained series of violent tactics, were more likely to occur when women questioned, resisted or refused the man's coercive or controlling demands. In these incidents men were more often seen as mean and hostile, and less often as angry and upset.

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4.2. Differences between domestic violence perpetrators and other men

Demanding and controlling behaviour

International studies have demonstrated that even in countries where culture grants men substantial control over female behaviour, abusive men are found to be much more controlling than non-abusive men. Studies from both industrialised and developing countries indicate a consistent set of control-related factors triggering domestic violence (WHO 2002). A national Swiss survey of women's experiences of domestic violence (Gillioz 1997) included a measure of dominance strategies used by partners (i.e. control of decision-making, control over the woman's daily life, and criticism of the woman) and found medium to high values for 79% of violent men and low to zero values for 79% of non-violent men. Babcock et al (1993) found an interactional pattern of male demands and criticism, followed by female non-responsiveness or resistance, was reported more frequently by men who were violent to their partners than by other men, and was significantly correlated with more frequent psychological and physical abuse. Results indicated it was the man's behaviour in interactions rather than the woman's that differentiated relationships characterised by domestic violence from those with no violence. Whilst women in both types of relationship generally had better communication skills than their partners, neither such skill levels, nor the amount of their perceived decision-making power in the relationship, distinguished violent from non-violent men. Among violent men, however, lower perceived decision-making power, and poorer objectively assessed communication skills were linked to more frequent violence, suggesting violence was used as a tactic by these men to gain control over the situation when they did not perceive themselves as powerful or getting what they wanted.

General aggression and emotional dependence

Kane et al (2000) found significant differences between perpetrators and samples of football players and community volunteers in both their reported levels of general aggression to partners and their emotional dependency on them, with the perpetrators displaying significantly higher levels of both. No significant differences on these measures were found between the football players and the community volunteers, indicating that situationally required aggressive behaviour in one context does not transfer into everyday behaviour for most men.

Attributing negative intent to women

A study exploring the associations between domestic violence perpetration and cognitive processes (Holtzworth-Munroe & Hutchinson 1993), compared the reactions of abusive men with those of non-violent men reporting either happy or unhappy relationships with partners, to a set of vignettes illustrating problematic relationship situations. The violent men were significantly more likely to attribute negative intentions to the woman's actions than either of the comparison groups, suggesting that this attributional bias arises from the mind-set of aggressive men rather than from experience of unsatisfying relationships. They were more likely than both groups of non-violent men to make these attributions to situations involving jealousy, rejection by the woman or potential public embarrassment.

"This is not me", empathy failure and resistance to influence

In a comparative study, Goodrum et al (2001) found that men who were violent to their partners constructed a positive, non-violent self-image by holding both the idea and the evidence of their violent selves at a distance. Perpetrators often minimised their partner's physical and emotional injuries; some did not see them because they had been arrested and jailed, others avoided seeing them by leaving the home for several days and hoping the problems

would disappear. Many expressed frustration when their partners described them as abusive, as they did not feel their violence reflected their true selves. Denial was expressed in terms of not having been violent to other women in the past, or never having really beaten the partner. Blame of partners was the second theme of "this is not me". In contrast, non-violent men were much more willing than perpetrators to accept their partner's criticisms of them, and showed understanding of how their own personality traits could upset their partner. They also showed greater appreciation of their partner's feelings and how their partner's attitudes and behaviour had been influenced by her life experiences. However, almost 1 in 3 perpetrators did not see the connection between their physical abuse and their partner's emotional distress. Another 1 in 3 expressed limited empathy, e.g. one explained that although he felt bad about it, he needed to use violence to get his message across. Not all perpetrators were insensitive to the harm they caused; some of the most violent men in the study described the sadness and fear their partner's felt with some depth of understanding. Perpetrators also saw their partner's attempts to control their behaviour as unreasonable, annoying and interfering, describing their techniques as ineffective. These men expected their partners to obey them and not to try and gain influence in the relationship. The non-violent men in contrast, did not feel threatened or challenged when their partners attempted to change their behaviour, and indicated that their partners influence had made them a better person. When asked what they would most like to change about their partners, this group wanted to improve her feelings about herself or her life-circumstances, unlike the perpetrators who mainly wanted to change their partners behaviour.

Comparing the interactions of violent and non-violent men in difficult relationships

Several studies have observed and compared the interaction patterns in violent relationships with those in unhappy non-violent relationships when couples were tasked with discussing an area of disagreement. Berns et al (1999) found that during these interactions there were no differences in the levels of positive and negative communication used by women in either type of relationship. Differences between their violent and non-violent male partners however were marked; abusive men's communications were significantly less positive and more negative than those of non-abusive men. Reports from abused women about their own behaviour in these interactions, and the levels of emotional abuse they received from their partners, correlated significantly with those of independent observers, unlike those of their partners who did not see themselves the same way. The demanding behaviour used by these men was observed to be emotionally abusive (belligerent, contemptuous, domineering and defensive). Abused women were also found to demand more change from their partners than non-abused women, but the violent men were significantly more likely than the non-violent men to simultaneously avoid and stonewall their partner's efforts to change them.

Other studies forming part of the same research project (Jacobson et al 1994, Jacobson & Gottman 1998), found that according to the accounts of violent men and their partners about their interactions at home, and those of independent observers of live interactions in the study setting, there were no obvious triggers for men's abuse, and no behavioural switches the woman could use to stop their partner's aggression and abuse once it began. Violent men were distinguished from other men with difficult relationships in their belligerence, contemptuousness and domineering behaviour during arguments. Only the partners of violent men felt afraid, and their partners acknowledged this fear and used it to exert social and psychological control. However, women also showed understandable anger at their treatment and showed higher levels of sadness, anger, and related cardiovascular arousal than their partners. Jacobson & Gottman (1998) analysed the features and stages of violent interactions and found them to be characterised by the man's unpredictability, the woman's wish to hold onto and hold out for a dream of a normal life, the abuser's unwillingness to accept influence, the woman's anger and fear in response, the abuser's lack of a withdrawal ritual to stop the escalation process and prevent his crossing the line, the commencement of violence and the abuser's re-establishment of control.

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4.3. How abusive men account for and respond to their violence

Avoiding responsibility: denial, minimisation and victim blaming

Cavanagh et al (2001) analysed accounts of violence given by men attending a Scottish perpetrator programme. Men tried to influence and mitigate the way their violence was perceived by their partners and others, to obfuscate their culpability and to neutralise women's experience of abuse. Denial featured particularly strongly in the early stages of the violent relationship; behaviour was re-cast as not really violent, or men selectively claimed not to remember particular episodes and gave inconsistent accounts; usually injuries were forgotten details. Silence via selective amnesia served to render significant aspects of violence undiscussable within and beyond the relationship. Blame (usually of women), and diversion of responsibility were also very common; partners were perceived to have provoked violence by not behaving in appropriate wifely ways or for 'starting' the violence verbally or physically. Men thus construed violence as a problem for their partners and not for themselves. Some men attributed their violence to their upbringing, the community they lived in or the pub they drank in. Sometimes violence was described as an 'accident' or something which 'just happened'. Men denied their own agency by detaching themselves from their behaviour and exercise of choice. When violent acts were admitted, their seriousness and harmful consequences were usually minimised. Injuries were often attributed to women's vulnerabilities; 'she bruises easily'. Euphemisms were used for violence such as 'incidents' or 'fights'. Claims of reduced responsibility centred on use of alcohol, which was perceived to have 'caused' violence. Despite partner accounts of violence when both drunk and sober, many men claimed they

were only violent when drunk. Loss of temper was offered as another cause of reduced responsibility; often 'temper' was conceptualised as a separate force detached from the man himself. Men's demands, e.g. that women be silent and 'stop nagging', were often accompanied by the threat of violence, such that if women did not respond as requested she was seen to have asked for violence. Sometimes men manipulated exchanges in order to create opportunities for assaults to be dispensed as 'just' punishments.

Morgan & O'Neill's (2001) analysis of men's accounts of their violence echoes some of these themes: they found men took up positions which enabled them to admit to violence without taking much responsibility for their actions. By constructing their violence as a product of overwhelming forces from within they took up the position of the sick person unable to cope rationally and therefore excused of responsibility. At other times they placed responsibility with their victims by implicitly or explicitly suggesting that the woman's 'abnormal' behaviour precipitated the abuse. In this construction of events, men took up the position of the victim. Other constructions ascribing responsibility to a pathological agent, usually drugs or alcohol, were used to strengthen the man's 'sick' or 'victim' positions.

Gaining and losing control

A qualitative Australian study of men's constructions of their violence to women (James et al 2002) also found that control and loss of control was a key issue for domestic violence perpetrators. All felt entitled to use violence or other abuse when they did not 'get their own way', or 'get the respect they deserved'. Some men saw their violence in instrumental terms as a means of maintaining the control they had established and felt was rightfully theirs. This group, characterised as tyrants, reported deliberately using violence to assert dominance and control; they often used threats and verbal abuse, progressing to physical violence when their partners were insufficiently submissive or did not comply with their wishes or expectations. They described planned violence intended to frighten, intimidate and punish. They experienced themselves as more in control when using violence and were able to remember the details very well. They portrayed their partners in terms that suggested they were submissive, careful and watchful lest they put a foot wrong. Another group, characterised as exploders, accounted for the causes of their violence in more expressive terms as a loss of control or outside their control. They seemed to use violence as a means of gaining some temporary control over a partner who they felt had demanded too much, or who had criticised or challenged them. Their violence functioned as a means of silencing their partner and bringing to an end experiences which they found uncomfortable. They blamed their partners for causing them to 'lose it' after they had given them plenty of warning to 'back off'. Partners of exploders whilst fearful, appeared more inclined to stand up to them. These men appeared to become enraged at failing to get their own way and used explosive violence to achieve this end. Some saw themselves as having saved their partners from dangerous situations or unhappy relationships. They felt they were offering a better alternative, and developed a sense of grievance at not receiving the gratitude they felt they deserved. They were often depressed, and felt victimised by their partners, who they perceived as abusing them and taking advantage of them. They had a strong sense of entitlement and seemed to expect their partners to make up for past relationship hurts.

Asserting masculinity and resisting feminism

Anderson & Umberson (2001) found that perpetrators used diverse strategies to assert a masculine identity in which they constructed themselves as capable, rational non-violent men. They often described their violence as a reasonable response to extreme provocation. They reinforced notions of gender difference by depicting their violence as rational, effective, and explosive, and something that should engender fear, whereas women's violence was represented as hysterical, trivial, incompetent and ineffectual. They also described their abuse in ways consistent with cultural constructions of male violence as volcanic, natural, lethal and impossible to stop until it had run its course. Their most typically reported criticism was that their partners were controlling, demanding or dominating; some felt emasculated by what they saw as efforts to control them. Depiction of female partners as dominating enabled men to position themselves as victims of masculinised female partners and to cite this as justification for their violence. They were however generally unable to give examples of their partner's control, suggesting that these claims were rooted in a fear of being controlled, rather than actual behaviour by their partners. They also claimed to be victimised by a criminal justice system that overreacted to minor incidents, and constructed all men as villains and all women as victims. Several made use of men's rights rhetoric or alluded to changes brought about by feminism to suggest they were increasingly oppressed by a society in which women had achieved greater rights and in which the criminal justice system had bought into myths of male domination. In general men used contradictory strategies; sometimes presenting themselves as powerful and strong and at other times positioning themselves as vulnerable and powerless. By controlling their partners through violence, and through interpretive efforts to hold their victims responsible for this violence, they were able to reclaim a perceived sense of dominance. Depictions of conflicts with female partners were similar across race, ethnicity and class.

Apology: control or remorse?

In a Scottish qualitative study of responses to their violence among men attending a perpetrator programme (Cavanagh et al 2001), apology was found to be a common means by which men sought to remedy their violence and to control the way their partners interpreted and reacted to violence. 61% of men and 53% of women agreed that men always apologised after a violent event, and only 4% of men and 6% of women said there was never an apology. Many promised to change, cried, assured their partners it would never happen again, and offered lavish gifts. Apologies were often followed by requests for affection, reassurance and confirmation of love. Whilst sometimes

apology indicated some remorse and acceptance of responsibility, it was also used strategically to neutralise adverse reaction from women, and was usually accompanied by pleas for forgiveness. Once accepted, culturally an apology serves to signal the end of the matter and thus enables the violence to be seen as a set of disconnected, fragmented incidents, which should not be further discussed, rather than as an ongoing feature of the relationship requiring dialogue about problematic underlying feelings and contradictory dominance and dependency needs. Often apologies came with conditions attached that the woman forget the incident or accept partial responsibility.

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5. Factors associated with vulnerability to victimisation

Unrelated factors

The risk of domestic violence is related more to the pattern of violence and to male perpetrator characteristics than to the characteristics or life-situations of abused women (Piispa 2002). There is little or no evidence that the personalities or behaviour of women contribute to their own victimisation. Any dysfunctional behaviour appears to be the consequence of abuse rather than the cause (Hotaling & Sugarman 1986). Indeed some studies have found abused women to be more emotionally mature, stable and calm and emotionally sensitive, and less self-absorbed and negativistic than non-abused women (Schumacher et al 2001). However, various historical and situational factors appear to increase women's risk of becoming or remaining victims of domestic violence, or of experiencing more damaging consequences.

5.1. Demographic factors

Age

Most UK and international community surveys find that youth is a risk factor for domestic violence victimisation, with women under 25 being at highest risk of experiencing abuse in the past year (Mirrlees-Black 1999, Rodgers 1994, Walby & Allen 2004). However, such findings may emerge because younger women are more willing to disclose violence (Mirrlees-Black 1999, Bunge & Locke 2000), or because younger women are more likely to associate with younger men who are generally more violent (Walby & Allen 2004). Some similar national surveys using broader definitions of abuse have not found an age association (Gillioz 1997). Different forms of abuse may have different relationships to age. A review of studies investigating sexual abuse by partners found a curvilinear relationship; women under 30 and those over 50 were at greater risk (Black et al 2001). Analysis of women's response patterns to a Finnish National survey (Piispa 2002) revealed a substantial group of older women who reported that physical violence had diminished over the years, but was replaced by more pernicious psychological abuse. Community surveys such as the BCS, which did not encompass all forms of abuse within their definition of domestic violence, may therefore miss some age-related trends. Reviews that consider a range of findings from both large and small-scale studies (Hotaling & Sugarman 1986, Schumacher et al 2001) conclude that the age link is weak or inconsistent. Patterns of abuse revealed by women surveyed in refuges, health or criminal justice settings, tend to be more chronic and less strongly associated with youth. In a London health setting, Richardson et al (2002) did not find abuse rates varied significantly among women under 45, but were significantly lower among older women.

Having children

BCS surveys have found that the presence of children in the household almost doubles the risk for women (Walby & Allen 2004), and for women aged 30+, risk was three times higher than for those without children (Mirrlees-Black 1999). Other local studies report victimisation rates over twice as high for women with children (Stanko et al 1998). For women, having children is significantly associated with ever experiencing physical violence (Richardson et al 2002). Women with children may be more vulnerable to continued abuse because they are less likely to leave and more likely to return to violent relationships due to reluctance to break up the home, disruptive effects on children, lack of supports (e.g. help with childcare) and limited opportunities to gain financial independence and support an independent household (Rodgers 1994, WHO 2002, Anderson 2003, Walby & Allen 2004). Some studies have found an association between having a large number of children and greater risk of domestic violence. However, evidence suggests this could well be a consequence rather than a cause of abuse (Jewkes 2002).

Socio-economic factors

There are interlinkages between several factors relating to a woman's socio-economic status and an increased risk of abuse, such as poverty, inequality between partners, relative isolation and unemployment (Walby & Myhill 2001b). Higher socio-economic status has generally been found to offer some protection against the risk of domestic violence. Internationally, studies indicate that whilst violence to partners cuts across all groups, women living in poverty are disproportionately affected (WHO 2002). Women in lower income households and/or living in council properties were found to be at significantly greater risk in both the 1996 and 2001 BCS, whereas risk of male victimisation was more evenly distributed in relation to socio-economic factors (Mirrlees-Black 1999, Walby & Allen 2004). The low income-abuse link is confirmed in other national surveys and reviews (Hotaling & Sugarman 1986, Rodgers 1994, Bunge & Locke 2000). Risk of sexual abuse from a partner was also moderately linked to the woman's unemployment and low income in one review of studies comparing abused and non-abused women (Black et al 2001). However, some other European studies have found no relationship between likelihood of experiencing abuse and the women's social class (Gillioz 1997). National surveys that do not differentiate patterns of victimisation may obscure some relationships. In a Finnish national study (Piispa 2002) found unemployed women on low incomes to be disproportionately represented amongst those who had experienced the fiercest, longstanding violence, and the least likely to be reached by researchers.

The link between abuse and relative poverty may be fostered by factors such as financial stresses in the relationship, or may indicate that whilst economic and educational resources may not protect women from abuse, they make it easier for them to leave violent relationships and cut short the abuse (WHO 2002, Campbell 2002, Walby & Allen

2004). Women with employment and higher socio-economic status have been found to be more likely to leave violent relationships (Saunders 2002). Lack of money and housing are often cited as reasons for returning to abusive partners (Rodgers 1994). Dugan et al (2003) analysed partner homicide rates in 48 US cities over a 20 year period and found a positive relationship with reduced welfare benefit levels, which they interpreted as indicating that opportunities for women with children to live independently of their abusers were restricted by financial constraints. However, associations between domestic violence, lower household income, and residence in public housing may also partly reflect the consequences of abuse such as disrupted employment, fleeing violent relationships, and loss of the partner's income (Walby & Allen 2004).

The 1996 BCS found women working outside the home were at lower risk than those not earning. The amount of time spent in the home was thought to be a contributory factor to increased exposure (Mirrlees-Black 1999). In a UK GP survey, women's unemployment was significantly associated with physical violence in the last 12 months (Richardson et al 2002). There is some evidence that working outside the home, and in particular, working in an all-female workgroup, offers some protection against abuse, as it provides both a stable source of social support as well as economic independence, enabling women to gain more encouragement and resources to leave abusive relationships (WHO 2002). There is also some evidence that women experiencing domestic violence may find it harder to gain or sustain employment due to such efforts being prevented or sabotaged by their partner's controlling and jealous behaviour (Walby & Myhill 2001b). The 1998 BCS found that 40% of women and 22% of men stalked by partners/ex-partners had experienced their pursuer waiting outside their workplace (Budd & Mattinson 2000).

Within-couple differences in education and socio-economic status have however been found to be associated with a greater likelihood of domestic violence in some studies (Hotelling & Sugarman 1986, Walby & Myhill 2001b, Schumacher et al 2001). Women with higher incomes, higher status jobs and levels of education relative to their partners have been found to be more at risk, possibly because the man's perceived lack of power in the relationship leads to violence to assert dominance (Babcock et al 1993). Employed women with unemployed partners have also been found to be at greater risk (Schumacher et al 2001). Conversely, inegalitarian relationships in which women are financially dependent on men also put women at a substantially higher risk of abuse (Walby & Myhill 2001b).

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5.2. Situational factors

[Separation from partner](#)

A UK research review (Walby & Myhill 2001b) concluded that separation is a high risk factor for domestic violence. Although for many it brings relief from violence, for a significant minority it risks an escalation of violence and abuse. The breakdown in men's control when their partners leave them and the perceived threat of abandonment, may intensify efforts to regain and maintain control by fear-inducing violence (Riggs et al 2000, Kimmel 2002). Women are also at increased risk of sexual assault when they separate from their partners (Bergen 1999). UK women who had separated from a partner were far more likely to have been victims in the previous year (22%). In contrast, male victims in current live-in relationships were at greatest risk (Mirrlees-Black 1999). In a Hackney GP survey, physical violence against women was significantly associated with being divorced or separated within the last 12 months (Richardson et al 2002). However, it is not possible to determine from these findings to what extent this violence preceded or followed the separation or a woman's decision to separate.

1 in 5 worst last year incidents of domestic violence reported in the 2001 BCS were perpetrated by ex-partners, along with 9% of *all* worst rapes and 22% of *all* stalking involving violence reported by women. For 7% of women who had lived with the perpetrator of the worst non-sexual assault they experienced, it occurred after they stopped living together (Walby & Allen 2004). Other BCS data indicates that physical violence continued post-separation for 1 in 3 women, and began after separation for 3%, worsened for 3%, and for 18% it took other forms including stalking and harassment. Similar rates post separation abuse were found among women leaving a sexually violent relationship, although these women were twice as likely to be stalked post-separation (Walby & Allen 2004). Canadian national surveys (Rodgers 1994, Johnson & Hotton 2001) found similar rates of continuing post-separation violence. In the later survey 85% of women disclosed more than one incident of post-separation violence, and 1 in 2 women disclosed 10 or more incidents. 1 in 3 women also reported at least one post-separation sexual assault (Johnson & Hotton 2001). Reviews of international studies of stalking (Melton 2000, Douglas & Dutton 2001, Tjaden & Thoennes 2001) and UK research (Budd & Mattinson 2000) has found that about half of all stalking cases involve ex-partners and many of these involve further violence or intimidation. In a study of sample cases sent for prosecution under the Protection from Harassment Act (Harris 2000), 41% involved harassment by ex-partners and 1% by current partners. Participants generally reported that harassment had occurred because the victim had terminated the relationship.

Estimating the relative risk of post-separation violence is complicated by an increased likelihood that it will be reported to police and other agencies compared to violence in ongoing relationships (Rodgers 1994). In an analysis of serious domestic violence cases reported to the Metropolitan police (Richards 2004), the couple had separated or were separating at the time of the incident in more than half the cases recorded as involving partners/ex-partners.

This analysis also indicated that separation heightened the risk of escalation and the chance of a further assault. Many assaults were linked to disputes over separation itself and/or child contact/custody.

Rates of post-separation violence also appear to be higher among women who have been chronically abused, and who have experienced the severest violence. The time between decision to leave and just after leaving appears most dangerous (Piispa 2002). In a survey of 200 users of UK domestic violence outreach services commissioned by Women's Aid (Humphreys & Thiara 2002) 3 in 4 women reported receiving post-separation violence; of these 76% were subjected to continued verbal and emotional abuse, 41% were subject to serious threats towards themselves or their children, 23% were physically assaulted, and 6% were sexually assaulted. 36% said violence was an ongoing problem. A two year US follow-up study of women's refuge users (Fleury et al 2000), made similar findings and indicated that whilst the risk of post-separation violence is most acute in the early stages, some risk can persist for a substantial period. More than 1 in 3 women had been assaulted during separation, often severely, with just over half these assaults occurring within ten weeks of their leaving the refuge. However in some cases men bided their time, or took some time to track the woman down; 8% of first post-separation assaults occurred more than 18 months after refuge departure. Additionally, 11% of women became reinvolved with their partners and may then have faced further assaults. Data from the 2001 BCS indicates a similar and stronger pattern of escalated post-separation risk for a small group of women that may persist for some time; among the 7% women who experienced their worst physical assault after leaving a violent partner with whom they had been living, the incident occurred within three months of separation for 42%, and within six months for 53%. However, for 27% of women, the worst incident occurred more than a year after they had stopped living together (Walby & Allen 2004).

The risk of a woman being killed by a partner following estrangement is substantially greater than for those in intact relationships (Riggs et al 2000). UK reviews of murder cases find strong associations between domestic violence homicide and separation, providing further evidence of the potentially fatal risks of violence escalation at or following separation. Dobash et al (2002) found that in 36% of the cases where men killed their female partners, the woman was trying to leave, or was in the process of leaving the relationship. Richards (2003) analysis of a smaller case sample found that 3 in 4 homicides where there was a known history of partner violence occurred during or after a separation. A significant proportion of these homicides were triggered by separation-related disputes.

Returning to a violent relationship

Escalation is also possible when women leave violent relationships and then return. A large US survey found that some women who did this were more exposed to increased violence than women who never left or who left permanently (Anderson 2003).

Pregnancy

Evidence suggests there is an increased risk that domestic violence will begin in pregnancy and an increased risk that it will intensify among those women already experiencing it. Risk is particularly acute during pregnancy and the neonatal period, as the health of both mother and child is at stake (Mezey & Bewley 1997). Stanko et al (1998) estimated that victimisation rates are 2½ times as high for pregnant women. Prevalence estimates vary considerably according to whether or not routine screening for domestic violence takes place, and method used (Mezey & Bewley 1997). A large UK study at two London hospitals found 2.5% of all pregnant women reported experiencing domestic violence during their current pregnancy. This figure may be an underestimate as women were found to be 6½ times more likely to disclose domestic violence when asked specific questions by the midwife than when they were left to disclose it themselves, and not all did so (Mezey et al 2000).

Significant correlations observed between incidence of domestic violence and pregnancy may be partly attributable to the association between pregnancy and age, as younger women are more likely both to be pregnant and to experience partner assaults (Walby & Myhill 2001b). Some studies that controlled for effects due to age, found no relationship between violence and pregnancy, but others found evidence of greater violence severity (Schumacher et al 2001). A US national survey (Jasinski 2001) found that whilst overall, pregnant and non-pregnant women were equally likely to be physically assaulted by their partners, when age and other demographic factors were taken into account, persistent violence was significantly more likely for pregnant women or new mothers whose partners perceived the pregnancy as unplanned or unwanted, even with age effects controlled. This finding suggests jealousy towards the child, or resentment at interference with the servicing of the abuser's needs are factors increasing risk for pregnant women. Effects for sexual violence were not explored in this study. However, pregnancy also places women at higher risk for sexual assault by their partners (Bergen 1999).

In both UK and Canadian studies (Rodgers 1994, Coid 2000), 40% of those who reported violence during pregnancy said the violence started while they were pregnant. Being pregnant in the past year was found to be significantly associated with physical violence within the past 12 months (Richardson et al 2002). Violence also intensifies during or after pregnancy where there is a prior history of abuse (Department of Health 1999). Women were found to be 10 times more likely to experience domestic violence in the current pregnancy if they had also experienced it in the preceding year (Mezey et al 2000). Pregnancy may alter the pattern of assault with pregnant women being more likely to have multiple injury sites (Mezey & Bewley 1997). 1 in 3 of those assaulted during pregnancy received a blow to the

abdomen (Mezey et al 2000). Nearly half the partners of men attending a Scottish perpetrator programme reported they had been kicked or punched in the stomach whilst pregnant (Dobash et al 1998).

Evidence suggests greater severity of violence during pregnancy, sometimes with fatal consequences: 5% of all serious domestic violence cases reported to the Metropolitan Police in a 2-3 month period involved a pregnant victim (Richards 2004), and in at least 10% of London domestic violence homicides analysed, the victim was pregnant or had recently given birth (Richards 2003). Nationally, between 1994-6, at least 8% of the maternal deaths unconnected with pregnancy or childbirth occurring before or shortly after delivery, were homicides by partners (Department of Health 1999). A US homicide study found that the odds of an abused woman being murdered by her partner were 4 times higher if she had ever been beaten whilst pregnant (Campbell et al 2003).

Isolation

Women living in rural environments may find it harder to permanently leave violent relationships due to limited access to services, opportunities and supports (Anderson 2003). Although generally, women in inner cities have found to be most at risk (Mirrlees-Black 1999, Walby & Allen 2004), women living in large cities with greater access to services and employment opportunities who left violent relationships were found to be less likely to return in one study (Anderson 2003). When social isolation accompanies geographical isolation in tight-knit, remote communities, this may facilitate continued violence (MacNeil et al 2004). International studies have indicated that high levels of social support can be a protective factor, inhibiting abuse (Jewkes 2002). Social isolation, often linked to poverty, may be both a contributor to and a consequence of repeated domestic violence, which reduces the likelihood of exit from the relationship (Walby & Myhill 2001b). Whilst relatively few studies have explored this issue, those that have support such a link (Hotaling & Sugarman 1986). Reviews and studies exploring women's reasons for remaining in or returning to abusive relationships, or for being unwilling to co-operate with prosecution of their abusers, found that lack of tangible, logistical and emotional support from family, friends and others were critical factors (Goodman et al 1999, Fleury et al 2000, WHO 2002). In the 2001 BCS women who reported that they did not have friends or relatives with whom they could stay a night or two at short notice were significantly more likely to experience domestic violence in the past 12 months (Walby & Allen 2004). Cross-culturally, one of the strongest predictors of low levels of domestic violence incidence in a community is whether others would intervene if they were aware of abuse. Where families and communities feel it is their right and obligation to do so, levels of violence are lower than in cultures where families are more isolated and the conduct of partner relationships is considered a wholly private affair (Heise 1998).

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5.3. Personal and historical factors

III-health and disability

Various forms of physical and mental vulnerability increase the risk of domestic violence (Walby & Myhill 2001b). The 1996 BCS found levels of victimisation were higher among women in poor health and for those with long-standing illness or disability. Limiting disabilities doubled women's risk (Mirrlees-Black 1999). The 2001 BCS reports similar findings; with women in poor health reporting over twice the rate of last year physical assaults and stalking to those in good health. Among men, health status was unrelated to experiencing domestic violence (Walby & Allen 2004). The Canadian VAWS found rates of lifetime experience of physical and sexual assault by partners/ex-partners were 10% higher than national average, i.e. 39%, for women with a disability or disabling health problem (Rodgers 1994). In another Canadian survey reviewed by Nosek & Howland (1998), women with disabilities were found to report abuse of significantly longer duration than were other women. Most research does not enable cause and effect to be separated. Physical and mental health problems may be both the result of abuse and more likely to increase women's vulnerability to abuse, by reducing capacity for resistance (Walby & Myhill 2001b). Women may also face disability-related abuse such as being deprived of their medication, food, or care. Examples of controlling behaviour identified include removal of batteries from wheelchairs to keep women in the home (Curry et al 2001).

Disabled women face a number of barriers to resisting violence, seeking help or leaving abusive relationships. They may be dependent on the abuser for care, unable to flee or defend themselves from a violent attack, unable to use the telephone to call for help, or leave the house without assistance. Communication problems and economic and practical reliance on the abuser may mean abuse is not reported to police. Alternative accommodation or use of domestic violence services may be precluded due to lack of appropriate access, facilities and assistance. Isolation and dependence may make victims more vulnerable to manipulation and internalisation of the perpetrator's perspective, or may aggravate adverse psychological effects (Nosek & Howland 1998, Mullender & Hague 2001, Curry et al 2001). Medical and other professionals may fail to identify abuse-related trauma symptoms and attribute emotional distress to the effects of the disability itself (Curry et al 2001).

Drug and alcohol use

The 1996 BCS found that victims have higher rates of illegal drug and alcohol consumption than non-victims (both male and female) and that increased risk is associated with level of drinking (Mirrlees-Black 1999). Evidence suggests some women use drugs and alcohol to help them cope with the effects of the violence or to self-medicate symptoms of post-traumatic stress associated with the violence (Bergen 1995, Riggs et al 2000, Kearney 2001, Burke et al 2001,

Ehrensaft et al 2003, Finney 2004a). Several reviews (e.g. Hotaling & Sugarman 1986, Riggs et al 2000) found no evidence to suggest violent incidents occurred more frequently on occasions when women had been drinking, and therefore concluded that the victim's alcohol use was not a risk indicator for abuse. Studies generally indicate relatively low levels of victim drinking at the time of the assault (Brecklin 2002, Finney 2004a). Women are more likely to drink heavily after an abusive episode than before or during it (Downs et al 1996). However, there is some evidence that women who are problem drinkers are more likely to choose a heavy drinking partner, which increases their risk of abuse, and that they are more likely to be held partially responsible for violent incidents by intervening agencies, and less likely to receive a robust response (Leonard 2001). Drug and alcohol use may also blur women's judgements and perceptions, and can contribute to self-blaming and delay in recognising abuse as a problem, such that substance-dependent women remain longer in violent relationships or are less inclined to seek help (Burke et al 2001, Leonard 2001). Goodman et al (2003) found that victims with a drug or alcohol dependency were significantly less likely to co-operate with a prosecution of their abuser following his arrest, suggesting that these problems both impaired their ability to organise themselves to attend interviews etc, and deterred their co-operation, as they feared that their problems would be revealed in court and affect their custody of children. Victims who have been drinking are also less likely to report sexual assaults (Finney 2004b). In their multi-site evaluation of perpetrator programmes Gondolf & Heckert (2003) found that women who reported being frequently drunk during the year prior to programme intake tended to perceive their partner was less likely to re-assault them. This optimistic bias may well indicate that women with alcohol problems are less able to make realistic appraisals and decisions about their future safety, and are therefore exposed to increased risk. Both victim and offender drug use were also associated with increased risk of revictimisation in one US study (Mears et al 2001), suggesting that women with drug problems may be more likely to stay in abusive relationships longer due to dependence on their partners for a supply of drugs or money to fund addiction.

Childhood abuse

In a UK health sample (Coid 2000), risks of experiencing domestic violence found to be four times higher for women who were severely beaten in childhood, three times higher for women who were non-penetratively sexually abused as a child, and six times higher for women who were suffered penetrative sexual abuse in childhood. Several reviews have indicated that when compared to women in the general population who do not report domestic violence, women who are victims of domestic violence are more likely to have been abused as children, even with demographic differences taken into account (Hotaling & Sugarman 1986, Riggs et al 2000, Shumacher et al 2001). Further confirmation of these relationships comes from US studies exploring the intergenerational effects of violence. In a 20+ year study, Ehrensaft et al (2003), found the risk of receiving injury in partner assaults was found to be almost five times as high among those who had been physically abused in childhood, independent of other risks associated with demographic and other childhood factors. A prospective longitudinal study (Siegel & Williams 2001) explored the links between childhood sexual abuse and subsequent sexual abuse by partners by comparing those with contemporaneously documented child sexual abuse histories to a matched comparison group of non-abused women. With other family background factors controlled, women who had been sexually abused as both children and as teenagers were found to be at heightened risk of domestic violence from partners as adults. A review of studies comparing women who had been sexually abused by their partners with those who had not, also found that prior sexual victimisation was a strong risk factor for sexual abuse by a partner (Black et al 2001).

Victims who experience abuse across their life course may be less likely to leave such relationships or turn to the criminal justice system for assistance due to the adverse effects of multiple victimisation and low expectations of change or betterment. In one US study of domestic violence prosecutions, over 56% of women who did not report new instances of abuse to the police had been sexually abused as children, compared with 28% who did officially report further violence (Hotaling & Buzawa 2003).

Witnessing domestic violence as a child

Unlike the 1996 BCS, some national surveys have explored the links between childhood exposure to violence and risk of later victimisation. Experience of domestic violence was positively correlated with violence in the family of origin among women in a Swiss national sample (Gillioz 1997). Women reporting severe domestic violence in the Canadian VAWS were twice as likely to report witnessing their own fathers assaulting their mothers as other women (Rodgers 1994). A US study which tracked more than 500 individuals over a 20 year + period, found that witnessing domestic violence as a child increased the odds of physical abuse from a partner as an adult threefold, even after risks related to demographic factors and other childhood abuse were taken into account (Ehrensaft et al 2003). A significant association between witnessing partner violence as a child, and later adult domestic violence victimisation was found in 11 out of 15 studies reviewed by Hotaling & Sugarman (1986) who found this to be the only consistent victim-related risk marker for domestic violence. They hypothesise that women who have been conditioned to family violence in childhood may be less likely to identify a relationship as abusive.

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6. Factors investigated as risk markers for domestic violence perpetration

6.1. Understanding risk markers

Some caveats

Most domestic violence research has not been conducted with the specific aim of identifying risk markers. Hence, it is not possible to specify an exact set of characteristics that can be used to identify those at risk of abusing their partners. There are however various factors correlated with domestic violence perpetration which may potentially be risk markers, although typically, group differences between violent and non-violent men are relatively small, and the evidence does not generally indicate the magnitude of the risk associated with these markers (Riggs et al 2000). Most efforts to identify potential risk markers for domestic violence have tended to focus on individual or relationship characteristics. Many studies analysed are cross-sectional, and based on perpetrator's self reports of their personal history, attitudes and behaviours, which may be subject to response biases. Most of this research cannot therefore determine if one factor preceded another (Hotelling & Sugarman 1986). Research conducted using samples of convicted offenders often points to the similarity between the emerging risk markers for domestic violence and those for offending behaviour in general (Logan et al 2001a). Typology research also suggests that given the heterogeneity of partner-violent men, there may not be one set of individual differences that uniquely distinguish them from non-violent men (Tolman & Bennett 1990, Holtzworth-Munroe et al 1997b).

Distinguishing between risk markers and causes

Risk markers are factors associated with an increased probability of a behaviour or event occurring. They are not necessarily causes, and could be symptoms, or have complex inter-relationships or interactions with other risk markers (Hotelling & Sugarman 1986, Holtzworth-Munroe et al 1997b). Large community-based surveys provide pointers to factors associated with perpetration in the general population, but they include some minor, isolated acts of violence and hence do not clearly delineate the particular factors associated with repeated, severe violence. Conversely, studies which use clinical, refuge or criminal justice samples may not be representative as they are more likely to show relationships with factors which may also be the antecedents or consequences of victim or perpetrator help-seeking, such as partner separation, public disclosure and criminalisation, problem recognition, or various associated interventions (Riggs et al 2000). However, a strong statistical association between a risk factor and a behaviour, does not mean that such an association will be found for all relevant individuals. Even those with the strongest risk factors may not perpetrate domestic violence due to the effect of counterbalancing protective factors. Conversely, some of those with few identified risk markers may do so (Heyman & Smith Slep 2001). There has been little research examining the predictive value of a number of factors in combination, hence it is unclear to what extent they have an additive effect (Riggs et al 2000).

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6.2. Demographic factors

Age

Younger age is associated with greater domestic violence perpetration and victimisation in most representative community surveys. There is little research that elucidates this relationship, although youth is generally associated with more frequent criminality (Hotelling & Sugarman 1986, Saunders 1993, Riggs et al 2000, Walby & Myhill 2001b, Schumacher et al 2001). Frequency of physical assaults tends to decrease with age. However, many surveys do not ask about psychological and emotional violence. Less frequent assaults may be counterbalanced by more psychological abuse as the perpetrator gets older (Piispa 2002). Clear associations between domestic violence perpetration and younger age are less apparent in studies using target samples of perpetrators seeking help or involved in the criminal justice system (Hotelling & Sugarman 1986). Ages ranged from 19-60 and averaged 35 in an analysis of over 300 UK perpetrators referred to domestic violence programmes (Gilchrist et al 2003). Younger men were found more likely to breach restraining orders and reassault their partners/ex-partners in a US study (Klein 1996). Age disparity of ten years or more between the couple has been found to be significantly associated with partner homicide; generally men are more likely to kill their partners if they are substantially younger than them (Aldridge & Browne 2003).

Socio-economic factors

Whilst domestic violence occurs across all social and economic groupings, internationally, most studies show a significant association between low income, unemployment, low educational attainment, and risk of violence to a partner, although the correlation is a weak one in some studies (Hotelling & Sugarman 1986, Saunders 1993, Holtzworth-Munroe et al 1997b, Heise 1998, Riggs et al 2000, Walby & Myhill 2001b, Schumacher et al 2001). 60% perpetrators referred for domestic violence programmes in a UK study were unemployed (Gilchrist et al 2003). There is also some evidence that men of lower socio-economic status tend to perpetrate more severe violence than their higher status counterparts. One hypothesised explanation is that some men who feel frustrated and inadequate at being unable to fulfil cultural expectations of being a breadwinner, or to perform masculinity to their satisfaction, take out their frustrations on their partner (Heise 1998, Kropp 2002, Walby & Allen 2004). Financial difficulties in the family were found to be associated with a 2-3 times greater risk of domestic violence in the 1999 BCS (Morrill-Black

1999). A sudden or recent change in employment status due to being sacked or laid off may increase the risk of violence (Kropp 2002).

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6.3 Previous abuse and criminality factors

Previous physical assaults on a partner

In general, the more the risk marker resembles the behaviour in question, the stronger the risk indication (Riggs et al 2000). Various reviews point to past assaults on the same victim or another partner as one of the strongest and simplest predictors of further domestic violence. The greater the frequency of previous assaults the more likely there will be further assaults. Victim reports are the most reliable measure of revictimisation (Riggs et al 2000, Walby & Myhill 2001b, Laycock 2001, Kropp 2002, Gondolf 2002). Rarely do domestic violence incidents occur in isolation and typically violence occurs throughout the relationship. A UK policing study reviewed by Hanmer & Griffiths (2001) indicated that 62% of police call-outs were to households with one or more previous incidents in the previous two years. Rates of recidivism are estimated at 30-70% over a 1-2 year period (Kropp 2002), and these figures do not include unreported domestic violence. The 2001 BCS found that among women who experienced physical assaults and/or threats in the past year, 2 in 3 had suffered more than one incident and the average number of last year incidents was 20 (Walby & Allen 2004). A number of studies have found victim reports of frequency and severity of previous physical assaults to be significantly and positively associated with the incidence of assaults and harassment in subsequent months (Weisz et al 2000, Cattaneo & Goodman 2003). Consistent international links have also been established between partner femicide and a prior history of domestic violence (Johnson et al 1998, Websdale 2000, Aldridge & Browne 2003, Campbell et al 2003). Such studies indicate a known history of abuse in 25-80% of cases (Aldridge & Browne 2003). A large UK file review study of inmates serving life sentences for murder (Dobash et al 2001 & 2002) found that 59% of men who killed their female intimate partners had previously used violence against them, although only 44% had any convictions for violence. Analysis of a sample of London domestic violence homicide reviews (Richards 2003) revealed a recorded or reported history of domestic violence in at least 3 in 4 cases. Canadian data indicates police knew of a domestic violence history in 80% of the cases where women under 30 were killed by an ex-partner (Johnson & Hotton 2001).

Severity of prior abuse

A review of studies which compared women who were sexually abused by partners with those who were not, found that severity of physical violence was associated with a higher risk of sexual violence (Black et al 2001). Other reviews have also found that severe physical assault increases the risk of sexual assault and further physical assault (Saunders 1993, Kropp 2002). Severe physical abuse is one of the strongest predictors of higher levels of psychological abuse (Gondolf et al 2002). Severity of abuse has also been linked with a lesser likelihood of arrest, prosecution, and restraining orders having a deterrent effect on future violence (Saunders 1993). Serious injury in previous incidents also significantly increases the risk of subsequent homicide (Websdale 2000). In a large US homicide study, abused women whose partners had tried to choke/strangle them in the past were found to be ten times more likely to be murdered by them (Campbell et al 2003). Similar findings emerged in large-scale US hospital study (Block 2003). A past attempt to strangle or choke a woman was a risk factor for severe or fatal violence and was the cause of death in 1 in 4 partner femicides. Violent incidents involving choking were more likely to prove fatal.

Psychological/emotional abuse

Verbal aggression towards a partner has consistently been found to predict a higher rate of physical violence, along with use of dominance and isolation tactics and various forms of emotional abuse, including threats. Effect sizes are all medium to large indicating that such psychological abuse is a significant risk marker for physical assaults (Hotaling & Sugarman 1986, Holtzworth-Munroe et al 1997b, Riggs et al 2000, Schumacher et al 2001). Higher levels of dominance, jealousy and isolation, were found to be significantly and positively associated with the incidence of assaults and harassment in subsequent months (Weisz et al 2000, Cattaneo & Goodman 2003). The US VAWS (Tjaden & Thoennes 2000b) found that women whose partners were jealous, controlling or verbally abusive were significantly more likely to report being raped, physically assaulted, and/or stalked by them. Having a verbally abusive partner was the best violence predictor of all survey variables, confirming partner violence against women is often part of a systematic pattern of dominance and control. A national Canadian survey reported similar findings; five-year violence rates in current relationships were 10 times higher for both male and female victims who also disclosed emotional abuse (Bunge & Locke 2000). Risk of injury was found to be significantly and independently associated with level of prior emotional abuse in the relationship, when injured and non-injured women were compared. In another study, level of psychological abuse, particularly dominating behaviour, was found to be strongly predictive of subsequent physical assault within the following three months (Bennett et al 2000). Prior threats against the women have been found to be one of the best predictors of post-separation violence (Fleury et al 2000). Emotional abuse should be regarded as a precursor to more life-threatening forms of violence (Thompson et al 2001). In a large US homicide study abused women whose partners controlled all or most of their daily activities were found to be five times more likely to be murdered by them (Campbell et al 2003). Analysis of a sample of London domestic violence homicide reviews found that in at least 2 in 3 cases the offender had a history of jealous and controlling behaviour (Richards 2003). Homicide can become the ultimate control (Fleury et al 2000).

Sexual assault and jealousy

Likelihood of sexual assault and physical assaults are significantly and consistently associated (Saunders 1993, Kropp 2002). Sexual aggression towards partners has been found to be one of the most strong, consistent risk markers for future physical assault (Hotelling & Sugarman 1986, Kropp 2002). Prior sexual coercion is significantly and positively associated with the incidence of assaults and harassment in subsequent months (Weisz et al 2000, Cattaneo & Goodman 2003). Frequency of sexual abuse has also been found to predict physical violence in the next three months (Bennett et al 2000). In a study using Campbell's Danger Assessment tool, women who were sexually as well as physically assaulted by their partners were found to be at significantly greater risk for homicide (Campbell & Soeken 1999).

Levels of self-reported jealousy are also significantly associated with domestic violence (Schumacher et al 2001), and level of prior sexual suspicion (i.e. accusing the woman of having or wanting other sexual relationships) emerged in one study as one of the best predictors of post-separation violence (Fleury et al 2000). Sexual jealousy has been found to be the major motivation in partner femicides; usually combining a perception of betrayal by the partner, and/or an obsessive desire for possession and control of the woman, and a feeling of entitlement to that control (Johnson et al 1998, Websdale 2000, Dobash et al 2001 & 2002, Aldridge & Browne 2003). In a large US homicide study, abused women whose partners were constantly and violently jealous were found to be nine times more likely to be murdered by them, and for those whose partners had forced them to have sex, the homicide risk was eight times higher (Campbell et al 2003). A Chicago study found that extreme jealousy was the precipitating factor in 40% of the partner femicides where there was no previous history of violence (Block 2003).

Use of and access to weapons and/or threats to kill

Perpetrators who have used a weapon in past assaults on partners or others, or threatened future use of a weapon are at increased risk of reassaulting their partner/ex-partner, as are men who make credible threats of death or serious injury (Kropp 2002). Soothill et al (2002) analysed the criminal histories of UK men convicted of murder and a matched comparison groups of other offenders. Having a previous conviction for threats to kill or incitement to murder was the only type of previous conviction that significantly predicted murder of a family member. Those with such a conviction were 12 times as likely as other offenders to be convicted of such a murder. A conviction for threats or incitement to kill was also a risk factor for a subsequent violent conviction of other kinds. Homicide reviews and research have also confirmed that threats to kill frequently precede the enactment of such threats (Johnson et al 1998). Often men who kill their partners have been found to make reference to their intended *modus operandi* to their partners, families, friends and work colleagues (Websdale 2000). Use of weapons in previous incidents and threats with weapons are also significant risk factors for homicide (Websdale 2000). US studies have also found that keeping a gun in the home is strongly associated with an increased risk of partner homicide (Aldridge & Browne 2003, Campbell et al 2003). A recent large US homicide study, found that abused women whose partners had used or threatened them with a weapon in the past were twenty times more likely to be murdered by them, and for those whose partners had threatened to kill them, the homicide risk was 14 times higher (Campbell et al 2003). 23% of cases examined in a UK study of men referred to perpetrator programmes involved use of a weapon (Gilchrist et al 2003).

Stalking

Stalking has been correlated with lethal and non-lethal violence against women, and when combined with physical assault is significantly associated with murder and attempted murder of women. The majority of women stalked by their current or former partners had also been assaulted by them, and one study found that 91% of attempted femicide victims reporting abuse in the previous year had also reported stalking (Websdale 2000, Aldridge & Browne 2003). Analysis of a sample of London domestic violence homicide reviews (Richards 2003) indicated stalking had occurred and was reported in 1 in 2 cases.

Abuse of other family members

Past assaults on family members are included in the SARA risk assessment tool on the basis of research reviewed by the authors, who draw attention to the links between a general violence history and increased risk of future violence (Kropp 2002). Abuse of children has been found to be one of the strongest and most consistent risk markers for domestic violence (Hotelling & Sugarman 1986). In view of the substantial overlap between domestic violence perpetration and abuse of children (Edleson 1999b, Appel & Holden 1998), child abuse should be regarded as a risk marker for domestic violence and vice versa (Walby & Myhill 2001b). Saunders (1993) reviews research that suggests men who are violent to their partners are seven times more likely to be violent to their children than other men. In a large US homicide study, abused women whose partners had been reported for child abuse were found to be twice as likely to be murdered by them (Campbell et al 2003).

Pet abuse

Evidence from women using refuges and domestic violence shelters suggests animal cruelty may accompany and therefore serve as a risk marker for domestic violence. Abused women have been found to be 15 times more likely to report their partners had harmed or threatened to harm their pets than a comparison group of non-abused women (Flynn 2000). A previous history of injuring or killing a pet reported by women seeking assistance from the women's advocacy group in Duluth, Minnesota was the best predictor of recidivism (defined as further DV incidents

reported to the police) at 12 and 18 month follow-up. In relevant cases, 78% of perpetrators were known to reoffend within 12 months (Shepard et al 2000). Two studies (Flynn 2000, Faver & Strand 2003) report that over 25% of abused women pet owners said their partner had harmed the animal and over 40% had experienced this threat. Women whose pets were cruelly treated were also more likely to report that the same had happened to their children. Participants who reported a significant emotional attachment towards their pet were also more likely to report animal abuse, suggesting that their partners may have targeted the animal for this reason. 40% of the women whose pets had been hurt or threatened had delayed leaving the abusive relationship because of concern about their pets (Flynn 2000, Faver & Strand 2003).

A general history of violence

A number of reviews point to a general history of violence and hostility towards people outside the family as a risk marker for domestic violence, although a significant proportion of men confine their violence to the family (Hotaling & Sugarman 1986, Tolman & Bennett 1990, Saunders 1993, Riggs et al 2000, Kropp 2002). Those who are violent outside as well as inside the family are more likely to sexually assault (Saunders 1993) and to be severely violent to their partners (Tolman & Bennett 1990, Saunders 1993, Holtzworth-Munroe & Stuart 1994), to harm their children, to increase their risk by abusing alcohol (Tolman & Bennett 1990, Saunders 1993), and twice as likely to murder their partners/ex-partners (Websdale 2000, Campbell et al 2003). They also tend to have been abused as children, to hold pro-violent attitudes, and to have criminal life-styles, (Saunders 1993). General violence is also associated with more frequent domestic violence. Several US studies confirm these associations. Reports by partners of men arrested for domestic violence about the offender's general violence (assaults on others outside the home, damage to property, cruelty to pets and violence towards self), combined with reports from official records, significantly predicted further partner assaults in the three months following arrest (Cattaneo & Goodman 2003). Abusers who had a history of other violent crimes were found more likely to breach the terms of civil protection orders and revictimise their partner/ex-partner (Keilitz et al 1998). 91% of a large sample of substance abusing prison inmates (Logan et al 2001a & 2001b) admitted violence to others outside the family and of these, 64% also acknowledged violence to their partners. In this study, only a handful of men who acknowledged violence only towards their partners. Those who acknowledged more serious and frequent partner abuse reported more lifetime conflict and more days of conflict with others and with their family in the month prior to their incarceration than those whose abuse was less frequent or serious. 54% of offenders in a UK study of perpetrators referred to domestic violence programmes had prior convictions for violent offences (Gilchrist et al 2003).

Criminal arrest record

Domestic violence perpetrators are more likely than non-perpetrators to have had contact with the criminal justice system for matters other than domestic violence (Hotaling & Sugarman 1986). A juvenile arrest record at 15, along with other problem behaviours reported by parents was found to be significantly associated with domestic violence perpetration at the age of 21, in a study which followed a large number of children over a 20-year period (Magdol et al 1998). A UK study of men referred to perpetrator programmes found 83% had previous convictions; 71% had non-violent convictions and over half had a record for previous violence (Gilchrist et al 2003). The 2001 BCS found that those women who had experienced domestic violence in the past year and who knew the perpetrator had a criminal record were more likely to experience frequent and severe violence involving injury and serious injury (Walby & Allen 2004). Reviews of homicides also indicate that men who kill their partners are disproportionately likely to have a general criminal history (Johnson et al 1998, Dobash et al 2001 & 2002). Canadian data indicates 65% of men who killed their former partners had a criminal record (Johnson & Hotton 2001). A US study of cases where civil restraining orders were made (Klein 1996) found that most abusers had criminal histories and more than half had at least one conviction for alcohol or drug related crime (usually drunken driving). Prior criminal history was a significant predictor of violation of the restraining order and further abuse. In an evaluation of a large sample of men enrolled onto perpetrator programmes in four US cities Gondolf (1999a) found that half admitted previous arrests for offences other than domestic violence, and over half of most recent arrests were for alcohol or drug offences, including drunken driving.

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6.4. Attitudinal and cultural factors

Failure to comply with court orders, bail conditions or supervision requirements

Those who show little regard for the personal consequences of their behaviour are more likely to not comply with programme attendance requirements and to re-offend (Hanson & Wallace-Capretta 2000). Offenders who have breached the terms of conditional release, bail or community supervision are more likely to reoffend than other offenders. This extends to those who specifically breach requirements in release licences or in civil or criminal court orders not to contact their victims or others thought to be at risk, including children (Kropp 2002). Men who kill their partners/ex-partners tend to have a history of failing to be deterred by police action or other criminal justice interventions, and are more likely than other abusers to be subject to a restraining order at the time of the killing (Websdale 2000). Canadian data indicates 8% of males who killed ex-partners had a restraining order against them at the time of the homicide (Johnson & Hotton 2001).

Cultural factors

Various macro-level factors have been linked to domestic violence in cross-cultural and other literature, and may be particularly salient for those individuals who perpetrate abuse. These include notions of patriarchal masculinity linked to dominance, toughness and honour, which may particularly be linked with sexual coercion. Rigid gender roles and adverse attitudes to women have also been linked to sexual aggression and interpersonal violence. A sense of male entitlement and ownership over women emerges as an indicator of violence in qualitative research and historical analysis. Approval of physical chastisement of women, particularly when they transgress gender norms by disobeying partners or being unfaithful, can be viewed culturally or sub-culturally as a just cause for abuse, especially if the cultural or sub-cultural ethos condones violence as an acceptable way of dealing with disputes (Saunders 1993, Walby & Myhill 2001b, Heise 1998, Kropp 2002). Domestic violence tends to be higher in societies where the status of women is in transition, and where women have begun to assume non-traditional roles or enter the workforce (WHO 2002). Peer group attitudes and behaviours do appear to play a role in encouraging sexual aggression towards women, particularly in adolescent males, and delinquent peer associations have been found to be predictive of overall coerciveness (Holtzworth-Munroe & Stuart 1994, Heise 1998). At the sub-cultural level, peer group attitudes and behaviours appear to play a role in encouraging sexual and other aggression towards women, particularly in adolescent males, and delinquent peer associations have been found to be predictive of overall coerciveness (Holtzworth-Munroe & Stuart 1994, Heise 1998). However, notions of general pro-violence sub-cultural norms in poor, racially diverse, inner city communities are not supported by the evidence (Saunders 1993). Prevalence of community sanctions (including both formal legal pressure and moral pressure for neighbours to intervene), and available sanctuary also appear to be related to overall levels of abuse in particular communities (WHO 2002).

Relationship inequality

In cross-cultural and other ethnographic studies, domestic violence has been found to be linked with male dominance and control of wealth in the family, with strong societal ideologies of male domination and at the individual level with conservative ideas about women's social status (Heise 1998, Jewkes 2002). Within-couple resource inequality has also been identified as a risk marker in many, but not all studies that examined this issue. There is evidence of greater risk to women when their partners have more education and income than them (Walby & Myhill 2001b) and when women have more education and income than their partners (Hotaling & Sugarman 1986, Saunders 1993, Dugan et al 2003). Contested imbalances of resource and decision-making power in relationships are more likely to be characterised by violence (Holtzworth-Munroe et al 1997b). Economic inequality between partners seems to be especially salient within a context of poverty. The risk of violence increases particularly when the woman has employment and the man does not (Jewkes 2002). Patriarchal beliefs about who should be head of the household are more likely to be challenged when women earn more or are better educated than men (Saunders 1993). However, at the individual level, whilst there is some support for an association with decision-making power and need for power (Schumacher et al 2001) these factors have not been consistently shown to be risk markers. They may be salient factors in the aetiology of some men's abuse but not others (Saunders 1993). There is some evidence that men with low levels of resources who believe in male dominance are more likely to be violent (Hotaling & Sugarman 1986).

Attitudes to women and domestic violence

Research using men's self-reports has mostly not found traditional sex role beliefs to be associated with domestic violence perpetration (Hotaling & Sugarman 1986, Saunders 1993, Schumacher et al 2001). Some findings are contradictory and may be explained by differences between sub-types of abusive men, with some holding sexist attitudes and not others (Holtzworth-Munroe et al 1997b). Alternatively, male dominance expectations may be so pervasive that violent and non-violent men cannot be distinguished on this characteristic (Hotaling & Sugarman 1986). There is better support for an association between violence and attitudes endorsing domestic violence (Holtzworth-Munroe et al 1997b, Riggs et al 2000, Schumacher et al 2001, Kropp 2002). However, findings are not consistent, for example, a study comparing men undertaking a voluntary perpetrator programme with a community sample of men (Kane et al 2000) found that both groups expressed high levels of disapproval of domestic violence. Establishing underlying associations between attitudes and behaviour may be difficult due to perpetrator's awareness of general social disapproval of partner violence and their wish to present positively (Kane et al 2000). Where significant relationships are apparent between perpetrating and approving of violence to women, they are found among men who have already demonstrated their violence. These attitudes could have emerged as a subsequent justification for abuse (Holtzworth-Munroe et al 1997b).

However, evidence suggests that when women's reports of their partner's attitudes are used, a significant link emerges between violence and sexist attitudes (Saunders 1993). Hence, women's reports of their partner's attitudes more ably differentiate those who are violent from those who are not. Women participants in a Canadian community survey (Smith 1990) who reported that their partner subscribed to a patriarchal ideology of male control over women's lives, and who considered it acceptable to use violence when partners did not conform to men's requirements of them, were significantly more likely to report injury-causing or threatening assaults by their partners. Both patriarchal and violence-supporting beliefs were independent, statistically significant predictors of whether or not women were beaten by their partners. Men with lower incomes and education levels were more likely to hold such beliefs and more likely to seriously assault their partners.

