BEYOND VIOLENCE

Breaking cycles of domestic abuse

A policy report for the Centre for Social Justice by
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July 2012

THE CENTRE FOR
SOCIAL
JUSTICE

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About the Centre for Social Justice

The Centre for Social Justice (CSJ) aims to put social justice at the heart of British society.

Our policy development is rooted in the wisdom of those working to tackle Britain's deepest social problems and the experience of those whose lives have been affected by poverty. Our Working Groups are non-partisan, comprising prominent academics, practitioners and policy makers who have expertise in the relevant fields. We consult nationally and internationally, especially with charities and social enterprises, who are the champions of the welfare society.

In addition to policy development, the CSJ has built an alliance of poverty fighting organisations that reverse social breakdown and transform communities.

We believe that the surest way the Government can reverse social breakdown and poverty is to enable such individuals, communities and voluntary groups to help themselves.

The CSJ was founded by Iain Duncan Smith in 2004, as the fulfilment of a promise made to Janice Dobbie, whose son had recently died from a drug overdose just after he was released from prison.

Managing Director: Christian Guy

Foreword

The scandal and tragedy of domestic abuse has been a recurring feature of social breakdown encountered by the Centre for Social Justice (CSJ) since our inception. Its prevalence and impact on children and families demand that it should be treated as a major family policy concern and, as such, we have become increasingly aware of the need to make it the focus of a comprehensive review.

The CSJ has written extensively on the importance of strong and stable families for the wellbeing of children, adults and wider society, and the need for a clear policy focus on the prevention of family breakdown. Defining this broadly, we have emphasised the poor outcomes that tend to result from separation and divorce, family dysfunction and father absence. In all of our work with community-based organisations fighting poverty on the frontline, we are reminded of the close association between family breakdown and other drivers of disadvantage – particularly drug and alcohol addiction, welfare dependency, educational failure and serious personal debt.

Alongside our emphasis on the fundamental importance of commitment and stability within families, we have always been conscious of the significant prevalence of domestic abuse and that the quality of relationships cannot be ignored. Some degree of conflict is unavoidable in any family unit but when a pattern sets in of tension erupting frequently into uncontrollable violence, the safety of vulnerable members becomes of paramount importance. Over two-thirds of victims of serious domestic abuse have children. This report makes clear the significant extent to which witnessing, or being aware that violence is taking place between their parents, can blight a child's life.

Similarly, couple relationships characterised by the coercive control of one partner by the other, can lead to the shrinking of victims' worlds, the crushing of their potential and a depth of trauma that can make it almost impossible even to care for their children. Even when a woman escapes from such a situation she will often need significant support to manage the emotional aftermath – and avoid becoming entangled in repetitive abusive relationships again. Studies suggest that around half of all women currently experiencing abuse have previously been in an abusive relationship, and that their children may find themselves going through this destructive cycle many times before they reach adulthood.

Our research found that children who become caught up in domestic abuse are at greater risk of suffering mental health, behavioural and educational problems than those whose

lives are free of it. They are also far more likely to go on to become either a victim or a perpetrator themselves. Breaking these cycles has to be a priority for national and local government and wider society. Ending the harm of domestic abuse to women and girls who are victims is, quite rightly, high on the Government's agenda. Ensuring the right support is given to minimise the ongoing effects to their children has received less policy attention.

Yet we are encouraged that the need to address the devastating long-term consequences for children of witnessing violence in their home is highlighted in the Government's recently published Social Justice Strategy. Given that domestic abuse is particularly prevalent in contexts of social breakdown, tackling this issue for the benefit of victims and children, and working effectively with perpetrators (who so frequently are fathers) should be a cross-departmental priority.

It has significant implications for example, for the Coalition's Troubled Families Unit, the social work reforms sponsored by the Department for Education, the Department of Health's efforts to improve access to and choice of psychological therapies and the Ministry of Justice's ambitions to deliver a rehabilitation revolution. Our report makes important recommendations for improving the response of these initiatives to domestic abuse and emphasises the need to ensure a focus on the family relationships that are at the heart of the problem.