Endorsement of negative cultural stereotypes of women may also contribute to beliefs justifying violence against women partners. In a large community sample of US African-American men (Gillum 2002), racist and patriarchal stereotypes of black women as matriarchs (overly aggressive and emasculating) and jezebels (sexually aggressive and promiscuous), were found to have been internalised by a substantial number of black men and were significantly associated with beliefs that condoned violence against partners when they behaved in ways perceived as characteristic of these stereotypes.

Minimisation, denial and victim-blaming

Violent men have been found more likely than non-violent men to attribute negative intentions to their partner's behaviour. This enables them to view their violence as justified retaliation (Holtzworth-Munroe et al 1997b). In general, men are likely to blame their partners or external factors (e.g. drunkenness, external stress, or "loss of control") for their violence. Those who have voluntarily sought help are more likely to blame themselves than are men required by the court to attend a treatment programme (Holtzworth-Munroe et al 1997b). Minimisation and denial are associated with an unwillingness to voluntarily stop being violent, or to enter a treatment programme, and with increased risk of further violence (Kropp 2002).

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6.5. Dynamic factors

Relationship conflict, separation and attempts to leave

Conflict and instability in the relationship is consistently and significantly related to partner violence in studies which have examined this (Hotaling & Sugarman 1986, Saunders 1993, Riggs et al 2000, Schumacher et al 2001, Kropp 2002, WHO 2002). Rates of domestic violence are considerably higher in couples seeking relationship counselling than are found in the general public (Riggs et al 2000). However, studies tend to be cross-sectional and therefore are unable to establish the direction of any causality. Violence is unlikely to be conducive to relationship harmony (Riggs et al 2000). The most common sources of relationship conflict that ends in violence are disagreements about women's transgression of gender norms and failure to fulfil cultural stereotypes of good womanhood (Jewkes 2002). Men's drinking levels can also increase conflict and be a cause of or response to it (Riggs et al 2000, Gilchrist et al 2003, Finney 2004a). There is a higher risk of violence when conflict occurs in a non-egalitarian relationship (Saunders 1993, Heise 1998, Walby & Myhill 2001b). Religious incompatibility between the couple has also been found to increase the risk of violence in several studies, specifically, when the woman is more involved in religion.

Whilst separation reduces the risk of violence in the long term for most women, risk of violence appears to be highest when the woman wants to end the relationship, when the man wants to renew a relationship, or when there has been a sudden or recent separation (Kropp 2002). Post-separation abuse may also take a new form such as stalking and harassment. The 2001 BCS found that 1 in 3 women leaving physically and sexually violent relationships were harassed or stalked after separation (Walby & Allen 2004). In a study of UK perpetrators referred to domestic violence programmes the most frequently cited contexts for domestic violence were jealousy, separation and issues of child contact and childcare (Gilchrist et al 2003). The 2001 BCS found that for 7% of women who had lived with the perpetrator of the worst incident, this incident occurred after they had stopped living together. For 3% of women, violence began after separation (Walby & Allen 2004). Few studies have specifically explored factors associated with a greater or lower probability of non-lethal post-separation violence, and risk of such violence is not easily predictable. Fleury et al (2000) found post-separation violence to be higher when the abuser continued to reside in the same town/city as the woman, and when the woman was not involved in a new relationship, suggesting a new relationship is a protective factor either because the abuser finds it harder to gain access to the woman, or wishes to avoid a confrontation with her new partner.

Most partner femicides occur when it appears to the man that the woman is abandoning him emotionally or physically. Declarations such as "if I can't have you, nobody can" are frequent in partner femicide cases. Risk is highest during an attempt to separate or immediately following separation; with 1 in 2 women killed in the first 1-2 months (Websdale 2000, Aldridge & Browne 2003). Canadian data indicates that half the homicides committed by ex-partners occurred within two months of separation, and another 32% occurred between 2-12 months following separation (Johnson & Hotton 2001). The risk appears to diminish over time, although such killings have been known to occur even years after separation and divorce (Websdale 2000, Aldridge & Browne 2003). Homicide reviews have established that attempts by the victim to separate from the perpetrator are a key risk marker for homicide (Johnson et al 1998). Separation attempts may trigger more serious violence, but they may also be a response to escalating violence severity. A large US hospital study (Block 2003), found that 3 in 4 femicide victims had left or tried to leave the relationship in the previous year, as had 85% of women who had experienced severe non-fatal violence. An attempt to leave was the precipitating factor in 45% of partner femicides.

UK research is consonant with these findings. An extensive UK file review study of inmates serving life sentences for murder (Dobash et al 2001 & 2002) found that in more than 1 in 3 cases where men killed their partners, the women were killed when they tried to leave, or were in the process of leaving the relationship. Conflict about the man's possessiveness and jealousy featured in 1 in 4 cases. Analysis of a sample of London domestic violence homicide

reviews (Richards 2003) indicated that 3 in 4 partner or ex-partner homicides involved separation. In at least 1 in 2 cases there had been an argument about separation preceding the homicide, which strongly featured issues of child custody and sexual infidelity/jealousy.

Recency of last assault on partner

Most revictimisation occurs quickly (Laycock 2001). Sherman et al (1997) report international evidence that the highest risk periods for repeat domestic violence are within 24 hours and within 30 days of the last assault. Research in Chicago found that half the women killed by their partners had experienced violence in the last 30 days, some within one or two days (Block 2003). A UK policing study reviewed by Hanmer & Griffiths (2001) indicated that 35% of households in one police area required a repeat visit for domestic violence within five weeks of the first. In a UK study of victim intimidation reported in the BCS (Tarling et al 2000) 38% of abused women reported further violence or intimidation from the perpetrator after a domestic violence incident. Involving the criminal justice system appeared to increase or reflect the risk; rates of intimidation were over twice as high when the offence had been reported to the police. A US study of prosecution responses found frequent reabuse (20-30%) between the point of arrest and the point at which the case was sentenced. 38% revictimised their partner within six months of case disposition (Ford & Regoli 1993). Other US research found that women's reports of further violence between the offence and the court date significantly predicted further violence over the subsequent four months. Threats to the woman to try and get her to drop the charges were also associated with further violence in this period (Weisz et al 2000). The majority of reassaults identified in a 15 month follow-up of perpetrators enrolled on domestic violence programmes in four US cities occurred in the first six months after programme intake (Gondolf 2002). In another study, 12% of partners of men arrested for domestic violence reported further assaults within the three months following arrest and 27% reported further harassment. All of those who reported further assaults also reported harassment (Cattaneo & Goodman 2003).

Escalation in frequency or severity of violence

A pattern of recent escalation in violence frequency or severity is associated with imminent risk for further violence (Kropp 2002). Richards (2004) found a pattern of interrelated escalation in incident frequency and severity over time in her analysis of serious domestic violence cases reported to the Metropolitan police. Analysis of a sample of London domestic violence homicide reviews (Richards 2003) also indicated that in 9 in 10 cases, escalation of violence occurred and was reported prior to the murder. This trajectory of violence is confirmed by US homicide studies (Websdale 2000). Abused women who had experienced a recent increase in frequency and severity of violence were found to be 4-5 times more likely to be murdered by their partners than were abused women who had not experienced such escalation (Campbell et al 2003). In a Chicago homicide study, 2 in 5 partner femicides occurred after the pattern of violence became increasingly frequent (Block 2003). Escalation is not inevitable, but it is probable that assaults are more likely to increase in severity unless there is a change in circumstances (Walby & Myhill 2001b). The 2001 BCS found that 1 in 3 women experienced their worst incident more than five years after the couple had started living together, whereas violence began after five years for only 1 in 10 women experiencing abuse in a live-in relationship (Walby & Allen 2004). Some studies have found that the longer the woman experiences abuse, the more intense the abusive behaviour becomes (Keilitz et al 1998). Frequency of previous partner assaults was found to be significantly associated with greater risk of injury when injured and non-injured victims were compared. Women who had experienced six or more previous assaults were also significantly likely to experience more serious injury (fractures, broken bones, miscarriages and internal injuries) (Thompson et al 2001).

Victims' risk perceptions and help seeking

Cattaneo & Goodman (2003) found that perceptions of the offender's dangerousness by women attending court following their partner's arrest for domestic violence were significantly associated with increased incidence of further harassment and assault during the subsequent three months. In a multi-site evaluation of perpetrator programmes, women's perceptions of risk and safety at programme intake also significantly predicted men's reported use of threats and reassault over a 15 month follow-up period (Heckert & Gondolf 2004). The risk perceptions of women who have involved the criminal justice system in tackling domestic violence, have been found to predict the probability of further abuse over and above other identified risk factors such as previous abuse history and alcohol use (Weisz et al 2000, Heckert & Gondolf 2004). This may be because they take account of dynamic and/or subtle aspects of the perpetrator's mood and behaviour that are not accounted for by other more static risk predictors (Heckert & Gondolf 2004). Victims who had ever feared their life was in danger, were found to be significantly more likely to be injured, and more likely to be seriously injured (i.e. broken bones, miscarriages, internal injuries) than women who had not feared this (Thompson et al 2001).

Victim help-seeking is often an indicator of a serious situation. The 2001 BCS found that police were much more likely to be informed if violence was frequent, severe and caused injury (Walby & Allen 2004). A US hospital study (Block 2003), found women who were seriously injured or murdered by their partners were more likely to have sought help in the past than were other victims of domestic violence. Analysis of London homicide reviews also found that women killed by their partners had often been in contact with key agencies immediately prior to their death (Richards 2003). In an US study, which randomised police responses following a domestic violence call-out (Hirschel & Hutchinson 2003), victims who wanted their partner arrested were consistently more likely to suffer subsequent abuse, based on both victim and police reports. As victim preferences did not influence police decisions, due to the

experimental nature of the study, this association was not attributable to the nature of police action, but rather indicated that a correctly perceived, significant risk of re-victimisation may be characteristic of cases where the victim requests police involvement and want an arrest.

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6.6. Personal and historical factors

Exposure to family violence as a child or adolescent

Internationally, among all personal history factors, experiencing or witnessing violence in the family of origin emerge as prominent risk factors for partner violence by men. Exposure to such violence has been found to distinguish domestic violence perpetrators from non-violent men in discordant and concordant relationships (Hotelling & Sugarman 1986, Tolman & Bennett 1990, Saunders 1993, Downs et al 1996, Holtzworth-Munroe et al 1997b, Riggs et al 2000, Schumacher et al 2001, WHO 2002, Kropp 2002, Jewkes 2002). Both of these experiences are also significantly associated with partner femicide (Aldridge & Browne 2003).

These relationships are particularly evident among perpetrators involved with the criminal justice system (Schumacher et al 2001). In a UK sample of men referred to perpetrator programmes, 1 in 2 of cases where data was available had witnessed parental domestic violence and 1 in 3 had been physically abused as a child (Gilchrist et al 2003). Witnessing violence towards a parent as a child emerges as a stronger and more consistent risk factor than being physically abused as a child (Hotelling & Sugarman 1986, Saunders 1993, Holtzworth-Munroe et al 1997b, Riggs et al 2000). If both occur, there is said to be an additive effect (Saunders 1993, Kropp 2002), although many studies do not separate these impacts on subsequent violence to partners (Schumacher et al 2001). Violence in the family of origin has been found to be more prevalent among partner abusive men than stranger only-violent men (Dutton & Hart 1992). Men who have been severely violent tend to report witnessing a greater number of domestic violent incidents than men whose violence is less severe (Holtzworth-Munroe et al 1997b). There is also some evidence of links between experiencing psychological and sexual abuse as a child and later violence to partners (Schumacher et al 2001). Many studies demonstrating these links to childhood experiences rely on retrospective self-reports from perpetrators that may be unreliable (Schumacher et al 2001). However, the Canadian VAWS found that women in violent relationships were 3 times more likely than those in non-violent relationships to state that their partner's father had been violent towards his partner. These women experienced more severe and repeated violence, including being choked and beaten (Rodgers 1994). A US study which followed over 500 children for more than 20 years found that with effects due to demographic factors controlled, witnessing domestic violence led to a threefold increase in the odds of physically abusing a partner as an adult, and experiencing physical or sexual abuse as a child doubled the odds of subsequent violence towards a partner. Being physically abused in childhood increased the likelihood of injuring a partner fivefold, independent of other risk factors (Ehrensaft et al 2003).

However, not all men with such backgrounds become abusive and there is little research to explain what distinguishes those that do. In some studies the majority of men do not report violence in their family of origin (Holtzworth-Munroe 1997b, Walby & Myhill 2001b, Riggs et al 2000, Jewkes 2002, WHO 2002). Factors mediating the link between witnessing and/or experiencing violence as a child, and later perpetration, may be development of a conduct disorder, sexist attitudes, attitudes supporting abuse of women, anti-social behaviour, anti-social or borderline/abusive personality linked to trauma, drug and alcohol abuse, and having parents with substance abuse and/or mental health problems (Tolman & Bennett 1990, Dutton, 1995a, 1995b, 1995c, 1999, Downs et al 1996, Holtzworth-Munroe et al 1997b, Riggs et al 2000, Walby & Myhill 2001b). In an evaluation of a large group of men enrolled onto perpetrator programmes in four US cities Gondolf (1999a) found that 1 in 3 reported witnessing parental domestic violence and 1 in 4 reported physical abuse as a child. More than 1 in 3 also disclosed parental drug/alcohol problems. In these family relationships, the men were more than three times as likely to have witnessed domestic violence and to have been physically harmed as children. They were also twice as likely to show signs of alcohol dependence themselves. Those with abusive parents were twice as likely to show evidence of a personality disorder. There is also some evidence that witnessing parental aggression, including verbal aggression and threats against any victim, increases the risk for later domestic violence (Schumacher et al 2001).

Further support for social learning and trauma theory explanations of violence transmission comes from cross-cultural studies which show higher rates of all kinds of violence in communities brutalised by war or riven by internal strife (Jewkes 2002). A study of Vietnam combat veterans (King & King 2000) found significant associations between adverse childhood experiences, likelihood of developing post-traumatic stress after exposure to combat, drug and alcohol abuse, and domestic violence perpetration. However, veterans who did not develop post-traumatic stress disorder were less likely to assault their partners the more exposed they were to combat, suggesting that for some people, experiencing violent events in adulthood can reduce the risk of violent behaviour in the family.

Behavioural problems in childhood and adolescence

Interrelationships between chronic school problems, low educational attainment, difficulty maintaining close relationships, high levels of relationship conflict, inability to sustain a consistent work pattern, and violent behaviour are evident in the literature (Hotelling & Sugarman 1986). In their 20 year study of the intergenerational transmission of violence, which assessed all participants for adolescent behavioural problems, Ehrensaft et al (2003) found that with

effects due to demographic factors controlled, adolescent conduct disorder increased the odds of later domestic violence perpetration sevenfold. Risk was four times higher even when risks due to other childhood factors (which may have contributed to the development of behavioural problems) such as physical and sexual abuse, style of parenting and witnessing domestic violence, were taken into account. Another similar 20 year longitudinal study of a large cohort of children (Magdol et al 1998) found that independent, self and parent-reported problem behaviours measured at age 15, along with low educational attainment, were the best independent predictors of men's domestic violence perpetration in early adulthood. Variables measuring quality of family relationships did not significantly predict later abuse, however, experience of witnessing domestic violence in childhood was not measured. Findings suggested family socio-economic resources and quality of relationships made some contribution to behaviour problems, but did not directly affect early adult abuse of a partner.

Attachment style

Insecure adult attachment has been found to predict variables associated with violence against women (Dutton 1995d) and to distinguish abusers from non-abusers (Tweed & Dutton 1998, Schumacher et al 2001). Holtzworth-Munroe et al (1997a) compared groups of partner violent and non-violent men. The violent men were found more likely to have an insecure, preoccupied, and disorganised attachment style; they were more anxious about abandonment, jealous, untrusting, uncomfortable with closeness, and emotionally dependent on and preoccupied with their partners. Other studies reviewed by Schumacher et al (2001) indicate similar findings, although particular attachment styles do not distinguish violent men from non-violent men in unhappy relationships in some research. In a longitudinal study that investigated developmental influences on risk of perpetrating domestic violence, a self-reported close parent-child attachment was consistently associated with low risk for domestic violence perpetration by young adults of both genders (Magdol et al 1998). However, Maurico & Gormley (2001) found that 42% of a sample of men selected for a court-ordered perpetrator programme described a secure attachment style. This group also scored more highly on a measure of socially desirable response bias, indicating that self-report measures of attachment style and other psychological variables are vulnerable to impression management and may not be reliable descriptors of actual feelings and behaviour. They found that self-reported attachment style did not directly predict self-reported frequency of violence, once effects explicable by socially desirable response bias were taken into account. However, they did find that an insecure attachment style, when combined with a self-reported need for dominance, brought a greater risk of more frequent violence to partners.

Depression

A number of studies have shown significant links between elevated levels of depression symptoms and more severe domestic violence in particular, (Tolman & Bennett 1990, Riggs et al 2000, Schumacher et al 2001). Maiuro et al (1988) found that domestic violence perpetrators attending an anger management programme were significantly more depressed than comparison groups of generally violent or non-violent men. 22% of a UK sample of men referred to perpetrator programmes were described as depressed (Gilchrist et al 2003). Clinical depression and serious sleep disturbance is often found among men who kill their partners/ex-partners (Websdale 2000). However, the nature of the links between domestic violence perpetration and depression are unclear. Depression may be the cause or consequence of real or imagined infidelity by a partner. There may be a dynamic escalation effect linking depression and domestic violence such that relationship difficulties wrought by abuse lead to depressive symptoms, particularly when the man fears he will lose his partner, which leads to an acceleration in his attempts at control (Tolman & Bennett 1990). There is some evidence that male perpetrators in criminal justice samples are more depressed than those in community samples, which could indicate an effect due to public identification as a perpetrator or an increased likelihood of separation from partner. In an evaluation of a large group of men enrolled onto perpetrator programmes in four US cities Gondolf (1999a) found that 11% acknowledged symptoms of major depression. The direction and interaction of relationships between depression, arrest, separation, violence, and other problems which tend to co-occur with depression and domestic violence, such as alcohol misuse, are yet to be disentangled (Tolman & Bennett 1990, Saunders 1993, Downs et al 1996).

Suicidal or homicidal ideas

The link between thoughts of homicide and risk of violence is self-evident. Suicidal ideas are often indicative of an emotionally desperate crisis that increases risk. Threats of suicide are more likely in response to the woman's wish to leave (Johnson & Grant 1999, Brookman & Maguire 2003). There is also evidence of a link between danger to self and danger to others; these two factors co-exist above the chance level. Men who murder their partners often report experiencing thoughts of suicide at the time of the offence (Websdale 2000, Kropp 2002). A recent large US homicide study (Campbell et al 2003) did not find that past suicide attempts/threats in general predicted domestic homicide, but did find an increased risk when the man was suicidal and had not previously abused his partner. Such cases were more likely to be homicide-suicides. A significant proportion of partner femicides involve subsequent perpetrator suicides, whereas such responses by women are rare (Johnson & Hotton 2001, Saunders 2002). These reactions are more common when separation is also involved. Many homicide-suicide cases involve men with a history of depression, jealousy, and previous assaults on their partners, often accompanied by alcohol abuse (Aldridge & Browne 2003).

Conner et al (2002) analysed the reports of women petitioning for protection orders in a US domestic violence court about their partner's history of self-harm, suicide attempts and threats. 1 in 2 of these abusive men had a history of

threatened suicide, and most recent threats were clustered in the previous six months (70%), with 1 in 4 occurring the week before the petition. 13% had a history of suicide attempts and had also made suicide threats. Rates of suicidal behaviour among these men were significantly higher than rates observed in the general population. Both severity of domestic violence history and severity of index offence were found to be significantly greater among those perpetrators with a suicidal behaviour history compared to those with no such history.

Self-esteem

Some studies have shown lower self-esteem amongst domestic violence perpetrators although the direction of this relationship is unclear. However, others have found no link (Hotelling & Sugarman 1986, Saunders 1993, Schumacher et al 2001). In one study reviewed by Schumacher et al (2001) men who were aggressive to their partners were found to perceive more hypothetical partner-related vignettes as damaging to self-esteem than did comparison groups of non-violent men, indicating that fragile, rather than low self-esteem may characterise these men. In a more recent review of the links between self-esteem and violence, Baumeister et al (1996) conclude that the weight of the evidence does not support a link between perpetrating domestic violence (or any other form of violence) and low self-esteem. Weak effects shown in some studies are not apparent when more rigorous methodologies are employed. Rather, evidence suggests that violence is more likely to occur among men with unstable high self-esteem as a response to perceived undermining of their sense of superiority, entitlement and egotism. They present a composite picture of a violent man as someone whose self-appraisal is unrealistically positive. His exaggerated impression of his superiority is prone to encounter contrary feedback or a lack of confirmation from others, which causes him momentarily to doubt himself. He then attacks the source of the perceived ego threat to restore his feeling of superiority. In general, research has found that people with low self-esteem are less violent than others. In an evaluation of a large group of men enrolled onto a perpetrator programmes in four US cities Gondolf (1999a) found that a substantial proportion (38%) had antisocial or narcissistic tendencies, suggesting that a substantial proportion of abusers are likely to have an inflated sense of self rather than low self-esteem.

Alcohol and drug abuse

There is a dearth of UK research on the links between domestic violence and alcohol misuse (Finney 2004a). However, studies across the world have consistently found a significant correlation between men's violence to partners, including sexual violence, and their drinking levels, both at the time of the incident and generally. These relationships have been found using self-reports, partner reports and blood alcohol measures. Associations have remained significant with effects attributable to demographic differences, hostility levels, and perceived relationship satisfaction controlled (Hotelling & Sugarman 1986, Tolman & Bennett 1990, Downs et al 1996, Holtzworth-Munroe et al 1997b, Riggs et al 2000, Leonard 2001, Schumacher et al 2001, Jewkes 2002, Kropp 2002, WHO 2002, Bennett & Williams 2003, Finney 2004a & 2004b).

Increased risk of abuse, injury and fatality

Those who have been drinking at the time of the incident tend to inflict more severe, injury-causing violence (Saunders 1993, Holtzworth-Munroe et al 1997b, Heise 1998, Thompson et al 2001, Brecklin 2002, WHO 2002, Jewkes 2002, Finney 2004a & 2004b). They have also been found more likely to use weapons (Brecklin 2002). Mortality reviews and research indicate that men who kill their partners/ex-partners are disproportionately likely to have been using drugs and/or alcohol immediately prior to the event (Johnson et al 1998, Websdale 2000, Campbell et al 2003). Analysis of a sample of London domestic violence homicide reviews (Richards 2003) indicated at least 1 in 2 offenders had abused alcohol and/or drugs. A US study in ten cities (Sharps et al 2003) contrasted patterns of perpetrator drinking or drug use described by victims (or their close associates in partner/ex-partner murder and attempted murder cases), with those reported by comparison groups of abused and non-abused women. Serious drinking and drug use at the time of the incident, and in the preceding year by men who abuse their partners was found to considerably increase the risk of fatal victimisation. More than 80% of men who killed or tried to kill a female partner were problem drinkers, who tended to binge drink, and 54% used drugs. In contrast 43% of partners in the comparison abused group and 7% in the non-abused group were problem drinkers. More than two thirds of the homicide/attempted homicide offenders used either alcohol (31%) or drugs (13%) or both (26%) during the incident. This was twice the rate of intoxication at incident reported by abused women in the comparison group.

Associations with chronic substance abuse

Chronic alcohol abuse may be a better predictor of domestic violence than acute alcohol intoxication at the time of the incident (Tolman & Bennett 1990). Some studies have not shown a significant association between abuse and drinking at the time of the incident (Weisz et al 2000). For some, chronic alcohol use may produce paranoia, and withdrawal symptoms may increase irritability, thus increasing risk at times of abstinence (Saunders 1993). For some substance misusers, the greatest potential for violence may be when they are not intoxicated, as they are unable to procure their substance of choice, or because some in some circumstances the substance acts as an inhibitor rather than a disinhibitor of violence (Bennett & Williams 2003). The likelihood of violence increases with the overall level of alcohol consumption (Finney 2004a). Problem drinking and illicit drug use double the risk for actual and attempted partner femicide (Aldridge & Browne 2003). Regular alcohol misusers have been found to be more likely to hold attitudes indicating approval of violence to women, to be violent more frequently and severely, and to perpetrate more verbal and psychological abuse than abusers without alcohol or drug problems (Holtzworth-Munroe et al 1997b, Bennett 1997, Brown et al 1999, Brown et al 1999, Finney 2004a). Evidence suggests court-involved domestic

violence perpetrators engage in more binge drinking than other men (Schumacher et al 2001), and this particular pattern of drinking has been linked with domestic violence in several studies (Riggs et al 2000). Some studies have examined the alcohol-domestic violence link from the opposite direction. Prevalence of aggressive behaviour to partners in groups of men seeking treatment for alcohol and drug problems has been found to be high (as much as 84%), and alcoholic men have been found to be up to six times more likely to engage in domestic violence than non-alcoholic men (Holtzworth-Munroe et al 1997b, Leonard 2001).

[Explaining the substance-misuse/domestic violence link](#)

It is questionable whether alcohol misuse is a causal factor in domestic violence. Physiological disinhibition is not considered a viable explanation for the association. Psychoactive substances are popularly thought to disengage lower brain function from higher brain control, but a violence-inhibiting centre in the brain has yet to be discovered (Tolman & Bennett 1990, Bennett & Williams 2003). However, the chemical effects of intoxication have been found to increase aggressive responses, and intensify negative emotions/depression in trials comparing men (particularly alcoholic men) given alcohol with those given a placebo substance (Leonard 2001, Finney 2004a). Alcohol or drug-induced cognitive impairments which limit the ability to make appropriate judgements, interpret situations, cues and information, are a more evidence-based explanation of acute or chronic substance use as a contributory factor in domestic violence (Jewkes 2002, Bennett & Williams 2003). High levels of blood alcohol increase the likelihood of cognitive distortion and increase the chance that the man will misperceive his partner's behaviour as aggressive, abandoning or overwhelming (Bennett 1997, Bennett & Williams 2003).

The alcohol-violence relationship may also be partly attributable to complex, multi-determined relationships with other factors influencing both behaviours (Tolman & Bennett 1990, Saunders 1993, Riggs et al 2000, Jewkes 2002, Bennett & Williams 2003), such as some types of personality disorder, experiencing or witnessing abuse in family of origin, substance abuse in the family of origin, socio-economic status, relationship conflict, depressive symptoms, a more disturbed psychosocial disposition, and problems with regulating emotions (Tolman & Bennett 1990, Saunders 1993, Downs et al 1996, Bennett 1997, Holtzworth-Munroe et al 1997b, Brown et al 1999, Riggs et al 2000, Bennett & Williams 2003, Finney 2004a). Generally, evidence indicates that abusive men with alcohol problems also report more psychological problems (Holtzworth-Munroe et al 1997b). Schafer et al (2004) used statistical path analysis to explore developmental links between risk factors. Experiencing abuse as a child was associated with impulsivity and drinking problems in later life, which were all associated with higher levels of partner-reported domestic violence perpetration. In contrast, a US study which tracked over 500 children over 20 years (Ehrensaft et al 2003), found that an alcohol/substance abuse history as an adolescent and young adult did not significantly increase the odds for self-reported domestic violence perpetration among men in their 30's, once effects due to demographic factors, negative childhood experiences and adolescent behavioural problems were controlled. These findings suggest that associations found between domestic violence perpetration and alcohol/substance misuse may therefore be partly attributable to historical factors that increase the risk for both behaviours. Another longitudinal study of a large cohort of New Zealand children (Magdol et al 1998) did find a significant correlation between self-reported substance misuse measured at age 15, and self and partner-reported domestic violence at the age of 21. Substance misuse was significantly intercorrelated with various other problem adolescent behaviours, suggesting that an interrelated cluster of such behaviours in adolescence are risk markers for early-onset domestic violence in adulthood.

At the socio-cultural level, evidence from social anthropology suggests connections between drinking, drunkenness, and violence are socially learned and not universal (Jewkes 2002). Disinhibiting effects are learned (Bennett & Williams 2003). Alcohol consumption among UK women increased significantly during the 1990s but did not lead to a commensurate rise in female violence; men are almost invariably the perpetrators of alcohol-related crime (Budd 2003). Heavy drinking and macho attitudes often co-occur (Saunders 1993). Cultural norms may excuse behaviour as uncharacteristic when it occurs under the influence of alcohol or other substances, due to a shared disinhibition mythology, and can thus encourage men to invoke such an explanation for their violence by attributing deviant behaviour to the substance rather than the self, thereby enabling them to feel they can abuse with impunity when drunk (Heise 1998, WHO 2002, Bennett & Williams 2003, Finney 2004a). A power-based model has also been suggested to explain the substance-partner abuse link. If a man experiences a need to appear more powerful and dominate others, and believes that a substance facilitates this, then he is more likely to experience himself as powerful in an intoxicated state. Drunkenness may therefore be a way of controlling a partner's behaviour, particularly if the man's behaviour is unpredictable when drunk or drugged, such that women are more inclined to behave according to the man's wishes when he is in this state (Bennett 1997, Bennett & Williams 2003). There is some evidence that the belief that aggression is excused by alcohol strengthens the links between domestic violence and alcohol misuse (Holtzworth-Munroe et al 1997b). In contrast, there is also some evidence that men who engaged in more severe aggression were more likely to assume responsibility for their violence and less likely to blame their partners when they had been drinking than when they were sober, and intoxication amongst perpetrators has been found more likely to result in interventions and punitive action (Leonard 2001). Associations between alcohol and violence have also been attributed to men resenting castigation by their partners for heavy drinking and responding with violence (Saunders 1993, Downs et al 1996, Heise 1998, Riggs et al 2000, Finney 2004a). In some cultures, men speak of premeditated drinking to enable them to mete out socially expected beatings to their partners (Jewkes 2002, WHO 2002). Social norms may encourage drinking as a means to acquire the 'courage' to be violent (Finney 2004a).

However, socio-cultural explanations and levels of relationship conflict do not wholly account for the links between alcohol problems, drinking at the time of the incident, and a significantly increased risk of recurrent domestic violence among known perpetrators and substance misusers. Social, cognitive and other explanations are best considered together (Bennett & Williams 2003). A well-designed longitudinal diary study of men attending domestic violence and substance abuse programmes (Fals-Stewart 2003) eliminated the possibility of effects due to response bias by comparing women's diaries of physical violence incidents over a 15 month period with men's reports of daily alcohol consumption/non-consumption over the same period. After controlling for effects due to general severity of alcohol problem and level of relationship disharmony, this study found that on days when the man was drinking, the odds of physical aggression towards a partner were at least 8 times higher than on days when he did not drink, and the odds of severe violence were 11 times higher. On days when the man drank heavily, the odds of violence were 18 times higher and the risk of severe violence was 19 times higher. Violence occurred either during the drinking bout or shortly after it stopped. Those with a severe alcohol problem were also significantly more likely than perpetrators who did not have an alcohol problem, to be violent on any day, regardless of whether they had been drinking.

[An aggravating factor but neither a necessary or sufficient condition](#)

Whilst domestic violence is significantly associated with problem drinking, the majority of domestic violence occurs when the perpetrator is not drunk (Riggs et al 2000, Leonard 2001, Bennett & Williams 2003). However, studies that rely on men's reports of problem drinking and domestic violence may well underestimate the size of the association (Finney 2004a). Reports from victims confirm that whilst alcohol use may be a significant predictor of more frequent and serious domestic violence by some perpetrators, it is neither a necessary or sufficient condition for abuse. In the 1996-2000 sweeps of the BCS (Budd 2003), 44% of domestic violence victims said their assailant had been drinking at the time of the assault. Hence the majority of UK perpetrators were sober when they abused their partners. A US study of partners of men arrested for domestic violence (Cattaneo & Goodman 2003) found that women's reports of their partner's previous frequent drunkenness were significantly associated with the likelihood of further abuse during the following three months. Over 1 in 3 of the women reported the perpetrator drank every day or almost every day. However, more than a third of women in this study also reported that their partners never or rarely drank. Evidence also indicates that abstinence and recovery from substance abuse does not stop all domestic violence among abusive men (Bennett 1997).

[Links between substance abuse and domestic violence among known offenders](#)

Evidence indicates a substantial co-occurrence of domestic violence and substance abuse problems among a considerable proportion of known perpetrators, as well the absence of such an association for a significant percentage of others. Reviews of US studies of men attending perpetrator or substance abuse programmes, particularly those using victim reports, estimate the co-occurrence of substance abuse, particularly alcohol problems, and domestic violence at 50+% (Tolman & Bennett 1990, Bennett 1997, Leonard 2001, Bennett & Williams 2003). In an evaluation of a large group of men enrolled onto perpetrator programmes in four US cities Gondolf (1999a) found that 56% of these men had alcoholic tendencies, and 1 in 3 had significant behavioural problems associated with their drinking. 31% reported alcohol-related fights, 20% alcohol-related arrests and 24% drunken driving (the latter figure is high given that many of the men did not have cars). Over half of most recent arrests had been for alcohol or drug offences. However, 1 in 5 reported never or rarely drinking alcohol. Similar findings emerged in a UK study; 49% of a sample of men referred to perpetrator programmes were known to have a history of alcohol abuse and 73% had consumed alcohol prior to their current offence (Gilchrist et al 2003). The co-occurrence of substance (especially alcohol) misuse and domestic violence may be particularly prominent, and a significant risk marker for abuse among men with more general criminal histories. A study of inmates in a low security US federal prison found that self-identified partner abusers evidenced higher rates of drug or alcohol dependence (92%) than non-disclosing inmates (58%) (White et al 2002). There is also evidence of an association between known domestic violence perpetration and alcohol abuse in OASys pilot assessments. More identified abusers were known to misuse alcohol than other offenders (Howard & Watt 2003).

[Illicit drug use and multiple substance abuse](#)

Substance abuse/dependence in general is considered a risk factor for domestic violence (Kropp 2002). Possible connections between illicit drug use and domestic violence have been explored much less often than links between abuse and alcohol. 19% of a sample of UK men referred to perpetrator programmes had a known drug misuse history (Gilchrist et al 2003). Smaller associations have been found between drug dependence, particularly cocaine use, and domestic violence in court-involved perpetrators compared to other men. However, most studies do not specify the type of drug used, or separate effects due to alcohol and drug use (Holtzworth-Munroe et al 1997b, Schumacher et al 2001). Some studies have shown that a significant percentage of domestic violence perpetrators have multiple substance dependencies, involving both alcohol and drugs (Brown et al 1999). A US study of a large sample of substance abusing prison inmates (Logan et al 2001a & 2001b) found that compared to men who admitted to no violence, or only to violence outside the family, men who acknowledged violence to partners and others reported using more cocaine, opiates, tranquillisers, amphetamines and use of a greater number of substances in the year prior to incarceration. Frequency and seriousness of violence to partners was significantly related to number of years of regular cocaine use, greater use of cocaine, and alcohol and cocaine, higher rates of alcohol intoxication, opiate use and multiple substance use (93%), in the year prior to imprisonment. Preference for cocaine as substance of choice was significantly associated with level and seriousness of domestic violence.

There is some evidence that whilst drug use in general may not strongly predict greater frequency of domestic violence, it increases the odds of severe aggression (Holtzworth-Munroe et al 1997b). In contrast, Brown et al (1999) found that drug misuse was associated with higher levels of verbal and psychological abuse, though not with severity of violence (Brown et al 1999). In one US study, perpetrator drug use was found to be predictive of a subsequent assault in the next three months among women involved in prosecuting their partners for domestic violence (Bennett et al 2000), although similar studies have not found such an association (Cattaneo & Goodman 2003). These contradictory findings indicate that the type of drug used may be an explanatory factor. In a large US homicide study, abused women whose partners used uppers (e.g. crack cocaine, amphetamines, speed) or cocktails of drugs were found to be four times more likely to be murdered by them than were abused women whose partners did not use such drugs (Campbell et al 2003).

Behavioural deficits

Many treatment programmes for abusive men include training in problem solving, communication and assertiveness, based on the assumption that these factors are associated with domestic violence (Holtzworth-Munroe et al 1997b). Whilst there is good evidence that men who assault their partners have poorer communication and negotiation skills compared to men in satisfying non-violent relationships, these characteristics do not distinguish violent men from non-violent men in unsatisfying relationships in some studies, suggesting that these factors alone do not explain physical assaults (Saunders 1993, Schumacher et al 2001). Laboratory or home observations and partner reports, indicate that abusive men generally exhibit more negative communication, offensive negative behaviours, belligerence, contempt, overt hostility and less positive communication in interactions with their partners than other men (Holtzworth-Munroe et al 1997b, Schumacher et al 2001). They also make more demands on their partners and show less competence in resolving relationship tensions (Schumacher et al 2001). Lack of assertiveness skills has also been studied as a factor linked to male abusiveness but findings are inconsistent. Some reviews have found an association (Hotaling & Sugarman 1986) whereas others report contradictory or inconsistent findings (Tolman & Bennett 1990, Holtzworth-Munroe et al 1997b, Schumacher et al 2001). Whilst abusive men may have some problems with assertiveness, most studies show they share this characteristic with non-violent men dissatisfied with their relationships (Saunders 1993, Holtzworth-Munroe et al 1997b). Assertiveness may be a more salient, relationship-specific factor for men with a greater need for power/control, who lack the skills to obtain it, and who feel powerless, and become irritated, frustrated, angry and violent to gain control when are unable to do so verbally (Tolman & Bennett 1990, Saunders 1993, Holtzworth-Munroe et al 1997b).

Anger and hostility

Higher levels of both self-reported general (trait) and current (state) anger and hostility have been found among domestic violence perpetrators compared to non-perpetrators in a number of studies, although the size of the effect varies considerably from one study to another (Holtzworth-Munroe et al 1997b, Riggs et al 2000, Schumacher et al 2001). However, some studies have found that men who are violent to their partners are not significantly more angry and hostile than other men who are dissatisfied with their relationships who do not become violent (Tolman & Bennett 1990, Boyle & Vivian 1996, Schumacher et al 2001). The lack of distinction between the constructs of anger and hostility in many studies, and differences in how they are measured, give inconsistent findings (Saunders 1993, Boyle & Vivian 1996, Schumacher et al 2001). Some anger/hostility measures tap behavioural indicators or reactions including aggressiveness, as well as emotional arousal, so it is unsurprising that they show significant associations with domestic violence incidence (Boyle & Vivian 1996). For example, Maiuro et al (1988) found significantly higher levels of anger and hostility among domestically violent and generally violent men attending an anger management programme compared to a matched non-violent comparison group. However, measures used asked about suspicion, negativism, acting out, assaults, aggressive behaviour, and verbal criticism of others, as well as internal emotional states. Some studies reviewed by Tolman & Bennett (1990), Saunders (1993), Holtzworth-Munroe et al (1997b), found that perpetrators did not show elevated scores on the Novaco Anger Index (which is less behaviourally based). Only when relationship-specific scenarios were added to the measure did the anger-violence relationship become significant, suggesting anger occurred when women transgressed marital expectations (Saunders 1993). Similarly, Boyle & Vivian (1996) found no relationship between levels of generalised anger and hostility and levels of partner violence. Spouse-specific anger and hostility were significantly associated with increased domestic violence, but explained very little of the variance.

Some studies indicate that apparent anger may be indicative of other emotions and previous experiences. Anger may be related to rage and fear stemming from childhood traumas (Dutton 1999). Anger may also be a defensive effort to ward off other negative feelings such as sadness, or may be a socialised interpretation of arousal that might better be relabelled as anxiety (Tolman & Bennett 1990, Schumacher et al 2001). Alternatively, self-reported anger may be a rationalisation for use of aggressive control, or may be self-generated to provide a justification for abusive behaviour (Tolman & Bennett 1990). Anger and hostility are not consistent precursors of domestic violence; some men beat their partners to 'discipline' them, or are quite cool when seeking revenge (Saunders 1993).

However, despite some evidence that anger and domestic violence co-occur in some abusive men, there is little evidence that anger causes violence, or that levels of self-reported anger increase the risk for domestic violence or other forms of violence. Four recent studies which measured levels of anger and propensity to angry reactions among

prison inmates in Canada and Iceland, using a variety of different anger measures, failed to find any significant relationship between levels of self-reported anger, past or future violent offending, or assessed risk of future violent offending. In addition, no relationship was found between self-reported anger and institutional misconduct stemming from interpersonal conflicts. Anger levels did not differentiate violent from non-violent offenders. The only significant relationship found was on one measure of anger as a reaction to provocation, on which non-violent offenders scored higher than violent offenders (Loza & Loza-Famous 1999a & 1999b, Mills & Kroner 2003, Wood & Newton 2003). Results do not support the usefulness of assessing anger as a predictor of violent recidivism (Loza & Loza-Famous 1999b, Mills & Kroner 2003). In their review of the links between aggression and self-esteem, Baumeister et al (1996) suggest that evidence indicates that anger, hostility and violence are linked responses to perceived ego threats and potential loss of face among individuals who are narcissistic or have unstable high self-esteem. Violent and non-violent men may be better distinguished by the underlying cognitive biases which can prompt more angry responses, than by their overall levels of anger. Evidence of such cognitive biases comes from Schumacher et al (2001) who reviewed various studies examining men's reactions to videotaped partner-related situations that might arouse anger. Abusive men were more likely than non-abusive men to articulate irrational beliefs, verbal aggression, belligerence, cognitive biases and hostile attributional biases in their responses to the woman than were comparison groups of non-violent men.

Psychological/personality disorders

Many of the risk markers for domestic violence are also indicators of general anti-social behaviour (Hotaling & Sugarman 1986). As a group, violent men show more dysfunctional psychological symptoms than their non-violent counterparts (Holtzworth-Munroe et al 1997b, Kropp 2002). Compared to other international research, North American studies are more likely to involve perpetrators and comparative samples of non-violent men who are tested for personality disorders in the course of clinical treatment (WHO 2002). Some of these findings indicate associations between abuse perpetration and significantly higher scores on certain personality scales, including those measuring anti-social, narcissistic, aggressive, avoidant and borderline personality (Holtzworth-Munroe et al 1997a & b, Schumacher et al 2001). The psychological profiles of men who assault their partners characterise them variously as alienated, distrustful of others, overly concerned about their masculine image, impulsive, narcissistic, angry, hostile, emotionally dependent, and insecure (Saunders 1993, Dutton 1995c & 1995d). However, the pattern of these associations is quite heterogeneous (Saunders 1993), and there does not seem to be a specific psychological profile that identifies abusive men, although borderline personality disorder may be associated with one sub-group of men who perpetrate severe abuse (Riggs et al 2000). However, not all domestic violence perpetrators show psychological disorders, and those that do are more likely to be represented in studies using men seeking treatment. Those who do have personality disorders are also more likely to have significant alcohol problems (Tolman & Bennett 1990, Downs et al 1996). In general however, men reporting high levels of psychological distress and/or diagnosed with personality disorders characterised by anger, impulsivity and behavioural instability may be regarded as at higher risk (Riggs et al 2000, Kropp 2002). In an 800+ sample of men enrolled onto perpetrator programmes in four US cities Gondolf (1999a) found that almost half had elevated scores on one of the personality subscales, with either narcissistic or anti-social traits evident in over 1 in 3 men. However, the majority of the sample (59%) were characterised by relatively low personality dysfunction, and only 18% showed severe dysfunction, including paranoid disorder, borderline disorder, and thought disorder. African-American perpetrators were twice as likely as White perpetrators to show evidence of severe personality disorders.

Psychopathy or psychopathic tendencies are thought to characterise an estimated 15-30% of domestic violence perpetrators (who can be distinguished from other anti-social abusive men). This sub-group are thought likely to engage in the severest physical and emotional abuse of their partners, to exhibit other anti-social behaviour, to show more generalised, instrumental violence, and to have significant substance abuse problems, (Huss & Langhinrichsen-Rohling 2000).

Particular patterns of personality disorder have also been found to be associated with partner femicide. Men with overcontrolled, dependent, passive-aggressive, hypersensitive personalities that include signs of paranoia and depression were most prominent amongst those who killed their partners, particularly in cases where the killing occurred during a failed reconciliation or when the woman announced an intention to leave. Men with antisocial personalities are considered a lesser risk for killing their partners unless they have an instrumental reason for so doing (e.g. to claim on a life insurance policy), although psychopathic tendencies have been observed among many men who kill their partners (Aldridge & Browne 2003).

Other mental health problems

There is no strong evidence that more than a small fraction of domestic violence offenders have severe mental disorders (Saunders 1993). There is debate about whether psychosis increases or decreases the risk for violence, although uncontrolled current psychotic and/or manic symptoms appear to be associated with an increased short-term risk of violence (Kropp 2002). Some types of psychopathology have been found to be more prevalent in domestic violence perpetrators compared to other men, including bipolar disorder, thought disorder, psychotic thinking, hysteria, paranoia, and anxiety (Schumacher et al 2001). In an evaluation of a large group of men enrolled onto perpetrator programmes in four US cities Gondolf (1999a) found that 1 in 5 had received some form of mental health treatment in the past, although only 6% were currently on medication. A US study of a large sample of

substance abusing prison inmates (Logan et al 2001a & 2001b) found that men who admitted being violent to their partners and to others were more likely than men who admitted no violence or violence only outside the family, to report lifetime mental health symptoms and last year substance-related mental health symptoms such as anxiety, tension, concentration and memory problems. Those who reported more serious and frequent abuse of their partners had more overall mental health symptoms and substance-related mental health symptoms than those who abused less frequently or seriously. Homicide reviews have established that a history of mental illness or medical treatment for mental health problems is a significant risk factor for killing a partner (Johnson et al 1998).

Stress

Stress has generally been shown to be a weak, non-existent or inconsistent predictor of domestic violence (Tolman & Bennett 1990, Saunders 1993, Holtzworth-Munroe et al 1997b), although men who are prone to assault their partners may displace work-related and other stress and frustration onto those least likely to retaliate i.e. their partners (Saunders 1993). Significant negative life experiences which are perceived as stressful may increase the risk of violence to partners among men who are already known to be violent, but experience of day to day work and family stressors does not directly lead to violence or distinguish violent from non-violent men (Tolman & Bennett 1990, Holtzworth-Munroe et al 1997b, Schumacher et al 2001).

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6.7. Key risk markers

Which are the strongest risk predictors?

Non-lethal violence

Meta-analysis of risk factors has not yet been undertaken to synthesise data from relevant studies. However, some (not all) reviewers have attempted to identify the strongest or most consistently established risk markers, although they did not all consider the same factors or use the same criteria. Walby & Myhill (2001b) and Riggs et al (2000) concluded that the best and simplest risk marker for domestic violence was previous domestic violence. Of the non-criminal history risk factors reviewed by Saunders (1993), the three which best distinguished domestically violent men from non-domestically violent men were low socio-economic status, childhood experience of violence (as a direct or indirect victim), and abuse of alcohol. Hotelling & Sugarman (1986) reviewed evidence for 38 potential risk markers and found that 20 out of 22 studies which measured violence towards children, sexual aggression towards partners and witnessing violence to a parent as a child or adolescent showed a significant relationship between these factors and domestic violence perpetration. The predictions of victims, particularly those who have made use of the criminal justice system to try and stop the abuse are also considerably significant. In a evaluation of perpetrator programmes using one of the largest data sets, the most consistent and strongest risk marker for further violence was the woman's perceptions of safety and likelihood of reassault, which were influenced by whether or not contact was ongoing, and changes (or lack of changes) observed in the relationship (Gondolf 2002).

Lethal violence

The profiles of men who kill their partners do not differ greatly from those who use non-lethal violence (Aldridge & Browne 2003). Reviews of the literature (Johnson & Grant 1999, Aldridge & Browne 2003, Brookman & Maguire 2003) suggest that the factors most strongly and consistently associated with partner femicide, particularly when combined, are previous domestic violence, separation or the threat of separation instigated by the woman, sexual jealousy and stalking. Other historical features of the perpetrator's behaviour towards a partner that increase the risk of femicide include threats with weapons, threats to kill, infliction of serious injury, threats of suicide in response to the woman's wish to leave, forced sex, obsessive and excessive jealousy and extensive dominance. In addition, violence outside the family, and drug and alcohol misuse by the perpetrator as well as the women's own predictions of future serious risk, all increase the risk of lethal violence (Johnson & Grant 1999, Aldridge & Browne 2003, Brookman & Maguire 2003). In a large UK file review study of inmates serving life sentences for murder, Dobash et al (2001 & 2002) conclude that whilst perpetrator characteristics such as previous criminal record and substance misuse were associated with partner homicides, situational and contextual factors relating to the relationship such as separation and possessiveness were stronger risk indicators.

Predicting further abuse by programme participants

Reviews of evidence suggest those who are violent after treatment tend to be younger, to have more alcohol problems, to have witnessed parental violence, to have longer domestic violence histories, and to score higher on narcissism. However, most of these studies did not measure whether there had been a reduction in violence frequency or severity (Tolman & Bennett 1990, Saunders 1993). In their evaluation of Scottish perpetrator programmes, Dobash & Dobash (2000) found that positive changes in rates of reabuse were more likely to occur among those who were married and employed. A Canadian study assessed risk factors for an arrest for an offence of violence during a five-year follow-up period after a domestic violence programme. Factors affecting risk of recidivism were similar to those for other offenders i.e. youth, an unstable life-style, criminal history, substance abuse, negative attitudes to the programme providers, little commitment to pro-social values, a sexist, adversarial approach to relationships, low motivation, and failure to complete or engage with the programme. There was no evidence to

support deterrence theory; most offenders appeared indifferent to consequences such as social disapproval from friends or family, arrest or job loss (Hanson & Wallace-Capretta 2000).

Analyses of data from a longitudinal study of a large sample of men (800+) enrolled on perpetrator programmes in four US cities, found that variables measured at programme intake which significantly predicted reassault during a 15 month follow up period were: younger age, living with partner, having no children living with the man, heavy drinking, use of emotional abuse and threats, causing previous injuries, a non-domestic violence arrest history, women's predictions of likely violence in next 3 months and women's use of shelter or other social services. Repeat reassaulters were also more likely to be white (Gondolf & White 2001, Heckert & Gondolf 2004). The strongest predictors of psychological abuse (controlling behaviours, verbal abuse, and threats) during 15 month follow-up were psychological abuse and severe physical abuse prior to programme intake, and programme drop out (Gondolf et al 2002, Heckert & Gondolf 2004).

However, in this study using one of the largest data-sets, those who subsequently reassaulted a partner could not be easily differentiated by factors known at programme intake; these variables predicted less than half of those who reassaulted. 2/3 of those who reassaulted did so more than once during the follow-up period and lumping one time reassaulters together with repeat reassaulters was found to weaken prediction. However, even though the salient intake variables more strongly predicted repeat reassaulters, such high risk men who proved unresponsive to the programme, were not easily 'typed', identified or predicted (Gondolf 2002, Heckert & Gondolf 2004, Gondolf & White 2001). Whilst severe mental disorders and psychopathic disorder weakly predicted reassault when considered alone, relatively few reassaulters showed serious psychological dysfunction. The personality profiles of those who failed to respond were quite diverse, and personality characteristics, types, and disorders were not significant predictors of reassault or repeat reassault once effects predicted by other relevant variables such as violence history were taken into account. 60% of repeat assaulters were characterised by low personality dysfunction, and the 18% of men whose tests indicated severe dysfunction were not significantly more likely to reassault repeatedly than others. Repeat reassaulters were also no more likely to have a psychopathic disorder than those who did not reassault or who did so once only (11% compared to 9% in the sample as a whole). However, a significantly higher proportion (i.e. a third more) of the repeat reassaulters (54%) showed some evidence of psychopathic tendencies in the broadest sense, compared to one-off reassaulters or those who did not reassault (Gondolf & White 2001, Gondolf 2002, Heckert & Gondolf 2004). These findings suggest that for those with significant psychological and mental health problems, other factors are salient to the risk of reassault e.g. whether the man has access to his partner, and complies with additional treatment and medication (Gondolf & White 2001).

In this study, additional dynamic variables which significantly predicted repeat reassaults in the subsequent 12 months were women's accounts of problems in the relationship in the three months after programme intake, heavy drinking by the man, and a further assault during the same period i.e. those who were violent to their partners during the course of the programme were significantly more likely to reassault more than once in the following year (Heckert & Gondolf 2004). Overall, two dynamic factors (women's predictions and the man's drunkenness) during and after the programme were the best risk markers for identifying reassaulters and repeat reassaulters especially (Gondolf 2002). The most consistent risk marker was the woman's perceptions of safety and likelihood of reassault, which was influenced by whether or not the woman still had contact with the man, and changes (or lack of changes) observed in the relationship. These perceptions accurately classified 63% of repeat reassaulters (Gondolf 2002, Heckert & Gondolf 2004). Among men still in contact with their victim, the strongest reassault predictor was the man's drunkenness (measured at intervals during a 12-15 month follow-up by combining perpetrator and partner reports of further abuse and alcohol consumption). Risk of reassault increased exponentially with the frequency of drunken episodes. At least one episode during a 3 month period was associated with a reassault rate 3½ times higher than for those who did not get drunk. Men who were drunk every day were over 16 times more likely to assault their partners than those who were seldom or never drunk. Those who had sought drug or alcohol treatment in the preceding period were 30-40% less likely to reassault. Combined perpetrator and partner reports of drinking behaviour during and after the programme was a better risk indicator than the man's report of drinking frequency measured before programme start, highlighting the need for ongoing monitoring of alcohol consumption, concurrent risk assessment, and the value of reports from partners (Jones & Gondolf 2001).

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7. Types of Domestic Violence Perpetrator

7.1. Overview of perpetrator typologies

Heterogeneity of domestic violence perpetrators

Research has demonstrated that domestic violence perpetrators are not a homogeneous group with a unitary profile, whose abuse can be predicted by the same small set of risk factors (Dixon & Browne 2003). Efforts have been made to identify specific types of abusers through development of perpetrator typologies based on behavioural differences and/or personality characteristics, in the hope of improving risk prediction, understanding of the origins of violence, and identifying any differences in treatment needs and responsiveness to interventions (Holtzworth-Munroe & Stuart 1994, Dixon & Browne 2003, Heckert & Gondolf 2004).

For example, Saunders (1992) used statistical cluster analysis to distinguish three groups in a sample of men being assessed for a perpetrator programme. Type 1: termed "family-only", were least likely to have been violent outside the home or to have been abused as children, and they reported the least psychological abuse. These men appeared to suppress their emotions, and had conformist personalities. They also scored highest on measures of impression management/social desirability response bias. Type 2: termed "generally violent", were most likely to have been violent outside the home, have a severe child abuse history, severely assault their partner, have sexist attitudes, and relatively high rates of arrest for drunken driving and violence. Both these groups reported low to moderate levels of anger, depression and jealousy. Type 3 termed "emotionally volatile", were characterised by high levels of jealousy, anger and depression including suicidal feelings. They were the most likely to have sought help in the past for psychological problems.

The Holtzworth-Munroe & Stuart tripartite typology

A major review of mainly US typology research (Holtzworth-Munroe & Stuart 1994) summarised findings into three prevailing hypothetical types of abuser; family only, dysphoric/borderline (i.e. angry and impulsive) and generally violent/antisocial abusers. These groups were hypothesised to differ on three dimensions: severity of various types of abuse perpetration, generality of their violence (i.e. whether it extended outside the family), and personality characteristics or degree of psychopathology. *Family-only* perpetrators were described as generally confining violence to the family, engaging in the least severe physical, psychological and sexual abuse, having little psychopathology, passive-dependent personality characteristics, and being most likely to be remorseful about their behaviour. This group were also thought least likely to escalate their violence, to represent about 50+% of the abusers in the general population, and to be much less likely to be involved with the criminal justice system. *Dysphoric/borderline* abusers were described as engaging in medium to severe abuse. They were hypothesised to largely confine their violence to their partners, although they could have some history of criminal involvement and violence outside the family. They were thought to be the most full of bad feeling (dysphoric), psychologically distressed, and emotionally volatile, with some showing signs of borderline or schizoid personality characteristics. They were likely to have drug, alcohol, and anger-control problems, high levels of dependence on their partners, obsessive jealousy, and sexist attitudes. The third group, *generally violent/antisocial* abusers were also hypothesised to engage in medium to severe abuse, to be involved in the most violence outside the family, and to have the most extensive criminal histories. They were thought likely to have drug and alcohol problems, sexist, unremorseful, violence-supporting attitudes, and most likely to have antisocial personality traits or disorder. A small proportion were considered to be psychopathic. This group was estimated to comprise about 25% of abusers in the general population, but a bigger proportion of those arrested for domestic violence.

Holtzworth-Munroe & Stuart (1994) hypothesised that family only abusers would either show evidence of a preoccupied attachment style or have no attachment problems. Dysphoric/borderline abusers were thought likely to have a preoccupied attachment style i.e. to be preoccupied with their partners and to experience high levels of dependency, jealousy and fear of rejection. Violent/antisocial abusers were considered likely to have a dismissing/avoidant attachment style (i.e. emotionally disconnected, cold, critical and controlling), and to view their partners as objects, and to be narcissistic and selfish in close relationships. A developmental model of domestic violence was proposed, in which distal variables (e.g. early childhood family and peer experiences) influenced the development of more proximal factors associated with domestic violence, such as attachment styles, impulsivity, drug and alcohol abuse, and anger problems, social skills (e.g. communication, assertion and relationship skills), and attitudes (anti-women and pro-violence). Distal risk factors were hypothesised to be cumulative i.e. the more experienced, the greater the risk of severe violence perpetration. The generally violent/anti-social group were thought likely to have highest levels of adverse childhood experiences and the family only group the least.

Testing the Holtzworth-Munroe & Stuart typology

A number of subsequent studies show some level of support for the Holtzworth-Munroe & Stuart (1994) typology. Holtzworth-Munroe et al (2000) tested this model with a volunteer community sample using both perpetrator and partner reports of behaviour, and found four clusters of violent men; three groups were as predicted, and the fourth, termed *low level antisocial*, fell between the family-only and generally violent/anti-social clusters on many measures. As

predicted, the borderline/dysphoric group were the most dependent and jealous. They scored highest on measures of fear of abandonment, preoccupied- fearful attachment, depression, posttraumatic stress, thought disorder, and passive-aggressive responding, whereas the generally violent/antisocial group had the most involvement with delinquent peers, substance abuse, and criminal behaviour. They also showed more psychopathic tendencies. Both these groups were found to be impulsive, accepting of violence, hostile to women, and lacking in social skills. They perpetrated comparable levels of domestic violence. The family-only group were the least violent, had the least personality dysfunction and scored highest on socially desirable responding. Some findings in this study were not as predicted however; the borderline/dysphoric group scores on antisocial personality scales did not differ significantly from those of the generally violent/antisocial group. This study indicated that whilst the other three groups ranged along a continuum, the borderline/dysphoric group were quite distinct in some respects, suggesting that antisociality and borderline-dependent characteristics are two distinct and significant dimensions along which individual domestic violence perpetrators vary.

Another attempt to validate the Holtzworth-Munroe & Stuart (1994) model was conducted by Waltz et al (2000). They statistically distinguished three types of abuser; family only, generally violent, and pathological groups. Whilst the groups differed on levels of violence, as predicted, with the generally violent group being most frequently violent to their partners and others, personality differences between the generally violent and the pathological groups were not wholly as predicted; both groups scored high on measures of borderline personality, and the pathological group scored highest on measures of antisociality, narcissism, and aggressive-sadistic personality traits. Both these groups were more emotionally abusive and contemptuous towards their partners than the family-only group when their interactions with their partners were observed. They were also more likely to have witnessed domestic violence in their families of origin, and to have drug and alcohol problems. As predicted, the generally violent group reported significantly higher levels of avoidance of dependency in their relationship, whereas the pathological group reported higher levels of anxious attachment and jealousy. Waltz et al (2000) suggest that attachment style differences rather than measures of psychopathology might be a better means of distinguishing these two groups, with the generally violent group more dismissing and avoidant and the pathological group more ambivalent and preoccupied with their partners.

Langhinrichsen-Rohling et al (2000) statistically differentiated three clusters of perpetrators based on personality test scores, which resembled the Holtzworth-Munroe & Stuart (1994) types. However, when professionals were asked to assign individuals to the Holtzworth-Munroe & Stuart (1994) groups based on their test score profiles, there was considerable disagreement as to how they should be classified. Only half the men were eventually assigned to the same groups that the computer had assigned them to, and 1 in 4 could not be classified. Correspondence was best for the family-only group but was low for the other two groups. Those categorised by the professionals as belonging to the borderline/dysphoric group were more likely to have thoughts of suicide; otherwise these groups did not differ on measures of drug and alcohol misuse or childhood abuse. Men classified in this group and the family only group were later found to be more likely to complete a treatment programme. Men classified as generally violent/antisocial by professionals were less likely to be judged by their therapists as likeable, or as having a good chance of remaining violence-free in six months. In contrast the men placed in a comparable group by the computer were judged by their therapists most likely to remain violence-free. These findings suggest that the personality test profiles of a significant number of abusers are not an obvious match with computer-derived groupings, and the latter may have limited utility if they do not correspond with professional judgements.

Bodnarchuk (2002) questioned the appropriateness of the personality measures used in previous typology studies that were developed for diagnosing personality disorders in psychiatric populations. He used different measures of a broader range of personality disorders, and clustered scores of convicted perpetrators into three groups based on these personality scores: groupings were low-level antisocial, moderate pathological, and severe pathological. The groups did not differ as predicted by Holtzworth-Munroe & Stuart (1994). Patterns of personality traits were not distinct; various types of personality disorders, including borderline, antisocial, narcissistic and obsessive-compulsive disorders were found in both pathological groups, with many individuals showing evidence of both antisocial and borderline personalities. Those in the severe pathological group met the criteria for an average 4.6 personality disorders each. These groups varied incrementally in their levels of psychological abuse, drug and alcohol abuse, depression and anger, but they did not differ as expected in their levels of criminality, violence to their partners or general violence. Differences in the sources and characteristics of the relatively small samples used in these replication studies may well explain some of the variability in their findings.

Other typologies

Several subsequently developed typologies also show some correspondence with that of Holtzworth-Munroe & Stuart (1994).

Impulsive and instrumental abusers

Tweed & Dutton (1998) used scores on selected personality scales and self-reported violence severity (adjusted for socially desirable response bias) to create two distinct clusters of perpetrators, which they labelled *impulsive* and *instrumental*. The former group resembled the Holtzworth-Munroe & Stuart (1994) borderline/dysphoric group, and the latter, the generally violent/antisocial group. The instrumental group had high scores on the antisocial, narcissistic

and aggressive personality scales, and also perpetrated more severe and frequent violence. The impulsive group had high scores on the antisocial, borderline, avoidant and passive-aggressive scales and their violence was less severe. They reported more anger and other types of negative mood and showed higher levels of fearful attachment. In contrast, the instrumental group appeared to repress or not detect or experience negative emotions. The impulsive group blamed their partner for the bad feelings that were intrinsic to their character. In contrast, the instrumental group's violence was rooted in a sense of entitlement and low empathy. However, 11% of the sample could not be classified into one of these two groups.

Cobras and pitbulls

Two distinct patterns of physiological reaction and behaviour were identified in study of severely violent men, based on observed behaviour during interaction with their partners, and physiological measures of state of arousal, (Gottman et al 1995, Jacobson et al 1995, Jacobson and Gottman 1998). In one group, termed type 1 or *cobras*, as the interaction progressed and became more conflicted, men's heart rate *decreased* from a baseline relaxed state, indicating that they were calm and growing calmer as they acted more aggressively. In the other group, termed type 2 or *pitbulls*, men's heart rates increased in line with their aggression, indicating growing arousal. Type 1 men were controlled and purposeful in their use of aggression, they became immediately belligerent, intimidating and contemptuous towards their partners, whilst simultaneously calming themselves internally. Type 2 men increased their heart rates as the interaction progressed, and gradually became more verbally aggressive, angry, domineering and threatening. Whilst both types of men were observed to be equally controlling towards their partners, the type 1 men had a strong sense of autonomy, which they protected with swift abuse and violence. They felt in command of both themselves, their partners and the situation, whereas type 2 men, who were more dependent, and likely to consider themselves as victims, did not.

Further studies confirmed these two distinct patterns of heart-rate reactivity in partner interactions (Meehan & Holtzworth-Munroe 2001, Meehan et al 2001). However, with the exception of a significant relationship between measures of dependent personality and type 2 heart reactivity, other differences between these two types of abusive men observed in the work of Gottman et al (1995) and Jacobson et al (1995) (e.g. that type 1 men were more generally violent and anti-social, and perpetrated more severe violence), were not confirmed by this later research, which found that the men who fell into these two physiologically-based types were differently distributed when classified according to the Holtzworth-Munroe (1994) typology. These two groups were also not distinguished by measures of borderline personality organisation unlike Tweed & Dutton's (1998) instrumental and impulsive abusers.

Reactive and proactive abusers

A reactive-proactive typology was proposed by Chase et al (2001) based on detailed accounts of domestic violence incidents. Reactive violence was conceptualised as a response to perceived threats or frustrations in the context of high emotional and physiological arousal, whereas proactive violence was conceptualised as planned and methodical and characterised by minimal emotional or physiological arousal. Observer ratings of men's interactions with their partner indicated that the proactively violent group were more dominating and less angry in these interactions, and they were found to have more antisocial and aggressive-sadistic personality characteristics than those men classified as reactively violent. The latter group were more angry and less dominant, and had more dependent personalities.

Narcissistic and avoidant abusers

White & Gondolf (2000) discerned six groupings from the personality profiles from a sample of men enrolled on multi-site US perpetrator programmes, although 16% could not be fitted into one of these groups. They differed in their level of pathology and in their demonstration of predominantly narcissistic or avoidant characteristics. Whilst most men showed some level of personality dysfunction, a relatively small portion had serious personality disorders. The majority of perpetrators were found to have narcissistic tendencies such as a sense of entitlement, superiority, self-righteousness, and self-absorption. These characteristics were evident in a guarded, distrustful, resentful and intimidating interpersonal style, and in high reactivity to perceived slights by those with more antisocial tendencies and dysfunctional personalities. A smaller group had avoidant characteristics, such as a tendency to withdraw from social situations, greater anxiety, brooding, depression, moodiness and hypersensitivity to perceived rejection. Those at the more dysfunctional end of this continuum were likely to display impulsive outbursts and angry, destructive reactions to perceived abandonment (White & Gondolf 2000, Gondolf 2002).

Antisocial/narcissistic and borderline/dysphoric abusers

A UK study of men referred to domestic violence perpetrator programmes Gilchrist et al (2003) also found support for the Holtzworth-Munroe & Stuart (1994) typology. Psychometric tests completed by a representative sub-sample distinguished four types. Three of these could be placed on an antisocial/narcissistic continuum according to their level of these traits. They showed hostile attitudes to women, low empathy, and had the highest rates of drug and alcohol dependence and previous convictions. Those who were more narcissistic or who had low levels of pathology tended to mask their macho attitudes and to respond in a socially desirable fashion, although their underlying views became more apparent with skilful probing. A fourth, distinct group were found to have borderline/emotionally dependent characteristics and reported high levels of anger and low self-esteem. This group were more likely to be anxious, depressed, blame others for their situations, and have suicidal thoughts. Interviews with a small subset of partners indicated some significant behavioural differences between these groups: Antisocial/narcissistic offenders

were generally emotionally abusive and more likely to use intimidation and male privilege, whereas the borderline/emotionally dependent group were less likely to use intimidation and were only emotionally abusive during domestic violence incidents. However, they were more likely to try and isolate their partner from friends and family. They also made greater use of threats to harm or kill.

Variations in the abusive behaviour of sub-types of abusive men

Using reports from both partners in a community sample, Marshall & Holtzworth-Munroe (2002) found that the family only abuser group engaged in the least sexual coercion, whilst the generally violent/antisocial men engaged in the most forced sex. Other typology studies have not explored the relationships between sexual abuse and perpetrator types.

Little research has been done to investigate the psychology of those who engage in partner/ex-partner stalking. Douglas & Dutton (2001) hypothesise that as the psychological profiles of the majority of such stalkers are characterised by jealousy and intrusiveness, they most closely resemble an emotionally volatile/dysphoric sub-group of perpetrators, who respond to rejection and abandonment with rage and increased attempts to control their partners. They suggest their stalking style may oscillate between threatening and intrusive behaviours, culminating in assaults when rejected, and phases of contrition when they send unwanted gifts etc. Partners of the generally violent/antisocial subgroup are thought likely to be at risk of punitive violence for a short period following separation, but their abusers are not considered to have sufficient interest in former partners to sustain a period of protracted, obsessional stalking. They are more likely to move on and find a new partner to abuse.

Future typology development should also consider the risk implications of the co-occurrence of child and partner abuse in some families (Dixon & Browne 2003). Herron & Holtzworth-Munroe (2002) used an established measure to examine the potential for physical child abuse among four types of male domestic violence perpetrators (i.e. family only, low-level antisocial, borderline/dysphoric and generally violent/anti-social), as well as comparison samples of non-violent men. Whilst both the low level anti-social and the generally violent groups were found to have significantly higher child abuse potential scores than the non-violent men, the borderline/dysphoric group posed a significantly higher risk for child abuse than any of the other groups; with 75% scoring above the high risk cut-off point. The hypotheses proposed in both these two latter studies have yet to be tested empirically however.

Synthesising findings from typology research

Typology research confirms that abusers are not a homogeneous group. Whilst typologies identified are not identical, they show significant overlap, and there is some support for a threefold typology which distinguishes perpetrators according to level of abusiveness and personality traits (Healey et al 1998, Dixon & Browne 2003). Most typologies have identified an impulsive, angry abuser (i.e. dysphoric/borderline) and a more deliberate, generally violent man (i.e. violent/antisocial) (Heckert & Gondolf 2004). However, methodological issues e.g. use of small and varied samples, and uncertainty as to which variables should best be used for a system of classification, limit the validity, reliability and applicability of results (Dixon & Browne 2003). No longitudinal studies have yet examined the test-retest reliability of perpetrator typologies to establish whether these clusters are stable over time or whether they represent different phases of abuser behaviour (Holtzworth-Munroe et al 2000). It is possible that perpetrators may gradually learn to use violence more instrumentally as a coercive tactic (Saunders 1992), or that in time they may come to extend their violence outside the family (Dixon & Browne 2003).

Whilst most typologies use a categorical approach to classification, a dimensional approach might also have merit. Violent men may share similar features (e.g. acceptance of violence, skill deficits and negative attitudes to women), but the relative importance of these common features may vary across the subtypes of abusive men. (Holtzworth-Munroe & Stuart 1994). Rather than being seen as discrete types, cluster groupings might be usefully viewed as representing points along narcissistic and dependent/avoidant personality continuums (White & Gondolf 2000, Gondolf 2002). A rigid classification scheme is not likely to prove most helpful, given several studies found that a significant proportion of men did not easily fit into identified categories (Dixon & Browne 2003).

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7.2. Implications of typology research

Typology-based interventions with perpetrators

The implication of typology research is that the "one size fits all" approach of many perpetrator programmes may be inappropriate and counterproductive. Different treatment needs may also explain the limited success demonstrated by standardised perpetrator programmes (Healey et al 1998, Heckert & Gondolf 2004). However, perpetrator treatment programmes designed for particular sub-types of abusive men have yet to be developed, and the effectiveness of different types of intervention for different types of abuser is yet to be tested (Dixon & Browne 2003, Heckert & Gondolf 2004). Whilst typology researchers have speculated as to the treatment implications of their findings, only one study has experimentally tested the relative efficacy of different types of perpetrator treatment programme for abusers with different personality characteristics. Saunders (1996) randomly assigned a mixture of court and voluntary referred men to either a feminist-cognitive-behavioural group programme using structured educational and skills training methods, or to an insight orientated process-psychodynamic group. There were no

significant overall differences between the completer's recidivism rates for the two treatment models, as assessed by official records, partner and self-reports an average two years after attendance. However, those men with dependent personality traits who attended the process-psychodynamic group had significantly lower levels of recidivism than similar men who received the feminist-cognitive-behavioural treatment. In contrast, men who scored higher on antisocial personality did significantly better in the feminist-cognitive-behavioural group. Participants' scores on avoidant, borderline and depressive personality traits were not clearly related to treatment outcome.

How useful are personality-based perpetrator typologies in practice?

Heckert & Gondolf (2004) suggest that typologies based on personality tests are only of value for risk assessment and identification of associated types and levels of intervention, if they improve prediction beyond measures of prior behaviour, or other information that is easier to obtain. Gondolf & White (2001) clustered the personality test scores of a very large sample of men attending US perpetrator programmes into four groups similar to the types described by Holtzworth-Munroe & Stuart (1994). Men who repeatedly re-assaulted their partners in the follow-up period were more likely to have elevated scores on the antisocial measures of personality, but with effects related to severity of previous abuse and prior arrest controlled, personality differences did not independently affect levels of re-assault (Gondolf & White 2001). Prospective research has yet to demonstrate whether typologies can serve as risk markers which are predictive of different types and levels of future abuse among perpetrators involved with the criminal justice system (Heckert & Gondolf 2004).

Several reviews have also raised doubts about the practical utility of typologies based on personality traits and levels of personality dysfunction, for risk assessment and intervention planning, due to the lengthy and complex assessments required to classify individuals, and the current lack of typology-based intervention programmes or clear differentiated practice implications arising from this research (Healey et al 1998, Mullender & Burton 2001a, Dixon & Browne 2003). A scientific profiling approach, which categorises perpetrators according to dominant, rather than mutually exclusive, behavioural themes, might have more utility in guiding practitioner's decision-making, and would not rely on compilation of personality or attachment style inventories, or statistical analysis (Dixon & Browne 2003). Healey et al (1998) also recommend use of more easily obtained information such as behaviour patterns as a basis to classify perpetrators and assign appropriate risk-related levels of criminal justice intervention.

Relating interventions to perpetrator types

Outcome research with a large sample of men enrolled on US perpetrator programmes also suggests over-reliance on typologies and personality testing for programme suitability screening is inadvisable. Most repeat re-assaulters did not show evidence of personality disorders, and only a small proportion were found to stand out as likely to be especially resistant and unresponsive (Gondolf & White 2001, Heckert & Gondolf 2004). US and UK studies indicate that whilst one size does not fit all, a cognitive behavioural group work programme, using a structured, directive approach, will fit most, if it addresses antecedents, behaviour and consequences associated with abusiveness such as perspective-taking, distorted ideas of masculinity, self-centredness, self-image distortions, and inter-personal deficits (White & Gondolf 2000, Gondolf 2002, Gilchrist et al 2003).

However, typology research does suggest benefits in an approach to intervention design that accommodates differences in treatment needs, enables matching of treatment duration and intensity to levels of individual abusiveness and pathology, and combines other types of interventions with a core programme to improve impact for different groups of abusers. Gottman's typology suggests that whilst one group of abusers with high levels of arousal, anger and hostility have emotional management problems, the other group are calm and controlled whilst perpetrating violence, and show no apparent need for interventions designed to help them to regulate negative emotion (Gottman 2001, Meehan & Holtzworth-Munroe 2001). Borderline/emotionally dependent perpetrators could benefit from additional interventions to address their emotional regulation problems, whereas antisocial/narcissistic offenders motivated by self-interest, are likely to be responsive to cost-benefit analysis of options which can convince them of the personal benefits of change. Both borderline/emotionally dependent and anti-social/ narcissistic groups are also likely to need additional interventions to address other related criminogenic needs, particularly alcohol abuse and negative early life experiences, delivered in conjunction with perpetrator programmes (Gilchrist et al 2003).

A small proportion of men with severe personality dysfunction may be unsuitable or unready for programme participation without first receiving psychiatric treatment and/or individual therapy (White & Gondolf 2000, Gondolf 2002). Men with high levels of psychopathology are likely to have a variety of complex behavioural problems that make their abusive behaviour more intractable, such that short-term treatments focusing on skill acquisition or attitude change alone, are unlikely to be sufficient to achieve a successful outcome. Longer term programmes, or treatment which addresses personality disorder may be required (Waltz et al 2000). Those at the high end of the avoidant-borderline continuum experiencing particularly high levels of emotional dysfunction may have difficulty coping in a group setting and be too angry distressed, agitated, depressed and/or confused to benefit from group sessions, and may gain more from an individually delivered domestic violence intervention (White & Gondolf 2000, Gondolf 2002, Gilchrist et al 2003). These emotionally volatile men are likely to need long-term interventions to achieve emotional control as well as crisis support (Saunders 1992 & 1993). Extremely narcissistic-anti-social men might be too dominating, manipulative and disruptive for a programme, and better dealt with by a prison sentence or intensified supervision. They are also unlikely to be deterred by weak criminal justice sanctions or to show up for a

programme, and are likely to be sent to prison for violating the terms of their sentence (Saunders 1992 & 1993, White & Gondolf 2000, Gondolf 2002).

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8. The harm done to women by domestic violence

8.1. Physical health consequences

Deaths

The death toll due to domestic violence includes not only homicides but suicides and other indirect deaths linked to the consequences of domestic violence such as street homelessness and ill-health, as well as the miscarriages and foetal deaths resulting from assault trauma (Department of Health 1999, Campbell 2002, Websdale 2003, WHO 2002). On average, abused women experience more operative surgery, visits to/by doctors, hospital stays and mental health consultations throughout their lifetimes than non-victims, even controlling for potential confounding factors (Campbell 2002, WHO 2002). These known consequences do not reflect the full extent of women's injuries, as less than half abused women report seeking treatment (Campbell 2002).

Injuries

UK surveys (Mirrlees-Black 1999, Coid 2000) report that 1 in 2 domestic violence assaults result in injury, as do 2 in every 3 assaults on women victims of chronic domestic violence (Mirrlees-Black 1999). International surveys indicate similar injury rates (Rodgers 1994). The 2001 BCS found that 3 in 4 women were injured in the worst last year incident, as were 97% of those who had experienced 4 or more incidents in a lifetime (Walby & Allen 2004). Research reviews (WHO 2002, Campbell 2002) highlight the significant harm caused to women's physical health by domestic violence, which is one of the most common causes of injury in women. Victims of domestic violence are more likely to have received head, face, neck, thorax, breast and abdominal injuries than other women injured in other ways (Campbell 2002). Other direct and indirect health consequences associated with domestic violence include permanent disability, chronic pain syndromes (e.g. headaches and backaches), neurological symptoms such as seizures (which may be the consequence of head injury or partial strangulation), gastrointestinal problems (e.g. eating disorders, irritable bowel syndrome), and ocular damage (WHO 2002, Campbell 2002).

Gynaecological problems

Gynaecological problems are the most consistent and long lasting physical health differences between domestic violence victims and other women. Abused women have been found to be up to three times more likely to experience problems such as sexually transmitted diseases, vaginal bleeding and infections, fibroids, decreased sexual desire, pain on intercourse, pelvic inflammatory disease, and urinary tract infections, than other women (Schei 1997, Department of Health 1999, Bergen 1999, Campbell 2002, WHO 2002). The Canadian VAWS found that 10% of the women reporting physical and sexual assaults by partners said they had received internal injuries. Frequency of gynaecological problems has been associated with severity of physical abuse, with those experiencing both physical and sexual abuse being at greatest risk (Campbell 2002). The higher prevalence of gynaecological problems amongst abused women is likely to be linked to forced sex (Schei 1997, Bergen 1999, Campbell 2002, WHO 2002). In a US community sample of domestic violence victims Campbell & Soekin (1999) found that women who had experienced sexual assaults from their partners reported significantly more gynaecological problems than those who had only experienced physical assaults, even when demographic factors and effects due to co-occurring physical assaults were controlled. Other factors associated with abused women's increased risk for gynaecological problems are repeated terminations and the greater likelihood that abusive men will have multiple sexual partners, be unwilling to use contraception, or to allow their partners to do so. Victims often report such requests result in further abuse (Schei 1997, Department of Health 1999, Bergen 1999, Campbell 2002, WHO 2002). Abused women are less likely to comply with STD treatment and therefore face more chronic health problems because they are afraid to take medication home in case this leads to accusations of infidelity and further beatings (Schei 1997). Unwanted or unintended pregnancy and HIV have also been found to be significantly associated with domestic violence, suggesting that some pregnancies may be the result of rape (Schei 1997, Mezey & Bewley 1997, Department of Health 1999, Bergen 1999, Campbell 2002, WHO 2002).

Harmful effects in pregnancy

Domestic violence during pregnancy doubles the risk for miscarriage, caused by abuse trauma and the psychological stress of living with a violent partner, and has also been associated in some international studies with stillbirth, late entry into prenatal care, premature birth, foetal injury (including broken bones and stab wounds) and foetal and maternal death (Schei 1997, Mezey & Bewley 1997, Department of Health 1999, Mezey et al 2000, WHO 2002). In a UK study, 30% of women who experienced violence during pregnancy also reported a miscarriage because of domestic violence (Coid 2000). Abuse is also a significant risk factor for low birthweight (Schei 1997, Mezey & Bewley 1997, Department of Health 1999, WHO 2002, Campbell 2002). Assault trauma leading to premature delivery is a contributory factor, and abuse-related low maternal weight gain, increased smoking, drug and alcohol use, and suicide attempts can increase the risk of premature birth or other complications (Mezey & Bewley 1997, Campbell 2002). Domestic violence is associated with other health problems affecting pregnancy such as sexually transmitted diseases, urinary-tract infections, depression and substance abuse problems (Department of Health 1999, Campbell 2002). The foetus may be indirectly harmed by women being prevented from seeking or receiving proper antenatal or postnatal care by abusive, controlling partners (Mezey & Bewley 1997). Partners of abused women have also been observed to refuse to leave the room during antenatal clinic appointments and to answer all questions put to the woman, limiting

her capacity to participate in her own care (Department of Health 1999). When some midwives requested private interviews with women for the Mezey et al (2000) study they were threatened by partners. Experience of partner violence has also been linked with unsafe abortion (WHO 2002). Abused women often report that they are forced to have an abortion or forcibly prevented from having one (Schei 1997).

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8.2. Mental health consequences

Meta-analysis and research reviews of studies that examine the links between women's experience of domestic violence and adverse mental health effects, demonstrate the substantial serious psychological harm strongly and consistently associated with abuse by male partners. (Golding 1999, Jones et al 2001, Campbell 2002, WHO 2002). These studies often underestimate the odds for abused women relative to non-abused women because study comparison groups used are either women in the general population who *include* abused women, or other distressed groups of women not reporting violence (Golding 1999).

[Depression](#)

Average prevalence rates for clinical depression amongst abused women were 48% across 18 studies. Victims were on average 4 times more likely to be depressed than women in general. Highest prevalence rates were found among women in refuges. Severity or duration of violence was associated with prevalence or severity of depression (Golding 1999). International studies and other reviews confirm this relationship (Riggs et al 2000, WHO 2002). In a national Dutch survey, incidence and severity of unilateral partner violence and sexual force accounted for most of the variance in psychosomatic and depressive complaints reported by participating women (Romkens 1997). Women who have experienced both sexual and physical assaults are at greater risk for depression (Bergen 1999). Number of forced sex experiences (including child sexual abuse, and rapes in and outside the relationship) was found to correlate significantly with depression and poor body image (Campbell & Soeken 1999). Depression in abused women is also associated with the life stressors that often accompany domestic violence such as child behaviour problems, and many changes in residence (Campbell 2002). However, evidence suggests depression tends to recede once women are free from violence (Golding 1999).

[Post traumatic stress](#)

Post-traumatic stress is a normal reaction to abnormal events that involve actual or threatened death or serious injury. It involves re-experiencing traumatic events e.g. through nightmares, flashbacks and intrusive thoughts, avoidance of trauma-related stimuli, emotional numbing, and hyper-arousal e.g. restlessness, irritability, hypervigilance and sleeplessness. It is often found among combat veterans, disaster survivors and torture victims. The potential suitability of a post traumatic stress disorder (PTSD) diagnosis for abused women's mental health symptoms is supported by the similarities between the behaviour of domestic violence perpetrators and the captors of prisoners of war. Abused women also report all the components of torture included in the Amnesty International definition (Jones et al 2001). Average prevalence rates for PTSD amongst abused women were found to be 64% across 11 studies meta-analysed by Golding (1999) who found victims were on average 4 times more likely to meet the criteria for PTSD diagnosis than women in general. 43 studies reviewed by Jones et al (2001) indicated PTSD rates of 31-84% among diverse samples of abused women. Rates were highest among residents of refuges. International studies and other reviews show comparable findings (Riggs et al 2000, WHO 2002). Severity, duration and intensity of violence are associated with higher prevalence or severity of PTSD (Golding 1999, Jones et al 2001, Campbell 2002). Concurrent sexual, physical and psychological abuse are also associated with increased trauma symptoms (Jones et al 2001, Campbell 2002). Previous experience of these abuses in childhood further increases the risk (Jones et al 2001). Evidence also suggests that lower socio-economic status, lower levels of social support, youth and a large number of children all increase the risk of PTSD. Exposure to multiple traumas affects capacity to recover from subsequent trauma (Jones et al 2001).

Because symptoms of depression and PTSD overlap, depression symptoms detected in some studies that did not test for PTSD may indicate its presence. Many medical practitioners lack sufficient understanding of trauma and its effects and are inclined to misdiagnosis (Jones et al 2001). Conceptualising abused women's symptoms as a normal response to traumatic stress can help victims understand links between abuse and its mental health effects, and open up possibilities for intervention, thereby reducing the anxiety and sense of powerlessness arising from the trauma itself (Golding 1999, Jones et al 2001, Humphreys & Thiara 2003).

[Suicidality](#)

Average prevalence rates for suicidal thoughts and attempts amongst abused women were 18% across 13 studies. Victims were on average 4 times more likely to be suicidal than women in general (Golding 1999). This association has been found in societies as diverse as Sweden and Papua New Guinea (Campbell 2002 WHO 2002). In a national Dutch survey, incidence and severity of unilateral partner violence and sexual force accounted for most of the variance in reported suicidal thoughts among participating women. 25% of those who experienced repeated, medium to severe violence reported regular suicidal thoughts compared to 4% in the no violence group (Romkens 1997). Risk of suicide is particularly strong for domestic violence victims with PTSD symptoms. Those with PTSD are 15 times more likely than non-sufferers to attempt suicide (Jones et al 2001). Studies reviewed by Humphreys & Thiara (2003)

indicate significantly elevated rates of self-harm among young Asian UK women in which domestic violence linked to forced marriage is a factor.

Substance abuse or dependence

Average prevalence rates for alcohol misuse amongst abused women were 19% across 10 studies, and for drug misuse were 9% across 4 studies. Victims were 6 times more likely to abuse alcohol than women in general. Prevalence was higher among women in refuges (Golding 1999). International studies confirm these relationships (WHO 2002). Some studies indicate a stronger relationship when violence is severe (Schumacher et al 2001). Clear cause and effect relationships are difficult to establish (Jones et al 2001), however, one study reviewed by Campbell (2002) indicated domestic violence preceded alcohol and drug misuse in most cases. 1 in 4 women sampled in the Canadian VAWS reported using alcohol or drugs/medication to help them cope with domestic violence; this rose to 1 in 3 for those reporting emotional abuse and to nearly 1 in 2 for those who had sustained injury (Rodgers 1994). Evidence that women who report being victims of child abuse and domestic violence have significantly more lifetime drug and alcohol dependence than women who do not report abuse, suggests for some women there may be a complex recursive relationship between these factors (Jones et al 2001). Post-traumatic stress may also be associated with increased substance misuse by abused women as a form of self-medication for symptoms (Campbell 2002).

Other psychological problems

Other mental health difficulties found to be associated with experiencing domestic violence include cognitive difficulties (e.g. perception and memory problems), anxiety disorders, eating disorders, intense fear, somatisation, phobias, panic attacks, sleep disorders, and obsessive-compulsive behaviour (Riggs et al 2000, Jones et al 2001, Campbell 2002, WHO 2002). All of these symptoms are consistent with PTSD (Jones et al 2001). Lowered self-esteem, increased fear, less trust of others, and feelings of shame and guilt are also outcomes frequently reported by abused women (Rodgers 1994, Campbell & Soeken 1999, WHO 2002). In common with other trauma victims, particularly those who have been held captive, women who have been abused by their partners and who have experienced overwhelming fear and/or unpredictable violence, may often come to identify with and depend on the person exercising power over them, as a survival mechanism. This phenomena has been termed traumatic bonding (Dutton 1995d) and may explain why some women find it particularly difficult to leave behind abusive relationships (Dutton 1995d, Jones et al 2001).

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8.3. The adverse impact of psychological abuse, stalking and secondary victimisation

The impact of psychological abuse

Despite an implicit assumption in much of the literature that physical abuse has more harmful consequences than psychological abuse, overall, retrospective reports from abused women and longitudinal research indicate that psychological abuse has at least as negative an effect on mental health (O'Leary 1999). US studies (Dutton et al 1999, Sackett & Saunders 1999) confirm the salient influence of psychological abuse on several measures of wellbeing. Levels of physical and sexual assault were significantly related to depression but psychological abuse variables were the better predictors, accounting for more of the variance in depression scores. High levels of psychological abuse also significantly predicted post traumatic stress disorder, acute stress (Dutton et al 1999), and low self-esteem (Sackett & Saunders 1999), over and above effects accounted for by assaults and injury. In the Sackett & Saunders (1999) study psychological abuse was also found to be a much stronger predictor of fear than physical abuse and accounted for 53% of the variance in women's reported levels of fear. Qualitative UK research with women survivors using outreach services (Humphreys & Thiara 2003) echoes these findings: themes of intense fear for their lives, entrapment, and an eroded, undermined sense of self due the abuser's extreme controlling, blaming and humiliating tactics contributed to high levels of trauma-related distress, suicide attempts and reliance on alcohol, with the large majority fearing for their mental health. Some women spoke of their abuser not even allowing them to go to the toilet on their own.

The impact of stalking

In addition to adverse psychological consequences associated with stalking, 67% of women who reported being stalked by partners/ex-partners in the 1998 BCS (Budd & Mattinson 2000) had changed their lifestyle to avoid certain places/people. Almost half went out less often and took extra personal security measures. High levels of fear influenced these reactions with 60% of the women fearing future violence against themselves and 50% fearing violence against someone they knew.

The impact of secondary victimisation

The United Nations handbook on justice for the victims of crime (United Nations 1999) defines secondary victimisation as occurring through the responses of institutions and individuals to the victim. Institutionalised secondary victimisation is most apparent in the criminal justice system and can involve inappropriate or insensitive conduct by criminal justice personnel, or processes of investigation, prosecution, sentencing and sentence implementation that take insufficient account of the victim's perspective. Victims of crimes involving abuse of power are particularly likely to be negatively affected by secondary victimisation as it involves further perceived abuse of power and violation of rights, which can reinforce the effects of earlier trauma, affect self-esteem and faith in the

future, deprive the victim of appropriate deterrence and prevention to ensure their safety, or deny recognition of their victimised status. Some victims may be particularly distressed if the perpetrator receives better or more costly rehabilitation than they receive themselves (Orth 2002). Stereotypes of and prejudice towards domestic violence victims (especially rape victims), particularly when they involve blaming victims, not taking their experiences seriously, or exclusion from decision-making and information, can add significantly to the totality of trauma (Viano 1996). A lack of procedural and interactional justice and the psychological stress of court proceedings are all critical factors affecting the experience of secondary victimisation (Orth 2002).

Whilst little research has been conducted on the effects of secondary victimisation on domestic violence victims, there is some evidence that use of the legal system adds to the adverse effect of abuse, with more heightened psychological symptoms showing among those who pursue their cases than among those who do not (Dutton 1995d). A German retrospective study (Orth 2002) of predominantly female victims of physical and sexual assault found that 67% reported negative effects from criminal proceedings. Dissatisfaction with the outcome and with the justice of the proceedings (e.g. the victim not feeling their interests were taken into account, or that they had been given sufficient opportunity to present their views), significantly predicted negative effects on coping with victimisation, self-esteem, faith in the future, trust in the legal system and faith in a just world. Some participants commented that the effects of the criminal proceedings had been more harmful than the victimisation itself.

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9. Women's responses to domestic violence

9.1. Processes of surviving a violent relationship

Qualitative studies of the accounts of diverse samples of abused women (Bergen 1995, Kelly et al 1999, Kearney 2001, Burke et al 2001, WHO 2002) have identified common threads and themes in their descriptions of the processes and coping strategies involved in surviving abusive relationships, including periods of denial, self-blame, disengagement and recovery. Abused women move through and between various stages, which differ in their duration and intensity according to the psychological, social, cultural and economic resources available to them, and to the behaviour of their abuser. They commonly include: discounting early violence for the sake of the relationship, enduring by stifling of self and careful monitoring of the partner's behaviour, immobilisation and demoralisation in the face of increasing, unpredictable violence, defining the abuse as unacceptable and intolerable, resistance, moving out of the relationship, and recovering from the trauma (Bergen 1995, Kearney 2001).

Discounting early violence

Many women become involved in these relationships at vulnerable points in their lives (Bergen 1995). Culturally valued ideas of women's loving behaviour, such as loyalty, home-building, accepting disappointments, making sacrifices for others, and coming up with strategies to fix problems, often sustain women in relationships when they become abusive (Kearney 2001). In the early stages, women usually react to abuse with shock and disbelief; often viewing it as an aberrant incident, or sometimes not recognising it as abuse. Pre-existing substance misuse problems can delay this realisation for some women (Bergen 1995, Burke et al 2001). Only women whose personal resources enable them to retain independence, and who hold a less self-sacrificing view of love, tend to end the relationship at the early signs of violence (Kearney 2001).

Coping by stifling self, and monitoring the abuser's behaviour

When abuse becomes a more regular occurrence, women develop coping strategies to try to endure it. Many describe simply living from day to day, trying to enjoy the good times and forget about the bad (Kelly et al 1999). They often preserve hope for relationship improvement by trying to find rational explanations for abuse (including self-blame), and endeavouring to become what their partner wants by changing their behaviour. This often involves submerging aspects of self, such as emotional responses, performing unwanted tasks, or relinquishing valued aspects of identity e.g. job, family ties or cultural membership (Kelly et al 1999, Kearney 2001). Women who are unwilling to shrink themselves in this way, tend not to try to make sense of the violence and are much more likely to put an early end to the relationship (Kearney 2001). Most abused women are not passive recipients of abuse; rather they adopt active, considered strategies to maximise their safety and that of their children, including safety planning (e.g. hiding key documents or weapons). Monitoring and appeasement are frequently used to try and control or minimise the risk of abuse or injury. Many abused women are constantly watchful for signs of impending violence and often will go to great lengths to make arrangements and behave in ways that minimise the risk of provoking the perpetrator by acceding to his demands, placating him, trying to reason with him, trying to keep things quiet for him, or manipulating situations so as to stay out of his way (Kelly et al 1999, Kearney 2001, Goodman et al 2003). Women often try to limit their physical and emotional injuries by avoiding physical resistance, and psychologically disassociating from the experience (Bergen 1995).

Immobilisation and demoralisation

When violence becomes more unpredictable and harder to control or avoid, women's demoralisation and depression tends to grow (Kearney 2001). They may doubt their perceptions of reality, and come to trust their partner's definitions of the situation, particularly when isolated from other's perspectives and validations (Bergen 1995). Some cope by drinking or taking prescribed drugs, which tend to blur their perceptions of the relationship, or by becoming emotionally numb (Bergen 1995, Kelly et al 1999, Kearney 2001, Burke et al 2001). When debilitated by terror, subjugation, isolation, and partner control, women may come to accept abuse as not as bad as the likely effects of leaving the relationship, and resort to developing skills in minimising the abuse, making excuses for the perpetrator's behaviour, and in hiding the abuse from children and others to avoid outside interference and consequential retaliation (Kearney 2001).

Redefining the relationship

The pivotal process of re-defining the relationship as fundamentally unloving and abusive, can be subtle or sudden (Kearney 2001, Burke et al 2001), and usually follows from one or more of the following: intervention from the outside, inadvertent exposure of the abuse leading to the re-framing of the situation, an escalation in violence severity and brutality, an extension of violence to others (e.g. threats to children), an internal accumulation of hurt and disillusionment that finally outweighs the hope of improvement, or an increase in self-worth because of outside experiences which makes independence seem possible (Kearney 2001, Bergen 1995).

Resistance and disengagement

When women define abuse, submission and self-sacrifice as unacceptable, they become angry and begin to use strategies of resistance, and emotional and physical disengagement from the relationship, such as fighting back, refusing to meet some of the abuser's demands and instructions, leaving/escaping, finding out about their options,

making or re-making supportive relationships, using formal helping networks, spending time outside the home, or pursuing personal goals (Bergen 1995, Kelly et al 1999, Burke et al 2001, Kearney 2001, Goodman et al 2003). Many of these strategies of resistance, disengagement from the relationship, and engagement with others, enable women to build up the psychological and social resources and instrumental skills to contemplate, attempt, and succeed in surviving outside the relationship (Kearney 2001). Trying to recover from the trauma, re-define self, and establish a new life, brings new difficulties for abused women, including ending the emotional connection with their partner, re-location, economic instability, disruption of social networks, increased unpredictability and vengefulness from the abuser, legal problems such as child custody issues, and a legacy of ongoing hurt and disturbance affecting both themselves and their children; making the latter harder to manage and in need of protection from the abuser (Kearney 2001, Griffing et al 2002). Some women who leave find the abusive relationship less frightening and difficult to cope with than the alternative, and return. Some make many attempts before their strength and resources are adequate for leaving permanently (Kearney 2001).

Recovery

For most women who remain away from their abusers, growth in their sense of self, and in their appreciation of their own potential, gradually outpaces their emotional pain and grief for losses (Kearney 2001, Burke et al 2001). Helping relationships with family and friends are very important in this process and for some, therapy to counter self-destructive processes arising from the abuse, such as addiction (Burke et al 2001, Kearney 2001).

Change as a spiral process

Burke et al (2001) found that women's accounts of their experiences of dealing with the abuse reflected movement through phases of non-recognition, problem acknowledgement, consideration and selection of options, and use of safety strategies to remain free of abuse, and fitted a transtheoretical model of change (Prochaska et al 1992). This model describes progressive change stages (pre-contemplation, contemplation, preparation, action and maintenance), and linked cognitive and behavioural change processes (consciousness raising, self-re-evaluation, self-liberation, counter-conditioning, environmental/stimulus control, reinforcement management, developing helping relationships, relief through experiencing and expressing feelings, environmental re-evaluation and social liberation). It can be useful in understanding how women engage in the process of extricating themselves from violent relationships and re-building their lives, as it conceptualises change as a spiral rather than as a linear process, influenced by shifting perceptions of self-efficacy and the cost/benefit balance, in which re-cycling through the stages and 'relapsing,' is a natural and expected part of progressing. This model facilitates an understanding of how and why many women leave and return to abusive relationships a number of times (Brown 1997).

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9.2. Why women stay, leave or return to violent relationships

Many of these coping stages and processes are reflected in studies that examine factors associated with abused women's responses to violence including remaining in or attempting to end abusive relationships.

Staying

International and UK studies indicate that the predominant factors which can keep women in abusive relationships include fear, especially that violence will escalate if they leave, or that threats of retributive violence against themselves or their loved ones will be carried out, lack of alternative means of economic support, feeling unjustified in leaving, concern for the effects on children, lack of support from family and friends, feeling sorry for the abuser, and an abiding hope that the man will change (WHO 2002, Fleury et al 2000, Nicholson et al 2003). Fears of increased or continuing violence triggered by separation are not groundless; evidence indicates that for many women violence may continue or escalate post-separation (Fleury et al 2000, WHO 2002).

Leaving

Studies examining decisions to leave an abusive relationship also found fear featured significantly; women who experienced escalating violence and injury, who feared for their lives and/or those of their children if they remained in the home, were significantly more likely to leave, or otherwise attempt to end the relationship (Rodgers 1994, Bergen 1995, Dutton et al 1999, Humphreys & Thiara 2002 & 2003, Strohshine & Robinson 2003). Stalking, and the offender keeping weapons in the home were also found to significantly increase women's attempts to leave (Strohshine & Robinson 2003). Realisation of increasing danger and damage, including adverse effects on their health and wellbeing (e.g. psychiatric admissions), and on their children spurred many women into taking action to terminate the relationship (Humphreys & Thiara 2002 & 2003). Women surveyed in the Canadian VAWS who disclosed that their children had witnessed assaults were significantly more likely to leave a violent partner than those who did not (Rodgers 1994). A significant proportion of women also cited a growing concern that they might end up killing or seriously harming their abuser as a salient factor triggering a decision to leave (Bergen 1995, Humphreys & Thiara 2002 & 2003). Emerging alternatives, such as new job opportunities, also sometimes prompted departure (Bergen 1995). External validation can also be supporting factor; there is evidence that women are significantly more likely to attempt to end the relationship when others (e.g. friends, family or police), have witnessed the violence (Strohshine & Robinson 2003). There are also indications of positive associations between criminal justice involvement and women's decisions to leave abusive relationships. Rodgers (1994) found that women who had reported domestic violence to police were significantly more likely to leave than those who did not, and in Strohshine & Robinson's (2003)

study, women were twice as likely to try and end their relationship when the criminal justice response to previous abuse had been a more formal one (i.e. arrest and prosecution), which was in turn more likely when abuse was more severe. However, this association held even when effects attributable to the severity of prior abuse and the presence of witnesses were controlled. Taken together these results suggest that as abuse becomes more dangerous, pervasive, and uncontrollable, women are likely to progressively take a sequence of steps to try and stop it, and that they are more likely to be boosted to take decisive action to terminate the relationship when external validation is available, and when their help-seeking efforts receive a robust response from the criminal justice system.

Returning

Ending an abusive relationship is a process and not a one-off event; most women leave and return several times before finally deciding to end the relationship (WHO 2002, Griffing et al 2002). The 2001 BCS found that 4 in 10 women moved out after the worst last year incident. The overwhelming majority went to stay with family or friends but half went back home to their partner after a few days, although some were later able to get their partner to leave (Walby & Allen 2004). A study of residents of a US women's refuge found that 1 in 3 of those who had left and returned did so at least five times (Griffing et al 2002). Women may return to their abusers because they intend only a short separation to signal to their unwillingness to tolerate further violence and to lever some change from the offender. They may also return, despite an initial intention to leave permanently, because needed or expected supports and opportunities are lacking (Anderson 2003). Women's or children's continuing emotional attachment to the abuser, a wish to give the relationship another chance, the abusers expressions of remorse and promises to change, and hope that he could and would change, are among the most frequently cited reasons for, and best predictors of, women returning to the relationship (Rodgers 1994, Gondolf 1988, Griffing et al 2002). In a study of US refuge residents (Griffing et al 2002), those for whom emotional attachment had led to return in the past were significantly more likely to indicate they might be influenced by the same reason in the future. The Canadian VAWS found that women were more likely to return home if their partner received counselling for his abusive behaviour (Rodgers 1994), and in another study of domestic violence shelter residents (Gondolf 1988), the best predictor of a woman's intention to return to a previously abusive relationship was her partner's enrolment on a treatment programme. Over half of those whose partner's had done so planned to return, compared to less than 1 in 5 of those whose partners had not enrolled on programmes.

Economic and social factors affecting women and/or their children are also significantly associated with decisions to go back to partners, such as lack of transport, childcare assistance, alternative housing, and money/independent income (Rodgers 1994, Gondolf 1988, Griffing et al 2002). These findings indicate that women who had not fully appreciated the difficulties they would experience through the separation process, and who were unprepared for the feelings which would arise, were more vulnerable to returning to their abuser (Griffing et al 2002). However, returning may prove a risky strategy, particularly as having left invokes a punitive response from some offenders. Data from a large US survey on physical family violence found that with the effect of prior violence on the probability of a woman leaving controlled, victims who temporarily left, but later returned to an abusive partner, subsequently suffered more violence relative to those who never left, or those who permanently ended the relationship (Anderson 2003).

Ending the relationship

The greater women's practical and psychological preparation for independence, and for surviving ensuing adversity, the more likely they are to make a permanent break (Kearney 2001). Despite obstacles, many abused women do eventually separate from violent partners permanently. Internationally, the median time spent in a violent relationship is six years, although younger women are likely to leave sooner (WHO 2002). The 2001 BCS found that for 2 in 3 women who reported experiencing domestic violence 'many times' in their lifetime, the last incident was more than five years ago, and for 4 in 5, more than two years ago. 88% of women who had got the violence to stop said this was because they had split up with the perpetrator and/or one of them had moved out (Walby & Allen 2004). Partner violence features substantially and significantly among women's reasons for seeking a divorce (Romkens 1997, Fleury et al 2000). Factors linked to permanent separation are violence severe enough to trigger the realisation that the partner is not going to change, noticeable adverse effects on the children, and emotional and logistical support from family and friends (Fleury et al 2000, WHO 2002).

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9.3. Help seeking

Many of the factors bearing on women's decisions to remain in or leave violent relationships are also salient influences on their decisions about help-seeking, and reflect their transition through various stages and processes of coping with domestic violence, as well as the trajectory of abuse. In a large US study of women who had sought help, most used private strategies extensively, and kept the abuse to themselves, before extending their responses to include more public help-seeking as violence increased. Use of personal coping strategies, such as placating and resistance, were most common, but retrospectively rated as least helpful, as they did not significantly change or challenge their partner's control, or the balance of power in the relationship (Goodman et al 2003). A view of domestic violence as a personal problem, often reinforced by community and perpetrator denial, as well as fear of retaliation and socially ostracisation, deter many women from confiding in others and seeking help (Dominy & Radford 1996, WHO 2002).

Barriers to disclosure and help-seeking

UK surveys indicate that the majority of victims keep abuse to themselves. Over half of all those who disclosed domestic violence victimisation in the 1996 BCS had not told anyone about the last attack, and 1 in 3 women disclosing last year partner violence in the 2001 BCS had told no-one about the worst last year or lifetime incidents (Mirrlees-Black 1999, Walby & Allen 2004). Victims who were living with and/or married to their assailant at the time of the assault were less likely to talk about their experiences (Mirrlees-Black 1999, Myhill & Allen 2002). Sexual assaults are even less likely to be disclosed; 4 in 10 women participating in the 2001 BCS had told no-one of their worst ever experience of rape or sexual assault (Walby & Allen 2004). The 2000 BCS found that victims of partner and ex-partner sexual attacks were less likely than women sexually assaulted by acquaintances or strangers to have told anyone about it (Myhill & Allen 2002). In a Surrey community survey, only 1 in 3 abused women had talked to anyone about the violence, because they were too ashamed, felt it was a private matter, thought it was not serious enough to trouble others with, felt that people would not understand, or were afraid of repercussions if they did so (Dominy & Radford 1996). Those that did disclose the abuse to others were most likely to turn to friends and relatives (Mirrlees-Black 1999, Dominy & Radford 1996, Walby & Allen 2004). Some studies have found that many women found the responses they received from friends and family unhelpful, and put them off further disclosure (Dominy & Radford 1996), although more recent surveys indicate a more helpful response pattern nationally (Walby & Allen 2004).

Barriers to seeking help from statutory agencies identified by victims in a Sheffield community study, included lack of self-confidence, feeling sorry for the abuser, lack of trust in the ability of law enforcement and social care services to maintain confidentiality or recognise the abusers dangerousness, or prevent his violence, and the risk of arrest escalating the violence (Nicholson et al 2003). International and UK studies consistently indicate that only a fraction of domestic violence is reported to the police, and a significant proportion of this is reported by people other than the victim (WHO 2002, Henderson 2003). Only 8% of domestic violence assaults picked up by the 1996 BCS were brought to police attention by the victim, and police were informed by someone about only 12% of the assaults picked up by the survey, and only 11% of last year assaults (Mirrlees-Black 1999). The same proportion (8%) of abused women reported contacting the police in a Surrey community survey (Dominy & Radford 1996). UK surveys also indicate that less than 1 in 6 lesbian and gay victims, 1 in 6 partner/ex-partner sexual assault victims, and 1 in 3 women victims of partner/ex-partner stalking, report the abuse to the police (Henderson 2003, Myhill & Allen 2002, Budd & Mattinson 2000). Although chronically victimised UK women (i.e. those who had experienced 3+ assaults in the past year) were over three times more likely than other BCS domestic violence victims to report that police had been alerted at some point, 64% of these victims were unknown to police. Police were not informed of more than 3 in 4 assaults where the victim was injured (Mirrlees-Black 1999). The 2001 BCS focused on the reporting of worst incidents and found police were made aware of only 23% of worst last year domestic assaults and threats, and in 1 in 4 of these incidents they were informed by someone other than the victim. Whilst police were twice as likely to come to know about worst incidents when the woman received serious injuries (i.e. internal injuries and broken bones), they were still not informed in the majority of such cases. Younger women (under 25), and those in households with above average income were less likely to involve the police (Walby & Allen 2004).

Victims' views and decisions about the pros and cons of help seeking can be understood in subjective cost/benefit terms. Using US crime victimisation survey data, Felson et al (2002) analysed the reasons given by victims of violence for calling/not calling the police. Women who had experienced domestic violence were more likely to call the police for reasons of self-protection (i.e. to stop the incident or to get protection from future attack) than were other violent crime victims. However, concerns about privacy, fear of reprisal, and concern about the consequences of arrest for perpetrators, inhibited victims of domestic violence from calling the police more than victims of other violent crimes. Identified cost factors constrained more domestic violence victims from calling the police, than the benefits motivated others to do so. Whilst overriding considerations of safety and self-preservation often prompt women to involve the police, they also deter a substantial proportion of women who fear reprisals (Patterson 2003). A UK study of victim intimidation reported in the BCS (Tarling et al 2000) validates domestic violence victims' concerns about further abuse, and retaliation if they involve criminal justice agencies. 38% of abused women reported further violence or intimidation in the aftermath of a domestic violence incident, and rates of intimidation were over twice as high when the offence had been reported to the police.

Help-seeking in response to escalating violence

Escalation of abuse is associated with women's increased use of all types of coping strategies, including placating, resistance, safety planning, use of informal networks, use of helping agencies such as social and medical services and shelters, and use of legal services e.g. lawyers and police (Lewis et al 2000, Goodman et al 2003, Humphreys & Thiara 2002 & 2003). Most women who had sought assistance from their informal networks (e.g. talking to or staying with family and friends, making sure someone else was with them at risky times), considered them particularly helpful in reducing the incidence and impact of abuse, particularly in the short-term (Goodman et al 2003). Women participating in the 2001 BCS were more likely to tell the police if they had told others, and especially if they also sought legal advice (Walby & Allen 2004). Whilst many women do not disclose abuse to public agencies, in spite of experiencing frequent and serious violence, UK studies indicate that many of those who do turned to more formal sources of help when support from social networks did not extend to confrontation of men's abusive behaviour, and when attempts at using informal controls failed to stop the violence (Lewis et al 2000). In a survey of users of UK

domestic violence outreach services, women who experienced repeated violence reported high levels of help-seeking: 80% had called the police, 68% had contact with health services in relation to the violence, 64% had contact with their local authority housing department (20% of whom were refused housing), and 44% had contact with social services for their children (Humphreys & Thiara 2002).

The 2001 BCS found women were much more likely to report domestic violence to police when it caused injury, was more severe and occurred more frequently (Walby & Allen 2004). Other studies have consistently demonstrated that key predictors of victims' decision to involve the police are a previous history of abuse, violence severity and frequency, level of injury, use of weapons, children witnessing assaults, and alcohol consumption by the perpetrator at the time of the incident (Rodgers 1994, Dutton et al 1999, Mirrlees-Black 1999, Dauvergne & Johnson 2001, Hirschel & Hutchinson 2003). Experience of high levels of dominance/isolation has also been found to predict more frequent calls to police (Dutton et al 1999).

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9.4. Understanding women's use of the criminal justice system

In a qualitative Scottish study of partners of men convicted for domestic violence, Lewis et al (2000) analysed the ways in which women engaged with the justice system as part of an ongoing process of resistance to men's violence, and negotiation of safety of themselves and their children. Women looked to the law for the symbolic as well as material power of its interventions to control men's violent behaviour. What they wanted often changed over time, from immediate police protection in the early stages of the relationship, to charge and prosecution at a later stage, when violence did not diminish. Reasons for invoking a legal response ranged from protection to prevention, rehabilitation/a 'cure' for their partner's 'sickness', and deterrence. Reviews of the literature (Hart 1996, Hirschel & Hutchinson 2003) confirm these findings; women's predominant objectives and ideas of justice centre on prevention of further abuse, rather than on punishment or retribution. Hence they do not always perceive police and criminal justice goals of obtaining a successful prosecution to be consonant with their concerns, particularly if they consider that pursuit of such goals risks compromising the safety and well-being of themselves and their children. The man's controlling behaviour is often influential in shaping women's responses by instilling fear of retaliation (Hoyle & Sanders 2000). These tensions are often played out in victim's decisions and motivations concerning police involvement (Hart 1996).

What victims want when they call the police

US and UK studies which explored women's motivations for involving police found that most wanted the perpetrator removed from the scene, sometimes as a necessary precursor to taking action to leave the relationship, or to gain a temporary respite, although not all wanted their partner arrested. Some wanted the offender to be warned, or to "teach him a lesson". Others hoped for police action to "calm him down", "make him leave me alone", provide protection for themselves and their children or enable them to leave. Some believed arrest or a warning would serve as a deterrent, others wanted arrest to precipitate attention to their partner's addiction or mental health problems (Hoyle & Sanders 2000, Hirschel & Hutchinson 2003).

In a US study that randomised police responses following a domestic violence call-out (Hirschel & Hutchinson 2003), victims who wanted the offender arrested were significantly more likely to have suffered more frequent and severe abuse in the preceding six months, and to have partners with prior arrest records. Those who wanted an arrest were also consistently more likely to suffer further abuse in the subsequent 6 months, based on both victim and police reports. As victim preferences or offender history did not influence police arrest decisions due to the experimental nature of the study, this association was not attributable to the nature of police action, but rather indicated that a correctly perceived, significant risk of re-victimisation may be characteristic of cases where the victim wants arrest. These results suggest that such requests should be taken seriously and acted upon.

Why victims may/may not want to pursue a prosecution

US and UK studies indicate that victims' views and preferences concerning the prosecution of their abuser are influenced by factors related to both the legal process itself, and to their analysis of situational cost and benefit outcomes. In a Scottish study of partners of men convicted for domestic violence Lewis et al (2000) found that questions such as: 'will it teach him a lesson?', 'will it anger him?', 'will it provide me with the practical protection and support I need to leave?' were prominent concerns, along with anxiety about the well-being of children. Women's decisions took account of the likely impact of a court case on her partner's behaviour towards her, upon the couple's finances, the man's criminal record, and the children's relationship with their father.

Legal process-related obstacles to women's willingness to proceed with prosecution of their abuser include: fear of the legal system and court process, inappropriate charging practices which trivialise the matter and cause women to lose interest in the process, delays, lack of witness protection, criminal justice personnel indifference and insensitivity, (particularly to concerns that a negative impact on their partner would increase their suffering), the economic and other costs involved (e.g. transport, time off work and child care for court appearances), concern that public exposure would adversely affect children, fear that the children would be required to give evidence, exclusion from the process and sentencing decisions (particularly when women had chosen to involve the law as part of a strategy to

'go public,' in the hope of bringing social sanctions to bear on the offender, but were unable to tell their story in court, due to a guilty plea), lack of information and support (including having to rely on their partner for outcome details), the ability of abusers to 'play the system' and continue their abuse by entering 'not guilty' pleas to deliberately expose them to the anxiety of long waits for trial and the ordeal of giving evidence, fear that they would not be believed, feeling in too fragile a state of mind to give evidence, fear of re-experiencing a previous traumatic court ordeal (particularly in sexual assault cases), a perceived lack of suitable and available rehabilitation, and a belief that prosecution and resulting court sanctions would not appreciably improve the man's behaviour (Hart 1996, Lewis et al 2000, Hoyle & Sanders 2000, Richards 2004, Cook et al 2004).

Other situational factors identified by women as contributing to a view that the costs of prosecution outweighed the benefits, included a perception that desired changes in the offender's behaviour had been achieved as a result of arrest, a wish to reconcile the relationship, a decision to separate from the abuser and a wish not to risk further aggravating him, community or family disapproval, concern about the distress and upset prosecution and sentence would cause to children, fear of increased violence or other reprisal from the abuser, fear of repercussions between their own and the perpetrator's families, concern that the outcome of the prosecution would affect family finances (e.g. job loss or fine imposition), potential loss of the offender's financial and practical assistance, and reliance on the perpetrator for child-care assistance (Hart 1996, Lewis et al 2000, Hoyle & Sanders 2000, Cook et al 2004, Richards 2004).