Although resources are scarce we are convinced that more could be done within existing budgets to break cycles of domestic abuse. As in so many areas of social policy, early intervention is absolutely vital; prevention at the earliest stage through educative efforts in schools as well as identification before harm has escalated by an effective response in health services. The GP surgery and the hospital, not the police station, are where the majority of victims first come into contact with people who can help.

This report, like all our work, looks at the root causes of the problem of domestic abuse and provides solutions that are grounded in evidence rather than ideology. We avoid overly-simplistic narratives that ascribe all the blame for domestic abuse to a male desire to control and subjugate women. While power, control and patriarchy are explanatory factors in many contexts of domestic abuse, there are many others that are also significant, including poverty, substance misuse, psychological vulnerabilities rooted in people's past experiences and the dynamics that play out between two people in a relationship.

Perpetrators' responsibility is never underplayed in this broader understanding, and safety and the minimisation of harm remain overriding priorities. But taking the longer-term view of what will tackle the drivers of domestic abuse so that destructive cycles can be broken is also essential to serve these goals.

In publishing this report I would like to thank its authors, Dr Elly Farmer and Dr Samantha Callan, who have worked tirelessly to do justice to the many concerns raised throughout the consultation process. They have brought together their expertise in frontline clinical practice and wider social policy to produce a report that could change thousands of lives.

None of what is contained in the paper could have been possible without the wisdom, experience and time commitment of the many people, named in our List of Thanks, who tackle domestic abuse and its effects in the statutory, voluntary and private sectors. My particular thanks go to the CSJ's former Director, Gavin Poole, who commissioned this important piece of work. I am also grateful to the editorial team at the CSJ (Alex Burghart, Katie Newman and Harriet Crawford), who made a vital contribution in the final stages of the work. And although none of them can be named we are particularly grateful to the children and adults who shared their first-hand experience of domestic abuse. The value of such painfully gained insights is incalculable. For their sakes and for those who may follow with their own tragic story, I hope this review can trigger the transformational culture change so urgently needed in relation to this terribly destructive abuse.

Christian Guy
Managing Director, Centre for Social Justice

About the authors

Dr Elly Farmer

Dr Elly Farmer is a Clinical Psychologist who works part-time for the NSPCC, where she assesses and treats young people with sexually abusive behaviour, provides psychological consultation to the Child Exploitation and Online Protection Centre (CEOP) and has been a lead on the NSPCC's work on sexual bullying in schools. For the rest of the week Elly works therapeutically with adults with substance misuse problems, with a focus on the resolution of trauma, often relating to domestic abuse. Her work also includes writing and research – she has co-developed a therapy manual, and has written book chapters and articles on shame and anger; offending; substance misuse and trauma. She was a member of the CSJ's early years working group, whose work led to the CSJ report Next Generation.

Dr Samantha Callan

Dr Samantha Callan is recognised as a research and policy expert in the field of family relationships, early intervention and mental health. In this capacity she has chaired several working groups at the Centre for Social Justice on issues including family breakdown, family law, children's early years and, most recently, mental health. She is an honorary research fellow at Edinburgh University, a published academic and former Family and Society Policy adviser in the Conservative Policy Unit.

Executive summary

1. Introduction

This report argues that domestic abuse is a shocking and disturbingly prevalent hallmark of social breakdown – yet it exists inside every community. Very serious forms of domestic abuse are not uncommon in the UK: on average two women are killed every week by their partner or ex (in the year 2009/10, 94 women were killed and 21 men were killed by their partner or ex).[1,2] Domestic violence and abuse can also lead to fractured bones, extensive bruising, severe burns, chronic pain, stillbirths and suicide.