The influence of the man's controlling behaviour in shaping women's views was also evident. Hoyle & Sanders (2000) found that fear of retaliation was the main reason women withdrew statements or refused to make them. Some women had internalised their partner's minimisation and external blaming and did not want him punished for behaviour which was 'not his fault' and for which they either blamed themselves or attributed to alcohol or a violent childhood. Some women felt dependent on their violent partners, and isolated from other support systems, and this affected their views about the value of prosecutions (Hoyle & Sanders 2000, Cook et al 2004).

Several studies have attempted to identify key factors associated with victim co-operation or withdrawal from prosecutions. Analysis of a sample of cases processed at UK specialist domestic violence pilot courts, Cook et al (2004) found that many victims who withdrew co-operation with a prosecution were among those most at risk; they were twice as likely to be living with the perpetrator, more likely to have been injured, and more likely to have a known history of abuse by the same partner. However, victims were significantly less likely to withdraw when there were statements from other witnesses to support the case. In contrast, in the US, Dutton et al (1999) found that frequency of physical assault was the strongest predictor of current co-operation with criminal prosecution. A prospective study of predominantly black women (Goodman et al 1999), investigated the impact of stressors facing women who prosecute their abusers on high rates of prosecution discontinuance. Those who reported higher levels of alcohol and drug abuse were 3 times less likely to co-operate, whereas high levels of tangible support (e.g. availability of material help with transport, childcare, daily chores, or financial crises), experiencing severe violence during the past year, and having children in common with the abuser, each increased the likelihood of co-operation with the prosecution 2-4 fold. Taken together these findings suggest that women are more likely to participate in prosecution when they are ready and able to conclude that other strategies have proved ineffective in curtailing escalating violence, and when they have reduced their investment in the relationship. External support and validation appear to bolster such decisions. Women who have children with the perpetrator may be motivated to use the prosecution process to manage a dual parenting relationship.

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10. Domestic violence and children

10.1. The co-occurrence of domestic violence and child abuse

Domestic violence creates a violent and coercive environment conducive to both physical and sexual abuse of children (Tomison 2000). Violence to women may coincide with their children being at greatest risk (Mullender 2001).

Difficulties in assessing the overlap between domestic violence and child abuse

Both community responses and research in relation to domestic violence and child abuse have developed along separate lines and rarely taken a life-course perspective, with the result that the links between the two are not well understood or addressed in practice (Heyman & Smith Slep 2001, Edleson 1999a, Williams 2003). Knowledge of the extent of the overlap is somewhat limited and most likely underestimated (Edleson 1999a, Humphreys 2000).

Reviews of existing research pinpoint various methodological shortcomings. Estimates of co-occurrence of child abuse and domestic violence vary considerably according to the source of the sample, how domestic violence and physical abuse of children were defined, the source of the report (i.e. self reports or social services/hospital records), the time period reported on, and which parent-child relationships the co-occurrence rates were based on. Variations in domestic violence-child abuse overlap rates reported in these studies are largely attributable to their methodological differences (Appel & Holden 1998, Edleson 1999a). Estimated co-occurrence rates are probably below the true rate as many cases of co-occurring child and partner abuse are not detected or recorded by the statutory agencies whose files provide the data for some studies (Humphreys 2000, Tomison 2000, Mullender 2001). In research relying on mothers' reports there may be a reluctance to acknowledge child abuse if it is not already known to official agencies (Edleson 1999a, Tomison 2000, Mullender 2001).

Estimating the extent of the overlap –international reviews

North American and Australian literature reviews find very significant, though varied levels of co-occurrence of domestic violence and physical child abuse in families. Studies reviewed by Appel & Holden (1998) found overlaps from under 30% to almost 100% in relation to physical abuse. Using a definition of child abuse that excluded corporal punishment falling within the law, they conservatively estimated the overall co-occurrence rate to be in the region of 40%. Edleson (1999a) used a wider definition of child abuse (including sexual abuse and neglect) in his review. He found that in 30-60% of families where either child abuse or domestic violence was occurring, the other form of violence was also being perpetrated. An Australian review estimated that some form of child abuse was up to 15 times more likely in families where there was domestic violence, and that this co-occurred with 1 in 5 child sexual abuse cases (Tomison 2000).

A very large study of records for the whole US army (Rumm et al 2000) controlled for the socio-economic effects that might inflate some estimates derived from non-representative samples. During a six-year period, soldiers who perpetrated an identified incident of domestic violence were almost 2½ times more likely to have a later substantiated report of physical child abuse perpetration and 1½ times more likely to have a substantiated report of child sexual abuse than other soldiers of similar rank and age. These rates were thought to be an underestimation due to some soldiers being forced to cut short their army careers because of their domestic violence.

Estimating the extent of the overlap-UK research

There have been no large-scale studies of the co-occurrence of domestic violence and child abuse in the UK and there is no national arrangement for systematic data collection to investigate and address the size of the problem. Overall UK prevalence rates are therefore difficult to estimate. Domestic violence was found to be a known issue in at least 1 in 3 child protection cases and at least 40% of child sexual abuse cases in evidence reviewed by Mullender (1996) and Humphreys (2000). Some evidence suggests that particularly in serious cases, both mothers and children may be abused at even higher rates. Walby & Myhill (2001b) cite indications from police records in one area of a 40-50% co-occurrence. A study of UK child death reviews conducted by local authorities (Sinclair & Bullock 2002) found that in those cases where the mother was living with a partner (78%), 2 in 3 of the partners were known to be domestic violence perpetrators. In a survey of 200 users of UK domestic violence outreach services commissioned by Women's Aid (Humphreys & Thiara 2002) 44% of women reported contact with social services about child abuse concerns. When proactive screening takes place known co-occurrence rates can increase dramatically. An NSPCC team which introduced systematic domestic violence screening of their child abuse referrals, found that identification of domestic violence doubled from 1 in 3, to 2 in 3 child abuse cases (Hester & Pearson 1998).

Domestic violence and child abuse as risk markers for each other

In combination, these studies provide convincing evidence that large numbers of children living in homes where there is domestic violence are at risk for being physically and/or sexually abused. Hence the presence of domestic violence is a risk marker for and significant predictor of child abuse and vice-versa (Walby & Myhill 2001b). Many studies do not clearly specify which parent was responsible for the abuse, however, those that do indicate that whilst fathers and mothers in abusive relationships may use similar amounts of corporal punishment, fathers tend to use more severe violence to children than do mothers (Appel & Holden 1998, Edleson 1999a, Tomison 2000). Studies of US social

services child fatality reviews indicate most perpetrators were males who also abused their partners in over 40% of cases (Edleson 1999a). Nevertheless, there is some empirical evidence to support various configurations of violent relationships; a father who is violent to both his partner and the child, and a mother who responds to her victimisation by behaving aggressively towards her child, or who is coerced by her partner into abusive child punishment (Appel & Holden 1998). The psychological problems resulting from domestic violence may also increase the likelihood that abused women will abuse their children (Jones et al 2001).

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10.2. The nature, extent and impact of children's exposure to domestic violence

How children can be exposed to domestic violence

Variation in estimates of the extent to which children are exposed to domestic violence are partly attributable to differences in the types of exposure being measured (Edleson 1999b, Holden 2003). Children may be exposed to domestic violence pre-birth; the foetus may be an intended or unintended target, or may be affected by the psychological state of the terrorised mother. Access to antenatal and obstetric services may be limited by jealous or controlling partners (Mullender 1996, Humphreys et al 2001, Holden 2003). Children may actively intervene to try and stop the violence, and they may themselves be verbally or physically assaulted during the incident either accidentally or intentionally. Sometimes the child is threatened or assaulted as a way of terrorising their mother (Mullender 2001, Holden 2003). They may be used as hostages to force their mother to return home, or forced to watch the abuse (Edleson 1999b, Tomison 2000). Occasionally a child might be coerced or encouraged to participate in the abuse (Edleson 1999b, Holden 2003). Children may also be eyewitnesses or overhear violence, or may experience the short term aftermath (distressed mothers, injuries, police, property damage, trips to hospital), or longer term consequences such as displacement from their home, incarceration or removal of the perpetrator, and psychological problems for their mothers (Edleson 1999b, Holden 2003, Tomison 2000). Children who do not see or hear abuse directly may hear or overhear of it from others. Sometimes mothers may discuss the violence with the child and turn to them for comfort and support (Holden 2003). Whilst some children may be unaware of the abuse because their mothers go to great lengths to try to shield their children, by stifling their cries etc, evidence suggests that parents seriously underestimate the extent to which their children have been exposed to the violence. For example, they may assume that because children are in bed, they are asleep (Edleson 1999b, Holden 2003, Humphreys 2000).

How exposure to domestic violence can be abusive to children

Exposure to domestic violence can abuse children emotionally and psychologically in various ways; they may be terrorised by behaviour that makes them fear for their own safety and/or the safety of their mother or siblings (Holden 2003). In a UK study that interviewed children who had lived with domestic violence, the most frequently reported response was fear that often persisted after the abuser had left or they had moved away. Anxieties about recurrence of violence led to sleeping difficulties and nightmares (Mullender et al 2000). Children are commonly intimidated by perpetrators who may threaten to abandon them, harm them, their pets, or their mother if they tell anyone about the violence. Children may also be corrupted by exposure to violence and be taught a model of abusive, misogynistic behaviour (Holden 2003) which may include being coerced into spying on their mother or being interrogated about her movements both before and after separation (Mullender 1996, Edleson 1999b, Tomison 2000). Children may be spurned by belittling, critical verbal abuse directed at them as well as their mothers, particularly if they protest against the violence. Isolation of the child may also follow from the perpetrator's attempts to deny their mother social contacts and additionally, the child's health and educational needs may be neglected when their parents are preoccupied by their own problems and unresponsive to their needs (Holden 2003).

The extent of children's exposure to domestic violence

Research reviews (Mullender 1996, Edleson 1999b, Carlson 2000, Humphreys 2000) indicate that large numbers of children are exposed to domestic violence, particularly as they are disproportionately represented in households where such abuse occurs. The majority of children whose mothers are being abused are aware of this (Mullender et al 2000). Carlson (2000) estimates that 10-20% of all children have been exposed to some form of domestic violence in a given year and as many as 1 in 3 at some point during their childhood or adolescence.

In the 1996 BCS 29% of recent victims who had children in the household said they had been aware what was going on during the last incident. Of those who had suffered repeated violence and were living with children, 45% of female and 17% of male victims said this was the case (Mirrlees-Black 1999). Evidence from a Canadian national crime survey confirms that a much larger proportion of partner assaults on mothers are witnessed by children than assaults on fathers (Bunge 2000), and in 10% of assaults on women, and 4% of assaults on men, children were also harmed or threatened in the incident (Dauvergne & Johnson 2001). Evidence from the same survey, the Canadian VAWS and other research also confirms the BCS finding that the more serious, injurious, and protracted the violence, the more likely children are to see or hear it; 61% of VAWS mothers who were injured said their children witnessed the assault (Rodgers 1994, Bunge & Locke 2000, Thompson et al 2001). These figures are considered underestimates as they do not count the cases where parents were unaware children witnessed violence (Dauvergne & Johnson 2001). Analysis of a sample of London domestic violence homicides and serious domestic violence cases reported to police (Richards 2003 & 2004), indicates that when independent reports of child exposure are available, rates may be

evidently higher: In cases where children were present in the household (i.e. in at least 1 in 2 homicides, 1 in 3 sexual assaults and 1 in 4 serious non-sexual assaults), they witnessed over 2 in 3 murders and serious non-sexual assaults, and at least 1 in 3 rapes.

Assessing and understanding the impact on children of exposure to domestic violence

Various methodological differences and limitations constrain research comparability and confident determination of cause and effect relationships concerning the effects of children's exposure to domestic violence. For example, many studies do not adequately differentiate children's witnessing of domestic violence from their direct victimisation by physical abuse, making it difficult to separate the effects of these experiences (Edleson 1999b, Carlson 2000, Wolfe et al 2003). However meta-analyses (Wolfe et al 2003, Kitzmann et al 2003) have demonstrated that notwithstanding divergence in study context, method, or type of sample studied, children exposed to physical domestic violence are consistently found to be significantly more likely to experience a range of negative psychosocial outcomes compared to children who have not faced such exposure. Overall, the strength of these effects do not appear to differ significantly according to the age or gender of the child. Based on average effect sizes, Kitzmann et al (2003) estimate that 63% of children witnessing physical domestic violence fare more poorly than the average child who has not had this experience, or who has witnessed only verbal aggression by parents.

Children's diverse responses to domestic violence exposure are variously explained by theoretical frameworks including social learning, stress and coping, trauma, and risk and resilience. Social learning theory best explains some behavioural effects e.g. aggressive behaviour, whilst other theories are more able to account for other effects. However, not all children appear to be adversely affected by exposure, so an understanding of protective and other factors which may moderate or increase risk (e.g. severity of violence, frequency and duration of exposure, and maternal coping strategies) is important for framing appropriate responses (Kolbo et al 1996, Carlson 2000).

The adverse effects of exposure to domestic violence on children

Reviews of international literature (Kolbo et al 1996, Mullender 1996, Edleson 1999b, Carlson 2000, Humphreys 2000, Kitzmann et al 2003) indicate the various ways in which witnessing physical domestic violence has been found to negatively associated with children's functioning. Negative effects of witnessing domestic violence were found to be comparable in both kind and degree to those experienced by children who have been physically abused (Carlson 2000, Kitzmann et al 2003). There is no single pattern of response; individual children react in different ways and not all children are negatively affected. The data does not consistently report particular patterns of reaction according to gender or age, or clearly elucidate the factors which may be more likely to produce one type of response rather than another (Mullender 1996, Carlson 2000, Humphreys 2000). Behavioural and emotional effects are however particularly strongly indicated (Kolbo et al 1996, Edleson 1999b, Mullender et al 2000).

Children are at significantly greater risk of exhibiting more disobedient, aggressive and antisocial (often referred to as 'externalised') behaviours, including tantrums, destructive behaviour and hurting other children, as well as more fearful, inhibited, over-controlled ('internalised') behaviours and lower social competence/interpersonal skills. Emotional effects include higher anxiety and depression, lower self-esteem, and trauma symptoms (e.g. nightmares, flashbacks, hypervigilance and emotional numbness (Kolbo et al 1996, Wolfe et al 1998, Edleson 1999b, Carlson 2000, Humphreys 2000, Tomison 2000, Kitzmann et al 2003). Other effects have been less systematically studied, but there is some evidence that exposure to domestic violence may also be linked to lower academic performance and/or impaired cognitive development and to pro-violence attitudes (Edleson 1999b, Carlson 2000, Kitzmann et al 2003). Longer-term problems of depression, low self-esteem and trauma symptoms linked to witnessing domestic violence are also indicated by some retrospective studies using samples of college students, even when effects due to other childhood abuse and parental substance misuse were controlled (Edleson 1999b, Carlson 2000). Witnessing adult violence and being abused both independently and in combination, have also been found to be significantly associated with adolescents' use of violence (Edleson 1999b).

Factors which increase the risk of adverse impact for children

Several factors reduce or increase the degree to which children are adversely affected by witnessing domestic violence, some of which interact with each other to create particular outcomes (Edleson 1999b, Tomison 2000). There is some evidence to suggest that exposure to multiple stressors may have a cumulative effect on children's adjustment; several reviews report studies which found that negative effects were greater for children who had witnessed domestic violence in addition to being physically abused themselves, compared with outcomes for children only experiencing one of these forms of abuse (Mullender 1996, Edleson 1999b, Carlson 2000, Wolfe et al 2003). Domestic violence has more distressing effects on children when they perceive themselves, or something they did, to be the cause of the conflict (Carlson 2000). Exposure to verbal abuse has also been shown to make an independent contribution to children's problems over and above the effects of exposure to physical violence (Carlson 2000). More intense, frequent, longer-lasting and recent violence is associated with higher levels of children's distress (Wolfe et al 1998, Edleson 1999b, Carlson 2000). Protective factors which may buffer a child against the harmful effects of these risks include an outgoing temperament, doing well at school, social support from peers, teachers, and other adults, and a close, supportive relationship with the non-abusive parent (Carlson 2000).

Children's coping strategies

There are also a number of factors that help explain the relationship between exposure to domestic violence and its effects. Children's reactions can be seen as coping strategies rather than passive responses, some of which may be more functional than others. Children who try to control their own negative emotional responses by 'wishing the violence away', fantasising a happy parental relationship, distracting or distancing themselves, may fare better than those who cope by blaming themselves or by behaving aggressively to divert or disrupt the violence (Edleson 1999b, Carlson 2000).

Children show a wide range of other practical coping strategies. They sometimes report intervening directly or trying to get help and calling the police. Children in Black and South Asian families were more likely to seek help from other family members and to anticipate a racist reaction from white professionals, but this response was complicated for some South Asian children by fear of an unsympathetic response from their own communities and sometimes by collusion or active participation in the abuse of their mothers by members of their father's family. (Mullender et al 2000). More than half the mothers in one study reported that their children sometimes intervened to try and stop the abuse; either by yelling, calling someone for help (21%) or physically intervening (23%). The higher the level of physical and emotional abuse and its negative effects on their mother, the more likely children were to physically intervene (Edleson et al 2003). Most children interviewed in a UK study attempted to keep themselves and their younger siblings away from the violence while it was happening. They also reported trying to help their mothers with the emotional impacts and taking on extra responsibility for their siblings. Most children reported receiving little assistance from anyone except their mothers. Professionals were perceived as ignoring or often disbelieving them (Mullender et al 2000).

How domestic violence can affect relationships between mothers and children

Whilst care should be taken not to pathologise women who experience domestic violence, their functioning is often impaired by abuse while it continues. Domestic violence can cause significant maternal traumatic stress, particularly when abuse is frequent, severe, multi-dimensional, and unpredictable. Psychological traumatisation can affect the quality of parenting by causing irritability, depression, distractedness, emotional numbness and withdrawal, which can in turn reduce attentiveness and responsiveness to children (Levendosky & Graham-Bermann 2000, Carlson 2000), leading to increases in children's externalising and internalising behaviour (Carlson 2000).

Children who witness domestic violence are more likely than other children to receive substantial amounts of physical punishment (Carlson 2000). Mothers may punish their children more harshly to forestall a more severe beating from an abusive man (Mullender 2001), and some stressed mothers have been found to respond punitively to externalising behaviour, particularly from their sons (Carlson 2000). A study of abused women's parenting which integrated an ecological perspective with trauma theory (Levendosky & Graham-Bermann 2001) found that emotional and physical domestic violence, and lack of social support, significantly predicted negative psychological functioning in mothers (depression, insomnia, anxiety, trauma symptoms) which in turn predicted lower levels of child adjustment and poorer parenting. Evidence suggests however that mothers' use of physical punishment and associated stress decreases significantly once they are out of the abusive relationship and in a safe place (Carlson 2000, Levendosky & Graham-Bermann 2000). Children also have the ability to recover from the effects of domestic violence once they are in a safer environment (Mullender 1996, Humphreys 2000).

The risks associated with post-separation contact between children and perpetrators

Post-separation arrangements for children can often provide an avenue for further abuse. Perpetrators may attempt to control the situation by manipulating family law provisions including alleging unsatisfactory care by their ex-partners. They may pursue contact or residence orders as a means of access to, or revenge against the woman, irrespective of the wishes or needs of the children. Contact arrangements can place both children and domestic violence survivors at risk, not least because they may provide perpetrators with access or the means of access to their ex-partner's address and phone number (Mullender 1996).

In cases of serious domestic violence, child contact can be fraught with risks. The 2001 BCS found that of those women who had seen their abuser since they split up because of the children, 29% had been threatened, and 13% had been abused in some way, and 2-3% had experienced abuse or threats to children (Walby & Allen 2004). These difficulties may be more acute for women who have experienced more severe and sustained abuse. The majority of women living in refuges report receiving continued abuse during child contact visits, handovers or related telephone contact (Humphreys 2000, Mullender 2001, Humphreys & Thiara 2002). A small-scale study in England and Denmark found that most abused mothers wanted their children to have safe, 'quality' post-separation contact with their fathers, but they found this was rarely possible to achieve, as more than 9 in 10 fathers assaulted their ex-partners when they took or collected children from contact visits. Many also reported that fathers pumped children for information about their mother's whereabouts on these visits, or even involved them in plans to kill their mothers. Half of the mothers reported prior physical or sexual abuse of children and the majority of these said that contact had nevertheless been ordered by the courts. Many reported further abuse and neglect by fathers during these visits. Only 13% of the English women were eventually able to negotiate safe arrangements (Hester & Radford 1996). There is also a risk that children can be abducted during contact visits (Mullender 1996).

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PART 2: WHAT DO WE KNOW ABOUT DOMESTIC VIOLENCE INTERVENTIONS?

11. Assessing risk

11.1. Establishing domestic violence history

Full and accurate information about domestic abuse history is critical to any effective screening and risk assessment process. Reliance on records of convictions will seriously underestimate judgements about the extent or likelihood of domestic perpetration given the level of attrition in domestic violence cases (Richards 2004). Police information on domestic violence call-out histories will give a slightly fuller, but by no means complete picture. 9 in 10 UK domestic violence incidents are not reported to police (Mirrlees-Black 1999, Dominy & Radford 1996), and many incidents which are brought to police attention, particularly involving repeat victimisation, are under-counted or not recorded by police (Plotnikoff & Woolfson 1998). Use of offender self-reports may increase identification of previous abuse, but they are problematic due to minimisation and denial, self-deception, impression management and other forms of response bias (Tolman & Bennett 1990, Mullender & Burton 2001a, Saunders & Hamill 2003). Most confidence can be placed in partner and ex-partner accounts of abuse history (Bennett & Williams 2001, Mullender & Burton 2001a, Gondolf 2002). However, they may be harder to obtain and may also underestimate violence due to fear or embarrassment (Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999, Robertson 1999, Gondolf 2000a). As official records, perpetrator self reports and partner reports each have validity problems they are best used in combination to establish an abuse history, although even when viewed collectively, incidence of abuse is likely to be underestimated (Hamberger & Hastings 1993, Cunningham et al 1998, Mullender & Burton 2001a).

In a multi-site analysis of the accounts of relationship violence given by programme attenders, drop-outs, and their partners, Heckert & Gondolf (2000a) concluded that women's reports are generally more valid than men's when assessing violence frequency and severity, although women may still underreport both the number and gravity of assaults. 30% of women underplayed the seriousness of the index offence compared to police reports of the incident, and 5% of the assaults admitted by men during a 12 month follow-up period were not disclosed by women. Women's accounts suggested initial tendencies to underreport violence were linked to a wish to preserve the relationship, or to a belief that things were improving. Men were more likely to minimise than deny their index offence, and more likely to deny outright their post-sentence violence. During the 12-month follow up period the correspondence between the men's and women's accounts decreased significantly from 61% agreement about the index offence to 17% about the occurrence of further violence. 80% of those men whose partners reported a further assault denied any assault had occurred. 31% of women vividly described serious assaults in detail, mostly involving choking, burning, threats to kill and use of weapons, yet each of these cases the man denied any violence (Heckert & Gondolf 2000a). Younger men, those with children, and those whose partners had earlier reported them being drunk on several occasions, were more likely to underreport post-intake violence. Men's personality characteristics showed no enduring relationship to their propensity to underreport. Results indicated that disparities between men's and women's accounts of further violence could not be predicted much beyond chance from factors evident at intake, and were most likely to be related to what was happening in the relationship, and to the perceived benefits/costs of truth telling or denying (Heckert & Gondolf 2000b).

Patterns of significant under-reporting of domestic violence by both perpetrators and their victims, particularly where the relationship is ongoing, and particularly at the post-sentence stage, by the man, indicate the importance of collecting and evaluating information from a range of sources, especially victims and police, in order to accurately assess both frequency and severity of violence before, during and after criminal justice intervention. Without such assessments, evaluations of individual's risk and of intervention impact will be distorted and misleading (Heckert & Gondolf 2000a).

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11.2. The value of women's risk predictions

Studies of men referred to perpetrator programmes and/or charged or prosecuted for domestic violence have shown that their partner's predictions of further violence have considerable predictive validity. They are not only influenced by some of the risk factors identified by research, but they also add significant predictive value to that of other risk instruments or indicators.

Weisz et al (2000) asked women to predict the likelihood of their partner becoming violent during the next year, and found that their risk assessments significantly improved the prediction of self-reported severe reassault over a four month follow-up period, after controlling for effects associated with over 20 other possible risk factors derived from previous research. Similarly, in a multi-site evaluation of perpetrator programmes (Heckert & Gondolf 2004), women's perceptions of risk at programme intake significantly predicted men's use of threats and reassault over a 15 month follow-up period, and had substantial additional predictive value over and above effects found for other risk markers. Women's perceptions alone were found to be more predictive of repeated reassault than two out of three

risk assessment instruments, including the Spousal Assault Risk Assessment (SARA) (Kropp 2002). Only Campbell's Danger Assessment Scale (DAS) (Stuart & Campbell 1989) was a slightly stronger predictor than the women's perceptions considered by themselves (Heckert & Gondolf 2004). In another study of women attending court following their partner's arrest for domestic violence (Cattaneo & Goodman 2003), women's perceptions of the offender's dangerousness were significantly associated with increased incidence of further harassment and assault during the subsequent three months. Women's reports of whether they had ever feared for their lives have also been found to significantly predict whether or not they would be injured, or seriously injured (Thompson et al 2001).

Among factors examined in two studies, the strongest determinants of women's risk predictions were previous abuse (including recent assaults, severe violence, controlling behaviour, dominance and isolation, threats and emotional abuse), reports of partner's prior alcohol use, level of contact/access to the woman, general violence (measured from victim reports and official records), and changes in the nature of the relationship e.g. no contact with partner (Gondolf & Heckert 2003, Cattaneo & Goodman 2003, Heckert & Gondolf 2004). Evidence suggests that whilst women base their risk assessments on many of the same factors as research-derived risk assessment instruments, they improve upon these by taking account of other subtle, dynamic signals relating their partner's mood and behaviour patterns, as well as other intuitive, subconscious knowledge of significant features of the context or their partner's reactions (Gondolf & Heckert 2003). Women's perceptions of their abuser's dangerousness have also been found to be considerably influenced by his rapid mood changes and increasingly erratic, impulsive and unpredictable behaviour, which affected their capacity to anticipate and try to avoid the violence. They also used their own feelings, such as intensity of anxiety as a barometer of dangerousness. Drastic changes in their own values (e.g. contemplating violent retaliation or divorce), or in their partner's values (e.g. threats to damage cherished homes or children), broken promises by the perpetrator (e.g. to change, or to stop drinking), increased threats and displays of weapons, and deliberately aggressive driving habits by the abuser were other factors which increased risk perceptions (Stuart & Campbell 1989).

Anecdotal UK evidence confirms these findings. In their account of implementing of the Duluth pathfinder programme, Lindsay & Brady (2002) indicate that probation service contact with victims provided a rich source of information about the nature and history of abuse, which led probation case managers to revise their risk assessments and risk management plans. They found that victims were astute observers of the men who abused them, and made better risk assessments than anyone else.

Whilst these studies demonstrate the critical importance for accurate professional risk assessments of taking account both of women's reports of perpetrator behaviour, and of their related perceptions of future danger, there is evidence nevertheless, that some women's perceptions show an 'optimistic bias' and may underestimate the actual likelihood of reassault. This applies particularly to women who have drink problems (Weisz et al 2000, Gondolf & Heckert 2003). Furthermore, all of these studies used samples of women who had sought help from the criminal justice system to attempt to control their partner's violence and/or hold him to account. Women's reports may be much less reliable for accurate risk estimation when they are not yet at the stage of being ready to co-operate with prosecution of the perpetrator. They may be more likely to minimise the violence to cope with the situation (Cattaneo & Goodman 2003).

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11.3. Risk assessment approaches and instruments

Across studies some fairly consistent risk markers have been identified which predict further violence by known domestic violence perpetrators, such as prior assault arrests, chronicity and severity of previous violence, alcohol abuse, previous criminality, severe personality disorders and/or psychological problems, neglect or abuse as a child, and programme-drop-out (Saunders & Hamill 2003, Heckert & Gondolf 2004). Nevertheless, the combined predictive power of key risk markers is weak. Their ability to correctly classify those who will or will not reabuse is little better than chance (Heckert & Gondolf 2004). One approach to risk assessment involves consideration of lists of risk markers that are readily observable or accessible to practitioners. Dutton & Kropp (2000) found considerable consensus among research-based risk marker lists used by practitioners. Most include these factors and also consider general anti-social attitudes, stability of relationships, motivation for treatment, employment, and attitudes towards women (e.g. Hanson & Wallace-Capretta (2000).

Risk assessment instruments attempt to improve prediction by assembling and measuring a constellation of risk markers and calculating a score that reflects the degree of risk. Obtaining sound information, particularly about abuse, is a crucial challenge for accurate risk assessment (Heckert & Gondolf 2004, Kropp 2002). Use of interviews with the perpetrator and the victim, standardised measures of physical and emotional abuse, and of drug and alcohol abuse, reviews of records including police call-out reports, victim statements, criminal records, and any available psychological reports or tests, are all advocated as an information base for SARA compilation. Other suggested sources of useful information include cognitive and IQ tests and interviews with other relatives (Kropp 2002). Data from a large (800+) sample of men enrolled on US perpetrator programmes (Heckert & Gondolf 2004) found that personality characteristics, personality disorders and personality-based perpetrator typologies were not significant predictors of reassault, once effects predicted by other relevant variables such as violence history were taken into

account. Hence there may be little value in using personality assessments to gauge risk when equal or better prediction can be achieved with information that is easier to obtain.

The predictive validity of existing risk assessment instruments for domestic violence have not yet been comprehensively tested (Saunders & Hamill 2003). Dutton & Kropp (2000) reviewed available risk instruments and found only three specific to domestic violence prediction which had some published validity data; Campbell's Danger Assessment Scale (DAS) (Stuart & Campbell 1989) which measures women's perceptions of the danger of being killed by their partners, the SARA (Kropp 2002), which is designed for use by criminal justice professionals and relies on information gathered by them, combined with professional judgement, and Dutton's Propensity for Abusiveness scale (PAS) (Dutton et al 2001), a self-report measure which does not ask directly about domestic violence but taps into factors known to be associated with it. The latter focuses primarily on emotional abuse and is thought more suitable for use with non-criminal populations. However, it can have some value as a screening tool to identify signs or risk of domestic violence perpetration as it decreases some of the problems associated with offender denial and minimisation which can affect outcomes of other screening and risk assessment tools (Johnson & Grant 1999). Websdale (2000) reviewed available risk prediction instruments for lethality, and found only Campbell's DAS to be largely based upon a homicide data set. He concludes that such instruments are best regarded as dangerousness assessments as there is little qualitative difference between the antecedents of lethal and non-lethal domestic violence; rather risk and severity of violence is best viewed along a continuum.

The SARA

The SARA (Kropp 2002) was developed at the British Columbia Institute on Family Violence, and is a clinical checklist of 20 risk factors identified by reviewing the empirical literature. It is mainly designed for cases with an index offence of domestic violence. Risk factors are grouped into five areas: criminal history, psychosocial adjustment, partner abuse history, current offence characteristics and other factors (Kropp 2002). It is used by courts in several US states to determine the level of supervision and intervention that should be put in place in a particular case, and in Canada, to determine the treatment plan based on the level of risk. It relies on victim and offender interviews as well as criminal records. Evidence of its predictive validity is modest, although indications are that it is better than chance when used alongside professional judgement (Riggs et al 2000, Heckert & Gondolf 2004).

Kropp & Hart (2000) retrospectively tested the validity and reliability of SARA among samples of over 2,500, largely white Canadian men under probation supervision or in prison, using records and perpetrator interviews. Interrater reliability was high for judgements on individual risk markers and overall risk ratings, but was inconsistent on critical items. Overall risk ratings, which included professional judgements, significantly discriminated between men with and without an official or self-reported history of domestic violence in one sample, and between those who were or were not arrested or charged with further partner assaults after a domestic violence treatment programme, in another small sample. However, in the latter sample, not all ratings, including total scores, significantly differentiated those who reoffended and those who did not, and overall the size of the association was moderate. Victim reports of further violence were not used in this test of SARA, so it is difficult to evaluate the measure's potential as a risk predictor when only a proportion of likely domestic violence was considered.

The predictive validity of the individual risk factors identified in SARA were also evaluated retrospectively in a Swedish study using a small sample of forensically evaluated personality disordered perpetrators (Grann & Wedin 2002). SARA scores were based solely on file data and evaluated against 5-year reconviction data. Only 3 of the 20 SARA items were positively associated with increased risk of reconviction for domestic violence: past violations of conditional release or community supervision, personality disorder with anger, impulsive or behavioural instability (psychopathy), and minimisation or denial of domestic violence history. Used in this way (i.e. without additional professional judgement and based only on file data), SARA predicted reconviction only marginally better than chance. These researchers note the absence from SARA of some risk increasing factors identified by research, such as severe controlling behaviour and other psychological abuse, victim predictions, and some types of personality disorder. The absence of victim or self-reports of abuse history and continued abuse were also a limitation, and neither this validation study nor that of Kropp & Hart (2000) explored the extent to which SARA was able to predict type or severity of further abuse.

The DAS

Although the Danger Assessment Scale (DAS), which elicits information only from victims, was originally designed to predict lethality, it has demonstrated internal validity and test-retest reliability with small samples of abused women (Stuart & Campbell 1989), and an ability to predict future domestic violence in general. The DAS asks 15 questions about escalation of violence, threats, availability of weapons, generality of violence, psychological abuse, and abuser use of drugs and alcohol. Scores sum yes/no answers. The DAS is freely available: <http://www.son.jhmi.edu/research/CNR/homicide/DANGER.htm>. Goodman et al (2000) tested the ability of the DAS to predict revictimisation over a 3-month follow-up period among a sample of women who were involved in the prosecution of their abusers. The DAS was found to significantly predict reabuse and was a stronger predictor than an index of previous violence frequency/severity. However, the sample was small, the follow-up period short, and the measure of further abuse did not differentiate threats from assaults, capture escalation, or include other forms of abuse. The potential effects of court actions and related outcomes were also not

factored in, and half the original sample could not be re-contacted at follow-up. The DAS has also been used in a large study of partner/ex-partner femicide and attempted femicide in 12 US cities (Campbell et al 2003). The scale was completed using retrospective reports obtained from victims or their close associates and comparison groups of abused and non-abused women, and demonstrated acceptable reliability; a score of four or more on the scale correctly identified 83% of the women who were killed, although 40% of the women who were not killed scored at or above this level. Those scoring 8 or more were found to be at very grave risk, and scores of 8 or 9 reliably identified women who were killed.

Uses and limitations of risk instruments

In a US study of a large number of men enrolled on perpetrator programmes Heckert & Gondolf (2004) used their data to simulate the predictive value of several domestic violence risk assessment instruments over a 15 month follow-up period. SARA items were found to have a modest ability to predict repeat reassaulters (43%) but could not easily distinguish one-off reassaulters from those who reabused repeatedly. SARA was found to be a more accurate risk predictor for white perpetrators than for black perpetrators, reflecting the development of risk instruments with largely white samples. Campbell's Danger Assessment Scale, based on partner's information proved a better predictor of repeat reassaults (66%) than SARA, but was more likely to predict false positives (i.e. identify men as likely repeat assaulters who were not). However, it is feasible that programme impact may have reduced the risk for some of these men who would otherwise have reassaulted more frequently. DAS also worked best overall, with consistent results for all ethnic groups. The DAS, combined with women's general perceptions of risk proved the best predictors, although their joint predictive power was relatively modest. Heckert & Gondolf (2004) found that stronger prediction occurred when significant risk markers were considered separately rather than when they were combined as a composite index. They suggest that domestic violence risk instruments could be improved by weighting key items based on their relative predictive power. Incorporation of women's risk perceptions into risk assessment instruments, or into the professional judgements that can enhance them, is also advocated in order to improve their predictive capabilities (Weisz et al 2000, Heckert & Gondolf 2004).

Additional research is needed to demonstrate that specialised domestic violence risk assessment tools have distinctive and adequate predictive validity and reliability (Riggs et al 2000, Dutton & Kropp 2000, Sonkin & Leibert 2003, Heckert & Gondolf 2004). The potential demonstrated by these instruments may not apply to all domestic violence cases (Riggs et al 2000). Hanson & Wallace-Capretta (2000) found that scores on a structured risk measure designed for general offenders; the Level of Service Inventory –Revised (LSI-R), were a strong independent predictors of violent recidivism (measured by arrests) in a large Canadian sample of perpetrators. They contend that such an instrument should be used to assess domestic violence until future research demonstrates the superiority of tools designed specifically for partner/ex-partner abuse. Websdale (2000) cautions generally against the misuse of risk/dangerousness assessment instruments as part of an economy of power in which fast "weeding" systems, operated by overworked personnel, quantify and classify a woman's experience, and determine resource allocation and case disposal. Care and respect for the victim can take a back seat in this process, and given the imprecision of risk instruments, can lead to serious failures to adequately protect those in danger whose circumstances do not tick the correct boxes.

When used correctly however, domestic violence-specific risk instruments are considered to have value over and above more generalised recidivism assessment methods, both as short term predictors, and as tools for gaining information, raising awareness, encouraging practitioners to pay attention to victim's perceptions, stimulating communication among professionals and between practitioners and victims, informing both groups about identified risk markers, attuning them to issues they may not otherwise have considered, and guiding and structuring the collation and assessment of information such as histories of abusive behaviour not reflected in criminal convictions (Johnson & Grant 1999, Dutton & Kropp 2000, Websdale 2000, Goodman et al 2000, Saunders & Hamill 2003, Heckert & Gondolf 2004). Risk instruments can also be used to aid safety planning work with victims to provide new insights and knowledge, and to enable victims to evaluate their experience, realistically assess their own risk, and develop a strategic view of the future (Websdale 2000, Goodman et al 2000). Almost half the murdered women in Campbell et al's (2003) homicide study were not aware of the high level of their risk. In combination with the woman's personal experience and intuitions, risk assessment information can assist both victims and practitioners to instigate new safety measures (Goodman et al 2000). Domestic violence risk assessment instruments also have value as supervision planning tools and can profitably be used to screen all offenders for signs of domestic violence perpetration (Johnson & Grant 1999).

Effective risk assessment should not just rely on periodic use of risk assessment instruments but should be a continuous process, integral to case management, which recognises the dynamic nature of domestic violence. The finding from a very large data set that static and historical factors were less effective than key dynamic factors (i.e. women's ongoing predictions and accounts of the man's drunkenness) in predicting reassault by identified perpetrators (Gondolf 2002, Heckert & Gondolf 2004), indicates that good risk assessment should include ongoing monitoring of alcohol consumption, changes in the relationship, and experiences of victims and other partners, and should take account of women's changing perceptions of risk (Jones & Gondolf 2001, Heckert & Gondolf 2004). Other dynamic factors such as victim pregnancy, perpetrator stalking behaviour, current emotional crisis, and access to firearms, which may not be included in standardised risk assessment tools should also be kept under review and

considered (Kropp 2002, Richards 2004). Additionally, when domestic violence survivors predict danger, this must be taken seriously by all criminal justice personnel, even when other markers or instruments fail to identify a risk (Weisz et al 2000). Demonstrated responsiveness to well-grounded victim concerns when planning and implementing interventions with offenders validates survivor's experience and judgement, as well as increasing their safety (Weisz et al 2000, Cattaneo & Goodman 2003).

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12. Arrest, prosecution and sentencing

12.1. Impact of police intervention

Mandatory and pro-arrest policies

Most policing studies have been conducted in North America and focus on the impact on revictimisation of arrest, and mandatory arrest in particular. Mandatory or pro arrest policies in the US were developed in response to widespread dissatisfaction with low domestic violence arrest rates. They endeavour to exemplify a zero tolerance approach to domestic violence and to have a symbolic as well as practical impact on attitudes and behaviour (Healey et al 1998). There is some evidence of a positive overall effect. An analysis of 20 year partner homicide rates in 48 US cities (Dugan et al 2003) found a relationship between proactive domestic violence arrest policies, including mandatory arrest, and reduced death rates due to domestic violence. However, mandatory arrests policies have wrought some undesirable consequences, such as a high arrest rates of women who retaliate or defend themselves and a consequent risk that women will be less likely to call the police when they are being victimised again (Hanmer & Griffiths 2001, Dasgupta 2002).

Does arrest affect revictimisation?

Overall, results of arrest studies show mixed evidence of a deterrent effect (Mears 2003). Some have found that arrest is an effective technique for halting abuse; others have claimed that arrest can increase physical violence in some cases, particularly among men who do not have good community ties or an interest in social conformity (Walker 1999). In a national Canadian survey (Johnson & Hotton 2001) victims who had police contact were more likely to report that the violence stopped after this contact (44% of women and 50% of men), but 19% of women and 11% of men said violence increased after police involvement. However, without information as to the outcome of police intervention i.e. arrest, prosecution, conviction and sentence, it is difficult to assess the factors which were critical to these outcomes. Studies that explore the effects of arrest alone should therefore be interpreted cautiously, as they provide little information about the mechanisms by which any change is achieved (Tolman & Edleson 1995, Dobash & Dobash 2000). In general arrest is likely to decrease violence, but effects may depend on post arrest interventions, sanctions and monitoring (Eisikovits & Edleson 1989, Dobash & Dobash 2000). Furthermore, only limited inferences can be drawn from arrest studies that rely solely on police data for estimates of revictimisation. Lower rates of further abuse reports to police may result if victims perceived no accrued benefits from previous arrests, or if mandatory arrest policies deter victims from involving police because they do not want their partners or themselves to be arrested (Buzawa & Buzawa 2002, Dasgupta 2002).

A landmark series of US experimental studies randomised police responses singly and in combination to domestic violence cases. These responses included automatic arrest, sending the suspect away for several hours, mediation, and provision of counselling (Schmidt & Sherman 1998). Initial findings were contradictory, with some sites showing a positive short term effect for arrest, but only for employed abusers, and others showing no effect, or an escalation of violence following arrest. The design of these studies attracted considerable criticism for failing to take account of post-arrest outcomes such as prosecution and sentencing, ignoring the non-deterrence benefits of arrest (including improving the immediate safety of victims), deviating from a truly randomised response in some cases, and ignoring the nature of the messages conveyed to victims and perpetrators by police action or inaction (Zorza 1998, Stark 1998, Dobash & Dobash 2000).

More recently, a reanalysis of pooled data from all five experimental sites, using comparable outcome measures, found good evidence of a consistent, direct, though modest effect of arrest on subsequent aggression to female partners, independent of any other criminal justice sanctions. Data from 60-70% of victims indicated that arrest and any subsequent confinement (average 9 days) significantly reduced expected rates of revictimisation by 30%. This effect was unrelated to perpetrator employment. Data from official police records indicated smaller reductions of 4-10% for those arrested, which were not statistically significant. Other key findings were that the majority of abusers, whether arrested or not appeared to reduce or discontinue their abuse during the 6 month follow-up period following police involvement. In contrast, arrest had no impact for a small group of victims (8%) who continued to experience chronic unrelenting violence, which accounted for 82% of the reabuse incidents reported by victims and 23% of the further abuse incidents reported to police relating to interviewed victims (Maxwell et al 2001). Further analysis of victim interviews at one of the experimental sites indicated that arrest had most impact in reducing reabuse in the period immediately following police contact, and that arrest increased victim's short term perceptions of safety even if they would have preferred the police to stop the violence without arresting the perpetrator (Miller 2003).

Factors affecting the impact of arrest

In the long-term, arrest can help reduce violence only in the context of wider social interventions, and when recidivism is discouraged by a range of psycho-social mechanisms (Hoyle & Sanders 2000). Evidence suggests that co-ordinated community and criminal justice efforts that prioritise victim safety and offender accountability have the greatest deterrent effect (Syers & Edleson 1992, Murphy et al 1998). Small and inconsistent effects reported in some arrest studies are explicable because arrest is only part of a complex system of interventions or non-interventions.

Deterrent effects may be undermined if a case does not proceed to prosecution, and the symbolic message sent through arrest and prosecution may be undermined by weak court sanctions, leaving the perpetrator believing that his behaviour is of little concern to the legal and social system (Murphy et al 1998, Hoyle & Sanders 2000, Buzawa & Buzawa 2002).

Both post-arrest criminal justice interventions and social context can affect the probability of further domestic violence. A large scale US study explored the separate and interactive impacts of social factors and case dispositions where there had been a domestic violence arrest (Wooldredge & Thistlethwaite 2002). Likelihood of rearrest for domestic violence in a two year follow-up period was significantly greater among arrested suspects who had no formal charges filed against them in the earlier incident than amongst those who did. 'Stake in conformity' variables (i.e. living at the same address for 5+ years, and having more education) were also associated with lower rearrests. Whilst sentences of probation or jail showed no overall impact on likelihood of rearrest, among those offenders scoring low on 'stake in conformity' measures such sentences were associated with significantly lower rates of rearrest. Those who lived in more stable communities were also less likely to be rearrested, as were those receiving probation and jail sentences that lived in such communities. These findings suggest that both informal social controls and criminal justice controls can have an impact on reducing domestic violence rearrests, and for perpetrators who have less of a 'stake in conformity', for whom the effects of social controls may be weaker, stronger criminal justice sanctions may have a beneficial effect on reducing revictimisation.

Effective UK Policing

There is a lack of systematic research on the impact of arrest and the comparative effects of different policing practices in the UK. In their review of available UK evaluations of domestic violence policing initiatives, Hanmer & Griffiths (2001) conclude that early and progressive police responses to domestic violence, using a range of interventions, not just arrest, are more effective in reducing repeat victimisation than arrest per se. Co-ordinated inter-agency partnership approaches to addressing victim's needs, and prioritisation of repeat victimisation, by focusing on those most at risk, using interventions such as surveillance and 'target hardening' (e.g. provision of alarms and extra security), as well as arrest, were considered the most promising approaches to policing domestic violence.

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12.2. Impact of prosecution and prosecution policies

Strong prosecution policies and victim responses

Within the US, 'no-drop' prosecution policies have been developed in some jurisdictions to redress the previously high attrition rate in domestic violence cases, attributed chiefly to prosecutor disinterest in domestic violence, and also to direct or indirect perpetrator pressure on victims. These policies aim to hold more perpetrators to account, by limiting the freedom of prosecutors and victims to abandon prosecutions (Buzawa & Buzawa 2002, Mears 2003). In practice, there are considerable variations; most policies allow some scope for consideration of victim preference, albeit in specified and restricted circumstances. These policies have shown a marked success in improving prosecution rates, which in some areas have now attained the same follow-through rate as stranger assault cases. Effects on conviction rates are less clear.

Evaluation of the effectiveness of prosecution policies may not take into account that victims often seek to use criminal justice processes in ways that may not be compatible with the goals of the system, but which can have some success from their point of view. For example, they may want to use the threat of prosecution to negotiate their security, without necessarily intending to follow through (Tolman & Edleson 1995). There is some evidence that victims coerced into reluctant co-operation with prosecution may be less likely to involve the police if they are abused again (Buzawa & Buzawa 2002). A US study investigated factors influencing victim willingness to report repeat victimisation after a prosecution for domestic violence where an aggressive prosecution policy was pursued (Hotelling & Buzawa 2003). Over half the victims who disclosed further abuse in the 12 month follow-up period did not report this to the police. 3 in 4 new assaults and 1 in 2 restraining order breaches were not reported. Although escalation in offender dangerousness did increase the likelihood of police contact, in general, victims were significantly less likely to report further offences if they felt they had no voice or rights in the original prosecution, felt it had decreased their safety, had not wanted the original prosecution to go ahead, or felt the original charges were not serious enough. These findings indicate that aggressive prosecution policies may have undesirable consequences, particularly if they do not result in outcomes that deter perpetrators and protect victims.

Impact on revictimisation

Few studies have explored the impact of prosecution and prosecution strategy on revictimisation and evidence to date is insufficient to draw firm general conclusions (Mears 2003). However, one of these few studies indicates beneficial effects, both for aggressive prosecution policies, and for allowing victim preferences. Ford & Regoli (1993) studied randomised prosecution responses in cases where the abuser had not previously been prosecuted for domestic violence. They found that victims who had the option to drop the charges before the case came to court had a significantly lower rate of reabuse than those who did not. Findings suggested that giving women a say altered the balance of power in the relationship, potentially increasing their safety. However, those victims who elected not to co-operate with a prosecution were significantly more likely to be reabused than those who went ahead. The study

also found that in all prosecuted cases, women reported significantly reduced abuse rates in the following 6 months compared to the previous 6 months. Results also suggested that first prosecutions in particular have a deterrent effect.

Experiences of UK victims

There are no systematic UK studies of the impact of prosecution and prosecution policies on domestic violence revictimisation, although several, mainly qualitative studies have explored factors that influence outcomes, particularly from the victim's perspective. Interviews with women whose partners had been convicted for domestic violence in a Scottish study (Lewis et al 2000) reflected the tensions between the benefits and disadvantages of practice that afforded victims a significant role in decision-making about whether a case should proceed. On the one hand such practice was perceived to respect and reinforce women's agency, and to take account of their safety concerns. On the other hand, the shift in the burden of responsibility that decision-making involvement often entailed for women, fed the perpetrator's victim blaming and enabled him to exploit women's sense of guilt, so that her choices were constrained.

In their small qualitative study of victim responses to domestic violence in the Thames Valley area, Hoyle & Sanders (2000) found that most of the women for whom all violence had ceased had supported successful prosecutions of their abusers. By not withdrawing statements as they had in the past, women felt they had sent powerful symbolic statements through prosecution. However the deterrent effect of prosecution was most likely when accompanied by other action by the woman to end the relationship. In some cases, the process of arrest and prosecution had given women the confidence to take such action. Emotional and practical support from specialist domestic violence police officers had been a key factor for almost all the women who had managed to leave violent relationships and/or who had proceeded with prosecution of their abusers, particularly in overcoming their fear of retaliation. Availability of such support had however been very variable. An empowering approach that provided validation and development of self-efficacy, unequivocal condemnation of abuse, exploration of options to end the violence, and acceptance of the woman's eventual decisions, appeared to have been most successful in enabling these women to take appropriate action. It provided help and access to support networks and self-belief, which had been eroded by violent partners. Hoyle & Sanders (2000) concluded that an empowerment model represented a more effective approach to charging and prosecution decisions than an uninvolved 'victim's choice' position or a proactive prosecution model. Pro-arrest policies tied to protective bail conditions and provision of instant victim advocacy and support services were however considered vital to give victims the time and space to decide what to do, and the support and safety they needed to make unconstrained choices.

Some of these themes are echoed in other studies incorporating interviews with victims. Women who stuck with the prosecution process felt stronger because they had 'stood up' to their abusers (Hester et al 2003). The process of going public via the criminal justice system enabled some women to feel that their attempts to challenge their partner's violence were acknowledged and validated, and had facilitated a change in the balance of power within the relationship (Lewis 2004). Women identified the support received from police, prosecutors, other agencies and family as critical in enabling them to go through the court process (Hester et al 2003). Many of those who had experienced reduced violence following criminal justice intervention felt the deterrence aspect of past and threatened future prosecution was the main motivator for men's reduced reabuse (Lewis 2004).

Dedicated domestic violence courts

Specialised domestic violence courts have been established in the US recent years with the aim of ensuring that cases are addressed sensitively and given due weight and priority. Few of these initiatives have been evaluated (Mears 2003). However, a study of a specialised domestic violence court in Milwaukee found that case processing time was halved and pre-trial reabuse consequently decreased. Convictions also increased by 25% with shorter remand times (Davis et al 1998).

A recent evaluation of five UK pilot specialist domestic violence courts and fast track prosecution systems (Cook et al 2004) concluded that they were promising innovations chiefly because they enhanced the effectiveness of court and support services for victims, making advocacy and information-sharing easier when cases were clustered together, and showed indications of increased victim participation in and satisfaction with the court process. Most had dealt mainly with pre-trial hearings and had either advocacy support or specialist DV police officers present at court to provide information and to advise and support victims. The evaluation was unable to comprehensively assess the achievements of these courts due to a lack of comparative non-specialist court data. Impact on pre-trial reabuse was not assessed. A case file sample and interviews with involved agencies indicated there was little overall evidence that these courts had made any difference to the level of charges brought forward. Victim withdrawal continued to be a significant issue, with 1 in 2 withdrawing their statements, and only 32% of cases resulted in a criminal conviction, although there was some evidence of speedier case processing. However, surveyed victims indicated greater satisfaction with specialist courts. They were appreciative of the information, advocacy and support provided, and linked this to their participation in the process.

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12.3. Patterns of arrest, prosecution and sentencing in the UK

Police come to know of only a minority of domestic violence incidents and victims. Despite evidence that most cases where police are notified involve victims who have been seriously and repeatedly abused, and despite policies promoting arrest and prosecution, these actions occur in only a minority of notified cases of domestic violence (Kelly et al 1999, Mirrlees Black 1999, Walby & Allen 2004). Attrition accrues at each decision-making point in the system.

Evidence from a domestic violence project

The Domestic Violence Matters project in Islington aimed to increase the likelihood of successful prosecutions. In their evaluation, Kelly et al (1999) found that despite the project's intervention, only 42% of incidents reported to police were recorded as crimes, and only 14% resulted in an arrest. In 1 in 3 cases, no arrest was made because the perpetrator had left the premises by the time police arrived, and no attempt was made to find him. Arrest warrants were hardly ever issued in such circumstances. Only 48% of a sample of arrests apparently resulted in a charge, and there was evidence of CPS activity (i.e. a file) for only 23% of arrested perpetrators. 59% of cases known to reach the CPS were prosecuted, and 45% of these resulted in a bindover. 25% received a conditional discharge. Only 13% of arrests resulted in a conviction and only 4% in a probation order or custodial sentence. In this study less than 2% of incidents reported to police apparently resulted in a conviction.

Inspection findings

Similar findings emerge from a recent joint inspection of police and CPS practice in the prosecution of domestic violence cases (HMCPSI/HMIC 2004). Inspectors tracked a sample of 463 domestic violence incidents from 6 police areas. Crime reports were filed for only 118 of these incidents, although inspectors judged that 260 incidents warranted a crime report. Many incidents were not treated as crimes because victims did not want to press charges or would not give a statement, even though there was evidence a crime had occurred. Only 60% of those recorded as crimes resulted in an arrest, and 21% in charges. The prosecution discontinuance rate, excluding the 14% of cases where defendants were bound over, was 28%. An estimated half those charged were convicted. Hence only 3% of these domestic violence incidents reported to police led to a conviction.

Evidence from police and CPS case file studies

A Bristol study using data from 448 police files on prosecuted assaults, found that in comparison with other assault cases, domestic violence assaults were disproportionately characterised by high rates of charge withdrawal (35% in comparison with 26% of non-domestic assaults), bind over (16% in comparison with 4% of non-domestic assaults), and a low level of sustained serious charges (Cretney & Davis 1997).

Recent research on criminal justice attrition in domestic violence cases in three parts of Northumbria showed considerable variability in police practice across the three areas (Hester et al 2003). In total, only 34% of domestic violence incidents recorded by police were deemed to have a power of arrest. 3 in 4 of these led to an arrest. Proportions of arrests resulting in charges varied from 1 in 3, to 1 in 5. Those not charged were likely to be common-law released. In one area 23% were arrested, charged and prosecuted for breach of the peace compared to another area where there were no such charges, and arrested perpetrators were largely released. An additional 3% of cases resulted in court bindovers for breach of the peace. Only 4% of reported incidents resulted in a conviction for criminal offences, and most of these received a fine. Only 7% of those prosecuted received a custodial sentence. 70% of those charged were repeat offenders however.

In a sample of serious domestic violence cases reported to the Metropolitan Police (Richards 2004), found that just over half of the serious assault victims and 36% of the sexual assault victims wanted to proceed with a prosecution. However, in the great majority of these cases there were no further updates recorded on the crime report. Only six (2%) of the 383 non-homicide perpetrators in the sexual and serious DV assault sample were recorded as receiving a sentence for the DV incident. Other small percentages were recorded as resulting in a police caution, discontinued prosecution or acquittal. Whilst the conviction rate was likely to have been marginally higher, due to outcomes not being recorded, overall it was negligible.

Analysis of a sample of harassment cases sent for prosecution indicated that 93% of defendants were bailed by police; usually with conditions not to approach the victim, but 21% breached these conditions. 41% of cases of partner/ex-partner harassment were dropped by the prosecution. 1 in 3 cases resulted in a bind-over. Whilst the great majority of cases which proceeded resulted in a conviction, the most common disposal was a conditional discharge (43%) and the harasser was imprisoned in only 3% of cases. Restraining orders were only made in 56% of cases where there was a conviction (Harris 2000).

Cook et al (2004) studied 200+ cases drawn from five domestic violence court pilot sites. Overall, 55% of prosecutions did not proceed, and an additional 12% of cases were bound over rather than tried. Only 32% of cases resulted in a conviction. Most convicted cases resulted in a fine or other form of financial penalty (59%) or a conditional discharge (30%). Community rehabilitation orders were used less frequently. Only 4% of convictions resulted in a custodial sentence, and these ranged from 1 day to 20 weeks.

Evidence from the British Crime Survey

The 2001 BCS found that police were informed of only 23% of worst last year domestic violence incidents (excluding sexual assaults and stalking) reported by surveyed women, 72% of which resulted in injuries. In these cases, as far as abused women were aware, the police had arrested 21% of perpetrators and pursued prosecution of 10%. In 1 in 3 cases, the police reportedly took no action i.e. they neither found, spoke to, nor arrested the abuser (Walby & Allen 2004).

Attrition in cases of sexual assault

The 2001 BCS found that only 12% of worst lifetime serious sexual assaults experienced by women were reported to police (Walby & Allen 2004). In her review of the rape literature, Kelly (2001b) highlights how the attrition rate for rape has grown exponentially, with only 8% of all rapes reported to police resulting in a conviction in 1999. This does not include the case where police did not record the allegation as a crime. The majority of rapes are committed by a partner or ex-partner (Walby & Allen 2004). Whilst separate figures are not available for attrition rates in partner/ex-partner rapes, evidence indicates that successfully prosecuted sexual assaults are more likely to involve children and no prior history of consensual sex or contact between the victim and perpetrator. Partner/ex-partner rapes will therefore have a higher and disproportionate rate of attrition (Kelly 2001b).

Overall attrition

In combination, these studies suggest that less than 4% of domestic violence incidents reported to police result in a conviction. Evidence also indicates that 9 in 10 domestic violence incidents are not reported to police (Mirrlees Black 1999). Hence less than 1 in 200 domestic violence incidents (0.5%) are likely to lead to a criminal conviction for the perpetrator. Most prosecuted cases are likely to result in a bindover, conditional discharge or financial penalty, and only a small minority will entail any supervision of the perpetrator or any action to address his violence. Findings from the 2001 BCS indicate that whilst worst last year incidents of non-sexual domestic violence are more likely to come to police attention, prosecution is initiated for only 2.3% of worst incidents (Walby & Allen 2004). Pre-trial attrition and bindover rates suggest that at most, 1% of such worst incidents will result in a criminal conviction.

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12.4. Accounting for attrition and decision making in domestic violence cases

Police responses

There has been no systematic research comparing and elucidating UK police practice in domestic violence cases with other violent incidents. However, in their review of the effectiveness of UK domestic violence policing, Hanmer & Griffiths (2001) identify unevenness of police response and an inability to deliver good practice systematically as a major concern, and a key reason why many women do not report domestic violence to the police. Inconsistent police arrest and charging responses were found to be partly linked to unresolved dilemmas about how best to combine proactive domestic violence policing strategies with victim-sensitive approaches and the exercise of discretion. Whilst the introduction of specialist domestic violence officers had helped to constructively negotiate these dilemmas in some individual cases, there was little apparent impact on general police responses. Poorly designed and implemented information recording, management and dissemination systems had not enabled identification of the most effective responses, monitoring of adherence to policy initiatives, or appropriate risk-related responses in individual cases (e.g. conveyance of domestic violence history information to officers called out to incidents).

Attrition among domestic violence cases reported to police has been consistently higher than for most other crimes, even though the victim can invariably identify the perpetrator (HMCPSI/HMIC 2004). In particular, there is evidence that police and other criminal justice personnel tend to regard partner/ ex-partner rape as less serious and traumatic than other forms of rape, although it is more likely to involve injury and often, use of weapons. Lack of concern for the issue is reflected in the absence of specific monitoring, evaluation and research relating to partner/ex-partner sexual assault (Kelly 2001b).

Prosecution discontinuance

UK prosecution practice has manifested problems in achieving consistent, appropriate responses to the gravity of domestic violence, and reflected dilemmas in balancing victim agency, victim safety and the imperative of bringing offenders to justice. Whilst numbers of recorded domestic violence incidents have increased, completed prosecutions have not risen proportionately (Edwards 2001b). Domestic violence cases are distinguished by a high rate of retraction of testimony and withdrawal of co-operation with prosecution by victims, which contributes significantly to high rates of prosecution discontinuance. Analysis of a sample of harassment cases sent for prosecution found that in half the cases dropped by the prosecution, this was because the victim did not want to proceed (Harris 2000). In their Northumbria study, Hester et al (2003) found that victim retraction of statements was the main reason for attrition at the prosecution stage. Recent inspection findings and other case study research found discontinuance rates of 28% and 55% respectively in domestic violence cases; considerably above the national average of 13% for all crimes (HMCPSI/HMIC 2004, Cook et al 2004). Whilst victim withdrawal is an important contributor to prosecution attrition, a significant proportion of domestic violence prosecutions are discontinued on the stated grounds of insufficient evidence, rather than victim withdrawal or lack of co-operation (Edwards 2001b, Cook et al 2004). New legislation enabling prosecution without oral testimony from victims has not been sufficiently used, which may suggest

prosecutors, courts and police are still reluctant to find alternative ways of supporting prosecutions when the victim is fearful of giving evidence (Edwards 2001b). In Northumbria, Hester et al (2003) found a few cases proceeding without victim participation where retractions had resulted from pressure or intimidation of victims. Findings from a recent evaluation of five specialist domestic violence courts indicate significant local variability of practice, and the scope for increases in successful prosecutions, notwithstanding victim withdrawal. On the Derby site, despite a higher rate of victim withdrawals, cases were less likely to be discontinued as the CPS went forward on other evidence, and overall, defendants were more likely to be found guilty and convicted (Cook et al 2004).

Collection and use of evidence

The absence of corroborative evidence in many cases, reflecting poor investigation, leads to overreliance upon the victim's statement as the basis of the case. Particularly if the victim does not wish to be involved in the prosecution, the CPS often take the view that the case is unlikely to succeed and it is dropped (HMCPSI/HMIC 2004). Enhanced evidence gathering initiatives that involve collecting evidence such as photographs of injuries, particularly at the scene of the crime, have shown some promising effects, including increased rates of early guilty pleas, improved victim cooperation, reduced need for victim testimony, increased prosecutions, and increased convictions (Healey et al 1998, Edwards 2001b, Hester et al 2003). Statistical analysis of domestic violence court data also found that victims were significantly less likely to withdraw when there were statements from other witnesses to support the case (Cook et al 2004). Recent inspection of police and CPS practice in domestic violence cases highlighted effective investigation and evidence gathering as a critical factor in achieving successful prosecutions (HMCPSI/HMIC 2004).

However, UK case studies indicate available evidence is rarely or insufficiently collected by police or requested by prosecutors (Hester et al 2003, Cook et al 2004). The Northumbria study found that evidence such as CCTV footage, photographs or statements from neighbours tended not to be proactively gathered (Hester et al 2003). Half the case files examined at specialist domestic violence court pilot sites lacked key evidence such as the 999 call tape, only 1 in 3 had exhibits such as photographs, or statements from other witnesses, and only 1 in 10 had medical statements or forensic evidence. The case file sample indicated that children under 18 had directly witnessed at least 1 in 3 incidents, but only 8% provided evidence via a video link. Hence a potential source of evidence, particularly from older children, was often ignored (Cook et al 2004). Inspection data from six areas indicates similar findings as well as other significant deficiencies. Police statements often failed to record descriptions of the victim and the scene. Important background information that might assist risk assessment and decision-making, and in some instances be admissible evidence, such as the history of previous abuse and effects on children, was not routinely collated and forwarded to the CPS. No examples were found of similar fact evidence from previous incidents being considered or used or to support prosecutions (HMCPSI/HMIC 2004).

Acquittal

In a recent inspection sample, defendants pleaded guilty in 78% of cases proceeding to trial. However, 45% of those who contested the charge were acquitted. Overall, case acquittal rates for all finalised cases were well above national average rates for all crimes in both the Crown and magistrates courts (HMCPSI/HMIC 2004). Although the domestic violence court case study found a lower acquittal rate (15%) in cases proceeding to trial, acquittals occurred when the victim had been injured, did not retract, and the defendant had breached bail (Cook et al 2004). There is an absence of research that examines the factors leading to discrepant patterns of acquittal in domestic violence cases relative to other crimes.

Bail

Both anecdotal and research evidence raises concern about recurrent magistrates court practice of bailing offenders charged with serious assaults on their partners/ex-partners (Richards 2004, Brookman & Maguire 2003). 9% of perpetrators in a London sample of serious domestic violence assaults reported to the Met police were already on bail for a domestic violence offence and had been granted bail again despite evidence that their violence was escalating (Richards 2004). In the domestic violence court study some improvements were noted to bail decisions (69% were bailed with appropriate conditions), but there was evidence that breaches of bail were not always taken sufficiently seriously. 16% of defendants were known to breach bail conditions, and 1 in 3 of these were known to have further assaulted or threatened their victim (Cook et al 2004). Recent inspection findings also identify scope for better representations to the court by the CPS on issues of bail and custody in domestic violence cases so as to increase victim safety and reduce opportunities for perpetrators to place pressure on victims to retract. Many instances were also noted of police and prosecutor inaction when breaches of bail occurred (HMCPSI/HMIC 2004).

Plea bargaining and charge attrition

There is evidence that the CPS engage in 'plea-bargaining', especially in domestic violence cases (Edwards 2001b). Inspection evidence indicates that domestic violence cases are more susceptible to charge attrition than other types of case (i.e. CPS acceptance of lesser charges or a bind over). Concern that the victim may withdraw support should the case proceed to a contested trial may be a factor in such decisions (HMCPSI/HMIC 2004). The domestic violence court case study (Cook et al 2004) found evidence of delaying and other tactics by defendants being used strategically to increase the prospects of victim withdrawal or charge reduction; over half initially pleaded not-guilty. Although 1 in 3 defendants entered late guilty pleas, many waited till the day of the trial to do so.

There is an absence of systematic research that examines the factors leading to differential patterns of charge reduction and acceptance of bindovers in domestic violence cases relative to other crimes. However, the practice of reducing the charges in assault cases is often defended on the grounds that it leads to case retention in the magistrates' court, more guilty pleas, and hence to more efficient, speedier case disposition, and a reduced need for evidence to be given in person. Some of these benefits are thought to reduce the stress and uncertainty caused to victims and witnesses, and to help maintain their commitment to the prosecution, thus increasing the prospects of a successful outcome (Cretney & Davis 1997, Sentencing Advisory Panel 2004). Evidence suggests that such practice, particularly charge reduction from initial s47 (ABH) to s39 (common assault), and acceptance of bindovers, is common in domestic violence cases, and occurs more frequently than in cases of non-domestic violence assault.

A Bristol study using data from 448 police files on prosecuted assaults (Cretney & Davis 1997) found that 94% of domestic assaults were retained in the magistrates court, compared to 79% of non-domestic assaults. Comparison of domestic and non-domestic assault cases initially charged as ABH, found that charges were reduced to common assault in 2 in 3 domestic violence cases but in less than 1 in 2 non-domestic assaults that proceeded to trial. In addition, 19% of ABH domestic violence cases were disposed of by bind over, rather than being tried, whereas only 4% of non-domestic ABH cases were treated in this way. Largely as a result of charge reductions, there were considerable differences in the relative seriousness of charges in those domestic and non-domestic assault cases that proceeded to trial. 2 in 3 of the domestic assault cases that proceeded were eventually charged as common assault, compared to less than 1 in 2 non-domestic assaults. When outcomes in the full case sample are considered, including bindovers and charge withdrawals, 40% of non-domestic assaults proceeded as ABH or GBH/wounding charges, in comparison with only 18% of domestic assaults (Cretney & Davis 1997).

Data from a more recent domestic violence court case sample indicates that charge attrition continues, with some local variability. Overall, 1 in 3 initial ABH charges were reduced to common assault, and 3 in 4 of all assault charges were eventually charged as s 39 offences. More than 9 in 10 of all cases charged as common assault involved injuries to the victims such as bruising or swelling. Case resolution by bindover varied from 29% of all reviewed cases at one site to 3% at another, suggesting some use of bindovers may be indicative of 'lazy prosecuting' (Cook et al 2004). In their study, Cretney & Davis (1997) found that in some cases, despite women coming to court willing to give evidence, the prosecution accepted a bindover.

Some implications of attrition

In the domestic violence court study, multivariate data analysis indicated victims were significantly more likely to retract their statements when they were still living with the perpetrator, and when there had been previous domestic violence. Bindovers were also used disproportionately in cases where the victim and perpetrator were still together, confirming a similar finding in the Cretney & Davis study. Bindovers were also eight times more likely to be used in cases where the victim was injured than when there were no injuries, and victim injury increased the chances that a bindover would be used. Hence some cases indicating a stronger revictimisation risk were less likely to result in a conviction. There were also indications of a racial bias in outcomes. Whilst sentencing on conviction did not differ by race, white defendants were more likely to have their charges reduced, plead guilty, or have their case disposed of by bind over. However, they were less likely to have no evidence offered at their trial than were black and minority ethnic defendants (Cook et al 2004).

Evidence from victim interviews indicates that despite such practices being defended by reference to their interests, women did not welcome charge reductions, which appeared to trivialise their experience (Cretney & Davis 1997). They were often bewildered and shocked by the plea bargaining which went on in their cases and which lowered sentences (Hester et al 2003). Cretney & Davis (1997) also monitored 90 domestic violence cases through the prosecution and trial process. They observed that the story told in court was often not representative of the victim's experience and often caused women distress. Defence lawyers sought to either paint a picture of restored domestic harmony or to malign the victim's character or motives, in order to get the charges dropped, dismissed, or leniently sentenced. They also tended to use language that neutralised and minimised the seriousness of abuse (e.g. referring to 'tempestuous' relationships). These practices largely went unchallenged. Prosecutors also sometimes presented only a bare outline of the incident, edited events, or underplayed the extent and seriousness of the abuse, particularly when accepting pleas to lesser charges.

In addition to victim dissatisfaction, and inadequate responses to risk, charge reduction practices and associated downplaying of the abuse can lead to other undesirable outcomes. Probation officers interviewed as part of a process evaluation of the Integrated Domestic Abuse Programme for perpetrators (IDAP) reported that plea-bargaining practices meant that the domestic violence context of some offences became less overt, making it easier for some offenders to deny they had a problem with domestic violence, and increasing their resistance to facing up to their behaviour during the programme (Bilby & Hatcher 2004).

Sentencing practice

There is little research that compares and explains patterns of sentencing for domestic violence and other types of crime, or that investigates the outcomes associated with different forms of sentence. Case file studies indicate that relatively few domestic violence cases result in sentences of imprisonment or community supervision, and even fewer

involve a requirement to attend programmes which directly address domestic violence behaviour or related problems (Cretney & Davis 1997, Kelly et al 1999, Harris 2000, Cook et al 2004). According to abused women who participated in the 2001 BCS, few domestic violence perpetrators receive any treatment related to their domestic violence, either on a voluntary basis or as part of a criminal justice sanction. Only 6% of lifetime victims said their abuser had help or treatment for alcohol abuse and only 1% (or 2% in the case of victims abused many times) indicated he had participated in a domestic violence treatment programme (Walby & Allen 2004).

There is evidence that charge attrition contributes to a pattern of low-level sentencing for domestic violence. In their Bristol case file study, Cretney & Davis (1997) found that whilst sentencing practice in domestic and non-domestic common assault cases was broadly consistent, the effects of disproportionate charge reduction meant that overall, domestic assaults were sentenced more leniently than non-domestic cases. 49% of convicted DV perpetrators received a conditional discharge compared to 36% of non-domestic assault perpetrators. Most victims expressed dissatisfaction with sentencing, as they had looked to the court to express condemnation of persistent violent behaviour. They did not always appreciate that the court could base sentence only on the offence as charged. Many women were also disappointed because they hoped that the court would order some kind of 'treatment' to control the man's behaviour. Only 15% of the sample were given a probation order and only 6% were directed to an intervention related to their violence.

Other factors can also contribute to lighter sentencing. In the Northumbria case file study, Hester et al (2003) found that defence references to the need for contact between offenders and children led to more lenient sentencing and less restrictive bail conditions. Interviewed victims felt let down by the court process and the inadequacy of the outcomes. In the Cretney & Davis (1997) case sample, sentences were more lenient in DV cases where the court was told the victim and perpetrator were still a 'couple'. Magistrates interviewed expressed a reluctance to impose imprisonment in these cases as they believed this could cause hardship and distress to the victim. Such trends in sentencing increase the incentive for the defence to present a misleading impression of the state of family relationships (Cretney & Davis 1997).

Gilchrist & Blissett (2002) explored magistrates attitudes to sentencing in domestic violence cases in a small-scale West Midlands study using case vignettes of domestic violence scenarios and comparable stranger assaults. Magistrates completed questionnaires indicating how they would sentence and giving the reasons for their decisions. Whilst no significant differences emerged in overall levels of punitiveness for the domestic violence versus stranger scenarios, there were variations among individuals. Some sentenced the stranger assault case more severely, and others, the DV case. Overall however, in all the DV scenarios, including one where medical treatment was needed, a lower percentage imposed a custodial sentence than they did in a stranger assault case not needing medical treatment. Comments justifying decisions revealed that some magistrates saw assaults behind closed doors as less serious than those occurring in public because other members of the public might be contaminated by witnessing them, and some made implicit ascriptions of victim provocation. A few magistrates made comments excusing the violence and placing responsibility with the victim (e.g. 'Are there any courses the woman could attend to learn how to avoid being hit?'). Findings suggested a significant need for domestic violence training and awareness raising among some members of the magistracy.

Project aims of UK pilot domestic violence courts did not extend to development of specialist adjudicator roles or improvement of adjudication and enforcement practice. However, the project evaluation found that although court decision-making was partly constrained by prosecutorial practice, community rehabilitation orders were used infrequently, despite comments from victims about the need for 'help' for their partners. The few cases that resulted in a custodial sentence did not clearly distinguish themselves as involving the most dangerous offenders. Case file evidence suggested that more guidance and training was needed for magistrates to achieve effective sentencing of domestic violence perpetrators (Cook et al 2004).

Cretney & Davis (1997) suggest that based on their findings concerning case conduct and sentencing, women who have suffered repeated abuse might reasonably conclude that prosecution is a side-issue, conferring little protection or other practical benefit, but bringing further exposure to emotional pressure and sometimes, physical threat. The critical decision for them is whether or not to break with their partner. High rates of victim withdrawal from prosecution are therefore unsurprising. In acknowledgement of concern that the pattern of UK sentencing in domestic violence cases may be unduly lenient, consideration is currently being given to whether the relationship context in itself justifies a different approach to sentencing domestic violence cases, in which factors such as abuse of power, abuse of trust, victim vulnerability, and impact on children exposed to violence make the offence more serious (Sentencing Advisory Panel 2004).

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13. The justice system and community controls

13.1. Restraining/protection orders

Do protection/restraining orders reduce revictimisation?

In their major review of research evidence for what works in crime prevention, Sherman et al (1997) conclude that the evidence for use of restraining or protection orders as a means of reducing revictimisation offers promising support for a deterrent effect. Other reviewers acknowledge the psychological benefits of such court orders for women, but note that there is little research that takes account of prior criminal history, or that explores the impact and quality of enforcement and subsequent sanctions when violations occur. This limits evaluation of the long-term effectiveness of restraining orders in reducing revictimisation (Buzawa & Buzawa 2002, Mears 2003).

US evaluations of civil protection orders indicate that whilst victims report that perpetrators often violate these orders, they appear to reduce the number of repeat domestic violence incidents for some women (Keilitz et al 1998), or the severity of incidents if the perpetrator is also arrested (Harrell & Smith 1996). Carlson et al (1999) compared police domestic violence incident and arrest data from two years before and two years after a protection order was made. Overall, there was a 66% decrease in police contact in the two years after the protection order was made, although the order failed to stop abuse for 23% of women. Orders were less effective for poor women, although if the perpetrator was also arrested for the incident for which the protection order was made, this significantly reduced the risk of reabuse for these women. In contrast, Mears et al (2001) found that initial arrest and a protection order, used either separately or together, had an equal effect on revictimisation reported to police during a two year follow-up period. However, both the latter studies did not ask victims whether or not they had experienced further abuse, and if so, whether they had invoked the protection order.

Factors affecting the impact of protection/restraining orders

The effectiveness of protection orders depends partly on factors such as how specific and comprehensive they are and how they are enforced, and partly on the extent of the abusers criminal record; their effectiveness declines as the perpetrator's criminal record becomes more serious (Keilitz et al 1998). Some evidence suggests reduction of harassment and threats associated with restraining orders may only apply to non-severe assaulters (Saunders 1993). Several studies found violations were more likely in cases where both parties had children in common, suggesting that women with children were less likely to be able to avoid further contact with partners, and this exposure increased their risk (Harrell & Smith 1996, Carlson et al 1999). Men who voiced strong objections to the order being made, were more likely to violate it and reabuse (Harrell & Smith 1996). Klein (1996) found restraining orders alone did not appear to make much difference to a high probability of further assault by abusers with significant histories, and concluded that such orders needed to be accompanied by an arrest, criminal prosecution, and intense supervision and scrutiny of perpetrators to increase victim safety.

A comparative US follow-up study investigated outcomes in cases where a domestic violence incident resulted in a criminal court appearance and/or an application for a civil protection order (Gondolf 2001). Women who had initiated both forms of intervention were the least likely to report further assault at 6 month follow-up. None of their partners had been rearrested, unlike those experiencing only one form of intervention. With differences in demographics, levels of contact with partner, prior interventions, and previous perpetrator behaviour controlled, rates of reassault were significantly lower for the criminal justice sanction + protection order combination than for the protection order cases alone. Hence protection or restraining orders combined with other criminal justice sanctions, and support and safety planning services for victims, appear a promising intervention option, but are unlikely to be effective alone for those offenders who have a history of violent offences (Keilitz et al 1998).

Victims perceptions of protection orders

In research using victim accounts, protection orders were found to reduce psychological abuse for some women (Harrell & Smith 1996) and to improve victim feelings of well-being, self-esteem and security (Keilitz et al 1998). A qualitative evaluation of women's experiences of a co-ordinated community response in Duluth, Minnesota at 18 month follow-up (Shepard et al 2000) found that protection orders were perceived as the most helpful element of the response. 83% felt they had been helpful, 8% said they had no impact and only 3% perceived them as having had a harmful effect. The great majority felt they had a deterrent effect, made them feel safer, and afforded greater police protection, although a few reported increased harassment during the application process. In contrast for some, the application process had been empowering and validating. Being believed and supported by the court, and having greater options and choices had helped restore a sense of control and self-importance.

In a survey of 200 users of UK domestic violence services commissioned by Women's Aid (Humphreys & Thiara 2002) 75% of those who had civil court non-molestation orders said they had made some difference. Civil proceedings may be a more desirable avenue for domestic violence victims, as they can provide orders of protection more quickly and effectively than criminal courts, and in some circumstances, can make orders without notice to the alleged perpetrator (Sentencing Advisory Panel 2004). A qualitative Scottish study interviewed partners of men convicted for domestic violence about their experiences of civil protection orders (Lewis et al 2000). 49% of women

had at some point obtained such an order against their partner. Of those who had, 59% said it made them feel safer and 48% said it had 'made a difference'. Over half had enforced the order because of their partner's continued abusive behaviour and the majority of them felt it had positive value. Women often saw such orders as a tool providing them with ongoing leverage in monitoring and controlling their partner's behaviour, which gave them decision-making power if they needed protection. These perceptions contrasted with the lack of control many women experienced over criminal court proceedings and other sanctions.

Criminal court restraining orders

Restraining orders made in the criminal court are one potential means of curbing domestic violence. They are currently only available in cases of harassment, but the government's Safety and Justice proposals and associated pending legislation should extend the court's powers to make them available in all cases of domestic violence, irrespective of the offence, conviction or sentence (Home Office 2003a & 2003b). Restraining orders could be a useful adjunct to custodial remands or sentences as well as community sentences, to prevent the abuser continuing his persecution of the victim from prison, by phone or letter, or by engaging a proxy to do so on his behalf (Harris 2000). Analysis of a sample of cases referred for prosecution under the Protection from Harassment Act (Harris 2000) indicates effective practices in the framing, use, and enforcement of restraining orders are not yet well developed. Courts did not make full use of their powers to make such orders in appropriate cases. When they did so, victims were often not informed these orders had been made. There was little evidence that victims were consulted about the terms of restraining orders, and they were not always tailored to their circumstances, so as to cover every eventuality, thus enabling offenders to continue harassment in a way not accounted for by the conditions imposed. When police were called to further incidents they were usually unaware of the terms or existence of the order, and hardly any offenders were returned to court for non-compliance, even though victims reported that breaches had occurred. The effectiveness of such orders depends on prior consultation with victims to ensure they are framed so as to cover all behaviour likely to cause distress, and all circumstances in which it could occur. Victims also need to be informed of the conditions and what to do if these are breached, and breaches need to be actively sought out by police and prosecuted (Harris 2000, Brown 2000).

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13.2. Community supervision

Domestic violence on the probation caseload

Due to attrition at each stage of the criminal justice process, few instances of domestic violence brought to police attention result in a community sentence. Bowen et al (2002) indicate that 27,000 incidents of domestic violence were reported to West Midlands police in the year prior to May 2000, for which 200 men received community supervision or community service. The 2001 BCS found that perpetrators who were known by their victims to have a criminal record were more likely to commit more frequent and severe domestic violence than others, and to cause more injuries and more serious injuries (Walby & Allen 2004). Other evidence (e.g. Dutton & Hart 1992, Richards 2004, HMIP 2004) indicates significant prevalence and incidence of domestic violence perpetration among the convicted offender population and among men under probation supervision. Most of this domestic violence does not reach the courts or result in a criminal conviction, but can become apparent with careful investigation and screening.

Does community supervision reduce domestic violence?

Most research on community interventions with domestic violence perpetrators has focused on evaluating the effectiveness of perpetrator group programmes (see next chapters). The specific impact of community supervision on domestic violence revictimisation remains largely unexplored. A large US study (Wooldredge & Thistlethwaite 2002) indicated a positive impact for some offenders placed on probation for domestic violence, relative to other case outcomes, depending on their social circumstances and inclusion. Research in Illinois (Johnson 2001) found that rearrests were lower when an intensive supervision scheme was introduced for domestic violence cases combined with a perpetrator programme, in comparison with previous outcomes for normal supervision plus a programme. There are no comparable UK studies however.

Probation service responses to domestic violence

UK Probation service responses to domestic violence have focused largely on the development of specialist group programmes for offenders convicted of domestic violence. Mullender & Burton (2001a & b) conducted the most recent independent national survey of probation practice in working with domestic violence perpetrators in 1999. 18 of the 20 probation areas and Scottish social work departments responding were involved in delivering dedicated perpetrator programmes (either in-house or in partnership with the voluntary sector). The survey found that programmes largely conformed to good practice standards in relation to model, structure and arrangements for victim contact, and had links to multi-agency domestic violence fora. Staff delivering domestic violence perpetrator programmes had thought carefully about their work. However, programmes were often delivered in a strategic vacuum, and in an operational context that did not fully support victim safety or effective risk management. Programme attrition rates were high and attendance management practices often unclear, inconsistent, and not bolstered by rigorous enforcement. Links with local women's organisations and information exchange with victims were variable. Insufficient attention had been given to developing comprehensive domestic violence policy and guidance frameworks, linked to adequate staff training, to both support effective programme delivery and to address

domestic violence issues more broadly and systematically in mainstream probation practice with the general offender caseload. Despite public protection priorities, only 6 of the 20 probation areas reported undertaking any routine screening for domestic violence perpetration among offenders on their caseload, and there was little evidence of any proactive organisational strategy to tackle probation officer reticence to question and challenge men about their behaviour beyond the index offence.

These findings indicated little substantial change from an earlier review (Mullender 1996) which concluded that domestic violence was a submerged issue in much probation work. Despite developing add-on perpetrator programmes, probation services had paid little attention to identifying and refining approaches used by individual probation officers supervising domestic violence cases, particularly where domestic violence was not the index offence. Mullender draws attention to the expertise in understanding and working through processes of denial and minimisation acquired through work with sex offenders, as a resource that remains underexploited by probation areas in developing probation officer's skills in working effectively with domestic violence perpetrators.

Practitioner awareness

Other independent and in-house views of probation practice also indicate a low key response and limited understanding of domestic violence amongst generalist probation staff engaged in case management (Beattie 1995, Morran 1995, Burton et al 1998, Scourfield & Dobash 1999, Lindsay & Brady 2002). In a survey of the views of domestic violence programme providers, largely from the voluntary sector, Scourfield & Dobash (1999) found that understanding of the power and control dynamics of domestic violence, and of the importance of a victim safety centred approach to the supervision of perpetrators, was not well developed among probation case managers. Some probation practice colluded (albeit unintentionally) with men's justifications for their violence against women. Morran (1995) notes that probation officer uncertainty about how to respond to domestic violence means it often goes unchallenged, or is seen as a marginal issue, resulting however inadvertently, in complicity with men's minimisation and denial.

A study of responses to domestic violence in one probation area (Beattie 1995) found that some staff did not fully appreciate the levels of risk posed by the 'hidden' (i.e. non-index offence) perpetrators on their caseloads. For others, a perceived lack of confidence in raising the issue in a way that did not aggravate the situation meant that domestic violence was often not challenged where it was suspected. Staff realised that assessing for domestic violence required time and delicate probing if it were not to provoke an angry reaction that placed partners in additional danger. Work pressures often provided a justification for avoiding the issue. Many staff were not comfortable with challenging and addressing domestic violence with offenders who used their cultural background to excuse their behaviour. Some colluded by citing their lack of understanding of the offender's culture as the reason for not challenging abuse.

These findings resonate with evidence from staff and researchers working with the DAIP project in Duluth, who have observed that the interplay between the abuser's manipulative behaviour and the probation officer's stereotyped assumptions means that some domestic violence perpetrators tend to be held less accountable for their behaviour than others; notably men who are good talkers (well-spoken, persuasive and logical), men who are well-educated rationalisers or endless arguers, men who appear more helpless, vulnerable and physically fragile, those with a history of mental health problems, those who take medication or weep in interviews, those who are recovering from an addiction, men who claim their culture permits use of violence to keep women in line, or who accuse the legal system of undermining their culture or of enforcing laws in a racist manner, and men whose partners are particularly 'difficult' i.e. loud, emotional or drunk (Mederos et al 2000).

Addressing domestic violence with men who are resistant to change and confrontation can be a difficult and taxing process (Morran 1995). Staff may be faced with particular challenges when they endeavour to work with domestic violence perpetrators on their attitudes and behaviour in the context of one-to-one supervision (Beattie 1995). Mederos et al (2000) outline a range of tactics used by abusive men to get their probation officers to 'back off' and limit their challenging and monitoring of abusive behaviour. Some use anger and argument to wear staff down by being intimidating, engaging in 'dominance' struggles, being constantly and 'righteously' angry about their partner's wrongs, or by drawing the worker into arguments about culpability. Others use charm and are super-placating and overly compliant; they present as calm, reasonable and co-operative, and try to enlist the worker as an ally. Divide and conquer tactics are used to deal with different workers or agencies such as telling different people different stories and finding and exploiting any divisions between them. Beattie (1995) found that those probation officers that tried to address domestic violence rigorously with offenders experienced attempts to charm them, racist and sexist comments, verbal abuse, and intimidating behaviour. Many probation officers felt domestic violence work had a strong impact on them, particularly when it resonated with personal experiences as an adult or child. Most felt isolated in their endeavours, and lacking in training and support.

The skills, knowledge, commitment, support and time required to supervise high risk domestic violence perpetrators effectively has led some Canadian and US probation areas to establish dedicated domestic teams with reduced caseloads who operate intensive supervision schemes (Healey et al 1998, Ames & Dunham 2002, Johnson & Au Coin 2003). Some UK probation areas have also adopted an approach in which domestic violence cases are supervised by specialist case managers (Bilby & Hatcher 2004).

UK Multi-agency risk management

In their evaluation of the early work of public protection panels, Maguire et al (2001) note the variability of UK multi-agency risk assessment and management systems. The great majority of cases dealt with concerned sex offenders. Both police and probation services gave other violent offenders a lower priority. Data from a sample of serious domestic violence incidents reported to the Metropolitan police (Richards 2004) provides further evidence that multi-agency public protection arrangements are not yet being used fully and appropriately to plan for the future safety of domestic violence victims and to monitor the behaviour of perpetrators, despite such offending having the highest risk of repeat victimisation. Only 2 of the 387 perpetrators in the sample had been referred to a Multi-Agency Public Protection Panel (MAPPP), suggesting high risk DV perpetrators are not being routinely risk-assessed and managed by criminal justice and other statutory agencies. In four of the cases in the sample, all of which were assessed as 'non-critical' incidents by police, the perpetrator subsequently murdered the victim.

Recent developments and issues for action

Recent probation responses to domestic violence have included development of a nationally available accredited programme for domestic violence perpetrators with an adjunctive women's safety service (IDAP), which is linked to training and guidance for probation staff involved in programme delivery, case management, and assessment of potential participants. The programme is now being rolled out to most probation areas (National Probation Directorate 2003b). Results from an outcome study of the pilot pathfinder programme are awaited. However, a process evaluation has drawn attention to some critical areas for action to ensure effective implementation, including the need to situate the programme within a national UK probation strategy for addressing domestic violence (Bilby & Hatcher 2004). Whilst a national policy is in preparation (National Probation Directorate 2003a), there is currently no clear national strategy for identifying the domestic violence perpetrators under the supervision of the probation service, managing and reducing the risks they pose, attending to the safety and information needs of their victims, and developing the skills and knowledge of all relevant staff. Other significant areas identified for development include improved services to victims, and the intra and inter-agency communication and information sharing arrangements necessary for shared risk management, effective intervention delivery, and evaluation of results (Bilby & Hatcher 2004).

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14. Domestic violence perpetrator programmes

14.1. Programme models

The majority of established perpetrator programmes in both North America and the UK are based on the Duluth model. They combine cognitive-behavioural and psycho-educational approaches and techniques with a gendered analysis of domestic violence (Healey et al 1998, Cunningham et al 1998, Scourfield & Dobash 1999, Mullender & Burton 2001a, Saunders 2001, Bowen et al 2002, Lindsay & Brady 2002). Whilst the Duluth programme model has many strengths, it has been criticised for having an insufficient focus on challenging sexual abuse in both its perpetrator programme and its strategic work in sponsoring co-ordinated multi-agency approaches to domestic violence (Yllo 1999).

Some US programmes delivered in the mental health sector, use couples therapy, or non-directive, insight-oriented therapeutic models, or an exclusively cognitive-behavioural approach (e.g. anger management) (Healey et al 1998). In a survey of UK domestic violence programmes Scourfield & Dobash (1999) found that a minority of programmes, mainly delivered in the health and social care sector also used or incorporated psychodynamic or insight-oriented approaches. However, unstructured programmes or methods which do not directly address abusive behaviour and related power and control tactics, or which do not place responsibility for the abuse firmly with the abuser, are not currently favoured by most US or Canadian states, or by the UK government or practitioner networks (Healey et al 1998, Bell et al 1999, The Women's Unit, Cabinet Office 1999, Respect 2002).

Programmes invariably use group formats, based on the belief that breaking social isolation, and providing exposure to other opinions, peer challenge, and opportunities for mutual self-help and support, are important to intervention success (Eisikovits & Edleson 1989, Healey et al 1998, Bell et al 1999, Mullender & Burton 2001a). Most current programmes draw on humanistic and group dynamics research and a feminist analysis of domestic violence. They are designed to develop ownership and accountability for abusive behaviour, and to build awareness and skills in conducting non-abusive relationships (Eisikovits & Edleson 1989, Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999, Bowen et al 2002, Lindsay & Brady 2002, National Probation Directorate 2004). Critical thinking skills, self-assessment, conflict resolution techniques, and alternative behaviours are taught, to assist understanding, and attitude and behaviour change, on themes including non-violence, respect, support, trust, honesty, partnership, negotiation and fairness, and responsible parenting. Participants are expected to describe their own use of controlling behaviour and practice alternative responses (Eisikovits & Edleson 1989, Healey et al 1998, Bowen et al 2002, National Probation Directorate 2004). Stress management, assertiveness training and anger control techniques are also often included in programmes with more of a cognitive-behavioural emphasis (Hamberger & Hastings 1993, Davis & Taylor 1999). Some established US programmes now include an additional phase of in-depth psychotherapeutic counselling geared to chronic or high risk offenders which follows a core cognitive-behavioural-educational programme (Healey et al 1998). Many programmes also offer parallel support services to women domestic violence survivors. Some contact with victims and partners is built into the probation service's accredited domestic violence programme (Healey et al 1998, Bowen et al 2002, Lindsay & Brady 2002, National Probation Directorate 2004).

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14.2. Programme structure

Most well-established perpetrator programmes have similar structural components that include intake/preparation and assessment, victim contact, orientation, core group intervention, supplementary interventions and completion (Healey et al 1998, National Probation Directorate 2004). The intake phase involves assessment of domestic violence behaviour and related problems such as alcohol abuse and mental health, determination of programme suitability, contracting, referral for appropriate additional interventions, explanation of programme aims, methods and rules, and motivational work to address resistance and denial (Healey et al 1998, Bell et al 1999, National Probation Directorate 2004).

Most North American programmes require a demonstrated abstinence from alcohol and drugs before admission, or a controlled drinking contract (Healey et al 1998, Bell et al 1999). Some deliver special programmes to substance misusing abusers which integrate relapse prevention techniques, use of antabuse and urine testing with the normal perpetrator curriculum (Healey et al 1998). Standard Canadian practice is to insist on concurrent or prior alcohol treatment when alcohol is a relevant factor (Bell et al 1999). The IDAP programme advises but does not require action to address concurrent substance abuse problems (National Probation Directorate 2004).

The orientation phase usually involves one or two preliminary group meetings that aim to motivate participants and to establish constructive working group norms and relationships, outline programme goals, underpinning assumptions, methods, and required behaviour. Some programmes require men to admit their violence to the group at this stage and then weed out any disruptive and unmotivated individuals based on their responses. Variations in orientation procedures include extra sessions of drug and alcohol education so as to detect previously hidden problems (Healey et al 1998).

Conditions for early removal from the programme typically relate to poor attendance and breaking programme rules. Some US programmes also exclude those who have further abused, violated restraining orders or failed to maintain sobriety. A number of programmes have specific exit criteria over and above attainment of a set level of attendance that the participant must meet before being considered as a completer, e.g. accomplishing key tasks such as writing a "responsibility letter" which is read to the group. Some programmes also offer ongoing support groups to those who successfully complete the programme that include further skill practice and relapse prevention work (Healey et al 1998). After completion of the core group work programme, IDAP includes structured individual sessions conducted by the offender's case manager designed to reinforce programme learning and enhance motivation to change.

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14.3. Programme delivery arrangements

Most US domestic violence perpetrator interventions are delivered by independent providers rather than by state agencies such as probation departments. Many programmes receive little state funding or grant aid, and most require offenders to pay fees on a sliding scale. These arrangements are considered consistent with the principle that perpetrators should take full responsibility for their abuse, and not take state resources away from services to victims (Healey et al 1998, Gelles 2001). Demand for court-ordered treatment programmes increased following the implementation of pro or mandatory arrest and prosecution policies (Holtzworth-Munroe 2001). Unregulated market arrangements rewarded entrepreneurship in obtaining court referrals and offender fees, rather than effectiveness (Gelles 2001). The possibility of a steady stream of clients and profit in an era of managed care, and a shrinking private client base, encouraged some practitioners with no background in domestic violence interventions to enter this market. A movement to establish intervention standards emerged out of concerns from women's advocates and established programmes that new providers would not share the same philosophy and might put women at risk by colluding with abusers (Tolman 2001).

Standards therefore developed as a regulatory mechanism in response to a rapid expansion of programme provision of variable quality, but they have proved contentious (Holtzworth-Munroe 2001, Tolman 2001). Most US States now require perpetrator treatment programmes to be certified by local boards as compliant with their standards in order to be eligible to receive referrals from local courts and any attached funding. However, insufficient funding is available for adequate compliance monitoring to ensure standards are not ignored or subverted (Tolman 2001). These programme commissioning, certification and delivery arrangements have raised a host of communication, co-ordination and sentence implementation issues and have contributed to delays, non-compliance rates and to non-acceptance onto programmes, particularly for many high risk, chaotic and chronic abusers who are considered less likely to succeed (Healey et al 1998).

In Canada and the UK, programmes for sentenced perpetrators are generally developed and delivered within state probation and corrections agencies. Accreditation arrangements are usually in place to identify approved interventions and maintain consistency and quality of provision. However, the likely advent of separate purchaser and provider arrangements in the UK corrections sector raises the prospect of similar issues arising in future commissioning, regulation and provision of domestic violence interventions. In their review of early IDAP implementation Bilby & Hatcher (2004) draw attention to the inter-agency politics currently influencing the development of co-ordinated domestic violence services, and to a prevalent belief among independent agencies that the probation service lacks their expertise in delivering effective domestic violence interventions.

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14.4. Intervention standards and guidelines

US standards for interventions with perpetrators

US State standards for interventions with perpetrators primarily aim to make victim safety and offender accountability the overriding priority, and secondarily, to enhance and co-ordinate practice philosophy and response consistency across all community agencies, by setting minimum standards for intervention and training (Healey et al 1998, Saunders 2001, Tolman 2001). Established programmes and women's organisations have been very influential in the development of standards via local domestic violence fora, and hence most are fairly uniform in their view of domestic violence and in the type of programme deemed appropriate to address it. Some standards are voluntary and others mandatory, some offer general guidelines but others specify methods to be used or not used, as well as intervention format, and treatment length. Other issues covered include assessment and contracting arrangements, level of confidentiality, duty to warn victims of impending violence, mandatory substance abuse assessments, gender of group leaders, group size, and input from victim advocates. Standards also clarify roles and expectations among collaborating agencies and promote accountability of programmes by formalising consultation and reporting arrangements (Healey et al 1998, Davis & Taylor 1999, Bennett & Piet 1999, Saunders 2001, Tolman 2001). Recommended intervention duration ranges from 12–52 weeks and group intervention is the chosen format in 90% of standards. Most deem individual and couples therapy to be inappropriate, although some include guidelines on circumstances in which couples counselling is considered a safe practice (Bennett & Piet 1999, Saunders 2001, Babcock et al 2004). Use of insight or psychodynamic therapies are prohibited in some states and some specify that only the Duluth model of intervention is mandated (Saunders 2001, Tolman 2001).

Canadian and UK guidelines

Some Canadian states (e.g. British Columbia) have also produced guidelines for interventions in domestic violence cases. In the UK, Respect (the national network of domestic violence perpetrator programmes and associated women's support services) has developed a statement of guiding principles and minimum practice standards for domestic violence interventions that has guided the development of most UK programmes (Mullender & Burton 2001a & b, Respect 2002). Some of these principles are broadly reflected in multi-agency UK government guidance (Home Office 2000b). The contents of these guidelines have much in common with US State standards. The safety of women and children are emphasised as the paramount consideration in all work with perpetrators, and holding men accountable for their violence and stopping all forms abusive and controlling behaviour is stated as the intervention goal. Guidelines require safety services for women partners to be in place before work is undertaken with perpetrators, and provide guidance on assessment, staffing, training and supervision, victim liaison, treatment philosophy, and programme methods and techniques. The importance of confidentiality policies, information sharing, inter-agency co-operation, co-ordination of services, and ongoing evaluation is also stressed. A treatment philosophy which combines cognitive-behavioural and re-socialisation approaches is recommended, with group work as the preferred delivery mode. Individual counselling is considered appropriate as a supplement or alternative if group treatment is not feasible. Other forms of intervention such as couples approaches, anger management work, and mediation are strongly discouraged due to their lack of concern for the power and control issues underlying domestic violence and the potential for their misuse by perpetrators (Bell et al 1999, Respect 2002). Respect's minimum standards are specific about programme duration; anything less than 75 hours over a minimum 30 weeks is said to be potentially harmful.

In the UK corrections sector, programme accreditation arrangements are designed to ensure fidelity to the preferred treatment model. Programme manuals for the IDAP programme set out expectations and requirements for programme assessment, management and delivery which are broadly consistent with Respect's minimum practice standards, although provision for victim services is less comprehensive than advocated by Respect (National Probation Directorate 2004). However, the current absence of a national probation domestic violence policy framework to direct the selection of intervention choices with domestic violence perpetrators (particularly those who judged unsuitable for the IDAP programme), and to set standards for their overall supervision, means that some of the key issues addressed in intervention standards developed elsewhere remain to be addressed in the NPS.

Debates about the value of programme standards

Whilst the benefits of intervention standards for regulating programme quality and facilitating community co-ordination of domestic violence services are generally acknowledged, some of the assumptions underlying established standards remain untested by sound evaluation (Healey et al 1998, Saunders 2001, Tolman 2001, Holtzworth-Munroe 2001, Babcock et al 2004). Many academics and researchers consider it premature for governments and communities to issue standards which include rigid proscriptions and prescriptions about the type of treatment model to be used with domestic violence perpetrators, as no model has yet consistently demonstrated superiority over another in reducing men's violence (Saunders 2001, Holtzworth-Munroe 2001, Gelles 2001, Tolman 2001, Babcock et al 2004). There is concern that an over-rigid paradigm based on a "one size fits all" approach may stifle necessary innovation, and runs counter to some emerging evidence that different approaches may work better for different perpetrators (Healey et al 1998, Holtzworth-Munroe 2001, Saunders 2001). Continued experimentation with differing forms of intervention, combined with rigorous evaluation, is seen as an ethical obligation from this perspective (Gelles 2001, Holtzworth-Munroe 2001).

Some also criticise what they see as the predominance of ideologically driven feminist influence in the content and administration of standards, which they regard as having ignored evidence of comparative effectiveness for other non-approved forms of intervention (Gelles 2001). Justifiable concern is also expressed that intervention standards may result in unwarranted confidence being placed in the efficacy of programmes certified as meeting them. If victims are persuaded to return to or remain with abusive men on the assumption that perpetrator programmes given the official seal of approval have proven positive effects, they may face increased danger (Gelles 2001 Saunders 2001, Tolman 2001). On the other hand, there are equal or greater dangers if no limits are placed on irresponsible practice. In the absence of unequivocal evidence for particular models or approaches, instigation of intervention standards derived from the views and experiences of abused women's advocates, best practices of experienced programmes, sound theory and shared values can be considered pragmatically as a sensible and reasonable approach to safeguarding victims (Tolman 2001).

The politics of standards

Whilst supported by most established programmes and victim advocates, intervention standards have however been challenged in the US by powerful stakeholders, particularly mental health practitioners, and have been the subject of litigation in some US states (Healey et al 1998, Bennett & Piet 1999, Tolman 2001). In their polemical paper detailing the conflicts over standards in one State, Bennett & Piet (1999) highlight the vested interests and associated turf wars underlying controversies about intervention standards and appropriate/effective approaches, and their linkage to research agendas. They describe how the dollars that went with court-ordered treatment led to a disproportionate number of chemical dependency and mental health agencies with little connection to domestic violence agencies, but with extensive court liaison structures, competing for domestic violence referrals, and resenting introduction of

regulations that limited their ability to compete because they lacked the required linkage to victims services to meet the priorities of victim safety and programme accountability, or because their treatment models were not favoured. They also describe how control over the setting of state standards became contested, with supporters of an entrepreneurial paradigm calling them into question as inhibiting free enterprise in the service of a profeminist agenda, and the American Psychological Association expressing the view that standards should be set by psychologists. Typology research indicating that 50% of abusers have psychological disorders and require differentiated treatments based on their type of personality dysfunction, served the interests of mental health professionals' in these debates as such treatments and associated assessments would require their services (Bennett & Piet 1999).

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15. Issues in evaluating the effectiveness of perpetrator programmes

Most researchers and reviewers take the view that despite a large volume of literature, the majority of domestic violence programme evaluation studies do not allow firm conclusions to be drawn about effectiveness, and victim safety in particular, because they do not have sufficiently rigorous research designs which include a control group. They also have various other methodological flaws and inconsistencies, which limit confidence in their findings and comparability of results (Eisikovits & Edleson 1989, Tolman & Bennett 1990, Hamberger & Hastings 1993, Tolman & Edleson 1995, Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999, Dobash & Dobash 2000, Mullender & Burton 2001a, Gondolf 2002, Jackson 2003a, Saunders & Hamill 2003).

15.1. Study design

Non-experimental designs

The earliest and largest portion of literature uses non-experimental designs that examine outcomes only for those assigned to programmes (Tolman & Bennett 1990, Davis & Taylor 1999). Non-experimental designs cannot attribute outcomes to the programme (Bennett & Williams 2001). Some of these studies assess violence or other outcomes only after treatment (post test only). Others compare measures of abuse before and after treatment (pre and post test designs) and some compare outcomes for those who completed and those who dropped out of the programme (Davis & Taylor 1999). Many early evaluations were poorly designed, and conducted by the same people who designed the interventions and therefore lack objectivity (Eisikovits & Edleson 1989, Dobash & Dobash 2000). Others have relied on staff delivering the intervention to collect the data, and biases may have crept in (Gondolf 2002). Studies which lack random assignment or control/comparison groups cannot evaluate outcomes for different intervention strategies or for the same programme under different conditions, nor can they rule out other plausible explanations for findings, or reach firm conclusions about programme effects (Hamberger & Hastings 1993, Healey et al 1998, Cunningham et al 1998, Dobash & Dobash 2000, Bennett & Williams 2001, Mullender & Burton 2001a, Gondolf 2002, Saunders & Hamill 2003). Other unmeasured variables such as the effects of other treatment/interventions and outside events may affect recidivism, and there is no way to tell which factors are at work (Bennett & Williams 2001). Pre and post test designs preclude estimation of an effect size due to treatment, as results are confounded with the effects of 'getting caught' (Babcock et al 2004).

Comparisons of outcomes for completers and drop-outs/no-shows are not meaningful, as those who drop out are likely to be very different from those who do not, and are likely to have lower levels of success in avoiding re-abuse irrespective of the type of intervention used (Cunningham et al 1998, Gondolf 2002). Programme completers are likely to be disproportionately white, employed, married and with few or no previous convictions, and therefore share the characteristics of those least likely to reoffend. Comparisons between reassault rates of completers and non-completers therefore make programmes appear more effective than they are (Bennett & Williams 2001). Use of control or comparison groups with appropriate statistical controls for anticipated differences, can however equalise some of the error factors and enable some conclusions about relative if not absolute effects (Cunningham et al 1998, Bennett & Williams 2001).

Quasi-experimental designs

A smaller group of more recent studies have used quasi-experimental designs that used a matched, non-random comparison group, usually of men who received another form of sentence. However, these groups are also likely to be different from each other in other ways. Whilst anticipated differences can be statistically controlled, unseen factors can influence findings, and the other forms of sentencing may also have positive effects (Bennett & Williams 2001). Whilst these research designs are more rigorous than non-experimental designs (Dobash & Dobash 2000, Bennett & Williams 2001), neither meet the American Psychological Association's standards for establishing empirical support for an intervention (Babcock et al 2004). Without random assignment, treatment effect is confounded with assignment criteria (Hamberger & Hastings 1993).

Experimental designs

Most recently a few studies have used experimental designs in which abusers are randomly assigned to different treatment programmes or to no treatment conditions (Davis & Taylor 1999, Babcock et al 2004). These are the strongest designs and the only ones which can make legitimate claims about differences in outcomes for those who do and do not get sent to programmes, particularly when they use longer follow-up periods (Davis & Taylor 1999, Bennett & Williams 2001, Saunders & Hamill 2003). Random assignment increases the chances that all the unmeasured factors which make one abuser different from another are as likely in the control condition as in the experimental condition, and therefore cancels out any related effects. However, use of a random control group may be difficult to achieve if it involves denying access to a potentially beneficial programme to some offenders and exposing the agency to litigation in the event of further offences (Cunningham et al 1998, Bennett & Williams 2001). True experimental studies are also often beset with implementation and ethical problems, and have other methodological shortcomings such as ignoring the impact of process and programme context on outcomes, or creating an unreal context for the benefit of the experiment (Dobash & Dobash 2000, Gondolf 2002, Saunders & Hamill 2003)

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15.2. Definition and measurement of programme effectiveness

Measurement and definition of programme success differ across studies and can greatly influence conclusions drawn about effectiveness (Eisikovits & Edleson 1989, Tolman & Edleson 1995, Davis & Taylor 1999, Mullender & Burton 2001a, Gondolf 2002). Some studies consider reduction of violent behaviour a success, whilst others set complete cessation of violence as their effectiveness criteria, and hence employ different measurement and data analysis strategies which can deliver differing verdicts on programme impact (Gondolf 2002). Reliance on a yes/no measure of reassault rather than a measure of incidence reduction can dampen effect sizes (Babcock et al 2004). The type of violence reported also varies. Some studies use severe violence only as their outcome measure; others include occurrence of further threats and psychological abuse in determining effectiveness (Tolman & Bennett 1990, Saunders & Hamill 2003). Some studies do not measure further violence at all and rely on reports of attitude change (Davis & Taylor 1999).

Examining programme impact

Few programme evaluations have explored effects on emotional/psychological abuse (Babcock et al 2004). Outcome measures which do not address the consequences of abuse such as injury, or the recurrence of all forms of physical, sexual and psychological abuse are likely to over-estimate programme success, as one predominant form of abuse might be substituted for another (Hamberger & Hastings 1993, Cunningham et al 1998, Dobash & Dobash 2000, Bennett & Williams 2001, Mullender & Burton 2001a, Gondolf 2002). Relatively few studies have fully explored sexual abuse or continuance of a range of direct and indirect threats (Tolman & Edleson 1995). A number of studies have reported high levels of cessation of violence but also indicated that many women reported high levels of continuing threats during and after a programme (Hamberger & Hastings 1993). Apparent success rates of 67% were reduced to 24% in one series of studies when partner reports of threats without physical assaults were included as incidents of further domestic violence. One consequence of legal sanctions for domestic violence may be to increase the extent to which men find ways of continuing to abuse their partners which are less likely to result in arrest (Edleson & Grusznski 1988, Hamberger & Hastings 1993). Separation abuse (including harassment such as continuous telephone calls, and misuse of child contact visits to achieve partner contact) have not generally been examined as an outcome. Many abusers on programmes are separated from former partners and may be falsely viewed as successes if such behaviours are not evaluated. Increased caring or egalitarian behaviours and parenting skills, subjective victim and child experiences such as level of fear of the abuser, empowered autonomy, and extent of accompanying child abuse or child witnessing of domestic violence, are also rarely examined and measured as programme outcomes or goals, yet they are critical to the wellbeing of victims and children (Tolman & Edleson 1995). Given high rates of programme attrition, some suggest that effective community response to noncompliance should also be regarded as a key outcome measure. Studies rarely report on this however (Bennett & Williams 2001).

Many studies do not specify or measure changes in mediating variables which may be targeted by the programme, and which are hypothesised to affect levels of violence, nor do they evaluate any relationship between changes in these factors and reductions in violence (e.g. skill increases, changed thinking, information absorbed, levels of drug or alcohol use and mental health symptoms). Hence learning and assimilation of particular techniques cannot be evaluated (Eisikovits & Edleson 1989, Hamberger & Hastings 1993, Tolman & Edleson 1995). Without such exploration, knowledge of the mediators of change in abusive men is hard to improve (Tolman & Edleson 1995).

Measuring revictimisation

Research variously measures further abuse by reference to official records, abuser self-reports or victim/partner reports. Both the former in particular, seriously underestimate actual incidence of further abuse (Hamberger & Hastings 1993, Davis & Taylor 1999, Dobash & Dobash 2000, Bennett & Williams 2001, Mullender & Burton 2001a). Establishing absolute levels of reabuse is important for gauging impact on victim's safety (Bennett & Williams 2001, Mullender & Burton 2001a). Some studies which use women's reports or official records confine recidivism measures to original victims, which may inflate programme effect sizes by excluding abuse of new partners (Cunningham et al 1998, Saunders & Hamill 2003). Use of offender self-reports as a sole outcome measure is problematic due to minimisation and denial (Tolman & Bennett 1990, Mullender & Burton 2001a). Such indices are only of use if they adjust scores for self-deception, impression management and other forms of response bias (Saunders & Hamill 2003). Different methods of eliciting self-reports of violence from perpetrators can affect levels of honesty, such that reported levels of further violence say more about the methods employed to obtain them than the relative impacts of programmes (Dobash & Dobash 2000).

Official measures of recidivism variously include further convictions, police arrest data, violations of probation conditions or of restraining orders. Such official reabuse rates will be considerably lower if only convictions are recorded, or if police, prosecution and sentencer responses are dilatory, and few reported incidents result in convictions (Shepard 1992). However, all such data only show the tip of the iceberg of actual reabuse (Tolman & Bennett 1990, Mullender & Burton 2001a, Saunders & Hamill 2003, Babcock et al 2004). Accuracy of police records may vary, and unsentenced cases will not appear on conviction records and out-of-area incidents will not appear in local arrest records (Babcock et al 2004). Reports of re-convictions sometimes do not differentiate further domestic violence from other types of crime, which may distort findings (Saunders & Hamill 2003).

Since victim safety is the primary goal of programmes, women's reports of further abuse should be at the centre of an evaluation and most confidence can be placed these reports (Bennett & Williams 2001, Mullender & Burton 2001a, Gondolf 2002). However, they are harder to obtain. Some relationships may have ended, some victims may have moved away, some may be too fearful of further abuse to co-operate, and the identity of new partners may not always be known (Gondolf 2002). Victim reports may also be subject to response bias due to fear or embarrassment and may also underestimate abuse (Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999, Robertson 1999, Gondolf 2000a). They may be influenced by study design factors such as the gender of the interviewer, mode of communication, and proximity to the abuser (Robertson 1999). Both perpetrator and victim reports of further abuse may be inhibited if honest disclosure can have negative consequences. Guarantees of confidentiality are critical to enabling follow-up participation and not endangering victim safety, however not all studies provide such guarantees. As official records, perpetrator self reports and partner reports each have validity problems they are best used in combination, although even then they are likely to be underestimates (Hamberger & Hastings 1993, Cunningham et al 1998, Mullender & Burton 2001a).

Statistical sophistication

Studies differ in their statistical sophistication, with some only reporting general observations or percentage differences and no inferential statistics (Hamberger & Hastings 1993, Davis & Taylor 1999). The best quasi-experimental studies have used multivariate techniques to control for the effects of extraneous variables so as to isolate effects specific to the programme or other key variables (Davis & Taylor 1999)

Varying follow up intervals

Follow-up intervals used vary greatly from several weeks to many years (Eisikovits & Edleson 1989, Hamberger & Hastings 1993, Tolman & Bennett 1990, Davis & Taylor 1999). Greater confidence can be placed in those using longer follow-up periods (Tolman & Bennett 1990, Mullender & Burton 2001a). Short follow-up periods limit opportunities for further abuse to become apparent (Healey et al 1998, Cunningham et al 1998, Saunders & Hamill 2003). Whilst longer periods increase the validity of success reports, the number of study participants usually decreases in line with the length of the follow-up, which offsets these validity gains (Tolman & Bennett 1990). Many studies have adopted an arbitrary approach to follow-up intervals and have not been designed to assess changes in violence over a series of time intervals (Eisikovits & Edleson 1989). Hence, violence occurring before the programme starts, or during the programme, is not distinguished from violence after the programme has had time to take effect (Jackson 2003b). Many studies measure only reabuse after the programme. Exclusion of further abuse during the programme neglects an important dimension of programme effect and skews outcome results (Gondolf 2002). Follow-up periods should, but often do not, extend beyond periods of supervision, as external monitoring may by itself suppress violence and otherwise be confused with a treatment effect. Such supervision/monitoring may explain why some studies indicate reduced reabuse in groups of men who have not undertaken treatment programmes (Cunningham et al 1998).