One in four women and one in seven men report being abused by their partner or ex; and one in four young adults lived with domestic abuse when they were children.[3,4] Domestic abuse accounts for approximately eight per cent of the total burden of disease in women aged between 18 and 44 years, and is a larger contributor to ill health than high blood pressure, smoking and weight.[5]

> 'So many of my friends don't bother with me now, they're fed up of helping me split up with my boyfriend only to go back to him again – I can understand why they're upset, he's broken apart our flat and beat me up so many times, but I can tell he wants to change, and you can't help who you love can you?'
>
> Woman in an abusive relationship who contributed to CSJ consultation process

1   In this report we use the term domestic abuse in the traditional sense, to refer to abuse in intimate partner relationships (current or ex), rather than abuse in other family relationships (sibling to sibling, or child to parent for example)
2   Smith K, Coleman K, Eder S and Hall P, *Home Office Statistical Bulletin: Homicides, Fireman Offences and Intimate Violence 2009/10, Supplementary Volume 2 to Crime in England and Wales 2009/10*, London: Home Office, 2010 [accessed via: www.homeoffice.gov.uk (04/07/12)]
3   Chaplin R, Flatley J and Smith K, *Home Office Statistical Bulletin: Crime in England and Wales 2010/11*, London: Home Office, 2011 [accessed via: www.homeoffice.gov.uk (04/07/12)]
4   Radford L et al, *Child Abuse and neglect in the UK today*, London: NSPCC, 2011a
5   Vos T et al, 'Measuring the impact of intimate partner violence on the health of women in Victoria, Australia', *Bulletin of the World Health Organisation*, 84, 2006, pp739–44

Even after the violence is over, victims are more likely to suffer from coronary heart disease, gastrointestinal problems, sexually transmitted infections and chronic pain.[6] Mental scars can lead to post-traumatic stress disorder (PTSD), depression, anxiety and substance misuse.[7] Less obvious but equally serious effects are isolation, lost opportunities and wasted potential. It impacts upon victims' employment, takes years off their lives and increases their vulnerability to further abuse.[8, 9] The cost of all forms of abuse is approximately £15.7 billion per year.[10]

Domestic abuse is one of the strongest risk factors for suicide attempts.[11]

Abuse ranges from physical violence used by both partners in a couple during conflict to a strategic pattern of control, torture and subjugation inflicted by one partner upon the other. Although abuse that conforms to a pattern of coercive control inflicts particular harm on victims, it is not clear whether controlling forms of violence have more of an impact upon children living in the household than violent fights between parents. Through its threat to their caregiver(s), all violence and abuse between parents profoundly threatens a child's sense of safety.

Research shows that living with domestic abuse between parents is as psychologically harmful to children as when they are direct victims of physical abuse themselves.[12]

Our findings, analysis and solutions are the result of in-depth examination of the research literature, consultation with people in the field of domestic abuse, work with adults and children who have suffered its impact, and original polling.

The report applies a comprehensive, relationship-based understanding of domestic abuse to find solutions that have radical potential to end the problem and its harms. We do not address forms of domestic abuse specific to ethnic, sexual orientation, age, immigrant or other groups. Nor is this an exhaustive review of existing good practice, although reference is made

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6   Campbell C and Haaken J, 'The school of hard knocks', The Psychologist, 24, 2011, pp512–15; Vives-Cases C, Ruiz-Cantero MT, Escribà-Agüir V and Miralles JJ, 'The effect of intimate partner violence and other forms of violence against women on health', Journal of Public Health, 33, 2010, pp15–21; Ellsberg M et al, 'Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study', Lancet, 371, 2008, pp1165–72

7   Bonomi A et al, 'Intimate partner violence and women's physical, mental and social functioning', American Journal of Preventive Medicine, 30, 2006, pp458–66; El-Bassel N, Gilbert L, Wu E, Go H and Hill J, 'Relationship between drug abuse and intimate partner violence: A longitudinal study among women receiving methadone', American Journal of Public Health, 95, 2005, pp465–70; Golding JM, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', Journal of Family Violence, 14, 1999, pp99–132; Testa M, Livingston JA and Leonard KE, 'Women's substance use and experiences of intimate partner violence: A longitudinal investigation among a community sample', Addictive Behaviors, 28, 2003, pp1649–64

8   Walby S, The Cost of Domestic Violence, London: Women & Equality Unit, UK Department of Trade and Industry, 2004

9   Krause ED, Kaltman S, Goodman LA and Dutton MA, 'Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study', Journal of Traumatic Stress, 21, 2008, pp83–90; Lindhorst T and Oxford M, 'The long-term effects of intimate partner violence on adolescent mothers' depressive symptoms', Social Science and Medicine, 66, 2008, pp1322–33

10   Walby S, The Cost of Domestic Violence, London: Women & Equality Unit, UK Department of Trade and Industry, 2004; Walby S, The Cost of Domestic Violence: Update 2009, Lancaster: Lancaster University, 2009

11   Devries K et al, 'Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women', Social Science and Medicine, 73, 2011, pp79–86

12   Kitzmann KM, Gaylord NK, Holt AR and Kenny ED, 'Child witnesses to domestic violence: A meta-analytic review', Journal of Consulting and Clinical Psychology, 71, 2003, pp339–52

to many such examples upon which our solutions are designed to build. For them to be most effective they need to be embedded within a wider, in-depth response to social disadvantage and family dysfunction.[13]

2. Breaking cycles of abuse

The clear message of this report is that the way we are tackling domestic abuse is failing to break abusive cycles in families:

- The impact on children of being a witness of domestic abuse tends to be underplayed but they are at risk of developing poor mental and physical health, failing at school and becoming a victim or perpetrator themselves, even if they are able to achieve safety;
- The parent who was the main target of the abuse may be unable to meet their children's emotional needs, because of the trauma they have experienced, and children are often left with significant and unresolved inner conflict. This contributes to the poor outcomes that too often characterise their lives;
- Acknowledging how tough it is to be a parent even once they or the abuser have left is not the same as criticising them. Help and support for parenting in families where abuse has taken place will only be available if the difficulties of providing loving care and attention are recognised in a non-blaming way;
- Similarly, victims are often unable to break free of the psychological drivers rooted in their own past experiences which can play some part in them becoming enmeshed in an abusive relationship in the first place and help explain an ambivalence towards the perpetrator;
- Programmes and other approaches to perpetrators tend to have a poor track record in addressing underlying motivators for abusive behaviour and thereby helping them to stop. Breaking cycles of violence and abuse is essential if perpetrators are not to take destructive patterns of behaviour into future relationships.

One reason why the therapeutic interventions victims and perpetrators need are not more widely available is because policy and practice currently, and almost exclusively, focus on the perceived male desire to control women, driven by patriarchal beliefs about identity and entitlement. Power, control and patriarchy are explanatory factors in many contexts of domestic abuse, but there are many others that are also significant, including poverty, substance misuse, psychological vulnerabilities rooted in people's past experiences (such as insecurity, jealousy, and dysfunctional ways of resolving conflict), and the dynamics that play out between two people in a relationship.

Therefore, as domestic abuse is about far more than power, control and patriarchy, effective solutions need to be drawn from a much fuller understanding of the problem. A common misconception prevails however, that acknowledging complex influences and relationship dynamics excuses perpetrators and moves the debate away from responsibility and choice.

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13   Centre for Social Justice, *Completing the Revolution: Transforming mental and health and tackling poverty*, London: Centre for Social Justice, October 2011 and Centre for Social Justice, *Making sense of Early Intervention*, London: Centre for Social Justice, July 2011

> Between one-half and two-thirds of those seeking help for substance misuse will be behaving abusively towards their partners and rates of domestic abuse are four to eight times higher than in demographically similar non-substance-dependent groups.[14]
>
> In 37 per cent of domestic violence incidents the perpetrator is perceived by the victim to be under the influence of alcohol, and in 19 per cent under the influence of drugs (with some overlap).[15]
>
> In a longitudinal study of men in treatment for domestic abuse, the likelihood of perpetrating domestic violence increased by eight times on a drinking day, and the likelihood of severe violence increased by 11 times.[16]

Holding perpetrators responsible and recognising key drivers to domestic abuse are not incompatible goals for policy and practice – our recommendations acknowledge the necessity of this both/and approach if victims' and children's needs are to be adequately addressed and recurring victimisation and perpetration prevented.