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15.3. Study participants

Selection bias and sample representativeness

Most of the US programmes which have been evaluated exclude difficult perpetrators (e.g. those with substance abuse or mental health problems or significant previous convictions). This may overestimate programme success and limit the applicability and validity of results (Davis & Taylor 1999, Bennett & Williams 2001). Edleson & Grusznski (1988) conducted three studies of the same programme over a four year period. Initially positive results for completers relative to noncompleters declined and disappeared when the organisation's client profile changed to include more unemployed, substance abusing men with histories of mental health treatment. Screening out cases of severe violence has similar effects (Davis & Taylor 1999). Some studies create a misleading impression by including only those who complete programme (Bennett & Williams 2001, Mullender & Burton 2001a). Few studies have assessed or controlled for the perpetrator's motivation to change, alcohol and drug abuse, or mental health. These factors increase the probability of programme drop-out and minimal impact, and affect study results (Bennett & Williams 2001, Jackson 2003b). Many US studies only address offenders sent to programmes for misdemeanour, and not felony offences, who often face little risk of custody (Saunders & Hamill 2003). Failure to specify key sample characteristics sufficiently (e.g. level/severity of previous abuse or other criminality, proportion of perpetrators who are separated) limits comparability and interpretation of findings (Hamberger & Hastings 1993). Some studies use small samples that are not truly representative of the target population, which are then reduced further by attrition (Hamberger & Hastings 1993, Healey et al 1998, Cunningham et al 1998). Restricting study samples to couples remaining in a relationship may also produced biased results by eliminating cases with a high risk of post-separation violence (Dobash et al 1999).

Low follow-up response rates

Many treatment studies that have relied on partner or perpetrator reports of subsequent violence have very poor follow-up response rates averaging 50%, with some as low as 20%. These cases cannot be convincingly argued to be representative of the sample as a whole and may be significantly different from the others (Davis & Taylor 1999, Gondolf 2002, Saunders & Hamill 2003, Babcock et al 2004). There is some evidence for example that abusers with higher incomes and education levels are more likely to co-operate with follow-up surveys (Davis & Taylor 1999).

Non-participants in follow-up are more likely to be those who have perpetrated or suffered further abuse, and any consequential omission of their cases from results probably leads to inflated programme effects being reported (Saunders & Hamill 2003, Babcock et al 2004). If the success rate is defined as the percentage of original cases *known* to be non-violent at follow-up, success rates look dramatically different from those reported in many studies (Tolman & Edleson 1995, Mullender & Burton 2001a).

Programme attrition

Programmes have high rates of drop-out and attrition, and many studies report that less than half of those assigned to programmes actually complete them (Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999, Bennett & Williams 2001, Mullender & Burton 2001a). Observed rates of diminishing recidivism over successive time periods might suggest a positive programme effect, but if recidivists are correspondingly self-selecting out of the follow-up sample, the apparent trend is not meaningful (Hamberger & Hastings 1993). Those most likely to drop out are also those most likely to be re-arrested and to have re-abused (Tolman & Bennett 1990, Bennett & Williams 2001). Low completion rates present a particular problem for studies using experimental or quasi-experimental designs. If they compare only those who complete a programme with those who were not assigned to one, they can be criticised for creaming off the best of the treatment group (i.e. those who are most highly motivated), thereby 'stacking the deck' in favour of finding positive programme effects. If however those who fail to start or complete the programme are included in the comparison analysis, then they are open to criticism that the study design is biased against finding programme effects, as these are diluted by inclusion of drop-outs who did not actually receive all or most of the treatment (Davis & Taylor 1999). High rates of programme attrition can also limit generalisability and reliability of findings if only the 'cream of the crop' start and complete programmes (Saunders & Hamill 2003). Different definitions of what constitutes programme completion vary from study to study; some effect sizes are calculated on 100% attendance; others on 80%. This affects both reported attrition rates and programme effects yet some studies do not specify how completion is defined. Many studies do not explore whether there is a 'dose-response' by examining relationships between outcomes and number of sessions attended (Daly et al 2001, Babcock et al 2004).

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15.4. Programme delivery and context

Uncertain programme specification or integrity

Many studies do not adequately specify key details about the treatment provided (e.g. content, duration, management and leadership arrangements, or target group), making cross-study comparison difficult (Hamberger & Hastings 1993, Mullender & Burton 2001a). Adherence to programme and treatment integrity is rarely measured as a variable which can influence outcomes (Cunningham et al 1998, Saunders & Hamill 2003). Positive effect sizes have been larger for demonstration programmes (implemented by the researcher) than for practical programmes (implemented by a criminal justice agency), suggesting that the way a programme is put into practice might be a key influence on outcomes (Jackson 2003a). Process-oriented evaluations are required to differentially assess the influence of specific intervention components and the quality of programme implementation to complement outcome evaluations (Eisikovits & Edleson 1989, Dobash & Dobash 2000, Jackson 2003b). Programme evaluations that include audits of programme components and give ratings against key criteria are one useful but rarely used approach (Cunningham et al 1998).

Inattention to contextual or systems factors which may affect outcomes

Most studies also tend not to pay attention to, or examine the impact of contextual or system-wide factors that may influence programme completion rates, programme efficacy and outcomes (Healey et al 1998, Cunningham 1998, Babcock et al 2004). Intervening variables such as court or probation monitoring, characteristics of the offender base, leadership styles of group facilitators/tutors, levels of community support, incentives/sanctions outside the programme, social support to victims and/or perpetrators from helping professionals, and separation from partner, may have significant independent or interactive effects on violence (Eisikovits & Edleson 1989, Chalk 2000, Mullender & Burton 2001a, Gondolf 2002). Programme effectiveness may vary according to local court practices, inter-agency linkages and sanctions for non-compliance (Davis & Taylor 1999, Bennett & Williams 2001). Effects due to factors at work on various ecological levels need to be isolated, and examined in interaction where possible (Eisikovits & Edleson 1989). Few studies examine the additive effects of arrest, prosecution, programmes, probation, and non-compliance action (Babcock et al 2004).

Much research fails to establish or measure the amount of contact abusers have had with their victims or whether they have formed new relationships. If victims have separated from their partners and moved away this will limit opportunities for further violence and if counted as a success at follow-up, such cases could yield spurious results (Hamberger & Hastings 1993, Dobash et al 1999). Reabuse rates that do not adjust for levels of partner contact will produce lower reassault rates and indicate more impressive findings (Gondolf 2000a). Edleson & Grusznski (1988) found that a 'separation' effect partially explained a relatively large proportions of no further violence reported in their studies. Delivery of interventions to victims may also result in their extending their definitions of abuse, leading to higher reports of abuse at follow-up relative to comparison groups or pre-programme disclosures. This may bias results against a programme effect. Edleson & Grusznski (1988) found that victims who attended a women's support

group reported more post-programme threats than women who had not participated in such a group, suggesting they had extended their definitions of abusive behaviour as they became more sensitised to issues of power and control.

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16. Do perpetrator programmes work?

Establishing whether perpetrator programmes are effective in reducing further reabuse is particularly important for the safety of women and children, as evidence suggests that victims are more likely to remain with or return to their partners if they are receiving treatment for their abuse (Babcock & Steiner 1999, Bennett & Williams 2001). For example, a study of domestic violence shelter residents (Gondolf 1988) found that the best predictor of a woman's intention to return to a previously abusive relationship was her partner's enrolment on a treatment programme. 53% of those whose partner's had done so planned to return, compared to only 19% of those whose partners had not enrolled on programmes. Interventions which have no effect, or which make behaviour worse, therefore put more victims who might otherwise have safely left their partners in danger, by holding out a promise of hope which becomes a vehicle for injury (Babcock & Steiner 1999, Bennett & Williams 2001).

16.1. Studies without a non-programme comparison group

Post-test studies

Reviews of published non-experimental studies have found that the majority measured only violence after treatment completion and lacked a comparison group. This group of studies used perpetrator self-reports of violence, had sample sizes less than 100, and were based on follow-up periods shorter than 12 months. Reported recidivism rates varied widely from 7-47%. The significance of these results could not be evaluated without comparison or pre-programme measures and hence they had little utility (Hamberger & Hastings 1993, Davis & Taylor 1999).

Pre- and post-test studies

Another batch of studies compared individuals' violence levels before and after programme participation. None used police records and the majority relied solely on perpetrator reports. Most used short follow-up periods and small samples. All reported lower recidivism after treatment. These results cannot necessarily be attributed to the effect of the programme as some evidence indicates domestic violence can decline for a short period after police involvement, even if nothing else is done. Reoffence reductions found in these studies approximate the reassault rates reported in other studies for all arrested perpetrators, and can therefore not be taken to indicate a programme effect over and above an arrest effect (Hamberger & Hastings 1993, Davis & Taylor 1999)

Non-experimental studies comparing completers and non-completers

A third group of studies compares outcomes for those who completed a programme with those who dropped out. Reviews of these studies indicate many used small samples, short follow-up periods and only a single recidivism measure (Hamberger & Hastings 1993, Davis & Taylor 1999, Babcock et al 2004). Some did not include inferential statistics (Hamberger & Hastings 1993). Early studies of this type relied exclusively on self-reports of outcome and could not differentiate between programme success and the abuser's tendency to significantly underreport their abuse (Babcock et al 2004). Research comparing outcomes for completers and dropouts potentially bias results in favour of a treatment effect. Evidence indicates that those who complete programmes are more likely to be better educated, employed, married, and white, and less likely to have a previous criminal record. All these factors have been found to be associated with lower rates of reabuse (Saunders & Hamill 2003, Babcock et al 2004). However, most studies have not statistically controlled for the impact of pre-existing demographic and criminal record differences when examining treatment effects (Babcock & Steiner 1999). Even if effects attributable to such differences are statistically controlled, other differences between the two groups, such as differences in level of motivation to change, which existed prior to treatment, may explain results (Davis & Taylor 1999). Men with low motivation are often being compared with men with high motivation, biasing the study in favour of finding a programme completion effect (Saunders & Hamill 2003, Babcock et al 2004).

However, despite research designs which favoured positive findings, most studies of this type found only small differences between reabuse rates of completers and non-completers, and some found no statistically significant programme effects (Tolman & Bennett 1990, Davis & Taylor 1999, Saunders & Hamill 2003). Some relatively successful outcomes found for men who did not complete programmes suggest that other factors contribute more significantly to cessation of abuse (Tolman & Bennett 1990). One potentially contaminating factor is that the programme drop-outs may receive alternative sanctions, such as imprisonment, which render them an invalid comparison, particularly if they have reduced opportunity to re-abuse (Babcock et al 2004). In addition, evidence suggests that many drop-outs leave programmes because they are no longer in contact with their partners and believe there is no need or incentive to complete the programme (Gondolf 2000a). Such factors may bias results against a programme effect, yet few of these studies taken them into account (Gondolf 2002).

Key non-experimental studies comparing completers and non-completers

Several of the stronger studies among this group used large samples, longer follow-up periods and variously controlled for effects attributable to demographic and other differences. They show mixed results.

Babcock & Steiner (1999) undertook a follow up 2 years after the original incident, of 260+ men sentenced to attend a 26-week Duluth based programme. Domestic violence recidivism and previous criminal history was calculated as the

sum of further crime incident reports, arrests and convictions. 69% had no prior criminal history. 23% of the 69% of men who did not attend/complete the programme had their probation revoked and were incarcerated. Results were analysed separately for this group. Those who completed the programme had significantly less prior criminal involvement, were more likely to be first offenders, employed and white, and had more education and higher incomes. 8% of the completers, 23% of the non-completers and 62% of the incarcerated men committed a further DV offence in the follow-up period. Differences in demographics and prior criminal history accounted for 9% of the variance in DV recidivism. Findings suggested that those with a higher 'stake in conformity', who had more to lose economically and socially by re-offending, were less likely to do so, and more likely to comply with the court's instructions. However, with these differences controlled, completers still had significantly fewer DV reoffences compared to non-completers. Number of programme sessions attended accounted for an additional 4% of the variance in DV recidivism; this difference was significant but indicated only a small effect for the programme. Incarceration was significantly related to the highest prevalence and incidence of DV recidivism, even with demographic factors and previous criminality controlled, suggesting that for this group, other unmeasured factors such as personality disorders and substance abuse problems contributed to intractable offending. No relationship was found between probation officer's assessments of likely co-operation and completion of the programme,

Dutton et al (1997) monitored police data on partner and other reassaults for 446 Canadian completers and drop-outs. Follow-up periods averaged over 5 years and were up to 11 years for some men. Significant differences were observed between completers and those who started but did not complete. Completers were significantly more likely to be better educated and employed, and to have lower rates of previous criminality, violence and partner violence. Levels of pre-sentence crime accounted for virtually all the variance in post-sentence assaults and violence. Programme completion could not account for any differences in post-sentence recidivism. However, completers had significantly fewer total assault rearrests. Use of police data would have substantially underestimated actual reassault rates, and the significant differences in demographics and previous criminality found between these two groups, (which were not controlled for in this analysis), as well as other between-group differences, may well have accounted for some of this effect rather than the programme.

Gondolf (2000a) analysed 30 month reassault data (based on largely on reports from 67% of original victims and known new partners who responded) for 600+ men court-referred to feminist-cognitive-behavioural perpetrator programmes in four US cities. In contrast to the profiles of men referred to programmes in UK samples, over 80% of whom had previous convictions (Dobash et al 1999, Gilchrist et al 2003), only 50% of this sample had prior arrests. 41% of women reported at least one reassault during the 30 months after programme intake. Reassault rates were 47% among women who had some contact with the abuser during the follow-up period. In total, 76% reported further verbal abuse, 49% threats, and 27% severe assaults and injury. Those who completed 12+ programme sessions (defined as completing the programme) were significantly less likely to have reassaulted a partner/ex-partner (36%) compared to 51% of those completing less sessions, and these differences remained significant when effects attributable to demographics, personality, and previous behaviour (drunkenness, arrests and severe partner assaults) were controlled. Reassault rates for those with partner contact were 40% for completers and 59% for non-completers. In a separate analysis of 15 month follow-up data rates of further nonphysical abuse (threats, controlling behaviours, verbal abuse) did not significantly differ between completers and non-completers. However, when different forms of non-physical abuse were analysed separately, completers who had previously used that form of abuse were found to have reused it significantly less than comparable non-completers (Gondolf et al 2002). The study does not however provide a complete picture of the impact of programme attendance on domestic violence. Victims and new partners and were not asked about their experience of sexual abuse, and whilst women were asked at three month intervals if they had been reassaulted or psychologically abused, frequency of reabuse by completers and non-completers was not compared.

The percentage of women's reports of reassault by men enrolled on the programme progressively declined during each of the follow up periods. The vast majority of the first time reassaults occurred within 15 months of programme intake. 37% of all reassaulters committed their first reassault within the first three months (i.e. during the programme), and almost 2 in 3 reassaulters did so within six months (Gondolf 2000a). Reports of further nonphysical abuse reabuse, whilst recurring much more often than assaults, also declined by a third from the first follow-up interval to the 13-15 month follow up period (Gondolf et al 2002). These results suggested a trend of de-escalation of violence over time that pointed to the possibility of a delayed effect for the programme. However, without comparison to a group of men who received no intervention, this observed trend cannot be generalised to all abusers, nor confidently attributed to the effects of the programme, or to criminal justice involvement, as effects such as maturation or changes in circumstances were not excluded. At the 30-month follow-up point, 1 in 2 men had less than weekly contact with their initial partners and 10% had no contact. Hence for a significant number, opportunities for reabuse were reduced (Gondolf 2002). Analysis of assault trends also revealed that involvement with the programme had not affected a substantial proportion of all men (21%) who repeatedly reassaulted their partners during the follow up period. 83% of this group caused injury, and 59% began their reassaults within 3 months i.e. during the programme (Gondolf 2000a).

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16.2. Quasi-experimental studies using comparison groups

Studies comparing perpetrators assigned to programmes to those receiving another sentence, tend to be better designed, use samples of 100+, follow-up periods of 12 months+, and not to rely solely on self-reports of further abuse (Davis & Taylor 1999). Davis & Taylor found only four such studies, three of which reported significantly lower rates of further violence among men assigned to programmes compared to those otherwise sentenced. However, in some studies, the comparison groups included men considered unsuitable for the programme and the treated groups included only those who actually completed, suggesting they were not directly comparable (Hamberger & Hastings 1993, Davis & Taylor 1999).

A Scottish study

This group of studies included the only published UK evaluation using a matched comparison group (Dobash et al 1996 & 1999). Outcomes for a sample of men sentenced to attend two Scottish perpetrator programmes were compared with those for a sample of perpetrators receiving other sentences. Programmes were based on the Duluth model. In contrast to participants included in most US programme evaluation studies, virtually all the sample had prior involvement with the criminal justice system (Dobash et al 1996 & 1999, Dobash & Dobash 2000). Some weaknesses in the reporting of this study have been noted. Details of sample selection, and of the proportions of completers and non-completers included in the study are unclear, and only percentage statistics are reported. Details of significance tests are not included. Proportions of victims interviewed to ascertain rates of pre-programme abuse were low, and declined during the 12 month follow-up period to just over half of the initial number (Davis & Taylor 1996). Only 28 women provided feedback on the behaviour of men in the programme group at 12 month follow-up (Mullender & Burton 2001a). Women who had no contact with their abuser were excluded from the analysis, so as not to bias results in favour of a positive effect for the programme (Dobash et al 1999). Court report data indicated domestic violence recidivism of 7% for the programme group at 12 month follow-up and 10% for the comparison group. Women's reports also showed significant differences between the programme and comparison groups at 3 and 12-month follow-up points, in both prevalence and frequency of further violence. 67% of the programme group were violence-free at 12 months, but only 30% of the group receiving other sentences achieved this (Dobash et al 1996 & 1999). However, Mullender & Burton (2001a) point out that the quoted 67% success rate applied to only 40% of the relevant cases which were retained in the study sample. Levels of difference in sexual and psychological reabuse were either not investigated or not reported, although levels of controlling behaviour were said to have been significantly less for the programme group. There were also differences between the two groups in characteristics known to be associated with increased risk of domestic violence. Those in the comparison group were more likely to be unemployed, unmarried, physically abused as children, to have witnessed domestic violence as children, and to have more previous convictions (Dobash et al 1996 & 1999). These between-group differences were not however controlled for in statistical analysis of comparative group outcomes, and may well have influenced findings, as the comparison group's characteristics put them at greater risk for further abuse (Davis & Taylor 1999).

A study showing evidence of a negative programme effect

One of the quasi-experimental studies reviewed by Davis & Taylor (1999) failed to find a positive programme effect. Harrell (1998) reports on an earlier comparison of outcomes between those ordered by pro-treatment judges to attend a domestic violence programme and those otherwise sentenced by judges who did not favour such interventions. Only those completing the programme were included in the analysis. There were no significant differences between the two groups of offenders in 6 month follow-up reports from partners of cessation of severe violence and threats. Although rates of psychological abuse decreased among those sent to programmes, those *not* sent to treatment were significantly less likely than those who were treated to continue engaging in physical aggression. These findings were particularly surprising and sobering given that the programme group appeared better prospects for avoiding reabuse as they were more likely to be employed, and married and less likely to have a criminal record (Tolman & Edleson 1995, Davis & Taylor 1999). Harrell (1998) concluded that impact may have been attenuated by programmes being too short, insufficiently intense, inadequately implemented, or using ineffective strategies. Failure to monitor compliance and institute sanctions for non-compliance, and long delays in hearing cases and starting treatment were also suggested to partially explain the outcome findings. The programmes evaluated also used untypical, non-confrontational cognitive-behavioural approaches (Gondolf 2002). Rates of reassault for both the treated and untreated groups were very low compared to other studies, making these findings difficult to understand (Tolman & Edleson 1995).

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16.3. Randomised experiments

Quasi-experimental studies can not be relied on to produce unbiased estimates of treatment effects. Although differences between the experimental and comparison groups in known influential factors, such as previous criminal history, and demographics, can be statistically controlled, not all salient differences likely to impact on results can be known or easily measured (e.g. levels of emotional maturity). The safest way to insure against bias is through random assignment of perpetrators to programmes or control groups (Davis & Taylor 1999, Bennett & Williams 2001, Gondolf 2002). However, true experiments also have biases, as most studies base outcomes on original random assignment. Where attrition is high, few men in the experimental group will have received the full intervention. However, these studies are of more value to policy-makers as they want to know whether requiring treatment

attendance and funding interventions will reduce domestic violence overall (Babcock et al 2004). Few randomised experimental studies have been conducted. Two of the total five found and reviewed by Davis & Taylor (1999), Bennett & Williams (2001), and Babcock et al (2004) contrasted perpetrators randomly assigned to programmes, with others sentenced to probation or community service alone. Those who did not complete the programme were not excluded from these analyses, making the test for a programme effect more stringent. One study found significant positive programme impacts based on police reports at six month follow-up, but was limited by a very small sample size (Babcock et al 2004). Another found no significant effects for programmes based on victim and police reports. Three more recent randomised experiments (Davis et al 2000 & Taylor et al 2001 & Davis et al 2003, Feder & Forde 2000 & 2003, Dunford 2000a & b) indicate mixed findings.

The San Diego Navy Experiment

Dunford (2000a & b) compared treatment outcomes for a large (800+) sample of married US Navy couples where domestic violence had come to their employer's attention. This is the most rigorously designed and implemented study, conducted to date in terms of sample sizes, follow-up length, attrition rates, follow-up reporting rates, and assessment of treatment adherence (Babcock et al 2004). Men with alcohol or mental health/ psychological problems, or who were separated from their partners were not eligible for the experiment. Participants were randomly assigned to one of four conditions; a 6 month cognitive-behavioural perpetrator programme, a 6 month couples group counselling programme, a rigorous monitoring condition involving 6 months supervision, counselling and surveillance, and a control group who received no intervention. Safety planning was delivered to the partners of men in all four conditions. 70% completed programmes and non-completers were retained in the analysis. Reports of further abuse were obtained from 75% of partners (a high rate relative to other studies), and both perpetrators and victims received clear guarantees of confidentiality for their reports of further abuse. Programme and treatment integrity was carefully monitored for the three interventions. No significant differences were found between the four conditions on any measures of physical or psychological abuse one year after completion of the six month treatment period, measured either by partner, perpetrator or arrest reports. Hence neither of the programmes, nor intensive supervision had any effect on reabuse over and above general effects such as public exposure and safety planning with victims.

Rates of further violence at follow-up were significantly lower for all study participants compared with the six-month period before the study began. Less than 30% of partners reported a further assault during the follow-up period. Dunford (2000b) points out that similar rates of reabuse have been described as evidence of a positive programme effect in non-experimental studies without a control group. The finding in this study that those who experienced no intervention re-offended at similar rates, casts a different light on such results. These findings are not however generalisable to other settings due to the military context and the exclusion of men who were unmarried, unemployed, and substance users (i.e. those typically seen in most perpetrator programmes were excluded from the study). These participants had a high 'stake in conformity' and were therefore at less risk of reassaulting than abusive men in average urban communities (Bennett & Williams 2001, Gondolf 2002, Babcock et al 2004). Any intervention, including arrest and being identified by the authorities may work to deter 'socially bonded' individuals from reoffending. This may be reflected in the unusually low rate of recidivism in the untreated group (Babcock et al 2004). In circumstances where reabusers face sanctions such as loss of career and housing, other interventions are unlikely to have an additional effect beyond the impact of such deterrence (Gondolf 2002). One positive interpretation of this study is that it represents a successful example of an effective co-ordinated community response, in which a proactive approach to addressing domestic violence, including assertive supervision, sanctions for non-compliance, victim safety work, and perpetrator programmes, can all contribute to reducing domestic violence (Bennett & Williams 2001).

The Broward County Experiment

Feder & Forde (2000 & 2003) randomly assigned 400+ perpetrators on probation for domestic violence misdemeanour offences in Florida to either a 26 week Duluth based programme or to a no additional intervention condition. All the misdemeanour domestic violence cases appearing before the court during the period of the experiment were sentenced in this way. However, in 14 cases judges ignored the random assignment to the control group and placed men on the programme. The majority of the men had previous convictions but only 15% had a prior arrest for domestic violence. The victims of those assigned to the experimental and control groups were equally likely to participate in the follow-up survey, and the two groups did not differ significantly in the way their supervision was managed by probation officers, or in 'stake in conformity' variables (i.e. criminal record, demographics), or in type of DV incident. In general, there were no statistically significant differences at 6 and 12 month follow up between the experimental and control groups in perpetrator self-reported abuse, or attitudes to domestic violence or to women. The only exception was that those in the experimental group were less likely to view their partner as responsible for the original offence after 6 months. There were also no significant differences between the two groups in women's reports of further physical, sexual, or psychological abuse or injury, or in rates of rearrest. Reported rates of abuse did not decline over time for either group. Those who actually completed the programme (whether assigned to the control or experimental groups) were found to have a small but significant lower likelihood of further arrest or probation violation. However, the 33% who were ordered by the court to attend the programme and did not complete it, were significantly more likely to be rearrested than those who were not ordered to attend.

This study had several limitations; there was a high programme attrition rate, and a low victim response rate that dropped to 22% at 12 month follow-up (Jackson 2003a, Babcock et al 2004). The sample of victims interviewed are therefore unlikely to have been representative (Gondolf 2002). There was also no data on the adequacy of programme implementation. Arrest data was overly broad, and did not isolate domestic violence arrests (Jackson 2003b). Time to re-offence was not measured in this study, making it difficult to establish the proportion of reoffending which occurred before the programme started, during the programme, or after termination (Jackson 2003b). This study did however provide further support for the 'stake in conformity' hypothesis; namely that men who reoffend are those with the least to lose (Bennett & Williams 2001).

The Brooklyn Experiment

In an experimental study conducted in Brooklyn (Davis et al 2000, Taylor et al 2001 & Davis et al 2003), 376 cases of domestic violence misdemeanour, where the judge, prosecution, defence and the perpetrator agreed in principle a programme was appropriate, were then randomly assigned to 40 hours community service or to a 40 hour Duluth model programme. During the first part of the study, the programme was delivered in 26 weekly sessions, but this changed in the later stages due to external pressures, to longer sessions delivered twice weekly over 8 weeks. Hence there was an opportunity to compare two modes of programme delivery which involved the same number of total hours treatment. In this study, judges ignored 28% of the random assignments to the control group and ordered these men to attend the programme. Measured outcomes for the control group therefore included those for a proportion of men who attended some or all of the programme. No significant differences were detected however between those cases where the judge overrode or accepted the random allocation. Official reports of further arrests and crime complaints involving the same victim were obtained, and reports of further abuse were also given by victims 6 and 12 months after sentencing. 50% of victims responded. Victim participation rates and offender characteristics did not differ significantly between the control and experimental groups.

There were significant differences in programme attrition rates between those in the experimental group whose treatment was delivered over 8 weeks (33% non-completers), and those attending over 26 weeks (63%). Initial analysis indicated a positive effect for the experimental group as a whole, but a reanalysis found that only the men experimentally assigned to the 26 week group had significantly less reports to police for further domestic violence than men experimentally assigned to the control group. Those assigned to the 8 week programme did no better than the controls. Victim reports reflected the same trend, although differences did not reach acceptable levels of statistical significance. These relationships held with differences in arrest history and demographics factored in. Results also revealed that those assigned to the 26 week programme went significantly longer without being reported for further abuse. However, no differences were found between the control and experimental groups on measures of cognitive change (including conflict resolution skills and beliefs about domestic violence). The researchers concluded that the effect of the intervention was to suppress violence for the duration of the programme, rather than to bring about permanent change. Despite the better results for the 26 week programme, those assigned to it in total completed fewer hours of treatment than those in the 8 week condition, as such a high proportion of them dropped out.

This study also had various limitations. The significant number of judicial overrides made it more difficult to detect a programme effect (Jackson 2003a & b) and may have compromised results (Babcock et al 2004). Process evaluation was not included, so adherence to the programme model was not known (Jackson 2003b). Attitude measures used were inadequate and there were problems getting offenders to complete them (Gondolf 2002). Unlike the Florida study, these perpetrators were all willing to go to a programme and therefore more motivated. They represented only a 3% percent of domestic violence cases dealt with by the court during the study period, and were therefore not representative of all perpetrators (Bennett & Williams 2001, Jackson 2003b). Low victim response rates affected the validity of results based victim reports and probably made the official recidivism data a more reliable measure (Gondolf 2002). Attrition rates and judicial overrides meant that comparisons between the experimental and control groups were not actually comparing all those who received the intervention and those who did not. A comparison of reabuse rates for those who did or did not actually complete the programme were not included in the analysis (Babcock et al 2004).

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16.4. UK research on programme effectiveness

In their reviews of UK domestic violence programmes Mullender & Burton (2001a and Bowen et al (2002) could find only three published studies. They differed in their methodology and lacked methodological rigour (Bowen et al 2002). Evaluation of a Cheshire probation programme (Skyner & Walters 1999 cited in Bowen et al 2002 & Mullender & Burton 2001a) found significant positive differences between participants' pre and post programme attitudes and acceptance of responsibility. However, only 21 completed the programme, and study results were based on only 10 participants. Change in before and after self-reported attitude and behaviour was the only outcome measure. Neither standardised assessment measures nor a comparison group were used, and no follow up was undertaken to establish recidivism at an interval after the end of the programme (Mullender & Burton 2001a, Bowen et al 2002).

Burton et al (1998) undertook a process evaluation of the DVIP project in Islington, which combined a 36 week violence prevention programme for men based on the Duluth Model, with a women's support service. The majority of the men involved were voluntary referrals. This research was largely descriptive and used mainly a qualitative methodology, combining file and session form analysis with feedback from service users, referrers and staff via interviews and questionnaires. The study did not include post-programme outcome follow-up, and no inferential statistics were reported. Attrition rates were high; 57% of those accepted onto the programme failed to complete. Most were lost in the first few weeks, and voluntary referrals were disproportionately likely to drop out. Only 23% of completers (31 men) participated in the final stage of the evaluation study, and in only 6 cases could both perpetrators and their partners be tracked and interviewed. After 12 weeks of the programme 27% of partners reported no further violence, whilst the remainder said it had reduced a little (25%) or a lot (53%). Whilst this study suggested the programme had some initial impact for those who attended, few conclusions can be reached from the findings due to the lack of a comparison group, small sample, lack of follow up data and high attrition in both the programme and the study (Mullender & Burton 2001a, Bowen et al 2002).

Dobash et al (1999) evaluated the CHANGE and Lothian Domestic Violence Probation Projects. Findings were described earlier. Whilst this study is the best designed and most comprehensive UK evaluation published to date, it did not report inferential statistics on behaviour, attitude or other psychological change, and the study sample declined significantly over time. Cause and effect claims cannot be safely made on the basis of outcomes with such small numbers (Mullender & Burton 2001a). Taken together, these three evaluations provide little evidence for the effectiveness of British perpetrator programmes (Bowen et al 2002). Publication of an outcome evaluation of early implementation of the IDAP programme is forthcoming. However, problems with data collection may have affected results (Bilby & Hatcher 2004).

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16.5. Overall estimates of programme impact on revictimisation

Conclusions from early reviews

Early reviews of non-experimental studies indicated that the majority of men stopped their physical abuse at least for a short period after the intervention. Percentages of successful outcomes reported range from 50-100% (Tolman & Bennett 1990, Hamberger & Hastings 1993, Tolman & Edleson 1995). These studies had methodological shortcomings; most relied on perpetrator reports or police records obtained in short follow-up periods, and on samples with high rates of attrition. However, there was also evidence of high violence cessation rates in men receiving no intervention. Lower levels of programme impact were noted in research using lengthier follow-up periods and women's reports of further violence, rather than arrests or self-reports. Generally, programmes were viewed as contributing to a deterrent effect when combined with the influence of prosecution and being ordered by the court to attend, but modest and contradictory outcome patterns indicated that broader prevention and intervention efforts were needed to reduce domestic violence (Tolman & Bennett 1990, Tolman & Edleson 1995). In their review, Tolman and Bennett (1990) conclude that the pattern of outcome results did not clearly support psychological intervention as the primary active ingredient in changing abusive men's behaviour, given the relative success of men who dropped out of treatment. In all likelihood, positive results purportedly due to a particular intervention were the result of multiple systems and factors. Victim-initiated actions such as separation or the threat of it, police and criminal justice system involvement, disapproval from family and friends, as well as other naturally occurring maturation processes can all contribute to deterrence with or without additional psychological interventions.

Findings from recent reviews and meta-analysis

Recent reviews generally conclude that the few quasi-experimental and experimental evaluation studies considered methodologically sound have indicated modest but significant reductions in domestic violence recidivism among programme participants (Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999, Bennett & Williams 2001, Babcock et al 2004). Two studies adopted a systematic statistical approach to assessing overall programme effectiveness:

Davis & Taylor (1999) computed effect sizes for five studies with experimental and quasi-experimental designs, based on proportions of repeat violence taken from police records. They estimated the overall treatment effect size at 0.41 (less than .50 is considered small). However, effect sizes did not decline as study design became more rigorous, indicating a genuine, though small impact for perpetrator programmes on reducing reassaults.

Babcock et al (2004) conducted the only published meta-analysis of the outcomes of perpetrator interventions to examine the impact of programmes over and above the effects of other legal interventions. 22 studies considered methodologically rigorous were included. All used some form of control or comparison group (treatment drop-outs were regarded as a comparison group in this analysis), and either victim reports or police records or both, for their measures of recidivism (defined as any further instance of physical violence to a partner/ex-partner). There was significant variability in the quality of these studies and victim response rates varied from 22-90%. Calculation of overall effect sizes adjusted for sample size. In general, reductions in reassault attributable to the effects of

programmes were in the small range. Quasi-experimental studies tended to give higher effect sizes than true experiments, but these size differences were not statistically significant. The strongest effect size (0.34) was for quasi-experimental studies using partner reports. Experimental studies showed effect sizes of 0.09 and 0.12 based on partner reports and police records respectively. These effect sizes mean that based on partner's reports, men attending the programmes studied had a 40% chance of being non-violent during the follow-up period, whilst comparable men not sent to these programmes had a 35% chance of avoiding further violence during the same time frame. Hence this analysis suggested that programme attendance reduced the risk of further abuse by 5% (Babcock et al 2004).

Other reviews have concluded that on average, 30-35% of men participating in programmes will be violent again within 6-12 months of treatment (Saunders 1993, Dobash et al 1999, Saunders & Hamill 2003). However, there is also evidence that on average, 1 in 3 of *all* arrested perpetrators reassault in the subsequent 6 months (Hamberger & Hastings 1993, Davis & Taylor 1999). Consistent with Tolman & Bennett's (1990) earlier conclusions, Babcock et al (2004) point out that most programme evaluation studies are attempting to measure the additive effect of treatment on top of the impact of other legal interventions (e.g. arrest, prosecution, probation) that may positively affect rates of continued domestic violence, and on top of an estimated spontaneous violence reduction rate of 30+% found in community survey samples due to factors such as separation. Given these considerations, small programme effect sizes are not surprising.

A comprehensive review of family violence interventions undertaken for the US National Research Council, found that failure to simultaneously compare outcomes for those receiving one set of services, with others receiving a different set, or nothing at all, was a serious weakness in all studies of domestic violence interventions. In the absence of such rigorous scientific studies no specific treatment model could be said to have demonstrated a capability to reduce violent behaviour in the majority of domestic violence offenders (Chalk & King 1998, Chalk 2000). In assessing the implications of the disappointing findings from the Florida and Brooklyn experiments, Jackson (2003b) points out that perpetrator programmes are a relatively new response to a critical social problem. She concludes that whilst these studies do not provide convincing evidence that perpetrator programmes reduce domestic violence, it is too early to say they do *not* work and should be abandoned, although much remains to be learned.

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16.6. Studies that explore whether one model of intervention is better than another

Few studies have compared the relative effectiveness of different programme models, components, lengths and structures (Tolman & Edleson 1995, Bennett & Williams 2001). Many programmes combine feminist-educational and cognitive-behavioural elements but the relative impact of each approach is not known (Tolman & Edleson 1995). Evidence does not clearly point to one particular model, curriculum, underlying philosophy, or length of programme achieving better results than another overall (Healey et al 1998, Cunningham et al 1998, Chalk & King 1998, Bennett & Williams 2001, Saunders & Hamill 2003). The research literature is not yet strong enough to assert a definitive model of domestic violence causation or a definitive model of intervention, although there are indications that some intervention models and styles may work better for some abusers than for others (Chalk & King 1998, Heyman & Smith Slep 2001, Saunders 2001, Bennett & Williams 2001). In one study (Saunders 1996), men with high dependency did relatively better in process-oriented groups than in cognitive-behavioural programmes, whilst the converse was true for antisocial, generally violent men. There are also indications that anger management programmes may be less effective in reducing domestic violence than Duluth-based programmes (Bennett & Williams 2001).

Findings from key reviews

Davis & Taylor (1999) reviewed six studies which variously compared different styles and lengths of perpetrator group programmes (educational, feminist-cognitive-behavioural, self-help, and psychodynamic), couple counselling, couples groups, different forms of perpetrator and alcohol treatment arrangements, and programmes with and without differing additional services. These studies had reasonably strong research designs. In general, results did not strongly suggest any differences in programme effectiveness according to mode or length of treatment, although there was good evidence from one study suggesting that alcohol treatment integrated into perpetrator programmes achieves positive results (Goldkamp et al 1998). (See next chapter). An earlier review (Tolman & Bennett 1990) also found that relatively brief programmes appeared as effective as more intense formats. Some evidence suggested more programme structure rather than less was more effective.

Whilst programmes often used methods drawn from both feminist and cognitive-behavioural theories, Babcock et al (2004) found most could be classified and compared based on their predominant model. Their meta-analysis concluded that there were no significant overall differences in average impact on revictimisation (measured by police records or victim reports) between Duluth-type and cognitive-behavioural interventions. Based only on the results from quasi-experimental studies, Duluth based programmes had an average effect size of 0.35, compared to 0.29 for predominantly cognitive-behavioural domestic violence programmes, but they could not confidently be said to have outperformed them, due to the wide variability in the effect sizes of individual studies. Two particular studies were found to have particularly large effect sizes for programme completion, suggesting that use of motivational enhancement techniques, and more focus on emotions may reduce reassaults, although single study findings cannot be

generalised (Babcock et al 2004). For example, Taft et al (2001) found that use of motivational enhancement techniques greatly reduced attrition, (see later chapter), and higher session attendance was significantly associated with reduced recidivism measured by partner reports and official data. 54% of drop-outs had criminal charges during follow-up compared to 10% who completed more than ¾ of sessions. Babcock et al (2004) report that effects did not differ between the two structured and unstructured programme models used, and that the small effect sizes found in other studies may well be attributable to low motivation and consequent high attrition. Only one study which evaluated a couples intervention (Dunford's experiment), and found no differences between a cognitive-behavioural and a couples group programme, was considered sufficiently rigorous to include in the Babcock et al (2004) analysis. Other less rigorous studies suggest couples interventions are less effective than men's groups (Tolman & Bennett 1990). Few studies have been conducted on such approaches since the early 90's as most US states have discouraged these interventions and been unwilling to fund them. Most of the earlier studies had serious methodological failings (Tolman & Edleson 1995).

A large multi-site comparison

One of the studies reviewed by both Babcock et al (2004) and Davis & Taylor (1999) reported results of a large scale quasi-experimental comparison of four programmes with a similar feminist/cognitive-behavioural core curricula (Gondolf 1999b & 2002) They varied in length from 3 to 9 months, in delivery style, and in additional services provided. Women's reports were used to calculate reassault rates and there were no significant differences in their response rates between sites. Major overall outcome differences across the four programmes were not found. With demographic and past behavioural differences controlled, an overall reassault rate of 30% during a 15-month follow-up period did not vary across programmes. Rates of nonphysical abuse (threats, verbal abuse, controlling behaviours), also did not differ significantly across sites (Gondolf et al 2002). However, when outcomes were compared with the other 3 programmes combined, there was a significant trend indicating lower rates of severe and repeated reassaults for the more comprehensive 9 month programme with the most additional services (in-house substance abuse treatment, mental health counselling, and services for partners) (Gondolf 1999b). This trend was confirmed at 30 month follow-up (Gondolf 2000a). When reassault rates for men who completed at least three months of programme sessions (i.e. 12) were compared, they were significantly lower in the 9 month programme (64% attended 12+ sessions, 22% of whom reassaulted), compared to the 3 month programme with fewest services (69% attended 12+ sessions, 35% of whom reassaulted). This measure is likely to have captured most of the benefits of a longer programme, as less than 10% dropped out after the 3 month point. These differences may have been related to the alcohol services available in the longer programme, but may also indicate that the shorter programme retained more high risk men due to its more proactive compliance-seeking arrangements (Gondolf 1999b). Lack of other significant effects for programme length for all enrolled offenders may have been because system differences neutralised the benefits of longer, more comprehensive programme. For example, the 3 month programme with the fewest additional services was able to start men much more quickly, had 2-4 times more participants than the others, and had the tightest enforcement arrangements, including mandatory court reviews. Reassault rates for all participants, including drop-outs, did not differ between this programme and the 9 month programme (Gondolf 1999b). Lack of a strong effect for a longer programme may be because those most likely to benefit from longer treatment are also those most likely to drop out (Gondolf 2002).

Other findings

Generally, programme length and structure do not seem to be significantly related to programme effectiveness, perhaps because other non-equalised factors more strongly influence results (Bennett & Williams 2001). The Brooklyn experiment (Davis et al 2000, Taylor et al 2001 & Davis et al 2003), reviewed by Babcock et al (2004), appeared to indicate that overall length of time in treatment (rather than number of treatment hours) made a significant and positive difference to recidivism, however, these gains were offset by significantly higher rates of attrition in the programme which spanned a longer period. In a study which tracked changes in levels of abuse, attitudes and skills, during a perpetrator programme (Scott & Wolfe 2003), levels of abuse, perceptions of responsibility for abuse, and empathy were found to show most improvement early in the programme, whereas improvements in communication skills showed more continuous growth over time. These findings may indicate that when reassault rates are the only outcome measured, shorter programmes may show similar impacts to longer ones, particularly over short follow-up periods, but if a broader range of lasting outcomes are desired, longer interventions may be necessary.

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16.7. Other considerations in evaluating interventions with perpetrators

Ethics and justice

Other criteria such as ethics and justice are also important for determining choices about appropriate interventions for domestic violence in addition to success rates, particularly when effectiveness is not known (Mullender & Burton 2001a, Ames & Dunham 2002, Gondolf 2002). Because most men are sent to perpetrator programmes by the criminal justice system, implicit goals for programme success include achieving justice and perpetrator accountability, but these have not been adequately recognised in programme evaluations (Healey et al 1998, Bennett & Williams 2001). Even if programmes have not convincingly demonstrated their effectiveness, arresting, prosecuting and sentencing abusers to attend a domestic violence programme as a condition of a probation order can be a way of

keeping an eye on offenders, serve as a deterrent for some, and act as a symbolic statement that society considers abuse of women to be wrong and requires the man to change his behaviour (Ames & Dunham 2002). Longer programmes may better promote goals of accountability, justice and deterrence. Having the abuser out of the house for several hours every week may also give a marginal safety advantage (Bennett & Williams 2001). Programme evaluations indicate that abusers can learn new non-violent ways of behaving, but that programmes cannot make men change. By offering a learning opportunity, the criminal justice system enacts the values and principles of self-determination and rehabilitation it espouses (Robertson 1999).

Programme learning

Few studies have measured whether the skills taught on a programme are put into practice after the programme ends. Gondolf (2002) found that during the follow-up period, the large majority of participants reported avoiding reassault by using techniques learnt on the programme. Half primarily used interruption techniques (e.g. self-talk and 'time-outs'), 1 in 5 used discussion, 1 in 20 relied on respect and empathy, and 1 in 7 depended on other methods such as not drinking or 'finding God'. Methods used did not vary substantially over time, although men on the two longer programmes were more likely to report using discussion. Only 1 in 5 men reported changing attitudes and beliefs about women. Findings indicated that programmes succeeded in teaching avoidance skills, but were less effective in furthering attitude change.

The same study also found that the correspondence between men's and women's reports of violence decreased significantly during the 12 months following programme intake, with 80% of men whose partners reported a further assault denying any assault had occurred. These findings suggested that for men who reassaulted their partners, the programme had not sensitised them to their violence or increased their willingness to acknowledge it, as expected. Instead, arrest and programme attendance had sensitised them to social disapproval of their behaviour, which combined with the wish to avoid the risk of further sanctions, had increased their level of denial. Rates of denial were 10% higher among attenders than programme-drop-outs (Heckert & Gondolf 2000a).

Lewis (2004) analysed the perceptions of a non-representative sample of perpetrators attending Scottish programmes and their partners about the impact of the programme. Most men indicated attendance had helped them to develop their awareness of the impact of their violence, and to view their behaviour as a manifestation of control, although some were already aware of this, and acknowledged conscious and continued use of instrumental abuse. Participants generally experienced the offence-focus of the programme, the public aspect of the group format, and the challenging of their denial and minimisation as significant influences in improving their attitudes and awareness. However, their accounts also revealed the dangers of a contamination effect when they heard about other men's violence. Women also identified these positive and negative learning processes, but were more cautious about the extent and sustainability of positive change. Some doubted the benefits of the programme and considered the deterrence factor to have been most influential in changing behaviour. Some men confirmed this, and acknowledged the need for continuous coercion to ensure their attendance. These findings, indicating limited internalisation of programme learning by some men, despite reductions in their physical violence, are echoed in a small US study of the experiences of women whose partners/ex-partners had attended programmes 2-5 years earlier. Some of the women who felt the programme had worked were able to describe the positive strategies their partner had learned and used to control anger and violence, but others could not determine the exact nature of the programme impact and speculated that the threat of jail had caused the man to change his behaviour (Gregory & Erez 2002).

Unintended learning

Chalk & King (1998) highlight the potential for negative programme effect in their comprehensive review of evaluation studies. They point to the possibility of inadvertent de-sensitising consequences when programmes bring perpetrators into contact with each other, as their exposure to more diverse forms of violent or coercive behaviour increases. There is some evidence from qualitative studies that some men learn new tactics of abuse and manipulation from their peers in the group, or use skills taught in the programme to maintain control over their partners (Burton et al 1998, Robertson 1999, Gregory & Erez 2002). Experiences reported by some women include partners learning from other group members how to 'get away with it', and becoming more 'cocky', minimising their violence by making comparisons with the worse behaviour of others in the group, misusing programme language for their own purposes (e.g. telling a partner who objected to the man going out drinking for long stretches that she was trying to isolate him), and using the 'time-out' technique in an abusive and controlling way (Burton et al 1998, Robertson 1999, Shepard et al 2000). Some men expect their partners to be more understanding and accommodating because they are attending a programme, or use their participation to bargain their way back into the relationship. Programme material may prompt men to ask their partners' opinions on their behaviour and they may then respond angrily if they do not like what they hear (Robertson 1999).

Women's perspectives on effectiveness

A few studies have explored abused women's perspectives on the effectiveness of interventions with perpetrators. Focus on reabuse rates can neglect the broader subjective experience of women (Dobash & Dobash 2000, Gondolf 2002). In his large-scale multi-site study, Gondolf (2002) measured quality of life indicators for women, and their perceptions of any reasons for behaviour change. 2 in 3 original partners (primarily those who were not reassaulted), reported feeling better off than before the programme. Indicators of wellbeing and autonomy were improved for

more than half the women, and over 80% said they felt "very safe" at 30 month follow-up. 1 in 2 women attributed men's behaviour change to the programme, 1 in 5 to the threat of further sanctions, 1 in 10 to separation and 1 in 4 cited other reasons (e.g. less drinking, concern for children, self-motivation, shame or guilt, or religion). Fewer (1 in 4) women noticed attitude changes. Men who completed the course and those in the longest programme were more likely to be seen by the women as having changed to some extent. However, at various follow-up points, 10-15% of women reported their lives had worsened since their partners joined the programme.

In their evaluation of the outcomes of two Scottish perpetrator programmes Dobash et al (1999) and Dobash & Dobash (2000) also used a quality of life measure for both victims and perpetrators. Whilst samples were not representative, women partners of the men in the programme group reported significantly more positive changes than those linked to perpetrators receiving other sentences, including improvements in their sense of safety, well-being, and relationship satisfaction. Those women whose partners received other sentences were more likely to report deterioration in their quality of life, although some also reported positive changes. Lewis (2004) analysed the qualitative responses of the small number of women responding to the study's follow-up survey. She concluded that women's accounts showed the potential for a positive intervention effect on their safety and quality of life, even if this was not always realised. The combined effect of prosecution, conviction and rehabilitative effort appeared to support women's agency, and make some contribution to their safety and ability to stand firm against violence, even if these interventions did not fully protect them or fully hold men to account for their abuse.

Other studies also indicate that all aspects of criminal justice responses are relevant in women's perceptions of effectiveness, including enforcement and personal support. Shepard et al (2000) canvassed the perspectives of women whose partners attended the Duluth programme at 18-month follow-up. Most aspects of a co-ordinated community intervention were perceived to have been helpful, despite some women continuing to experience violence and feeling that the system did not always follow through with enforcing consequences. In particular, over 2 in 3 women saw police intervention, obtaining a protection order, and receiving support from the women's advocacy project as helpful. The perpetrator programme was perceived to be the least helpful part of the intervention. 45% found it helped reduce violence but the remainder either felt it had no impact, or experienced it as harmful because abuse continued.

Viewed from the survivor's perspective, perpetrator programmes are at best moderately successful and at worst they may be dangerous for some women (Robertson 1999). Taken together these studies indicate that whilst most women experience a reduction in physical violence following men's attendance on a programme, psychological abuse continues and is more resistant to change. When perpetrator programmes work closely with women's services and are responsive to women's needs, there can be benefits for their safety (Mullender & Burton 2001a). In their evaluation of the DVIP project (Burton et al 1998) report that in some cases, the programme was able to persuade men that they should leave their partners as a safety measure, and in other cases staff influenced men to not intervene or intimidate partners who had decided to leave. Thus the programme created a window of opportunity for abusive relationships to end safely.

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17. Other interventions with domestic violence perpetrators

17.1. Alcohol and drug interventions

Assessing the co-occurrence of domestic violence and substance abuse

The significant co-occurrence of alcohol problems and domestic violence lead many experts and researchers to recommend that alcohol and drug use should be automatically assessed in all cases of domestic violence, and domestic violence should be assessed for in all cases of alcohol and drug problems. In practice, the chances of encountering both problems together are substantial (Tolman & Bennett 1990, Bennett 1997, Cunningham et al 1998, Bell et al 1999, Leonard 2001, Brecklin 2002, Bennett & Williams 2003). Prevalence of domestic violence in the year prior to treatment has been found to be between 50-60%, in samples of men undertaking alcohol treatment, with 25-30% engaging in severe violence (O'Farrell et al 2003). Alcohol-related domestic violence is predicted by being a victim of child abuse, witnessing family violence as a child, and a history of childhood aggression. Abusers who have chronic alcohol problems are also more likely to have antisocial or sociopathic personality profiles, which predict a poorer treatment outcome (Tolman & Bennett 1990).

Why and how substance abuse needs to be addressed alongside domestic violence

There is a general belief that whilst successful treatment will not inevitably lead to reduced violence, failure to address drug and alcohol problems will retard any process of change, and undermine any positive effects which might occur from domestic violence programmes as intoxication impedes the ability to learn (Tolman & Bennett 1990, Bennett & Williams 2001, Leonard 2001). Domestic violence programme attrition is also considerably higher among men with alcohol problems (Gondolf 1997, Davis & Taylor 1999, Daly et al 2001). Canadian good practice principles suggest abstinence or strictly controlled substance use should be part of the abusers supervision contract (Cunningham et al 1998, Bell et al 1999). However, Leonard (2001) advocates that substance abuse problems, or refusal to co-operate with substance abuse treatment, should not automatically exclude men from domestic violence programmes, as they are likely to slip through the cracks in the system if this approach is adopted, further jeopardising the safety of victims. He suggests these men are more likely to ask for help at a later stage if they are on a perpetrator programme than if they are outside it. Bennett & Williams (2003) take the view that co-occurring substance abuse needs to be addressed *within* any domestic violence intervention, because it makes victims less safe and perpetrators less accountable. Brief motivation-based interventions for substance abuse, aimed at increasing readiness to address problems, have been found to deliver comparable outcomes to more intensive treatments, and could be appended to or incorporated into domestic violence programmes with limited difficulty (Brown et al 1999, Easton et al 2000).

Can addressing alcohol problems alone reduce domestic violence?

There is some evidence that abstaining from alcohol can reduce the incidence of violence; those who remain in remission after alcohol treatment have been found to show reduced violence, unlike those who relapsed (Leonard 2001). O'Farrell et al (2003) compared levels of domestic violence among men undertaking alcohol treatment with a matched group of non-alcoholic men drawn from the general community. None of the treated men had received a domestic violence intervention. In the year prior to treatment the alcohol dependent men were at four times the risk of perpetrating domestic violence than were the comparison group, according to partner and self-reports. In the year after treatment, abuse of partners and severe violence had decreased significantly, but was still higher than in the comparison group. However, among those who had abstained from alcohol or maintained their drinking at safe levels, 15% perpetrated further violence compared to a 14% rate in the comparison group. In contrast, 32% of those who had relapsed further abused their partners. The extent of post-treatment abuse was correlated with the number of days the man drank, and separation from partner did not account for this relationship. However, perpetration of severe violence was not correlated with drinking after treatment. This study cannot be taken to mean that the alcohol treatment caused the domestic violence reduction, as a randomised control group was not used. Other factors such as partner threats of separation, or involvement with the legal system may have brought about these effects. These results also do not reveal the mechanism by which violence decreased after treatment, and it is possible that both continued drinking and continued violence are attributable to a third factor, or that reductions in both behaviours reflected general lifestyle change. However, results do appear to suggest that reducing alcohol use can in itself reduce, but not eradicate domestic violence.

Having reviewed the literature, Leonard (2001) concludes that addressing alcohol misuse alone may help reduce domestic violence, particularly in less serious cases. However, where abuse is more serious and sustained, alcohol interventions will only have a sustained positive impact if delivered in the context of intensive domestic violence interventions that unlike alcohol treatment, attend to the safety of the victim. A co-ordinated approach is suggested, which provides perpetrator and substance abuse programmes concurrently as additional conditions of probation or parole, in conjunction with assertive case management involving strict monitoring and enforcement of conditions (Leonard 2001, Bennett & Williams 2003).

The importance of compatible intervention theories and models of change

Interventions delivered to domestic violence perpetrators should be co-ordinated and work to compatible theories and models of change. Substance abuse interventions working to a medical or disease model which view clients as having a clinical disorder or addiction driving their behaviour, can undermine work with perpetrators which stresses behavioural accountability and motivation to change (Chalk 2000). Differing views held by practitioners can impede collaborative effort (Mears 2003). AA and 12 steps programmes, which view some behaviour as beyond the man's control are not congruent with the philosophy underlying most perpetrator programmes, and may provide violent men with excuses for their behaviour (Cunningham et al 1998). Substance abuse interventions based on cognitive-behavioural principles would be most likely to work harmoniously with perpetrator programmes as they share assumptions about both domestic violence and substance abuse as learned behaviour, which the user/abuser has the power to change and is responsible for stopping or controlling (Cunningham et al 1998).

Integrated approaches to domestic violence and alcohol treatment

Another option, which has empirical support, is integrated domestic violence and alcohol treatment (Leonard 2001). Some domestic violence programmes incorporate substance abuse treatment to help reduce revictimisation (Mears 2003). Others, (e.g. the AMEND programme in Denver) use the same group leaders to provide concurrent but separate substance abuse and perpetrator programmes to domestic violence offenders (Saunders & Hamill 2003).

An experimental approach to test the value of integrated domestic violence and alcohol treatment programmes compared to a dual treatment approach was undertaken with a US domestic violence court sample (Goldkamp et al 1998). Substance abuse problems were identified in around 50% of cases and around half of these received a domestic violence programme only. Other men were randomly assigned to attend either an integrated alcohol and domestic violence programme, or to attend two separate treatments for alcohol and domestic abuse. There were higher drop out rates among those assigned to the separate alcohol treatment + perpetrator programme condition than among those who were required to attend perpetrator programmes only, but there were higher re-arrest rates among this latter group. When the two models of treatment/programme delivery, were compared, the integrated approach was found to be far more successful than the dual approach. 87% in the integrated programme group turned up to start the programme, compared to only 57% of the group required to attend separate alcohol and domestic violence programmes. The integrated approach kept men in treatment for longer (median 160 days compared to 99 days for the dual treatment men). Rearrests for assaults on the same victim at 7-month follow-up were 6% for those receiving the integrated approach, compared to 14% for those receiving dual treatment.

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17.2. Couples and family relationship interventions

Reasons why these approaches are undesirable

Men identified as perpetrators often prefer to seek relationship counselling instead of domestic violence perpetrator services, as they present and perceive their violence as a 'relationship problem'. Their apparent commitment to change is often motivated by self-interest (e.g. preserving the relationship) rather than concern at their own behaviour and its effects (Tomison 2000). Couple and family counselling/therapy and couples groups are generally not considered an appropriate initial intervention in abusive relationships as they may endanger victims (Hamberger & Hastings 1993, Walker 1995, Jacobson & Gottman 1998, Mullender & Burton 2001a). Most US, Canadian, and UK standards and guidelines for perpetrator interventions either specifically prohibit or discourage couples counselling as the primary mode of intervention on the grounds of victim safety (Healey et al 1998, Bell et al 1999, Saunders 2001, Respect 2002, Babcock et al 2004). Canadian and UK practice guidelines advise use of such counselling only specific circumstances after the successful completion of a treatment programme and cessation of violence (Cunningham et al 1998, Bell et al 1999, Respect 2002).

There are various reasons why such interventions are viewed as inappropriate for relationships characterised by domestic violence. Couple and family therapies can imply that both partners are mutually responsible for the violence, yet research demonstrates that violence is unrelated to the behaviour of women and cannot be controlled by their reactions. Regular discussion of difficulties in the relationship may simply serve to raise the abusers' emotional temperature and sense of grievance, and thus increase the risk of future violence (Jacobson & Gottman 1998). Fear of retribution outside the therapy sessions for exposing secrets or problems, such as details of the man's abusive behaviour, is likely to prevent the woman from speaking honestly. Power inequalities are also likely to lead to the man and his perspective dominating the interaction (Walker 1995, Mullender 1996, Healey et al 1998). Furthermore, expecting or encouraging the victim to attend couples counselling within the context of criminal justice intervention, even if they indicate a willingness to do so voluntarily, can be considered unjust and unethical. As abusers may explicitly or implicitly coerce victim participation, intervention standards that proscribe such approaches may therefore protect victims from such coercion (Tolman 2001).

Are they effective?