3. Relational dynamics between partners

Relationships are dynamic and interactive: both partners may exert some measure of influence over the abusive patterns that develop and continue to play out – although this is not at all the same as saying that both are responsible or to blame for the abuse. Men and women in abusive relationships describe the complex ways in which their feelings and actions interact with each other. Research shows, for example, that a man's aggression towards his partner may or may not continue over time depending on whom he is with, and on whether or not his partner is also aggressive.[17] Women's levels of depression can also have some bearing on men's violent behaviour, as well as being exacerbated by it.[18, 19]

> The blame for the abuse lies solely with the person perpetrating it; but taking into account the relationship between the two people is key to understanding it.

14   Murphy CM and Ting L, 'The effects of treatment for substance use problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behavior*, 15, 2010, pp325–33

15   Flatley J, Kershaw C, Smith K, Chaplin R and Moon D, *Home Office Statistical Bulletin: Crime in England and Wales 2009/10*, London: Home Office, 2011 [accessed via: www.homeoffice.gov.uk (26/06/12)]

16   Fals-Stewart W, 'The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study', *Journal of Consulting and Clinical Psychology*, 71, 2003, pp41–52

17   Capaldi DM, Shortt JW and Crosby L, 'Physical and psychological aggression in at- risk young couples: Stability and change in young adulthood' *Merrill-Palmer Quarterly*, 49, 2003, pp1–27

18   Borochowitz DY and Eisikovits Z, 'To love violently: Strategies for reconciling love and violence', *Violence against Women*, 8, 2002, pp476–94

19   Kim HK, Laurent, HK, Capaldi DM and Feingold A, 'Men's aggression toward women: A 10-year panel study', *Journal of Marriage and Family*, 70, 2008, pp1169–87

Looking at both partners in this way sheds greater light on the relationship, the lived experience of both partners and their own potential to bring about change. It is essential to bringing an end to domestic abuse – for example, by enabling therapists to help couples who want to develop non-abusive relationships following abuse more effectively.

4. The pronounced and negative effects of domestic abuse on children

Children often develop anxiety, depression and aggression as a consequence of living with domestic abuse. Approximately two-thirds of child witnesses show more emotional or behavioural problems than the average child.[20] Living with abuse also makes the rest of their lives much harder because of the way it affects their perceptions of themselves and other people. These shape their self-worth, identity, and ability to relate to others in child- and adulthood, making it much more difficult to succeed at school and develop friendships.

Although it is by no means inevitable, childhood exposure to domestic abuse is one of the most powerful predictors of becoming both a perpetrator and a victim of domestic abuse as an adult.[21] Living with domestic abuse:

- Makes it harder to learn skills for effectively expressing negative emotions and resolving conflict;
- Teaches that others tend to be untrustworthy; children may become hypersensitive to signs of abandonment and betrayal, and lash out with anger in an attempt to prevent these fears from being realised;
- Divides people into either victims or perpetrators so that young people forging their own identity feel restricted to these two choices with a knock-on effect on their behaviour;
- Creates feelings of insecurity and low self-worth; if maintaining a positive sense of themselves requires becoming heavily dependent on others this can be a factor in them remaining in relationships even if they turn abusive.

5. Preventing revictimisation

A high proportion of victims leaving abusive relationships are at risk of returning to their abusive partner or becoming involved with someone else who is also abusive.

- Between 40 and 56 per cent of women experiencing domestic abuse have had a previously abusive relationship;[22]

20   Kitzmann KM, Gaylord NK, Holt AR and Kenny ED, 'Child witnesses to domestic violence: A meta-analytic review', *Journal of Consulting and Clinical Psychology*, 71, 2003, pp339–52

21   Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H and Johnson JG, 'Intergenerational transmission of partner violence: A 20-year prospective study', *Journal of Consulting & Clinical Psychology*, 71, 2003, pp741–53

22   Alexander PC, 'Childhood trauma, attachment and abuse by multiple partners', *Psychological Trauma: Theory, Research, Practice and Policy*, 1, 2009, pp78–88; Kemp A, Green BL, Hovanitz C and Rawlings EI, 'Incidence and correlates of post-traumatic stress disorder in battered women', *Journal of Interpersonal Violence*, 10, 1995, pp43–55; Woffordt S, Mihalic DE and Menard S, 'Continuities in marital violence', *Journal of Family Violence*, 9, 1994, 195–225; Coolidge FL and Anderson LW, 'Personality profiles of women in multiple abusive relationships', *Journal of Family Violence*, 17, 1994, pp117–31

- In one study, 66 per cent of refuge residents had previously left and returned to their abusive partner; 97 per cent of these women had done so on multiple occasions.[23]

People return to an abusive partner for a wide range of reasons:

- Practical problems such as a lack of financial resources, social support and housing options;
- Fear of the separation triggering worse abuse;
- Feelings of love and dependency towards the perpetrator, often fuelled by insecurity and low self-worth which have spiralled within the relationship;
- Expectations of themselves or the relationship (for example, that they can rescue their partner) which may, paradoxically, increase their commitment to it the worse it becomes.[24]

The impact of domestically abusive relationships is cumulative; much of the harm associated with domestic abuse is due to multiple victimisations.[25]

'For the first time in my life I opened my eyes and really looked at patterns my relationships had followed and how I could change the future and take control of my life and my happiness.'

Survivor of domestic abuse who has been through the Pattern Changing Programme
(helps survivors address vulnerabilities to reduce the risk of further abuse)[26]

Again, recognising a victim's vulnerability to further abuse in no way equates to holding her or him responsible for it. Without understanding their complex feelings and fears, people might be tempted to blame victims for staying with or entering into new abusive relationships. Moreover, if ongoing (and accumulating) vulnerability is ignored, victims themselves are given little chance to understand and address it; support and help that engage with the deeper psychological forces at play is essential.

6. A broader understanding about domestic abuse should improve policy and practice

Over the past three decades, violence and abuse in couple relationships has turned from being seen as 'just a domestic' into a recognised social problem, with an appropriately uncompromising response. However, the prevalence and persistence of both domestic abuse and its harmful consequences suggest that efforts have been of questionable effectiveness. Our analysis suggests they have been hampered by three limiting perspectives.

23   Griffing S et al, 'Reasons for returning to abusive relationships: Effects of prior victimisation', *Journal of Family Violence*, 20, 2005, pp341–48
24   Few AL and Rosen KH, 'Victims of chronic dating violence: How women's vulnerabilities link to their decisions to stay', *Family Relations*, 54, 2005, pp265–79
25   Bogat GA, Levendosky AA, Theran S, Von Eye A and Davidson WS, 'Predicting the psychosocial effects of interpersonal partner violence (IPV): How much does a woman's history of IPV matter?', *Journal of Interpersonal Violence*, 18, 2003, pp1271–91; Coolidge FL and Anderson LW, 'Personality profiles of women in multiple abusive relationships', *Journal of Family Violence*, 17, 1994, pp117–31
26   McTiernan A and Taragon S, *Evaluation of Pattern Changing Courses,* Devon: ADVA Partnership, 2004

6.1 Power, control and patriarchy

Practice in the domestic abuse field views it as being primarily about men enacting violence against their female partners in order to control and dominate them. Men are seen as motivated to be violent against women because they have been socialised by patriarchal influences in society which teach them that they are superior to women and deserve to be in control. Women are seen as remaining in abusive relationships because the patriarchal order leaves them without the material resources and confidence to leave.

The logical response to the 'power and control' approach emphasises providing safety and resources for female victims fleeing abuse, a punitive response to male perpetrators via the criminal justice system, prevention campaigns aimed at challenging patriarchal attitudes, and treatment programmes that challenge and confront male perpetrators about the controlling and sexist motivators behind their behaviour.