Evaluations of couples interventions for domestic violence are few, and provide little strong evidence of effectiveness (Mears 2003). Most are judged inadequate because they are characterised by methodological flaws such as lack of comparison groups and unclear or inconsistent definitions of success that take insufficient account of the victim's

perspective (Eisikovits & Edleson 1989, Tolman & Bennett 1990, Tolman & Edleson 1995). Most also fail to state how recidivism is determined (Tolman & Bennett 1990). Holtzworth-Munroe (2001) reviewed a selection of couples intervention studies and concluded that the data did not support the use of standard marital therapy for reducing domestic violence.

Views of advocates of couples approaches

However, advocates of couples groups (e.g. Dunford 2000a & b) argue that it can be empowering for the woman to witness her abuser being challenged by authority figures, and that the presence of women in a group can reduce victim blaming and make role play more realistic. However, in his study of such an intervention (Dunford 2000a), half the partners voted with their feet and did not turn up, suggesting that these perceptions were not universally shared by victims (Bennett & Williams 2001). Other conjoint therapy practitioners maintain that in the absence of clear evidence for the superiority of other forms of domestic violence intervention, couples therapy specifically geared to addressing physical and psychological aggression, is a valid approach, providing it has been ascertained that the violence is not severe and the woman is not in fear of her partner. Proponents of couples therapy point to typology evidence suggesting different approaches may better suit some relationships. They also argue that as research demonstrates a strong association between relationship discord and domestic violence, reduction of the discord is likely to reduce the violence (O'Leary 2001). There is an absence of evidence to indicate such a causal relationship however.

When might couples counselling may be safe and appropriate?

Pro-feminist couple and family therapists regard such interventions as appropriate in certain cases as a second-phase intervention after the man has completed a perpetrator programme and both parties confirm violence has ceased for a significant period e.g. 6 months. Therapeutic goals should be subordinate to safety considerations and might include working on co-parenting issues, assisting children to recover from the effects of family violence, addressing residual psychological abuse and building respectful communication and collaborative problem-solving in relationships fractured by violence history. Such therapies should only be considered if fear has left the relationship and the woman feels safe, if the man has accepted full responsibility for his previous violence and demonstrated capable self-control. Both parties should also express a wish to continue their relationship and to improve it, without constraint, and be free of mental health or substance abuse problems. Furthermore, there would need to be an observable and reciprocal bond of personal care and emotional support between the couple for a conjoint approach to be appropriate (Trute 1998). Others suggest a longer-violence free period before such interventions are considered, and additional stipulations such as a prior offer of individual help to the victim and other family members, and for the abusive man, cessation of obsessional thinking, acquisition of conflict management skills, new learnt gender roles, and resolution of family of origin issues (Walker 1995, Jacobson & Gottman 1998).

Do couples/ family therapists pay sufficient attention to women's safety?

Despite claims from couples and family therapists that domestic violence cases are carefully screened on safety grounds before admission to therapy and receive appropriate, safety-oriented interventions, two studies by Harway et al (1997) provide strong grounds for scepticism about levels of competence in assessing and responding appropriately to domestic violence risks amongst such practitioners. The first study surveyed 362 members of the American Association for Marriage and Family Therapy, and the second, surveyed 402 members of the American Psychological Association divisions of clinical psychology, psychotherapy, and independent practice. They were provided with a short case vignette involving domestic violence, of a couple presenting for therapy, and asked to diagnose the problem and state their plan of intervention. In the second study participants were informed that this was a factual case, which resulted in the husband murdering his wife. They were then asked to state what their plan of intervention would have been if they had been given the opportunity to work with the couple before this outcome. In the first study 40% failed to address the issue of violence at all in their diagnosis, 91% failed to recognise its seriousness, and 55% did not suggest interventions which focused on the violent crisis. Only 11% said they would obtain protection for the woman, whereas 14% proposed focusing on the couples' communication style. Psychologists were significantly less likely to address the violence than other professionals. In the second study, the most common diagnoses focused on the couple's marital problems or indicated that both the couple were suffering from some form of pathology. Despite knowing of the fatal case outcome, only 54% described their intervention goals as crisis intervention to protect the woman. 34% appeared to believe they must do therapy no matter what, and suggested interventions focused on getting the couple to communicate, ventilate their feelings and improve their self-esteem. 11% wanted more information before deciding on their intervention goals, despite knowing that the woman was murdered. In sum, the majority did not identify the violence as a primary concern, and failed to formulate timely and appropriate intervention plans, suggesting they were unable to properly assess for and respond to dangerousness in violent families and therefore to protect their clients from harm.

Restorative justice/community conferencing

Some UK criminologists have argued that there is a role for restorative community justice approaches to domestic violence, as conventional criminal justice has not demonstrated effectiveness in reducing abuse, and many victims opt not to involve police or co-operate with a prosecution. Community conferencing (involving both the victim and the perpetrator, and members of both their social networks), is suggested as a vehicle for the victim to get a hearing on her own terms, and for both networks to shame the offender, and convey the unacceptability of his behaviour, whilst

also devising a plan to ensure the victim's safety, and to exercise informal controls on the offender (Morris & Gelsthorpe 2000, Hudson 2002). Such proposals are criticised for failing to acknowledge power differences and the extent of abused women's fear of their partners. They are also thought to have dangerous implications for victims, a romantic idea of community, a naive view of perpetrators, and a lack of awareness of their resistance to taking responsibility for their violence. Additionally, advocates of restorative justice do not consider that often when the criminal justice system is invoked in domestic violence cases, this is because social controls on the offender have already failed, or have condoned or supported violence and control of women partners (Lewis et al 2001). Respect's minimum practice standards also state that mediation is a wholly inappropriate intervention for domestic violence (Respect 2002).

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17.3. Individual domestic violence programmes

Reviews of interventions with domestic violence perpetrators find little or no evidence of any evaluated individual programmes for men who abuse their partners (Eisikovits & Edleson 1989, Hamberger & Hastings 1993, Babcock et al 2004) and no evidence of comparative studies of the efficacy of group versus individual approaches (Saunders 2001). Eisikovits & Edleson (1989) could find only two reports, both from the mid-seventies, of cognitive-behavioural efforts aimed at changing violent behaviour, neither reported such changes as an outcome. A more recent review (Babcock et al 2004) reports finding no controlled empirical studies testing individual approaches for partner abusers. Individual counselling is not generally recommended as the sole intervention for domestic violence as it does not have the advantages of group methods such as joint skill practice, peer feedback, challenge and support (Healey et al 1998, Bell et al 1999).

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17.4. Anger management interventions

The anger management model

Most anger management programmes are based on the work of Novaco who conceptualises anger within a stress model as an emotional response to provocation, determined by cognitive construction of a situation, which is closely associated with fear and anxiety. Anger is considered to serve as a defence against fear, and to act as a stress coping mechanism by generating and energising a sense of personal control. Within this model, the arousal of anger, and the cognitive processes which fuel it, can instigate aggressive actions as a means of changing the situation or the conditions that have provoked the anger. Anger control treatment, designed to regulate anger arousal includes: assessing anger patterns, developing self-monitoring skills, enhancing awareness of anger-inducing thoughts, using self-statements for facilitating anger regulation, and acquiring and rehearsing coping, relaxation and task orientation skills (Novaco 1976).

Is anger management an appropriate intervention for domestic violence?

Use of anger management approaches for domestic violence are controversial and are not generally recommended as the primary intervention, although emotional management techniques may be incorporated into perpetrator programmes as one component of a comprehensive intervention which emphasises power and control issues, sex-role resocialisation, and relationship equality (Tolman & Saunders 1988, Healey et al 1998, Cunningham et al 1998, Bell et al 1999). The finding that the heart rates of some domestic violence perpetrators decrease, indicating inner calm and possible feelings of disgust, whilst these men are simultaneously looking and sounding angry, aggressive and contemptuous towards their partners (Gottman et al 1995, Jacobson & Gottman 1998), suggests that for this group at least, poor control of anger arousal is not part of their problem. However, typology research suggests that men may vary in the extent to which their violence is premeditated or accompanied by high emotional arousal (Tolman & Saunders 1988).

Are anger management programmes an effective approach for domestic violence?

Gross et al (2000) compared outcomes for offenders sentenced to probation with an anger management programme with those for offenders receiving other forms of sentence. No significant differences were found in domestic violence rearrests and reconvictions at 18-24 month follow-up according to type of sentence received. They conclude that lack of an effect for anger management programmes is unsurprising as they address personal distress factors linked to anxiety and self-esteem, which are only weakly related to domestic violence recidivism.

Whilst some domestic violence perpetrators may show high levels of anger, there is little evidence that anger is related to violence. Four recent studies of prison inmates in Canada and Iceland, using a variety of different anger measures, failed to find any significant relationship between levels of self-reported anger and past or future violent offending, or assessed risk of future violent offending. Anger levels did not differentiate violent from non-violent offenders or rapists from non-rapists (Loza & Loza-Fanous 1999a & 1999b, Mills & Kroner 2003, Wood & Newton 2003). High levels of anger arousal were found to be related to measures of psychoticism and neuroticism in one of these studies (Wood & Newton 2003), suggesting that high anger levels are best viewed as an indicator of co-occurring mental health problems rather than as a predictor of violence.

Loza & Loza-Fanous (1999a) conclude that the popularity of anger management programmes and techniques within the probation and corrections communities is based on assumptions that anger is the primary cause of violent crime, and a result of misleading conclusions drawn from offenders' explanations for their criminal acts. Such explanations are subject to cognitive distortions, and irrational beliefs. Offenders may blame anger for their violence or other criminal behaviour, in the same way that they blame alcohol or their victims. They also conclude that referring any violent and sexual offenders to anger management programmes is inadvisable, as they have disappointing results, and they may have the negative effect of reinforcing attributions of blame to anger rather than fostering full acceptance of responsibility for violent behaviour. Greater attention to offender's attributions of blame, antisocial beliefs, feelings, attitudes and behaviour would be more productive (Loza & Loza-Fanous 1999a).

Dangers in addressing domestic violence as an anger management problem

Anger management models which attribute domestic violence to out of control anger, have been criticised for being inconsistent with the evidence that violent behaviour is used primarily to control partners, ignoring the instrumental function of violence, not addressing the central underlying power and control issues, implicitly making the victim partly responsible for 'provoking' the anger, offering 'quick fix' techniques/solutions, prolonging the perpetrator's denial, enabling him to find new excuses for behaviour such as 'stress', psychologising abuse, and failing to challenge the controlling, sexist, patriarchal attitudes and beliefs which support abuse (Gondolf & Russell 1986, Eisikovits & Edleson 1989, Hamberger & Hastings 1993, Mullender & Burton 2001a). Unaddressed underlying control issues may result in abusers using the stress management and communication techniques taught by anger management interventions to control their partners in a more sophisticated, manipulative manner (e.g. refusing childcare responsibilities on the grounds that they cause stress) (Healey et al 1998, Cunningham et al 1998, Mullender & Burton 2001a). Evidence suggests that men who successfully avoid further abuse after a programme do so through empathy, redefining their masculinity and engaging in co-operative decision-making with their partners, rather than by using anger control methods (Gondolf & Russell 1986).

Anger as cognitive distortion and controlling behaviour

Research which has attempted to link patterns of cognitive appraisal to reports of emotion experienced has found that people's accounts of feeling anger are associated with judgements that a situation is unpleasant and that someone else is responsible for it (Parkinson 1995). In his analysis of the functions of anger Novaco (1976) acknowledges that a person may enjoy getting angry and that anger has a communicative and self-presentational function. An angry person is defining or demanding how others are to relate to him, and an eruptive manner fosters the impression of a volatile individual who should be kept at bay and appeased. Both violence and displays of anger are intimidatory tools that are used (consciously or otherwise) for their effects (Healey et al 1998).

Alternative approaches to anger management

Some 'time-out techniques taught as short-term anger control solutions to avert dangerous situations may provide some measure of safety, but if not replaced by more fundamental, long term solutions, they may also be seen by abused women as a means of shutting them up if the man leaves the house as soon as she begins to speak out or challenge him (Tolman & Saunders 1988). An alternative strategy is to require the perpetrator to develop a "responsibility plan" which outlines the steps he plans to take to build a safer environment for his partner and children, taking account of others' views (Gondolf & Russell 1986). There are indications that abusive men mislabel all strong negative emotional states as anger when they are actually feeling emotions such as anxiety, betrayal and hurt (Healey et al 1998, Mullender & Burton 2001a). Anger management techniques which focus on developing greater emotional literacy in perpetrators, and the reframing of arousal states experienced as anger, could be a useful part of a domestic violence intervention, alongside challenge to the belief that abuse is acceptable if angered (Tolman & Bennett 1990, Healey et al 1998). Anger-related interventions for domestic violence could also more usefully focus on resocialisation, by identifying anger as a means men use to get their own way, and by reframing so-called provocations as cognitive distortions linked to sex-role expectations and to the objectification of women (Gondolf & Russell 1986, Healey et al 1998).

Integrating cognitive-behavioural work with an understanding of power and control issues

Responsible use of cognitive-behavioural approaches, including anger regulation, in domestic violence cases, should adequately integrate a socio-political understanding of violence towards women that identifies and confronts issues of male dominance and control, and should emphasise men's sole responsibility for abusive behaviour, use techniques that address sexist attitudes, and work towards long-term solutions (Tolman & Saunders 1988). A focus on identification, analysis and replacement of the distorted thoughts and self-statements at the root of angry and violent responses to partners, should also be combined with protection, support and advocacy for women and children at risk, that includes information about the intervention and the need to be sceptical of short-term changes (Tolman & Saunders 1988).

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18. Co-ordinated community interventions

Recognition that the isolated actions of a single agency are unlikely to impact significantly on domestic violence has led to increased attention on the combined effects of community-based interventions (Buzawa & Buzawa 2002, Mears 2003). Such systemic approaches variously focus on integrating and co-ordinating the efforts of police, prosecution, courts, social and health services, perpetrator programmes, and advocacy organisations (Mears 2003). The inclusion of agencies such as housing, and substance abuse agencies can also help build a supportive and comprehensive community infrastructure for responding to domestic violence (Shepard 1999, Pence & McMahon 1999).

18.1. The North American experience

Model co-ordinated criminal justice interventions developed in North America and typically involve relevant professionals and women's organisations designing and implementing coherent policies, protocols, and services aimed at directing practitioner action and achieving strong, integrated multi-agency responses which improve victim safety and perpetrator accountability (Shepard 1999, Pence & McMahon 1999). Many communities in the US, Canada, and New Zealand have developed protocols in which treatment programmes for abusers are *only* provided within an integrated framework with well-developed links between perpetrator programme providers and women's services (Robertson 1999). Co-ordinated interventions often include domestic violence screening programmes, pro-arrest or mandatory arrest policies, proactive early intervention schemes, support and advocacy for victims and child witnesses, assertive and prompt prosecution, specialised prosecution units, designated domestic violence courts, sentencing which incorporates required attendance at a perpetrator programme, active monitoring of offender compliance with probation conditions, use of protection measures such as restraining orders, specialist probation units, linked training programmes for involved professionals, and monitoring of system-wide responses in domestic violence cases (Shepard 1999, Robertson 1999, Johnson & Au Coin 2003).

Victim advocates and women's services are an integral part of co-ordinated intervention programmes. They provide safe housing, crisis support, legal advocacy, and follow-up support. Victim advocates attend to women's information and safety needs, and support them through the prosecution process. Some also liaise with, and provide information to prosecutors and probation officers with the aim of ensuring convictions and sentences that protect and satisfy victims (Syers & Edleson 1992, Tolman & Weisz 1995, Robertson 1999). Negotiated community protocols often also encompass stipulations about the conduct of probation supervision to ensure offenders are held accountable for their actions and are consistently monitored. This includes regular progress checks with partners and ex partners either by victim advocates or directly by probation officers, to obtain feedback and offer further support. Most protocols include specific undertakings by probation and other criminal justice agencies that safety will be prioritised over confidentiality and that further violence by abusers disclosed on a programme, or during the course of their supervision, will be reported to police or the court. Threats made against partners during interventions are reported to them, and they are assisted to take appropriate action (Robertson 1999). Canadian evidence suggests that the implementation of co-ordinated response schemes in some jurisdictions has significantly increased the proportion of women reporting domestic violence to the police (Johnson & Au Coin 2003).

Whilst co-ordinated community interventions are increasingly designed, they are not always well-implemented (Gondolf 2002). Despite innovative programmes aimed at a comprehensive, rigorous community response, traditional practice of treating domestic violence as a minor matter persists in many parts of the US, leading to mandatory arrest policies being ignored and lenient sentencing, even in specialised domestic violence courts (Ames & Dunham 2002). A process evaluation of a domestic abuse reduction team, designed to co-ordinate criminal justice system interventions in part of New York State, found that only 10% of reported domestic violence incidents resulted in a prosecution, and that 62% of convicted perpetrators were returned to the community without any supervision (Ames & Dunham 2002). Nevertheless, the proportion of these offenders brought to justice is appreciably above the level currently achieved in the UK (see Hester et al 2003, HMCPSI/HMIC 2004, Richards 2004, Cook et al 2004).

Evaluating effectiveness

Multi-dimensional approaches are much more difficult to evaluate, and effects are hard to attribute to particular components of an intervention or policy (Buzawa & Buzawa 2002, Mears 2003). Most studies of integrated approaches have focused on the effects of one or two intervention components, most notably use of arrests and perpetrator programmes, rather than comprehensively examining the effects of combinations of criminal justice interventions. Generally, results have been inconsistent and inconclusive, with no clear pattern of emerging findings. This is partly due to inconsistent implementation of interventions, and variable enforcement of measures designed to protect victims, and also to methodological weaknesses in research design (Shepard 1999, Buzawa & Buzawa 2002, Mears 2003). Many studies are also limited by their reliance on official measures of recidivism, and lacked comparative information from victims about incidence of further abuse and other effects (Shepard 1999). Studies that rely on conviction or arrest data at follow-up, rather than victim reports, may underestimate the impact of criminal justice interventions because victims who felt they benefited from a previous criminal justice response are more likely to call the police again. When the man has previously been convicted for domestic violence, police are also more likely to make an arrest, and prosecutors are more likely to pursue cases (Tolman & Weisz 1995). Many studies fail to take

account of critical factors that may moderate effectiveness. Little is also known about the trajectory of violence over time. However, those studies that have explored victim's perceptions of co-ordinated interventions indicate greater satisfaction with integrated responses. Some promising indications of effective practices have also emerged. There is some evidence, for example, that interventions are most effective when they address power differentials and change the balance of power in the abusive relationship (Buzawa & Buzawa 2002, Mears 2003).

Modest results suggest that features of the perpetrator's background may be as or more important than the features of criminal justice intervention in determining recidivism, and that effectiveness may also vary according to community conditions, presence of children, and local police-community relations (Mears 2003). One study of a community intervention project (the Domestic Abuse Intervention Project in Duluth, Minnesota), found that no combination of interventions studied (i.e. civil or criminal court intervention, perpetrator programme completion, number of sessions attended, or imprisonment, determined whether a man could be predicted to reabuse within five years of the intervention. The best official recidivism predictors were the individual characteristics of perpetrators, rather than the characteristics of the intervention system; specifically chemical dependence history, history of abuse as a child, and previous criminal justice system involvement (Shepard 1992).

Evidence of impact

However, other studies indicate that co-ordinated interventions can impact on rates of reabuse, and affect individual's level of risk. In their evaluation of the benefits of a co-ordinated response, Syers & Edleson (1992) compared men who had reabused during a 12 month follow-up with those who had not, based on reports from victims, police and on advocates records. Those who were arrested and ordered by the court to attend a programme were less likely to reabuse than those otherwise sentenced. They were also less likely to repeat their assaults than those who were not arrested. The best outcomes were achieved in cases where robust initial interventions were combined i.e. where police made an arrest on their first ever visit to a home following a domestic disturbance report, and the outcome included a court imposed requirement for the offender to attend a domestic violence programme. The strength of this effect appeared to increase the longer the men were monitored and supervised.

These results were replicated in a later study (Murphy et al 1998) which investigated the prosecution and post-prosecution elements of a co-ordinated intervention in Baltimore. Recidivism was assessed during a 12-18 month follow-up, using reconviction and protection order violation data. Small, progressive recidivism reductions were predicted and found for each of a series of system components (effective prosecution, probation sentence, court-ordered perpetrator treatment, and programme completion), when compared to alternative outcomes. The cumulative reduction in recidivism when these elements were combined was substantial, and was not explained by case severity or background variables; in fact the more serious cases were more likely to have experienced this combination of prosecution and sentencing outcomes. Whilst these results suggest promising results for co-ordinated community interventions, the absence of victim reports of further abuse limits confidence that the findings apply to all reabuse.

Tolman & Wiesz (1995) studied the combined effects of a pro-arrest policy and a prosecution policy which strongly discouraged the dropping of cases, and which sought sentences involving a domestic violence programme for perpetrators. These policies were part of a system-wide community domestic violence protocol. Arrest was found to significantly deter subsequent domestic violence physical assault incidents in an 18 month follow-up period, based on police reports. There was an additional positive effect on recidivism for a successful prosecution, but this was not statistically significant, although those found not guilty or whose case was dismissed reoffended at much higher rates. The effects of arrest and prosecution had the most pronounced effects on reabuse rates among offenders who had a previous history of police involvement for domestic violence. Whilst subsequent domestic violence incidents decreased significantly after arrest and successful prosecution, arrests did not. Police were much more likely to make an arrest when called to an incident involving an abuser who had been arrested previously. Reabuse rates were highest among those with previous police contact that were not arrested, suggesting police inaction may give tacit permission for subsequent abusive behaviour.

Shepard et al (2002) evaluated some of the enhancements made to the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota. A danger assessment tool, a sentencing matrix, and a computerised monitoring system were developed for criminal justice practitioners and victim advocates to collect and share risk assessment data which were used to determine the level of sanctions to be recommended to the court. Risk factors drawn from Campbell's Danger Assessment Scale were reviewed by police and recorded in reports passed to victim advocates, probation officers and courts. Victim advocates conducted a full danger assessment with victims and passed this information to probation officers who then conducted pre-sentence investigations using these danger assessments. Offenders were then assigned a risk level, and a corresponding sentencing matrix was used to determine sentence proposals. Probation supervision and perpetrator treatment programmes were included in most recommendations at all risk levels, but the sentencing matrix suggested additional interventions, conditions, restrictions and suspended custody according to the level of risk. Whilst not all aspects of the project were fully implemented by relevant professionals over the full three years of the study period, recidivism rates for all offenders sent to a perpetrator programme at 12 month follow up (measured as domestic violence incidents investigated by police), became progressively lower during the three year period, and were significantly lower in the last two years of the study than in the year before the

EDAIP implementation. Probation officer risk categorisations corresponded well with recidivism rates. Whilst intervening variables such as adherence to the matrix by probation officers and courts were not measured in this study, results suggested that when interventions were properly implemented, sentencing calibrated to agency-combined risk assessment had a positive impact on levels of further domestic violence.

Johnson (2001) describes a local probation contribution to a co-ordinated community response to domestic violence focused on the core goals of victim safety and offender accountability, in part of Illinois. Under new arrangements, all offenders placed under supervision for a domestic violence offence involving injury were automatically classified as high risk and assigned to an intensive supervision scheme. Their sentence included an automatic requirement to participate in a 26 week perpetrator programme. Probation officers routinely screened for drug and alcohol problems and were empowered to instruct offenders to also attend substance misuse programmes if necessary. Probationers received more frequent home and office visits, and probation officers maintained regular contact with victims. Reports of further abuse were treated as probation violations and resulted in a return to court. Early results indicated reduced rates of rearrest when compared to previous outcomes for normal supervision plus a programme. Probation violations, failure to complete the programme and further offences were treated more seriously by the court under the new regime. 92% of those who committed a new act of violence and 81% of those who did not complete the programme received prison sentences. The scheme received a community service award from a coalition of local abused women's services for its efforts to reduce domestic violence.

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18.2. The UK experience

Co-ordination issues

There have been no impact evaluations of comprehensive co-ordinated interventions within the UK, although some initiatives to co-ordinate and improve domestic violence responses in parts of the criminal justice system have been undertaken and partially assessed. One of the main deficiencies of UK attempts to introduce co-ordinated community responses has been the failure to involve, or secure commitment from, all the agencies in the system (Gilchrist & Blissett 2002). From a criminal justice perspective, none of the evaluations undertaken to date has explored impact on sentencing or the effects of post-sentence interventions.

Experiences with early implementation of the National Probation Directorate's IDAP programme for perpetrators suggest that achieving co-ordinated responses, integrated services, and productive working relationships involving all agencies is a painstaking, incremental process in which issues of trust, ethics, politics, underfunding and misaligned policies, processes and systems need to be addressed. Changes in one part of the intervention system can produce strains and demands on others. In particular, when abused women's needs are brought to light, or made more acute by criminal justice involvement, expectations may be raised, and inadequacies of service provision exposed, which then intensify debates about respective agency responsibilities and distribution of funding. Evaluation findings indicated some probation districts involved in delivering the pathfinder programme could have done more to involve other agencies and domestic violence survivors in programme development and to build co-ordinated responses (Lindsay & Brady 2002, Bilby & Hatcher 2004).

Evaluated initiatives

The Domestic Violence and Repeat Victimisation project in one police division in Leeds (Killingbeck) aimed to reduce repeat victimisation through a three tiered system of police interventions of increasing intensity, based on risk, seriousness and repeat attendance. It aimed to improve victim safety and demotivate offenders by progressively increasing levels of surveillance, (using both police and local community resources), target hardening (e.g. property security and provision of alarms), criminal justice sanctions, and inter-agency involvement in victim assistance and offender sanctioning (including provision of full domestic violence histories to probation officers and prosecutors). Reported project achievements at one-year evaluation included improved recording of police attendance at incidents, more consistent police responses, reduced repeat attendances, reduced numbers of chronic repeat offenders, improved inter-agency co-operation and a reduced time interval between incidents attended by police. However, police officers reported mixed views about the project, and inconsistent implementation remained a concern. Other agencies whilst welcoming the project, reported insufficient consultation and uneven service delivery. A sample of interviewed victims expressed appreciation for some aspects of the service, which had enhanced their feelings of safety and which they considered had a deterrent effect on perpetrators (e.g. warning letters which mentioned surveillance), but inconsistencies in service delivery and police failure to follow up on perpetrators who had left the scene of the incident were sources of dissatisfaction (Hanmer et al 1999, Hanmer & Griffiths 2001). In this project significant reductions in repeat victimisation were associated with early and progressive police interventions and not with arrest per se (Hanmer & Griffiths 2001).

The Domestic Violence Matters (DVM) project in Islington was designed to offer a rapid crisis intervention and case advocacy service to victims referred by the police following a domestic violence incident report, so as to increase the likelihood of successful prosecutions and victim take-up of protective services. It also sought to improve law enforcement responses, inter-agency co-ordination, and consistency of practice. The civilian project staff were based

in a local police station and aimed to contact victims within 24 hours of a domestic violence call-out. The project was well received by abused women who valued the services provided and who reported increased confidence in the police. There was also evidence that repeat victimisation rates reduced during the project. However, impact evaluation proved difficult due to poor compliance with police policy and recording procedures, incompatible data collection systems, disputes between project staff, patrol officers and police management (largely about appropriate roles and the policing of domestic violence), and a substantial fall off in referrals during the project's final year. Whilst there were indications of a slightly improved proportion of arrests, as well as examples of successful prosecutions, unreliable and incomplete data meant that the project's success in increasing the rate of domestic violence prosecutions could not be determined. The project evaluation noted positive impacts with some individual practitioners, and increased awareness of domestic violence among local service agencies, but little overall impact on law enforcement practice or on pervasive tendencies to take domestic violence insufficiently seriously throughout the criminal justice system (Kelly et al 1999, Hanmer & Griffiths 2001).

The Women's Safety Unit (WSU) in Cardiff is part of a linked set of multi-agency initiatives designed to increase arrests, police charges, formal victim complaints and prosecutions, and to decrease repeat victimisation and improve attention to child protection issues. Innovations include streamlined court proceedings, a new police policy and a Police Watch programme. The WSU offers support, counselling and criminal justice advocacy services to victims aimed at improving their safety, and also works to facilitate inter-agency co-operation in provision of a seamless response. When assessed against pre-implementation performance measures, introduction of these linked interventions indicated significant reductions in official revictimisation rates and increases in 'concern for children' reports sent to social services, although the relative contribution of each intervention could not be assessed. Proportions of complaints to police resulting in arrests and charges had not increased however and remained low. However, WSU data indicated a significant fall in numbers of victims refusing to make a complaint to police, and a trend towards fewer discontinued prosecutions, although rates remained high. Positive relationships had been developed with prosecutors who partly attributed improvements in effective case handling to the role of the WSU (Robinson 2003).

Overall, whilst the success of individual components of a co-ordinated response is modest, the combined effects of such approaches, when consistently implemented, appear to show promise in reducing future incidents of domestic violence, although some evidence suggests they may be less effective with abusers who have a prior history of involvement with the criminal justice system (Shepard 1999). A focus on prioritising and intensifying fully integrated multi-agency interventions with those most at risk of victimisation and perpetration may improve results (Hanmer & Griffiths 2001).

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18.3. Inter-agency domestic violence fora

Aims and objectives

Inter-agency fora originated from pilot projects in the US. Internationally they are now an increasingly popular means of monitoring and improving responses to domestic violence at community level. They variously aim to exchange information, identify and address service provision problems, co-ordinate agency activities, promote good practice through training and guidelines, track cases and carry out audits to assess individual agency practice, and promote community awareness and prevention. Most have received no outcome evaluation, although there is some US evidence that they can lead to increases in the proportion of calls to the police resulting in arrests and prosecutions (WHO 2002).

UK achievements

A UK survey and review (Hague et al 1996 & Hague 2001) found that not all relevant agencies participated in DV fora consistently, with the health service, courts and the CPS most often not involved. There was a tendency for some non-statutory agencies working with victims/survivors to be marginalised. The majority of fora did not meaningfully involve survivors, although some were developing survivor advisory groups. Most functioned largely as networking and information-sharing groups. Other activities undertaken included co-ordinating service provision, and delivering training and public education. Commitment at policy-making and management level was sometimes lacking, particularly from social services and probation, which limited co-ordinated strategic development. Whilst there was some evidence suggesting improved service quality, few fora systematically evaluated their achievements or set concrete, co-ordinated performance outcome objectives to enable both a collective and agency focus on policy and practice results. Insufficient resources hampered both evaluation and service development, such that at times, fora acted as a smokescreen for inaction and lack of change.

Multi-agency case tracking, case reviews and practice audits

Multi-agency case-tracking and organisational practice audits rarely feature in the work of UK fora, although their role could usefully be extended to include development of this function, which could assist to inform and revitalise a co-ordinated strategic focus (Hague et al 1996 & Hague 2001). The DAIP project in Duluth have developed a method for regularly auditing the intervention system which involved examining each step in case processing to investigate how procedures and daily routines affected goals of victim safety, offender accountability and reduced tolerance of

domestic violence. An inter-agency team including staff from police, probation, prosecution, court administration, and victim advocacy, observes each processing point and interviews the practitioners involved. This method has been used to discover practices contributing to inadequate case outcomes, and to inform a change agenda (Pence & McDonnell 1999). Some UK domestic violence fora have now begun to conduct homicide reviews (Richards 2003). There is scope for these groups to usefully extend their role to prospective as well as retrospective inter-agency reviews of the management of high risk cases within the MAPP arrangements, or to provide advice on the management of anonymised cases (Richards 2003 & 2004).

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19. Meeting the needs of victims/survivors

Most direct services for domestic violence survivors are provided within the voluntary sector, and no particular statutory agency has an overarching responsibility for ensuring their needs are met. 2 in 3 of *all* respondents in the 2001 BCS did not think the government was doing enough about rape and domestic violence (Walby & Allen 2004). Policies and services directed at women survivors of domestic are justified by the rates of violence and levels of physical and psychological injury they experience, the additional resources and services needed to leave a violent relationship, and the continued post-separation risk (Humphreys & Thiara 2003). Separation from an abusive partner is the most effective way to end violence. 88% of the women interviewed in the 2001 BCS who had got the violence to stop said they had achieved this by ending the relationship (Walby & Allen 2004). US evidence indicates that adequate legal and resource provision to abused women is correlated with a reduction in rates of partner homicide by women defending themselves against domestic violence (Saunders 2002).

19.1. Victims/survivors views of services

Satisfaction levels

In their Surrey shopping centre survey, Dominy & Radford (1996) found that women survivors of domestic violence saw refuges and women's groups as the most helpful sources of support. Those who reported approaching statutory services were very dissatisfied with their responses. They were likely to be 'referred on' for help because the agencies they approached were guided by primary objectives other than the protection of victims. Repeated applications were often required to find appropriate help and support.

A more recent UK study of agency responsiveness to domestic violence survivors in three areas (Hague et al 2000), found that most mainstream agencies did not consult representative groups of abused women when designing or reviewing services or policy. Women survivor's felt their views were overlooked and their needs were not adequately met, although many also believed that services were improving, and that domestic violence was now been taken more seriously. Almost half had not felt believed by an agency they approached for assistance. Police and housing were the agencies considered to be most improved. For police, this was largely associated with the introduction of specialist officers and domestic violence or community safety units, which received a 96% satisfaction rating. Overall satisfaction was lowest for the health service (25%), the courts (13%) and the benefits agency (12%). They were seen as the agencies least likely to understand the reality of domestic violence or to respond appropriately. Overall, women's refuges and support services were seen as the most understanding agencies.

Whilst surveys indicate that dedicated services are more favourably received by domestic violence survivors, women are much more likely to turn to mainstream statutory agencies, particularly police and health services, or to legal services for help and support rather than to services such as refuges, victim support, helplines or women's centres. The 2001 BCS found that even though only a minority of domestic violence victims involved police, they were over seven times more likely to hear of the worst last year incident than were other dedicated victim services (Walby & Allen 2004).

Other studies are consistent with Hague et al's findings concerning relative levels of satisfaction with police, courts and health agencies. Both the 2001 BCS and a survey of 200 users of UK domestic violence services commissioned by Women's Aid found that 2 in 3 of those abused women who had contacted police were fully or partly satisfied with their responses (Humphreys & Thiara 2002, Walby & Allen 2004). However, research undertaken on behalf of the Audit Commission (MORI 2003) found that in general, crime victims were less satisfied with the support given by police post-court case than they were with the support received pre-case, leaving some feeling abandoned and vulnerable. Intimidation by defendants and their families was a major concern for victims, and unwelcome contact with defendants was perceived as one of the most unpleasant aspects of going to court. Separate waiting facilities had not prevented intimidation occurring in corridors, toilets and cafeterias (MORI 2003). Survivors' experiences with UK mental health services were also generally not well perceived. Across the board, services were perceived as helpful by domestic violence survivors when they proactively asked about abuse, helped women 'name' domestic violence, paid attention to safety planning, responded to specialist needs, and actively worked with women to enable their recovery from the trauma of abuse (Humphreys & Thiara 2003).

Areas for improvement

Responses to a recent online consultation project, Womanspeak, jointly sponsored by Women's Aid, the Hansard society and the all-party parliamentary group on domestic violence (WAFE 2003) indicates that whilst some aspects of criminal justice responses in particular may have improved, there is still some way to go in providing domestic violence services that have the full confidence of victims. Recent BCS evidence indicates that the pattern of domestic violence reporting to police in the last year was not appreciably different from that reported by women over their lifetimes, suggesting no discernible effect due to changed police practices, and overall, despite agency and government improvement initiatives, few women seek help from public services (Walby & Allen 2004). Women survivors who responded to Womanspeak wanted all mainstream agencies to provide appropriate support and information, and an increase in resources for outreach services and refuges. Over 90% of respondents who had contact with the criminal

justice system did not feel they got an adequate overall response. They did not perceive that police forces were regarding domestic violence as a serious crime, and they considered the courts did not provide adequate protection. They wanted mandatory training for criminal justice professionals delivered by experts and survivors, prioritisation of the safety of women and children by all agencies, and specifically by perpetrator programmes, greater accountability by criminal justice personnel, good quality information about legal case developments, legal protection to ensure they had the viable choice to remain in their own homes, equal access to all service for women of uncertain immigration status, and research into new ways of ensuring safety such as electronic tagging of perpetrators (WAFE 2003).

Other evidence that abused women favour a robust response from the criminal justice system comes from a US survey of women living in battered women's shelters. 60% of these women had been injured, and called the police as a result of their last domestic violence victimisation, but only 28% of calls had resulted in an arrest (Smith 2001). At least 3 in 4 women supported mandatory arrest and no-drop prosecution policies, specialist domestic violence courts, and victim advocate programmes that provided support and information during the court process. The majority believed these interventions would help them and others, and would make them more likely to report incidents of violence. These women appeared less concerned about mandatory interventions entailing loss of their decision-making power, and more concerned about increasing the chance that sanctions would follow their crime reporting. Less than 10% said that uncompromising criminal justice responses would make them less likely to report further abuse to the police.

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19.2. Health needs and services

Screening and intervention

Abused women may present in health care settings (including substance abuse services) before they present to criminal justice or social services agencies. If abuse is identified at an early stage women can be offered interventions to improve both their safety and their health (Jones et al 2001, Campbell 2002). Studies show that in most countries, medical personnel (including mental health and obstetric professionals) rarely routinely enquire of women whether they are being abused or even check for obvious signs of violence (Mezey & Bewley 1997, Coid 2000, WHO 2002, Richardson et al 2002). A recent survey of health and social care agencies in Sheffield found that of those who responded, only one had a protocol to carry out routine screening for domestic violence, and the majority did not flag records or otherwise record domestic violence cases. Relevant professionals reported variable practice and levels of awareness. Half said their organisation had no policy for dealing with domestic abuse (Nicholson et al 2003). Improvement of health responses to domestic violence has generally focused on sensitising health care providers, encouraging routine screening for abuse, and drawing up protocols for proper management of abuse (WHO 2002). In the UK, routine health service screening for domestic violence is advocated particularly for pregnant women because domestic violence poses an additional risk to both the mother and the foetus (Department of Health 1999, Mezey et al 2000). The 2001 BCS found that the great majority of women survivors who reported seeking medical help for their injuries following the worst last year incident (mainly from their GP, or accident and emergency departments), were asked about and disclosed the cause of their injuries. This finding may suggest improving awareness of domestic violence within the health sector. However, despite disclosure, only 26% of women said they were referred on to someone else who could help them (Walby & Allen 2004).

Responding appropriately to abuse trauma

The 2001 BCS found that 10% of survivors who sought help for last year domestic violence used mental health and psychiatric services (Walby & Allen 2004). Evidence indicates however that mental health and other professionals could be better informed about the links between mental health symptoms, addictions, suicidality and domestic violence trauma and that availability of specialised trauma counselling needs to be extended (Jones et al 2001, Humphreys & Thiara 2003).

In a survey of abused women's experiences of emotional distress (Humphreys & Thiara 2003) few women reported being offered trauma counselling, and often health and other professionals did not ask them about abuse or acknowledge its causal link to their distress. Diagnoses such as depression and personality disorder were often made, and did not articulate an understanding of the causes of their distress and were not usually accompanied by any intervention (other than medication for symptoms) to improve safety and aid their recovery. These experiences resonated with their abuser's descriptions of them as 'crazy' and left women feeling stigmatised, blamed for 'allowing' the abuse, and fearful of their diagnosis being used against them in child contact or child protection proceedings.

By building an understanding of traumatic stress effects into their work, professionals with child protection and other helping responsibilities may be better able to appreciate that women's mental health problems and self-medication with alcohol and drugs are often associated with the recoverable traumatic effects of abuse, rather than being indicators of chronic, untreatable problems. Training in trauma recognition would enable helping professionals to better identify cases of domestic violence and to arrange appropriate safety planning and other help. Mental health and trauma counselling interventions need to be preceded by safety planning work. Actively working with domestic

violence survivors on their traumatic memories is premature and potentially damaging unless the foundations of a safe environment have first been established (Jones et al 2001, Humphreys & Thiara 2003).

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19.3. Victim contact work in the UK Probation Service

Whilst provision of information and safety services to the partners and victims of domestic violence perpetrators enrolled on perpetrator programmes is currently developing within the probation service, this work has not yet been evaluated. At the present time, most probation service contact with victims is undertaken within the parameters of the 1996 Victims Charter and the statutory requirements of the CJA (Criminal Justice and Court Services Act) 2001, which requires the probation service to offer and provide information and consultation about release conditions to the victims of serious sexual and violent offenders sentenced to 12 months+ imprisonment. Survey and inspection findings point to issues that will need to be addressed if the extension of probation contact to domestic violence victims is to be a wholly positive experience for these women. In their evaluation of victim contact work in the probation service Crawford & Enterkin (2001) draw attention to the insufficient consideration given to victim protection and related confidentiality issues in probation policy making. They highlight the danger of victim contact being used as a means of servicing the agencies needs rather than the victim's. Information from victims can be perceived by the organisation as a useful means of increasing its knowledge so as to enhance risk assessment, public protection, and offending behaviour work, and as a means of measuring and evaluating agency effectiveness. Victims therefore become caught up in meeting managerial priorities such as improving organisational performance, enhancing organisational credibility, and demonstrating success.

The victim's own needs and wishes in relation to information and confidentiality have however been less successfully prioritised and met by the probation service to date. Whilst the HMIP Inspection report on victim contact within the probation service (HMIP 2003) reported substantial progress and achievement in meeting the government cash-linked performance target requiring speedy post-sentence contact with victims, only 1 in 2 victims responding to the inspection survey reported receiving the information they had requested following this contact in a clear, helpful form, and 1 in 3 did not receive any information about the offender's release licence conditions. Only 1 in 2 were asked whether their views about post-release supervision arrangements could be disclosed to offenders, and only 3 in 5 post-release supervision proposals made by probation officers reflected the victim's views.

These themes are reflected in the experiences of victims of serious crime who participated in research study conducted by MORI on behalf of the Audit Commission (MORI 2003, The Audit Commission 2003). Whilst some victims reported having their opinions sought and taken into account by the probation service, others were never approached, or felt 'abandoned' after the initial contact. Involvement in setting release conditions was particularly important to those who had been subject to intimidation. Those who were in fear of offenders and had their views taken into account felt this gave them some control over the situation. For others, offers of contact, consultation, help and information had not always been followed through, and sometimes their proposals for post-release conditions to protect them had been ignored. The Audit Commission draw attention to the detailed references in the Multi-Agency Public Protection Arrangements (MAPPA) guidance (National Probation Directorate 2003c) to the duty of care to victims and the widening of the probation service's public protection role, requiring it to consider the needs of potential victims. However, they also note the lack of NPD guidance on balancing offenders' and victims' rights under the Human Rights Act. Their findings indicated that many more victims, and domestic violence victims in particular, could benefit from post-sentence support than were currently offered it, and they point out that whilst the CJA 2001 establishes the legal minimum requirement for probation contact with victims, this does not limit local probation services from extending this provision to other cases (Audit Commission 2003).

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19.4. Crisis intervention, outreach and advocacy services

Outreach and advocacy work has been a major part of the response to domestic violence delivered by abused women's organisations (Kelly & Humphreys 2001, WHO 2002). Such services are now expanding in the UK as other agencies begin to address domestic violence more directly and develop such services as part of multi-agency domestic violence prevention strategies (Kelly & Humphreys 2001).

Outreach services

Outreach services support women survivors in their homes and communities and provide advice and information to women living in or moving out of abusive relationships (Kelly & Humphreys 2001, WHO 2002). They are particularly useful for women who may need intensive support before they can contemplate leaving an abusive partner, and for those who wish to remain in their own homes in preference to going into a refuge, and who need assistance with housing transfers or legal advice on effecting the perpetrator's removal. Outreach services also aim to make contact with, and support women who may find it difficult to access other services such as minority ethnic or migrant victims, disabled women, and those in rural areas. Services take many forms and include drop-in centres and helplines. Some outreach services provide resettlement support to women leaving refuges, to reduce their vulnerability to returning to violent partners. For example, the Milton Keynes Women's Aid project provides assertiveness training, support groups and a range of individualised services (Kelly & Humphreys 2001). Few outreach projects have been formally or

systematically evaluated. However, a survey of 200 users of UK outreach services commissioned by Women's Aid (Humphreys & Thiara 2002) found that 46% of women were living with their violent partners at the time of first contact with an outreach service and 90% of these women had since left the relationship. Women valued these services for their swift, flexible and proactive approach, prioritisation of their safety, and responsiveness to diversity issues and special needs.

Advocacy services

Domestic violence advocacy is variously defined, and encompasses a range of activities and services linked to the aims of the agency to which the advocate is attached, usually with the overarching aim of improving women's safety (Kelly & Humphreys 2001, Buzawa & Buzawa 2002). Distinctions can be made between individual and systems advocacy. Individual advocacy involves provision of advice, support, information, and liaison with other organisations on behalf of individual women, to negotiate their access to housing, legal support and benefit entitlements etc (Kelly & Humphreys 2001, Shepard 1999, Mears 2003). It may also involve awareness raising about factors contributing to victimisation (Mears 2003). Systems advocacy, involves brokering changes in agency policies, practices, services and systems so that they better meet the needs of abused women in general. This can include community campaigning and awareness-raising activity. Many advocacy projects undertake both forms of activity (Kelly & Humphreys 2001, Shepard 1999). Criminal justice-linked advocacy services can also vary in the extent to which they act autonomously and prioritise victim needs over agency objectives, or are mainly guided by the goals of their attached agency e.g. securing the successful prosecution of the offender (Buzawa & Buzawa 2002). The Duluth DAIP project for example, has shelter advocates attached to emergency accommodation, on-call advocates who follow up and support women in cases where police were called, and court advocates who assist women obtain civil protection orders and support them through court processes. Other advocates run support groups for abused women (Shepard 1999). Advocates may work from institutions as diverse as prosecutors offices or hospitals (WHO 2002) or may be based in independent or multi-disciplinary projects. Some victim advocacy and support services are linked to perpetrator programmes, and provide proactive victim support and liaison, counselling and practical advocacy (Kelly & Humphreys 2001). Evaluations have suggested such services improve self-esteem, feelings of empowerment, and social support, but other impacts have not yet been comprehensively demonstrated, although evidence suggests that interventions which address the balance of power in the relationship may be effective (Mears 2003).

Evaluated UK criminal justice advocacy services

The Domestic Violence Matters project in Islington placed civilian workers in police stations with the task of contacting victims within 24 hours of their call to the police. They used crisis intervention case advocacy and support to help women to create safer conditions for themselves and their children by increasing their use of shelters, housing departments, legal advice and support groups. During the project period, the number of repeat calls to the police was reduced. Women responding to a survey as part of the project evaluation (18% of users) reported positive experiences. Many felt the project was the most significant factor in increasing their safety by accelerating the process of change (e.g. deciding to leave the relationship or to proceed with legal action). Women also appreciated the proactive intervention from outside, and follow up calls providing emotional and practical support. The project's uncompromising focus on naming the abuse as abuse, and enabling women to do the same, was particularly mentioned as a critical factor enabling women to take action to forestall further abuse (Kelly et al 1999, Kelly & Humphreys 2001).

The Cardiff Women's Safety Unit provides multi-faceted, multi-disciplinary support and criminal justice advocacy service to domestic violence victims referred by police and other community agencies, and also aims to facilitate integrated inter-agency responses to victims. Services provided or brokered include target hardening, safety planning for women and children, advocacy (including court attendance with victims), counselling, a survivors forum, referrals to other agencies, and group work for children. Achievements include a significant reduction in revictimisation rates recorded by local police, and an increase in women making complaints to police. Service users surveyed for a project evaluation provided overwhelmingly positive responses and gave a 92% rating for the unit's effectiveness in helping them attain a safe outcome (Robinson 2003).

A US advocacy experiment

Few research studies have systematically evaluated the impact of advocacy services using a rigorous experimental design that rules out other explanations for effects. An exception is the study by Sullivan & Bybee (1999) which randomly assigned half the 278 voluntary participants leaving a domestic violence refuge to receive a 10 week advocacy intervention, whilst the others received no intervention. Most of the women had experienced severe abuse in the previous 6 months and 1 in 2 had been raped and/or threatened with weapons and almost all had been injured. Periodic follow-ups extended to 2 years post intervention end, and 95% of women were retained in the study sample for this period. Hence findings can be seen as robust. The intervention involved 4-6 hours advocate contact per week and included joint safety planning, needs assessment, and work with the woman to mobilise or generate appropriate resources. This involved making community agencies more responsive in delivering resources (i.e. housing, employment, legal assistance, transport, child-care, health-care, material goods and services, financial assistance, services for children e.g. tutoring and counselling, and social support). All the advocates were volunteers who had not done this work before and who had received 10 weeks training.

At their first interview, 75% of all study participants said they wanted to end their relationship with the perpetrator, and at 2 year follow-up 96% of these women who received advocacy had ended the relationship, compared to 87% of those in the control group who had not received this intervention. Although violence declined over time for both groups, 1 in 4 women who received the advocacy had experienced no further abuse at 24 month follow up, compared to only 1 in 10 of the control group. These differences were statistically significant. Women who had worked with an advocate were also significantly more likely to report increased quality of life, higher social support, less symptoms of depression, and more effectiveness in obtaining resources, compared to women in the control group. Factors considered critical to intervention success were the woman and not the advocate guiding the direction of the intervention, and a focus on increasing community responsiveness to the woman's needs rather than on changing her belief system. Whilst advocacy considerably reduced levels of violence for this high risk group of women, it did not eliminate it; 76% of those who received advocacy, and 89% of those who did not, were reassaulted at least once during the period of intervention and the 2 year follow-up period. Nevertheless, this study indicates that provision of well resourced, designed and delivered safety planning and advocacy can make a significant independent contribution to the reduction of reabuse.

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19.5. Women's safety services linked to perpetrator programmes

Standards and model of service

As part of most established US & Canadian perpetrator programmes, victims/partners are offered contact at various points in the intervention, typically every 2-3 months (Healey et al 1998, Bell et al 1999). Many existing UK programmes also offer victim liaison and support, either directly through a linked women's service, or via a partner agency e.g. the Scottish CHANGE programme (Mullender & Burton 2001a & 2001b, Bowen et al 2002, Lewis 2004). An adjunctive women's safety service also forms part of the IDAP programme and provides for contact with partners, ex-partners and new partners at the beginning, middle and end of the programme, and six months after termination, although more frequent contacts are envisaged in high risk cases (Lindsay & Brady 2002, National Probation Directorate 2003b & 2004). Respect's practice standards emphasise pro-active contact with victims from the point of referral onwards, and advocate provision of a minimum 6 individual safety planning sessions, or a weekly women's support group, and continuation of service for a minimum 4 months after programme dropout/completion (Respect 2002).

Most victim contact arrangements are governed by standards or guidance that guarantee confidentiality to victims, and specify goals as provision of information about the programme and other available support services, raising awareness of risks and options, and assistance with safety planning (Healey et al 1998, Bell et al 1999, Respect 2002, Lindsay & Brady 2002). Most programmes, particularly those operating in the criminal justice sector, include assessment and monitoring interviews designed to obtain information about abusive behaviour in the relationship before and during the programme, as part of the risk assessment and programme evaluation processes (Healey et al 1998, Bell et al 1999, Lindsay & Brady 2002, National Probation Directorate 2004, Lewis 2004). General information about the man's progress and any concerns about increased risk arising during the programme are expected to be conveyed to victims as part of most guidelines and standards, and victims are encouraged to report any concerns about the man's behaviour via their safety worker (Healey et al 1998, Bell et al 1999, Respect 2002, National Probation Directorate 2004). In the US, a legal duty to warn victims of danger extends to notifying the victim, police, courts, the abuser's probation officer and agencies working with the victim and/or her children (Healey et al 1998). Hence many established US programmes also make sure victims are informed of signs of dangerousness indicated by past as well as future behaviour and where necessary they take protective steps to improve victim safety. Occasionally uncooperative abusers are maintained on programmes to ensure close supervision and monitoring whilst the victim gets the extra time she needs to leave safely (Healey et al 1998).

Good practice in provision of women's safety services

There is a strong consensus that the overriding principle governing contact with abused women should be the promotion and active consideration of their safety and their children's safety. Furthering the perpetrator's rehabilitation should be regarded as a subsidiary and not a predominant goal (Healey et al 1998, Cunningham 1998, Bell et al 1999, Lindsay & Brady 2002). Most experts in the domestic violence field emphasise that best practice for all professionals involved with domestic violence survivors should include joint safety planning, and that any intervention with perpetrators should be accompanied by services to abused women and their children that use safety planning as the cornerstone of their intervention (Kelly & Humphreys 2001, Campbell 2001). Safety planning work with abused women, and risk assessment and management of perpetrators, should ideally be dynamic, interactive processes, informed by feedback from and to those delivering perpetrator interventions, who tailor their delivery of interventions to victim safety plans and needs (Campbell 2001).

Mindful that abusive men may use programme attendance as a way to keep alive the woman's hope for change and thus forestall a separation, many standards underpinning North American programmes also place particular emphasis on victim empowerment goals for their contacts with abused women. These include awareness raising about the patterns and tactics of abusive behaviour, so as to enable victims to name experiences as abuse, assign responsibility

for the abuse back to the abuser, and to assess their own risk and plan accordingly. Most good practice standards also stress that victim contacts should be geared to ensuring unrealistic hopes of behaviour change are not raised or reinforced by programme attendance, and aim to increase awareness of how abusers may use the programme manipulatively (e.g. by distorting what is said in the group to blame the victim for the abuse, pressuring the victim to remain in the relationship, or misusing programme techniques as a new way of controlling the victim) (Healey et al 1998, Bell et al 1999, Respect 2002). Women should be encouraged to protect themselves through appropriate measures that include legal action and separation, even if these are unpopular with the abuser (Cunningham et al 1998, Bell et al 1999).

In their interviews with abused women whose partners had attended perpetrator programmes, Gregory & Erez (2002) found that the periods of greatest fear and apprehension for women were the waiting period between assessment and programme start, and the early stages of the programme. Many women were blamed for the programme attendance requirement by men who resented giving up their free time to attend. Gregory & Erez conclude that due to the fear and reality of reactionary abuse, it is crucial that safety planning work and other types of crisis assistance are made available to women from the point of programme referral, as well as during the course of the intervention. Regular contacts with victims can provide a direct and comprehensive picture of the multi-faceted abuse that can be experienced during programme participation, and also reveal other "secondary wounds" inflicted on women by the justice system's response to domestic violence. Exposure to these perspectives should inform service development and delivery, and improve responsiveness to victim's safety needs (Gregory & Erez 2002).

Gondolf (2000c) draws attention to some of the risk and related practice issues that need to be addressed when contacting domestic violence victims to ascertain their experiences of abuse so as to monitor and evaluate the perpetrator's progress. His study of women's perspectives on the programme evaluation process found that responses to the contact were most positive when the same female interviewer was involved throughout and able to build a rapport with the woman. Risks to the victim associated with participation included retaliation or threats from the abuser, personal intrusion, elicitation of traumatic memories and flashbacks. Establishing and following procedures to ensure the women's privacy during interviews was important in limiting the potential for damaging effects (e.g. providing instructions on what to do if their partner could overhear them on the phone, flexibility about meeting venues, and follow-up calls after interviews to check whether the woman experienced any pressure from partners as a result). Using a responsive interview structure based on funnel questions rather than working through a question checklist, allowed women to convey their experiences in their own way, promoted disclosure, and avoided replicating experiences of interrogation and 'grilling' which women had with their partners. Time spent at the end of the interview to review the process allowed the woman to express her feelings about the interview and the emotions it invoked, and helped limit ongoing traumatic effects. Recognising and responding appropriately to any risks indicated by the information that women disclosed, required good supervision as well as training in how to identify cues associated with imminent or serious violence, suicidality and child abuse, skills in probing for more specific information, and clear procedural guidance on how to respond.

Evaluating UK women's safety services

There has been no comprehensive evaluation of the extent to which women's safety services linked to perpetrator programmes adhere to good practice standards, nor any quantitative research on outcomes. Several user surveys have been conducted. However, these rely on responses from the small proportion of women who used the service and hence do not throw much light on why they were not taken up by others. An evaluation of the Domestic Violence Intervention Project in Islington (Burton et al 1998) indicated that women were very positive about the support they received from the women's support service, which was available to women whether or not their abusers attended the perpetrator programme. They most valued the messages they received from staff which named their abuse as abuse, as unacceptable, and as not their fault. Many said this response had enabled them to see their situations differently and to take action. The project made proactive contact with abused women and offered telephone advice, one-to-one counselling, group work, advocacy and ongoing telephone support. Few women resented a stranger making the first move and most welcomed the support, which they saw as enabling them to make changes sooner and more decisively than they would otherwise would have done.

Analysis of the qualitative responses of a non-representative sample of women partners of men attending Scottish perpetrator programmes (Lewis 2004) indicated that many women who responded to the evaluation study had appreciated the opportunity to become involved in the process of monitoring and supervising their partners. They came to view programme staff and the programme co-ordinators that liaised with them as their advocates, who supported their challenges to their partners, and this improved their confidence in the intervention.

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19.6. Good practice in safety planning

Explaining safety planning

Safety planning with domestic violence survivors is a relatively new concept within the UK and is a separate process from professional risk assessment (Kelly & Humphreys 2001). Safety planning work can be both short term and involve long-term preparation and support to leave the relationship (Healey et al 1998). It involves detailed

collaborative exploration with the woman of the risks that she and her children are facing, consideration of possible courses of action and identification of the resources required to reduce risks. Key objectives for safety planning include reducing the opportunities for abusers to abuse, increasing the victim's freedom, strengthening her ability to resist her abuser, and increasing the level of community support and guardianship of the victim and her children (Agar 2003). Safety planning is a dialogic rather than prescriptive process, based on assessment of dangerousness and contextual factors, such as the victim's relationship status, emotional state, resources available from friends, family, work and community, and children's needs (Campbell 2001). Analysis of survivors' own perceptions of risk, and comparison with known risk factors, can be a particularly useful and empowering aspect of safety-planning work (Weisz et al 2000, Cattaneo & Goodman 2003). As an intervention approach based on principles of empowerment and autonomy, well-delivered safety planning engages women without imposing solutions, and can raise women's awareness of the dangers of their situation, provide information, support resistance, reinforce women's sense of agency, and capitalise on concerns for children's safety (Campbell 2001).

A model of safety planning

Davies et al (1998) describe a model of safety planning founded on development of a trusting partnership between the abused woman and the worker, and centred on the abused woman's perspective. Within this model, the woman is guided through a process of identifying in detail the risks generated by her abuser (e.g. potential physical injury, psychological harm, child-related risks, financial risks, risks to family and friends), the effects of staying or leaving on these risks, the possible effects of related life-generated risks (e.g. financial limitations, home location, physical and mental health issues, inadequate responses by social institutions, discrimination), how her abuse may manipulate such risks to further his control, past and current safety plans including staying, leaving, and protection strategies, and the time frame for her current plans. The advocate then reviews the woman's risk analysis with her, including life-threatening violence and risks to children, works with her to strengthen her safety plans by identifying available and relevant options and resources, analyses these options with her, assists her to develop and implement the refined safety plan, and provides enhanced advocacy when needed, particularly in all cases of life-threatening violence.

Issues for women's advocates and safety workers to consider

Agar (2003) reviewed the literature on risk and safety planning and offers an evidence-based good practice guide. She recommends that in undertaking risk assessment and safety planning with abused women, the worker needs to be mindful of, and where possible, work to decrease, the victim vulnerability factors which can act as barriers to increasing safety (e.g. level of insight concerning the violence, knowledge of services, resources, rights and risk factors, independent access to services and resources, coping skills and psychological resources, protective social support, mental health/ability, drug and alcohol use, physical health/ability, cultural factors and immigration status). Child-related factors which reduce women's ability to engage in safety-seeking and which increase the abuser's access to children also need to be borne in mind (e.g. concerns about violence to children, concerns about losing children, concern about children's standard of living and adjustment, legal proceedings in relation to children, and pressure from children to stay with/return to the abuser). The worker should also take account of likelihood, imminence, severity and frequency of the violence, and any increased risks due to separation, as well as system-related factors when considering appropriate safety-planning strategies (e.g. accessibility, responsiveness and co-ordination of appropriate support services, as well as any local agency policies and protocols which may endanger abused women and their children). Safety plans should focus on strategies to escape, avoid, or survive abuse (including safety before, during, and after leaving, personal security measures, legal measures, confidentiality, safety if the woman stays with or has contact with her abuser), and on increasing the woman's resources and support (e.g. provision of relevant information, assessment of informal resources, developing strategies for increasing material resources and referrals to community agencies).

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19.7. Other services

Childcare and employment

Several studies highlight the practical assistance that women may require to separate from their partner or to maintain a separation. Some women are reluctant to leave a relationship or to risk antagonising a partner by a prosecution because they are dependent on them for assistance with childcare, transport and money. Programmes to assist victims to achieve economic independence from their abusers and provision of tangible assistance, such as childcare, via advocacy and support services, could assist women in the process of separating from their abusers (Hart 1996, Goodman et al 1999, Anderson 2003).

Personal alarms

Sherman et al (1997) report the increasing use of personal radio alarms as part of a strategy for secondary domestic violence prevention in high risk cases. They usually take the form of a small panic button worn as a necklace, which is directly linked to police headquarters. Evidence that the period immediately following the last attack presents the highest risk of repeat victimisation suggests that immediate issue of an alarm after arrest could assist in getting help to victims more quickly and save lives in some circumstances. Introduction of a pendant alarm scheme for domestic violence victims in Merseyside was designed to have a deterrent effect on perpetrators and prevent imminent assaults by alerting police. The scheme was well-received by victims and reportedly increased women and children's sense of

safety, and thus improved personal functioning and mother-child relationships. However, a lack of a pre-implementation benchmark prevented evaluation of effects of the scheme in relation to repeat victimisation (Hanmer & Griffiths 2001).

A small-scale UK evaluation of a community safety alarm system (Walker 2001) found that the system was viewed as protective, enabling victims to remain in their own homes, and could sometimes have a deterrent effect in curtailing abusive behaviour when women threatened to use it. Increased feelings of safety and reduced fear were the main benefits reported by the small sample of users and potential users interviewed. None of those who had an alarm had yet felt it necessary to use it. Views on whether it made any difference to men's behaviour were mixed.

[Programmes for abused women convicted of domestic violence](#)

The introduction of mandatory or pro-arrest policies in North America has led to a considerable increase in dual arrests, and in women-only arrests in situations where women have fought back to try and curtail or escape domestic violence. Some have lost custody of their children or faced deportation as a result of conviction, or have been required to attend perpetrator treatment programmes designed for male re-socialisation as part of their sentence. Once arrested, such women are reluctant to phone the police when they face further abuse (Dasgupta 1999 & 2002, Saunders 2002). In response to this phenomenon, the Canadian correctional service and some US states have developed programmes for convicted women perpetrators that emphasise issues related to their victimisation (Healey et al 1998, Allegri 2003). However, no such programmes are available in the UK for women convicted of domestic violence.

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20. Protecting and assisting children affected by domestic violence

20.1. Current provision and practice

Disjointed services

Domestic violence is a central issue for statutory child-care work (Humphreys et al 2001). However, fragmented understanding of and services to families where both women and children are abused have limited co-ordinated and informed provision for the safety of all victims of violence within a family (Edleson 1999a, Mullender 1999, Humphreys et al 2001). Routine screening is not usually undertaken (Nicholson et al 2003) and information sharing to enable identification of co-occurring abuse, and risk to children, both within and between agencies, has much scope for improvement (Plotnikoff & Wolfson 1998). No statutory UK agency has provision of services to domestic violence survivors as part of their core business or as the primary focus of their services (Dominy & Radford 1996, Humphreys 2000, Humphreys et al 2001). Few child protection agencies provide systematic help for abused mothers and few direct services, other than via shelters are generally available to children living with domestic violence. Intervention programmes for perpetrators often do not include corrective parenting education and staff delivering perpetrator programmes have not always had essential child protection training (Mullender 1996, Edleson 1999a, Tomison 2000, Mullender 2001, Mullender & Burton 2001a).

Research mapping the extent and range of UK service provision to families and vulnerable adults where there is domestic violence (Humphreys et al 2000, Humphreys et al 2001) found patchy and uneven practice. Many women's refuges were diversifying into provision of advocacy and outreach services but had limited funding and faced increasing demand. Only 1% of children's charity projects were dedicated to dealing specifically with domestic violence in families, and safety-planning work was not well developed. Routine domestic violence screening was not undertaken and recorded by the majority of UK social services departments, and the majority of perpetrator programmes did not have child protection policies. Despite domestic violence being mentioned in 65% of all care plans for children, less than half of all social services departments had a policy or specific agency guidance to staff on domestic violence, or a designated person responsible for oversight of domestic violence work.

Family court issues

Poor decision-making by family courts can jeopardise the safety of domestic violence survivors and their children, notwithstanding sensitive practice by other agencies (Mullender 1996). The family court rarely refuses domestic violence perpetrators contact with their children and then only, but not always, if direct abuse and/or significant adverse impact can be proved (Edwards 2001a, WAFE 2003). Safety-oriented practice in court welfare and mediation has also been found to be patchy and often does not include routine screening for domestic violence (Hester et al 1997, Mullender 2001). A recent survey of refuges and domestic violence services commissioned by Women's Aid (WAFE 2003) indicates that despite recent policy and legislative improvements, family courts are continuing to sometimes award residence orders to domestic violence perpetrators on the basis of their possession of the family home, and unsupervised contact orders to men who are schedule 1 offenders or whose conduct has resulted in children being placed on child protection registers. Contact visits were reportedly often used to further abuse of children and to track down and hurt their mothers. A network of over 250 child contact centres has now developed across Great Britain which offer some protection for women wishing to avoid contact with perpetrators, and some oversight of the perpetrator's behaviour towards the child, although few supervise the contact closely (Edwards 2001a).

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20.2. Good practice in protecting and assisting children and families

Careful assessment

Child protection agencies are increasingly aware of and concerned about the dangers which domestic violence can pose. If they automatically define children's exposure as emotional abuse of the child, and judge mothers as failing to protect their children when they do not leave the abusive relationship, there is a risk that abused women will be reluctant to disclose domestic violence or to seek help for themselves and their children for fear of being separated from them. Inflexible policies and practices could thus add to children's risk (Edleson 1999b, Debbonaire 1999, Humphreys 2000, Mullender 2001). Some mothers may be reluctant to leave their homes and to uproot their children because of the disruptive effects of re-location on care arrangements, social networks and education. These effects feature prominently in children's accounts of the adverse consequences of domestic violence (Debbonaire 1999, Mullender et al 2000, Mullender 2001). Not all children are adversely affected, and a careful assessment of risks and protective factors in each family is needed before conclusions can be drawn about risk and harm to children (Edleson 1999b, Humphreys 2000).

Sharing responsibility and supporting families

There is a danger that instead of introducing adequate supports and seeking legal sanctions to ensure the safety of both children and mothers, child protection care plans may place an over-reliance on the non-abusive partner to enhance children's safety, which can itself be regarded as abusive, as it draws responsibility away from the perpetrator and the state, and places it largely with the abused parent (Edleson 1999a, Tomison 2000, Mullender 2001). Children living with domestic violence may best be classified as 'children in need' under s 17 of the Children Act 1989 so as to open up access to support services for both the non-abusing parent and the child (Debbonaire 1999, Mullender 2001). Evidence suggests that provision of assistance with childcare may be particularly significant in helping women to take action to end abuse, and to survive outside violent relationships (e.g. Gondolf 1988, Rodgers 1994, Hart 1996, Sullivan & Bybee 1999, Goodman et al 1999, Griffing et al 2002, WHO 2002, Anderson 2003, Cook et al 2004).

Good practice in policy-making

Good practice indicators were developed by a service-mapping project from the best observed practice. They emphasise broad-scope, evaluated policy and service development that are embedded within organisations by training and supervision, and integrated with wider organisational and inter-agency strategy. The best policies paid attention to and prioritised issues of safety, confidentiality, equality and diversity, consulted domestic violence survivors and refuge and advocacy services, supported the safety of the non-abusive parent, built on policies well-developed by other areas, included detailed guidelines (e.g. on systematic monitoring and screening, recording, case conferences, referral systems, assessment, intervention and resourcing), provided discrete but linked services to children and non-abusing parents, and addressed work with perpetrators (Humphreys et al 2000, Humphreys et al 2001).

Effective child protection practice

Holistic, co-ordinated, multi-agency responses and prevention strategies best address the significant co-occurrence and interdependence of child abuse and domestic violence. Recognition that protecting and supporting the child's mother is often the best child protection should encourage refocusing of services to emphasise family support (Tomison 2000, Humphreys 2000, Mullender 2001, Humphreys et al 2001). Key activities for agencies involved in promoting and furthering the welfare of children, which have demonstrated effectiveness in reducing domestic violence-related harm, include routine screening of child abuse referrals for exposure to domestic violence. This was found to heighten awareness of children's needs and experiences and to lead to greater emphasis on work to support and protect both mothers and children in a study of an NSPCC team (Hester & Pearson 1998). Other effective interventions include safety measures and planning, provision of instrumental, social and emotional support to mothers, (who are best able to help their children to recover from the effects of domestic violence), and individual and group interventions for exposed children based around safety planning, which help them acknowledge violence whilst disavowing responsibility for it, increase support, facilitate expression of feelings, and promote healthy coping and problem-solving (Mullender 1996, Carlson 2000, Humphreys 2000, Mullender 2001).

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21. Enhancing the effectiveness of domestic violence interventions

21.1. Attending to the cultural and racial diversity of perpetrators

Many researchers, practitioners and experts in the field of domestic violence have pointed to the importance of designing perpetrator interventions which are culturally competent to address the needs and situations of men from a variety of backgrounds (Gillum 2002). Socio-economic status, ethnic identity and sexual orientation can affect both the expression of domestic violence and responses to treatment, and hence some interventions adopt culturally sensitive approaches to accommodate these differences, so as to improve retention and reduce resistance (Healey et al 1998, Davis & Taylor 1999).

Gondolf's large-scale study of Duluth-based programmes in four US cities found that whilst African-American offenders were no more likely to reassault their partners, they were more likely to be arrested for such assaults and to drop out of programmes (Gondolf 2002). Some black offenders, have negative experiences of the criminal justice system, and may be disproportionately likely to be arrested for domestic violence offences reported to police, and more likely to carry associated resentment, which needs to be acknowledged and addressed before they are able to be receptive to other interventions (Healey et al 1998, Saunders & Hamill 2003). Feelings aroused by experienced racism can however provide a route to helping participants to understand the powerlessness and oppression that their abuse induces in their victims.

Culturally competent interventions are those that draw on cultural strengths, tap into group solidarity to promote mutual support, and address related problems such as gender roles condoning abuse. Some cultural values can militate against intervention success, e.g. seeing domestic violence as socially acceptable or as a private matter, or regarding open group discussion as humiliating (Healey et al 1998). Culturally-specific stereotyped attitudes to women may contribute to domestic violence and need to be addressed by education about their origins, manifestations, perpetuation and negative effects on relationships (Gillum 2002). Some US programmes specialise in working with men from a particular cultural background or offer initial individual counselling so that such issues can be addressed in more depth (Healey et al 1998). Inclusion of culturally relevant programme material, addition of culturally relevant programme components, delivery of ethnic group-specific programmes and matching group leaders' cultural backgrounds to those of participants are potential enhancements to participants' likelihood of engagement with domestic violence programmes that have demonstrated promising results (Cunningham et al 1998, Bell et al 1999, Gondolf 1999b). An experimental study reviewed by Saunders & Hamill (2003) found higher completion rates among Afro-American men assigned to groups where all other participants were Afro-American than for those in ethnically mixed groups receiving the same programme.

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21.2. Addressing programme attrition

Gondolf (1997) estimates that overall, half the US men who are referred to programmes do not attend the initial assessment appointment and do not join the programme. If these men are included in attrition statistics, as few as 10% of those referred may complete programmes. Men's enrolment on a treatment programme increases the chances that the woman will decide to stay in the relationship. Some men may therefore use programmes manipulatively and drop out as soon as they perceive a threat of separation to have diminished (Gondolf 1988).

Risk factors for programme attrition

There is considerable overlap between predictors of attrition in domestic violence programmes and other types of programmes (e.g. for substance abuse). Factors found to be associated with attrition are lifestyle instability, motivation, programme characteristics (e.g. duration, approach, length of waiting time), and congruence between participants' perceptions of their problems and programme content. Most research on attrition in domestic violence programmes has focused on offender demographic and background characteristics (Rooney & Hanson 2001). Research indicates that men drop out of domestic violence interventions at very high rates (average 40%). Domestic violence programmes are less likely to engage younger, less educated, unemployed, and lower income men, who drop-out more frequently (Tolman & Bennett 1990, Hamberger & Hastings 1993, Saunders 1993, Davis & Taylor 1999, Gondolf 2002, Dalton 2001, Daly et al 2001, Taft et al 2001, Saunders & Hamill 2003, Scott 2004). One study found perpetrators with a stable work history were more significantly more likely to complete the programme than those with an unstable work history (Yarborough & Blanton 2000). Factors positively related to programme completion include being ordered by the court to attend (Hamberger & Hastings 1993, Daly et al 2001, Taft 2001, Scott 2004), although perceived threat of negative consequences from the criminal justice system for non-attendance has not been found to predict attrition in several studies (Dalton 2001, Heckert & Gondolf 2004).

Other studies indicate that those more likely to drop out of programmes tend to have previous criminal convictions, child abuse histories, be psychologically disturbed, and have drug abuse histories (Gondolf 1997, Davis & Taylor 1999, Dalton 2001, Scott 2004). A history of alcohol problems has also been consistently found to predict lower programme attendance (Gondolf 1997, Davis & Taylor 1999, Daly et al 2001). A large study which examined police reports and case files found that non-completers were significantly more likely to have been drinking at the time of

arrest (69%), to have used a potentially life-threatening level of violence (58%), and to have caused injury requiring hospitalisation of the victim (Yarborough & Blanton 2000). Higher drop-out rates among men who had perpetrated more severe domestic violence were also found in another large study (Gondolf 1997). Those with multiple substance abuse problems have a poorer prognosis in both substance misuse and domestic violence treatment than those with alcohol problems alone (Brown et al 1999). Levels of psychopathology were not significantly related to levels of attendance in one study that explored this (Daly et al 2001).

A Canadian study (Rooney & Hanson 2001) explored factors associated with attrition among 300+ men accepted onto four domestic violence programmes that varied in their model and degree of structure. Variations in attrition rates across sites were mainly due to pre-programme attrition; the programme with the highest rate of no-shows (46%) had a waiting list of several months compared to less than 2 weeks in the other programmes whose no-show rates were (3-13%). No-shows also had significantly lower levels of self-assessed motivation than completers. Lifestyle instability factors (i.e. youth, unemployment, prior criminal history, substance abuse, and frequent changes of residence) were the strongest predictors of subsequent drop-out among those who attended one or more programme sessions. Men who reported engaging in the most physical, psychological and sexual abuse were also significantly more likely to drop out compared to the rest. Differences were also found in completion rates for structured and unstructured programmes. Men with low verbal ability were more likely to leave unstructured programmes that were largely discussion-based (60%). Drop out rates were half this figure in structured programmes that presented information with concrete examples. Programme length was found to be unrelated to attrition. Another Canadian study (Scott 2004) using the transtheoretical model of change (Prochaska et al 1992), found that stage of change, as assessed at intake by programme staff using a structured judgement tool, significantly predicted attrition. Those classified as in the 'pre-contemplation' stage were twice as likely as those in the 'contemplation' stage, and almost nine times as likely as men in the 'action' stage to drop out of the programme. Participant-rated readiness to change did not however predict attrition.

Reducing programme attrition

Most of the predictors of programme attrition are also the predictors of reabuse and of frequent reabuse. Efforts to reduce attrition are therefore of particular importance for increasing women's safety (Rooney & Hanson 2001, Mullender & Burton 2001a). There is some evidence that effective criminal justice sanctions can help keep younger, less educated men engaged with domestic violence programmes. However, many studies either do not report the consequences of non-compliance to enable their effects to be evaluated, or indicate that such consequences are not administered evenly (Saunders & Hamill 2003). Whilst recent court involvement may initially motivate attendance, this may lose salience over time, and may require increased case manager contact to keep men in programmes by ensuring the consequences of non-attendance are kept in their minds, and that obstacles to full attendance are identified and addressed (Daly et al 2001).

Some research indicates that different activities are required to engage men in treatment according to their level of readiness to change (e.g. provision of more information about how abuse impacts negatively on all family relationships, for those in the pre-contemplation stage, exploration of ambivalent feelings and attitudes for those at contemplation stage, and concrete suggestions for enacting behaviour change for those at the action stage). However, the impact of different case management approaches on domestic violence programme attendance (Rooney & Hanson 2001), or stage of change-related engagement strategies for domestic violence are yet to be researched (Scott 2004). Use of a structured judgement tool to assess stage of change could assist in identifying those at high risk of attrition, who may need tighter supervision, stronger sanctions and motivational enhancement to improve their chances of completion.

Shorter waiting times and mandatory court reviews can reduce attrition (Rooney & Hanson 2001, Gondolf 2002). In a study of programmes in four cities, Gondolf (2002) found no-show rates of 5% in Pittsburgh where a system of court reviews was in place, and offenders were scheduled for programme intake within two weeks of case disposition. No show rates were 30-40% in the other cities studied that did not use court reviews, and had longer waiting times. In a separate analysis Gondolf (2000b) compared compliance outcomes for perpetrators ordered to attend Pittsburgh programmes before and after a mandatory court review system was extended to require men to reappear in court 30 days after the initial hearing to verify their compliance, in addition to reappearing after 90 days to confirm completion. A court liaison officer from the programme provided corroboration. The court adopted a tough approach to non-attendance and approximately 60% of those deemed noncompliant were imprisoned. Failure to appear for a review resulted in an arrest warrant and a strong probability of jail. Compliance improved dramatically and incrementally over the 3 years of the study, reflecting other innovations implemented at various points, such as expedited warrants for no-shows and issuing of intake appointments at court. Numbers of men appearing for intake increased from 64% in the year before implementation of the extended system, to 94% two years later. Completion rates among those attending the intake appointment did not substantially change. However, increased initial starts meant the proportion of those ordered to attend who actually completed rose by a third to 65%. A similar (64%) completion rate in a Calgary programme has been linked to programme starts within one week of sentence (Johnson & Au Coin 2003).

Other efforts to reduce attrition have focused on pre-group orientation and preparation, and have shown some success, although it is less clear if and how these refinements specifically affected the groups at most risk of drop-out (Tolman & Bennett 1990, Gondolf 1997). Interventions such as provision of transitional support, stiffer and quicker

penalties for dropping out, and strong case management, incorporating relapse prevention work, may help increase programme retention, but have been insufficiently researched (Gondolf 1997, Rooney & Hanson 2001). Longitudinal studies of the process of change would also give a better indication of the impact of perpetrator programmes within a life-course perspective (Gondolf 1997).

Domestic violence programmes may be able to learn from the work on motivational interviewing which has demonstrated some success in retaining substance abuse treatment participants (Rooney & Hanson 2001). There is also evidence that motivational enhancements provided by programme tutors can positively affect continuation on domestic violence programmes, and may be particularly effective for minority ethnic perpetrators, who may also benefit from specialised orientation sessions.

Taft et al (2001) compared attendance and drop out rates among two cohorts of men enrolled on perpetrator programmes before and after the addition of motivational enhancements. Pre-programme hand-written notes which conveyed interest in working with the individual were sent to all participants and followed by a phone call the week before the programme started, to tell the man how the group leaders looked forward to working with him. Those who missed a session were telephoned immediately after the session and offered support and encouragement for future attendance, as well as any comments from other group members about how they were missed. In addition, personalised hand-written notes were mailed the next day, expressing sadness at the man's absence, and hope and enthusiasm about the prospect of seeing him at the next session. Homework assignments were sometimes sent with the note. These enhancements were designed to increase levels of engagement and interaction between participants and group leaders by communicating their sincere interest in the man and his successful completion, as well as concern for his welfare, rather than having an overt compliance focus. Those who received the motivational enhancements attended on average 10% more sessions and had half the non-completion rate of the earlier cohort. These differences were significant with effects attributable to other key variables controlled. Results suggested that these treatment retention procedures were particularly beneficial for minority ethnic participants; only 10% who received the motivational enhancement dropped out, compared to 42% of those who did not receive it. These retention initiatives appeared to have helped foster a stronger therapeutic alliance, and a greater sense of belonging to the group, rather than a sense of being 'checked up on'; participants often thanked group leaders for their expressions of concern and made references to the interest shown in their welfare and progress. Within the group who had received the motivational enhancement, higher attendance was significantly correlated with lower rates of further physical abuse and injury reported by partners 6 months after the last treatment session (although psychological aggression levels remained the same), and with lower rates of arrests for charges of violence 2-3 years after programme end. Hence retaining more of the high-risk group in the programme enabled a reduction in levels of subsequent physical abuse.

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21.3. Developing positive working relationships with and between perpetrators

Evidence indicates that group dynamics, quality of interpersonal relationships and worker communication style can all affect engagement with a programme and its aims. Group settings may allow men to reinforce problem denial and sexist, violent attitudes in ways not always apparent to group leaders. Those with severely violent histories and minimal motivation to change may have a contaminating effect on their peers. Careful attention therefore needs to be paid to group composition, to developing group leader's awareness of group process and dynamics, and to enhancing skills in counteracting abusive undertones and sabotage (Saunders 2001). The corrosive impact that men in denial can have on other participants was noted in the IDAP process evaluation. Separate groups for such men were advocated (Bilby & Hatcher 2004). Alternatively, individually based domestic violence interventions could be developed and used to preface or substitute for a group programme for men who are particularly resistant to problem acknowledgement and change (Saunders 2001).

There is a danger that for men coerced by the criminal justice system into attending a structured programme which requires them to confront their violence, and in which the agenda and their responses are directed by the group leaders, the programme can mirror the relationship power dynamics which it seeks to change. Attenders may simply respond to the immediate rewards and punishments in the environment, change their self-presentation, or try to protect their self-esteem, and may fail to internalise equality or respect as a basis for their relationships (Mankowski et al 2002). Research from other therapeutic arenas indicates that use of highly confrontational approaches to strip away defensiveness are ineffective. Domestic violence programmes that make use of high levels of strong, direct confrontation of abuse, denial, victim blaming, and minimisation can be counterproductive, as participants are more likely to react with counter-arguments, silence, phoney agreement, or by dropping out. Such practices can amount to a power and control game (Murphy & Baxter 1997).

In contrast, development of a collaborative working alliance between the participant and the worker (conceptualised as a bond based on mutual liking, attachment and trust, plus agreement on session tasks and change goals), has been demonstrated to improve outcomes in various styles of intervention with various types of problem, although there is little research on working alliance in relation to domestic violence interventions, or interventions for court-ordered offenders generally (Murphy & Baxter 1997). Two recent studies have however explored the impact of collaborative

working alliance on outcomes in domestic violence group programmes. Taft et al (2003) found that working alliance as rated by group leaders significantly predicted lower levels of physical and psychological abuse reported by partners 6 months after the end of the programme. 90% of participants were court-referred. Positive working alliance significantly predicted higher rates of homework completion, which in turn predicted lower rates of reabuse. These effects were not attributable to attendance levels. Brown & O'Leary (2000) also found that independent observer ratings of the quality of working alliance established in the first session of a DV programme for voluntary attenders significantly predicted lower rates of psychological and physical aggression at the end of the programme, based on partner and self-reports. Quality of working alliance did not predict programme drop-out. These studies indicate that the ability of the worker to create a positive working relationship and to negotiate participants' acceptance of the programme goals and the tasks to be done in each session can influence outcomes by promoting motivation to change and engagement in active change efforts (Brown & O'Leary 2000, Taft et al 2003). Developing a collaborative working alliance may be particularly important with those who blame others for their aggression and show resistance to change (Taft et al 2003).

The quality of relationships and working alliances among programme participants may also affect their engagement with the programme. There has been little research to explore the effect of level of group cohesion on programme impact and subsequent reabuse rates for domestic violence programmes. One study which did explore these effects (Taft et al 2003) found that level of cohesion between group members, measured by participant assessments in the late stages of the programme, was significantly associated with lower rates of physical abuse measured by partner reports six months after the programme end. This effect was not attributable to level of attendance. However, factors contributing to the development of group cohesion were not explored.

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21.4. Matching perpetrators and interventions

Research findings showing only a limited impact for perpetrator programmes suggest that abusers are a diverse group who require appropriately tailored interventions if they are to reduce their abuse (Healey et al 1998, Cunningham et al 1998, Davis & Taylor 1999). Some evidence indicates that different types of intervention may be more effective for some types of abusers than others. Promising research directions include targeting varied treatments to specific subgroups such as different ethnic minorities, substance misusing perpetrators, those at different motivational stages, and those with different patterns of personality characteristics (Robertson 1999, Bennett & Williams 2001, Babcock et al 2004). However, attempts to develop typologies of abusers relevant to treatment have not progressed far, and have been criticised for being overly psychological (Robertson 1999). Perpetrator programmes could be made more effective by adding components that tackle issues salient for some perpetrators that are not sufficiently addressed by current models, or by combining them with other compatible interventions to meet particular needs, or by integrating other approaches such as psychodynamic and attachment perspectives with a cognitive behavioural model (Healey et al 1998, Cunningham et al 1998, Saunders 2001, Gondolf 2002, Babcock et al 2004,). Generally, approaches to offending behaviour reduction emphasise the value of linking interventions to the offender's risk, responsivity and criminogenic needs. This suggests a multi-dimensional approach to developing and planning domestic violence interventions that recognises and addresses the psychological, interpersonal, social, and cultural complexities of the problem (Cunningham et al 1998, Robertson 1999, Saunders 2001).

Alcohol abuse and depression

The high correlation between alcohol consumption and domestic violence indicates that where relevant, theoretically compatible substance abuse interventions should be provided in conjunction with domestic violence interventions (Cunningham et al 1998, Robertson 1999). Some men coming to programmes may be depressed due to their separation from partners and other relationship problems arising as a result of their abuse. They may require additional support or referral to manage this, particularly if they are also suicidal, as there is a risk of co-occurring homicidal thoughts. However, such support would be counterproductive if it drew attention away from the abusive behaviour that led to depression, and would therefore need careful integration with an intervention targeted at learning new respectful behaviour, as the ultimate key to a depression 'cure'. There is little or no evidence that external stress contributes to abuse, and invocation of stress as an excuse should be challenged (Tolman & Bennett 1990).

Motivational stage

More could be done to prepare, orient and motivate men to take full advantage of a perpetrator programme (Gondolf 2002). The transtheoretical model of change (Prochaska et al 1992) differentiates individuals into four sub-groups or stages: *precontemplation* includes those who deny the need to change *contemplation* includes those who intend to change but are not yet changing, *action* includes those engaged in change attempts, and *maintenance* includes those wanting to retain changes they have made. A trans-theoretical perspective assumes that the offender's motivational stage is more important for intervention effectiveness than any particular theoretical approach, and suggests that interventions should be tailored to match the offender's stage of change (Saunders & Hamill 2003). One study explored motivational stage of change as a predictor of outcomes at the end of a DV programme (Scott & Wolfe 2003). Men self-rated in the contemplation and action stages at the start of the programme showed substantially greater growth across a range of measures during the course of the programme compared to those in

the pre-contemplation stage. Changes included reductions in self and partner reported physically abusive behaviour. Partners of men in the action stage disclosed rates of revictimisation 50% lower than those in precontemplation and contemplation. Findings suggested that use of a motivational approach prior to core programme commencement would be of particular benefit for men in the precontemplation stage, and should focus on consciousness raising and environmental re-evaluation (Murphy & Baxter 1997, Scott & Wolfe 2003).

Different programme approaches and styles of intervention tend to make different assumptions about offenders' readiness to change. Some cognitive-behavioural programmes can tend to assume men are in the action stage. An integrated approach that combines a motivational perspective should assist participants to move through the stages of change by matched interventions with in-built motivational enhancements (Murphy & Baxter 1997). The process evaluation of the early stages of IDAP programme implementation highlights the difficulties associated with changing ingrained thoughts, beliefs and behaviours. Staff considered that more preliminary work was needed to address offender denial and non-internalisation of programme objectives, possibly by extending the programme to include more preparatory and motivational sessions. Case managers also identified training in motivating offenders to respond positively to a domestic violence programme as a significant unmet need (Bilby & Hatcher 2004). Gondolf also concludes that programmes may need to be longer, and perhaps more therapeutic if they are to affect underlying change resistance. However, he also points out that those most likely to benefit from a longer programme may also be those most likely to drop out (Gondolf 2002).

Integrating other approaches and intervention targets into perpetrator programmes

Trauma-based or insight approaches have generally been discouraged for fear they will provide excuses for violence. However Saunders (1996) found some types of perpetrators were more successfully held in a psychotherapeutic group and showed a greater reduction in reassault. Sex offender programmes and interventions have shown that it is possible to integrate a focus on victim safety, behavioural accountability, and cognitive-behavioural methods, with attention to the links between the offender's own experiences of trauma and victimisation and subsequent abusive behaviour. A similar approach could be adopted in longer domestic violence programmes (Saunders 2001).

Other targets for expanded domestic violence programmes could usefully include a greater focus on sexual abuse and nonphysical forms of abuse (Yllo 1999, Gondolf 2002). Although threats and verbal abuse decline over time, evidence from a range of studies suggests they remain at relatively high levels after a programme, even among those who have not physically reassaulted their partners, some of whom may increase their use of other forms of abuse as a replacement for physical violence, thus continuing emotional harm to women through fear, degradation and trauma. Programme curricula could do more to expose the dynamics of such abuse and practice avoidance and replacement behaviour (Gondolf 2002). Additionally, men separated from their partners could benefit from additional input on separation, loss, letting go, and stalking, whereas men living with their partners may need more assistance in avoiding conflicts and interrupting potential abuse (Gondolf 1999a).

Psychopathic offenders

Psychopathic offenders are often considered to be poor candidates for conventionally designed treatment programmes; either by dropping out or failing to learn. They usually fail to learn to inhibit behaviours leading to punishment, and are hypersensitive to rewards. They show particular cognitive and interpersonal deficits including problems appreciating the emotional significance of events or the meaning of their own behaviour, as well as difficulty in reflecting on and making use of feedback and altering inappropriate response patterns. However, they have shown some ability to learn in particular institutional contexts when punishing consequences are obvious from the beginning, and when engaged in a cognitive-behavioural programme that addresses their particular deficits, and uses techniques designed to appeal to their self-interest that illustrate how anti-social behaviour interferes with their ability to attain desired rewards. Provision of incentives can also be a way to encourage learning in this group of men, along with immediate positive feedback for successes. However, such an approach does not sit easily with a moral perspective on domestic violence or an overriding concern for victims (Huss & Langhinrichsen-Rohling 2000).

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21.5. Delivering risk-focused interventions

Screening and assessment

Evidence of a significant prevalence of domestic violence amongst the general offender population, particularly among those with a history of substance misuse, suggests that all offenders serving prison and community sentences should be screened for domestic violence and that all identified perpetrators should be screened for substance misuse, particularly alcohol and cocaine abuse (Healey et al 1998, Logan et al 2001a & 2001b, Mullender & Burton 2001a & b, Gondolf 2002, White et al 2002). The Canadian correctional service now screens all offenders for domestic violence, irrespective of index offence or previous convictions (Allegrì 2003).

Assessing the level of risk posed by domestic violence perpetrators, particularly those who have been convicted of abusing their partners should involve obtaining information from victims and attaching great weight to it. Evidence also indicates that victims' risk-related perceptions enhance the validity of professional assessments (Wiesz et al 2000, Heckert & Gondolf 2004, Lindsay & Brady 2002). The evaluation report on pilot domestic violence courts found that

on one site, (Leeds) it was probation policy to make contact with every domestic violence victim where a PSR was requested, and to seek their input. The evaluation commended this practice and recommended it be adopted nationally by the probation service (Cook et al 2004). Analyses of samples of police records in serious domestic violence and London DV homicides reviews highlight the need for thorough risk assessment, risk management and safety planning for victims, irrespective of whether or not the offender is prosecuted or convicted. (Richards 2003 & 2004).

Structured approaches to matching interventions to level of risk

As part of the development of the Duluth co-ordinated community approach (Pence & McDonnell 1999) various changes were made to probation policy to increase effective risk management in domestic violence cases. These included use of a sentencing recommendation matrix aligned to risk classification developed in consultation with an inter-agency network and with women's services. The matrix indicates additional interventions, conditions, restrictions or suspended custody sentences that should accompany a perpetrator programme, according to the level of risk.

The Canadian correctional service provides a comprehensive range of cognitive-behavioural family violence prevention programmes for male perpetrators (Allegri 2003). Irrespective of index offence, offenders identified as low risk by SARA are expected to attend family violence awareness programmes. Those assessed as moderate or high risk are respectively referred to moderate (60 hours over 5-13 weeks) or high (188 hours over 15 weeks) intensity family violence group treatment programmes, which also differ in the degree and duration of pre and post-treatment monitoring, and include additional individual counselling sessions (Johnson & Grant 1999, Allegri 2003). Participant's partners are offered support and safety-planning services. Routine supervision of domestic violence-prone offenders is expected to involve periodic private contacts with their partners to ensure their safety (Johnson & Grant 1999). Complementary follow-up maintenance programmes and pre-treatment primer programmes are also provided (Allegri 2003). 68% join these programmes whilst in custody and 32% in the community. Overall completion rates are reported at 76% for the high intensity programme and 80% for the moderate intensity programme (Allegri 2003).

Healey et al (1998) describe an approach employed in Colorado in which low risk abusers (i.e. those with no children and no prior victim reported history of any form of partner abuse) attend a programme in lieu of prosecution, those at medium risk attend a programme as a condition of probation and also have a volunteer assigned for close tracking, those at high risk and out of control are recommended for a prison sentence, and those at high risk due to chaotic, dysfunctional lifestyles and/or obsession with their victims, are supervised intensively by specialist probation officers with reduced caseloads, and are required to attend a specially designed long-term and intensive programme for high risk offenders which also assesses and addresses their personality disorders. Other interventions are also put in place to address individual risk-related factors such as substance abuse and child abuse. However, there are no published studies of the effectiveness of these arrangements.

Interventions with high risk offenders

Evidence indicating higher rates of repeated domestic violence among those with severe personality disorders, alcohol problems, and chronic and severe abuse histories suggests that offenders with these characteristics should receive more intensive, contained and longer term interventions. Whilst there is no strong evidence that longer programmes produce greater effects overall, they may be more effective in monitoring behaviour for longer period (Saunders 2001, Gondolf 2002). Some US programmes now place men on different programme tracks of different lengths based on risk assessment (Healey et al 1998). Many treatment programmes used for domestic violence cases are too short to resolve problems that are pervasive, multiple and chronic by themselves. Extensive periods of support, supervision and/or follow-up services may be required to sustain positive effects achieved by short-term interventions (Chalk 2000).

The substantial proportion of men who drop out and/or reassault soon after programme intake suggests more needs to be done to contain these men and protect their victims in the initial stages (Mullender & Burton 2001a, Gondolf 2002). This could include intensive programme sessions (e.g. 3 or 4 times a week, in the early stages), and more intensive support to victims in the initial months. High risk men can be more easily identified and managed if contact is maintained with their partners/ex-partners during and after programmes and other interventions, so that women's intuitive predictions and knowledge of the man's behaviour, including drinking levels, can contribute to risk monitoring and management plans. Women who face a significant risk of reabuse are also likely to be in greater need of assistance with safety planning (Gondolf 2002).

At least half those who reassault do so repeatedly and inflict serious harm and many seem unresponsive or resistant to perpetrator programmes. This high-risk group may be more responsive to residential or prison treatment programmes (Gondolf 2002). If they are to be managed in the community, high risk offenders who have perpetrated severe violence and/or had previous domestic violence arrests may need other interventions in addition to programmes, such as additional long term individual counselling/therapy, crisis counselling, drug/alcohol testing and treatment, medication, greater containment, heightened surveillance, electronic monitoring and intensive case management supervision. Enhanced interventions, particularly in the early months of their supervision, are needed so as to quickly identify and robustly respond to non-compliance (including reassaults), accelerate learning, and capitalise

on any initial motivation. Co-ordinated community and multi-agency systems similar to those used to manage sex offenders, are needed to manage domestic violence perpetrators (Gondolf 2002, Kropp 2002).

Richards (2003 & 2004) analyses of police files and domestic violence homicide reviews highlights significant deficiencies in the risk management of UK domestic violence perpetrators and the need for all high risk domestic violence cases that come to the attention of agencies to be managed under the MAPPA arrangements and have appropriate risk-related intervention plans, even if the offender is not prosecuted or convicted. Such plans should include a 'target hardening' approach, which involves increasing the risk-awareness of potential victims, whilst also providing them with additional support and protection, such as security measures and surveillance (Heckert & Gondolf 2004).

Further reassaults by known perpetrators should receive a swift and decisive response (Gondolf 2002). Involved agencies should ensure that the CPS, magistrates and judiciary are informed of current risk-assessments and the full case history, so that informed decisions can be made when considering bail applications (Richards 2003 & 2004). As part of the development of the Duluth programme, changes made to probation policy to increase effective risk management included a requirement for supervising officers to request a revocation hearing if an offender committed another assault on the victim, and a system for prioritising execution of warrants in high risk cases (Pence & McDonnell 1999).

Whilst proactive monitoring of high risk perpetrators is essential, it is rarely sufficient. In a review of the effectiveness of intensive supervision for high risk offenders (Sherman et al 1997) concludes that whilst community surveillance as a stand-alone intervention increases the probability of detection of further offences, it does not reduce their occurrence. The evidence indicates that rearrests are reduced when intensive community supervision is combined with additional programmes and treatments. Probation staff therefore need to develop resources for effectively supervising offenders who are not accepted by or currently suitable for perpetrator programmes (Healey et al 1998). In some cases this will involve requiring perpetrators to attend interventions to which they may initially be resistant. There is evidence, for example, that offenders coerced into substance abuse treatment by the criminal justice system do just as well as those who enter treatment voluntarily (Sherman et al 1997). Reduction in substance misuse may well reduce the frequency and severity of domestic violence and diminish denial and resistance to change (Leonard 2001, Bennett & Williams 2003).

Case management

Mullender & Burton (2001a) and Bilby & Hatcher (2004) highlight the critical role that probation case managers should play in managing risk, maintaining a focus on victim safety, and supporting effective implementation of perpetrator programmes by continuously underlining key messages and reinforcing learning during and after the programme. A rigorous approach to sentence enforcement is also required to strengthen programme effectiveness (Healey et al 1998, Mullender & Burton 2001a).

Specialist probation supervision for domestic violence perpetrators can also increase programme effectiveness (Healey et al 1998, Gondolf 2002). Dedicated, specialist probation units with reduced caseloads have been established in some US and Canadian states. Staff receive special domestic violence training to enhance their alertness to the risks and dynamics of abuse (Healey et al 1998). Development of specialist case manager roles in some UK probation areas has been associated with increased referrals to domestic violence programmes (Bilby & Hatcher 2004). In the US, specialist probation units provide thorough pre-sentence assessments which include drug and alcohol screening, and intensive supervision that involves rigorous compliance monitoring and checks on sobriety e.g. through urine testing, close co-ordination with perpetrator and substance abuse programmes, and close liaison with victims, victim advocates, social services and other community agencies. Provision for victim liaison is considered pivotal to effective supervision of all perpetrators and is not restricted to those attending programmes (Healey et al 1998).

In their case study analysis of the efficacy of a specialised domestic violence probation team in one part of New York State, Ames & Dunham (2002) highlight the advantages of a specialist team for developing an overriding victim safety perspective, combined with a system that allowed probation officers to administratively impose additional probation conditions on offenders (e.g. not to go to a certain place) in response to emerging risks, and that allowed them to 'bank' probation violations which they could then use as a risk reduction measure at critical points. Sometimes probation officers returned their supervisees to court for a series of violations at a time of increased risk, in circumstances where victims felt too frightened to pursue a prosecution for further abuse, or where other criminal justice system players were unable or unwilling to act. By petitioning the court for resentencing on a series of technical probation violations unrelated to the abuse, (which might separately have resulted in only minor penalties), they were able to secure short prison sentences. Through such strategic use of their powers they were able to protect victims by keeping them out of the prosecution, and getting the offender safely out of the way for a period, so that victims could make use of services and plan and organise a safer future.

A victim safety-centred approach

There is a strong international consensus that perpetrator programmes should be provided in the community only if there is adequate provision for the safety and security of women and children, including services such as advocacy, safety planning, support, education groups and safe housing. As well as giving priority to the safety and autonomy of abused women, these services can play a key role in ensuring the accountability of treatment programmes and the monitoring of abuser's behaviour (Robertson 1999, Mullender & Burton 2001a, Heckert & Gondolf 2004). Emphasis on perpetrator programmes as public safety programmes rather than as treatment, may ensure the focus is kept on victim safety, particularly as victims are more likely to stay with perpetrators if they are enrolled onto programmes (Gondolf 1988, Healey et al 1998). Domestic violence prevention and reduction is best achieved through provision of services to victims that empower women to separate from their abusers, take court action, or to take other effective action to end violence in their relationships (Tolman & Bennett 1990).

A continuum of support and protection for victims can be created through use of victim advocates at all stages of the criminal justice process including sentence implementation (Healey et al 1998, Mullender & Burton 2001a). Victim advocates are needed to make early contact with the victim, explain criminal justice procedures, gather evidence to assist prosecutors, provide support in court, assist victims with safety planning, and notify victims of case progress. Victim advocates attached to probation units are particularly important for monitoring the safety of women whose partners are subject to community supervision, whether or not they are attending perpetrator programmes. They can also assist probation officers to monitor compliance with sentence conditions. However, victim advocates attached to different agencies and other providers of services to abused women need to co-ordinate their efforts to ensure multiple referrals are not made and that seamless services are provided that offer continuity of contact and make sure that victims are not 'dumped' at the termination of a court case or supervision order (Healey et al 1998).

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21.6. Enhancing intervention systems

Improving the efficiency of the intervention system

Another approach to improving the effectiveness of interventions with domestic violence perpetrator programmes is to address broader factors in the intervention system that can be critical to programme success (Healey et al 1998). Interventions are more likely to be effective when they follow on swiftly from the precipitating event. Delays in case processing to trial and sentence can diminish momentum for change and increase pressure on victims (Healey et al 1998, Gondolf 2002).

Policies are needed to expedite probation contact and programme starts post-sentence (Healey et al 1998, Gondolf 2002). Delays between arrest, sentencing and programme enrolment, create the appearance of unconcern for domestic violence, limit potential deterrent effect, and may endanger the victim (Healey et al 1998). Prompt programme starts can also increase sentencer confidence in the intervention. In Calgary, early treatment programme starts (within one week of sentence) are linked to high (84%) rates of court dispositions in domestic violence cases that include a condition of attendance at a perpetrator treatment programme (Johnson & Au Coin 2003). Avoidance of delay can also reduce negative effects on victims. Gregory & Erez (2002) found that the period of greatest fear and apprehension for partners and ex-partners of men instructed to attend domestic violence programmes was in the waiting period between assessment and programme start, and in the early stages of the programme. Until they became engaged with the programme many men resented giving up their free time to attend and blamed women for the programme attendance requirement.

Compliance monitoring and a consistent rigorous approach to sentence enforcement are needed to bolster programme effectiveness, protect victims and capitalise on potential deterrent effects (Healey et al 1998, Mullender & Burton 2001a, Gondolf 2002). Delays requiring remedial action include responses to initial non-co-operation, and time taken to return the perpetrator to court and re-instruct programme attendance (Healey et al 1998). Periodic court reviews can strengthen compliance monitoring and expedite decisive responses to non-compliance (Gondolf 2002). Prompt enforcement of warrants issued for breaching supervision requirements and a forceful sentencing response are also necessary to give a message that violations are taken seriously (Healey et al 1998).

Staff selection, development, and support

Staff in many UK statutory agencies generally show limited knowledge, awareness and understanding about domestic violence, and themselves report frustration with the lack of available resources, training and guidance in responding to the problem (Beattie 1995, Dominy & Radford 1996). Inappropriate, poorly co-ordinated or clumsily executed interventions may exacerbate the situation and increase the risk to some victims (Brookman & Maguire 2003). If they are to avoid these failings, personnel across the criminal justice system require greater awareness of the risk markers for domestic violence, the dynamics of abusive relationships, the harm done to women and children, and the relative effectiveness of different interventions.

In particular there is a risk that without an informed understanding of victims' use of the criminal justice system as an *ongoing process*, through which they try negotiate their safety, criminal justice and other professionals working with domestic violence come to perceive the abused woman as partially responsible for the violence if she returns to an

abusive relationship or withdraws from a prosecution. This belief can serve to diminish professional effort, and prevent staff from recognising and addressing ineffectiveness in the systems they are operating, and thus contribute to women's difficulties in managing and exiting violent relationships (Dutton 1995d, Goodman et al 1999, Dobash & Dobash 2000). Greater awareness and sensitivity to the predicaments faced by abused women, and to the processes involved in ending violent relationships may assist those victims who are initially unwilling to proceed with arrest and prosecution to feel they can make use of available services when they need them in future (Goodman et al 1999, Dobash & Dobash 2000).

Other key competencies required for effective criminal justice responses to domestic violence include an ability to identify the primary aggressor in a fractious relationship, and an understanding of how post-traumatic stress might affect victim responses. For example, victims may feel safe to express their anger in the presence of police or other professionals, and may unwittingly give the impression of being perpetrators. Injuries inflicted in self-defence, such as scratches, may be more immediately apparent than serious bruising (Healey et al 1998, Johnson 2001). In addition, the dynamics of stalking and associated risks are often not well understood by criminal justice personnel. Responses to the high risk of this behaviour continuing are often ineffectual and do not make effective use of available legal controls or enforce them with sufficient rigor, suggesting a significant training need (Harris 2000, Melton 2000).

The IDAP process evaluation highlighted the need for all probation staff involved in assessment and delivery of interventions to domestic violence perpetrators to have an in-depth knowledge of domestic violence issues, and associated awareness of cultural and other diversity issues and how they might affect attitudes to domestic violence and responses to interventions (Bilby & Hatcher 2004). In particular, probation officers supervising men required to attend domestic violence programmes (and their managers) need a good understanding of the aims and content of the programme so as to reinforce and not undermine the process of re-education and change. Well-trained, motivated and supported probation staff are better able to enhance programme attendance and engagement, and to promote accountability to and safety of victims (Mullender & Burton 2001a).

In addition to provision of adequate training and guidance, care should be taken to appropriately select, supervise and support staff working with the perpetrators and victims of domestic violence. In their study of domestic violence screening by midwives Mezey et al (2000) found that many staff disclosed personal histories of domestic violence. Whilst some found their personal experience enhanced their capacity to perform their task empathetically and thoroughly, for others, asking questions about abuse and hearing the responses aroused painful recollections and triggered intense feelings of helplessness and inadequacy.

Findings from a survey for the World Health Organisation on delivery of perpetrator interventions (Rothman et al 2003) echoed some of the practitioner experiences and responses highlighted in probation studies (Morran 1995, Beattie 1995, Mederos et al 2000). Staff across the globe reported that working with men who abuse their partners was a profound, and sometimes heart-breaking experience, which came to affect their own views of relationships. Some spoke of how the dynamics of the abuser's power and control tactics could be re-played in a counselling relationship. Fear of the abuser's intimidation often led to denial and minimisation of his capacity for violence. The report highlights the need for special training to enable staff working with domestic violence perpetrators in all settings to learn and practice techniques for improving participation in programme/intervention sessions, holding offenders to account without alienating or humiliating them, honouring abuser's own experiences of oppression without colluding with them, and avoiding the transfer of their own emotions on to abusers or victims. Support and training in coping with the explicit and frequently horrific content of their work are also considered critical.

Co-ordinating the intervention system

Evidence suggests that the effectiveness of perpetrator programmes may depend on the extent to which they are integrated with other interventions (Robertson 1999). Programmes need to sit within a 'web of social control' to create a deterrent effect (Chalk & King 1998), and cannot reduce domestic violence without strong support from other criminal justice processes and agencies (Healey et al 1998, Gondolf 2002). Domestic violence interventions with perpetrators located within co-ordinated community responses which combine proactive arrest and prosecution, appropriate sentencing that treats domestic violence as a serious crime, specific court-ordered attendance requirements involving a range of co-ordinated interventions including substance abuse and mental health treatment, provision of victim services (including advocacy services), child welfare and protective services, good inter-agency collaboration and information sharing arrangements, ongoing risk assessment, strong supervision policies, offender tracking and surveillance systems designed to increase the chances of arrest and prosecution if further assaults occur, stronger court monitoring mechanisms, strict, and speedy and consistently implemented penalties for non-compliance and repeat offences that are made clear at the point of sentence, are more likely to be effective than free-standing programmes (Chalk & King 1998, Cunningham et al 1998, Healey et al 1998, Robertson 1999, Bennett & Williams 2001, Mullender & Burton 2001a, Gondolf 2002, Saunders & Hamill 2003). The most effective domestic violence prevention will occur in those communities with the strongest combination of co-ordinated accountable elements (Bennett & Williams 2001).

The combined impact of arrest, imprisonment, adjudication, and probation supervision with attached requirements, may send a stronger message to perpetrators about community disapproval and the unacceptability of domestic

violence than the teaching on a perpetrator programme, and may be more important than the specific content and process of the programme (Healey et al 1998, Robertson 1999). Whilst conventionally, attitude change is thought necessary before behaviour change can be achieved, some evidence suggests that if behaviour change can be accomplished and reinforced by external constraints, attitude change may follow (Cunningham et al 1998).

To maximise programme impact and facilitate robust, co-ordinated inter-agency responses, prosecution decisions and magistrates' and judges' adjudications on remands, bail conditions, sentencing and non-compliance need to reflect a determined, comprehensive approach to reducing domestic violence. Information for prosecutors and sentencers provided by relevant agencies should therefore encompass arrest and police call-out history, as well as previous convictions, substance abuse history, information on current and previous restraining orders and civil court orders, child welfare issues, involvement of child protection agencies, victim information and responses to previous domestic violence interventions (Healey et al 1998). Centralised domestic violence courts and associated professional specialisation across the system offer the potential for service delivery advantages such as better co-ordination of prosecution, sentencing, and supervision, speedier case processing, provision of on-site support services for victims and development of expertise amongst involved professionals (Healey et al 1998, Cook et al 2004). Closer co-ordination of perpetrator programmes, substance abuse treatment/programmes, specialised interventions to address other risk and responsivity-related issues such as homelessness and mental health, and child protection interventions is also critical to maximise victim safety and enhance prospects for programme completion. This applies both to inter-agency strategic planning and service development, and to intervention planning and service delivery for individuals (Healey et al 1998, Mullender & Burton 2001a).

Recent UK studies of criminal justice system performance in addressing domestic violence make a number of recommendations for improving responses and enhancing effectiveness. These include development of more multi-agency partnerships to support vulnerable victims, and to deal with chronic offenders (Hester et al 2003), a nationally funded victim advocates programme to support victims through the criminal justice system, improved evidence gathering, specially trained prosecutors, specialist domestic violence courts, improvements in the civil/criminal court interface, development of inter-agency information-sharing protocols and performance review meetings, specialist training on domestic violence for magistrates, awareness training for all criminal justice practitioners, improved risk assessment and management and greater attention to equality and diversity issues across the system. Increased availability and use of perpetrator programmes is also recommended but only if accompanied by close monitoring for compliance, and the multi-agency commitment necessary for speedy and effective enforcement (Cook et al 2004). In particular, a more systematic, strategic approach is needed to dealing with repeat offenders throughout the system (Hester et al 2003).

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21.7. Learning from preventable tragedies

Homicide/Fatality reviews

A significant proportion of US states now conduct fatality reviews of deaths resulting from domestic violence (including suicides). They aim to examine the events leading up to the death and the effectiveness of any domestic violence interventions, identify service-delivery gaps, improve preventative interventions, and make recommendations for co-ordinated community initiatives to reduce domestic violence. Such reviews can increase individual agency accountability, enhance co-ordinated inter-agency efforts, identify trends and uncover special needs, leading to system changes and tailored services (Websdale 2003). The government is proposing to establish a statutory basis for such reviews in the UK, although only homicides would be included (Home Office 2003a).

London homicide reviews

Domestic violence homicide reviews have been conducted in London by local multi-agency domestic violence fora since 2002. Findings and recommendations from these reviews are presented to a Pan London Strategic Murder Review Group, which mirrors the make-up of local fora. They decide on recommendations to take forward to individual agencies or the Home Office. Analysis of London domestic violence homicide reviews (Richards 2003) demonstrates that inter-agency co-operation, action planning and information-sharing is still not occurring across the board. Some agencies chose not to participate, citing confidentiality, i.e. 71% of GPs, 30% of housing agencies 31% of police child protection units and 23% of social services departments. Many review panels felt that some of these non-participants did have relevant information, and this was why they chose not to co-operate. Some relevant agencies were not invited to attend (e.g. probation service 70%, the CPS 83%, the police CPU 54%).

Analysis of a sample of cases reviewed indicated that signs of danger were usually present but had often gone unrecognised by agencies. There was a recorded or reported history of domestic violence in at least 3 in 4 cases, and in 9 in 10, escalation of violence occurred and was reported prior to the murder. One London homicide review alone generated 13 recommendations for health services as a result of early warning signs going undetected, or receiving an inadequate response. Other recommendations from these reviews have included: a register of local voluntary organisations involved in domestic violence to be maintained by the MAPPP, a 24 hour independent advocacy service for victims, charging offenders with separate offences against children when children witness domestic violence, a

common domestic violence risk assessment tool for use by all partner agencies, and a requirement that any accredited perpetrator programmes adhere to Respect's minimum standards (Richards 2003).

Washington DC fatality reviews- a similar story?

Findings from fatality reviews in the state of Washington DC (Hobart 2002) have informed a raft of recommendations, many of which have resonance and applicability for the UK. One common finding was that the victim's friends, family and neighbours knew about the abuse but did not know how best to support her and increase her safety. Hence it is recommended that domestic violence programmes and agencies should extend their safety planning and outreach services to include the victim's family, friends and neighbours, so that the victim's support networks are strengthened. This recommendation is echoed by the World Health Organisation report on violence and health (WHO 2002) which advocates that all domestic violence prevention programmes should place greater emphasis on building informal support networks for victims, enabling families, circles of friends, neighbours and workplaces to respond effectively to domestic violence.

Other key findings from the Washington reviews relate to weak, inconsistent or inappropriate criminal justice responses that reduced or did not contribute significantly to victim safety. Relevant recommendations for prosecution, sentencing, and intervention included: filing of harassment charges alongside assault charges so that courts can see a longer-standing pattern of abusive behaviour, requiring substance abuse programmes to screen for domestic violence, non-use of couple or family counselling in any form of intervention, a bar on sentencing to anger management programmes, avoidance of financial penalties for domestic violence where perpetrators and victims share the same finances, recognition that perpetrator treatment programmes are not appropriate in every case, and are only suitable when the violence is in the early stages and has not escalated to severe abuse, and when the abuser is amenable to treatment. Also recommended were child protection services that automatically assess for domestic violence and do not punish the non-abusing parent for being unable to control the abuser's actions. Key recommendations for the probation service were routine investigation of the offender's entire history of domestic violence and other violent crime including obtaining information on police-call outs, protection orders and victims accounts and perceptions together with commensurate allocation of the resources required to track this information down across jurisdictions, determination of supervision and monitoring frequency and intensity by reference to the offender's whole criminal history, and frequent post-sentence reviews by the court (Hobart 2002).

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21.8. Further research

Many gaps in the research literature have been identified during the course of this review. Much of the published evidence concerning domestic violence is North American in origin. There is a pressing need for more extensive UK research on the offender profiles, behaviour patterns and abuse trajectories associated with domestic violence perpetration to confidently determine the applicability of US findings and to calibrate risk assessment instruments, need profiles, and associated resource provision to a UK context. Policing, prosecution, sentencing and sentence implementation policies and practices also need fuller comparative investigation to identify positive, negative and interactive impacts on UK victims and perpetrators with greater precision. Replication of policy and practice initiatives that have demonstrated some success outside the UK should also be attempted. Experimental, rigorously designed research is also needed to develop and test a more extensive range of innovative, co-ordinated interventions with victims and perpetrators so as to increase the available repertoire of responses, and establish what works best, with whom, in what circumstances, and why. In particular, attention needs to be paid to meeting the challenges posed by intractable cases of chronic and injurious abuse of debilitated victims by change-resistant perpetrators who exhibit a range of dysfunctional behaviours and who are unsuitable or responsive to conventional interventions. Finally, research is also needed to determine how best to embed effective practices demonstrated by model projects within mainstream organisational routines, promote collaborative multi-agency endeavour, and equip staff to ensure a consistent, committed approach to identifying and working to reduce domestic violence.

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