The 'power, control and patriarchy' narrative that emerged through feminist thinking has helped to place domestic abuse firmly within social and political discussion. This, in turn, has led to the development of an uncompromising and robust response to domestic abuse that has gone a very long way to demolish any social legitimacy it ever had – a straightforward message is often initially necessary to get people listening and acting. The contribution of feminism to past and ongoing debates and action on this subject has been considerable and welcome in very many ways.

However, as movements move from the margins to the mainstream, they need to adapt to the complexities of the problems they are aiming to address.

Undue reliance on this simplistic model of domestic abuse means that:

- Little is done to help victims address vulnerabilities that place them at risk of future abuse;
- Perpetrator programmes have questionable effectiveness, with little attention to improvement and evaluation;
- Prevention campaigns primarily aim at challenging attitudes, rather than helping people learn how to avoid or step out of unhealthy relationship patterns;
- Little attention is paid to the needs and voices of people who are impacted by domestic abuse that does not fit the stereotypical pattern; they include male victims, female perpetrators, couples where the abuse is mutual, and couples with abusive relationships who want the abuse to end but the relationship to be sustained;
- Links between domestic abuse and both substance misuse and poverty are insufficiently addressed, despite the proven effectiveness of approaches which take both into account.

We argue that the structures and processes of government should prioritise support to strengthen family relationships and there should be a cross-government family strategy within which an expanded domestic abuse remit should sit. The current Violence Against Women and Girls (VAWG) strategy emphasises the gendered aspects of domestic abuse at the expense of others. Placing it within a government framework for families would enable

a more full understanding of domestic abuse to guide policy, ensuring a focus on the family relationships that are at the heart of the problem.

Yet we cannot ignore power, control and patriarchal influences in domestic abuse. These are important facets of some of its worst forms, and we recommend that the law take control and subjugation in domestic abuse *more* seriously than it currently does.

6.2 Limitations of the law and legal system

The criminal justice system (CJS) recognises more than at any point previously the seriousness of crimes within a domestic context, and this owes much to campaigners against violence against women. However, in most cases of domestic abuse, the aims of the CJS to deliver justice, punish and rehabilitate offenders, and protect the innocent, remain elusive.[27] Fundamentally the law and legal system were not designed with domestic abuse in mind and they still both misapply understandings of other sorts of crime to it.

As the law emphasises incidents, rather than patterns of behaviour, it fails to give adequate recognition to the serious wrongdoing inherent in strategic patterns of control and subjugation. Primary aspects of the *operation* of the CJS also work against achieving justice in cases involving complex intimate relationships – for example, adversarial processes and the clear distinction between victim and perpetrator, emphasis on victim testimony, and the high standard of proof required before there is an acknowledgement of wrongdoing.

There is a fundamental mismatch between a) the law's definitions of both wrongdoing and what is a useful, just response, and b) the realities of these in cases of domestic abuse. Hence profound changes to the law and alternative routes to justice are required.

6.3 Children's needs are not adequately prioritised and routinely go unmet

In most cases of domestic abuse, there are children involved.[28] Despite the growing evidence base of how they are impacted by domestic abuse, much of the practice of those working with families where it exists has not caught up. Thousands of children are being left at risk and/ or without help to deal with the burden of problems domestic abuse has placed upon them.[29]

Children need to be free of both current and future domestic abuse. Many need help in overcoming mental health consequences, such as post-traumatic stress, but also more subtle psychological difficulties that place them at risk of relationship problems and abuse in the future including unresolved emotions about their parents.

Acknowledging these needs focuses attention not only on children living in abusive homes but also on those who are at risk of doing so again in the future (for example, because their

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27   As stated in the Aims and Objectives section of www.cjsonline.gov.uk, (cited on http://www.crimeandjustice.org.uk/opus548.html (23/07/12)
28   Howath E, Stimpson L, Barran D and Robinson A, *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services,* London: The Henry Smith Charity, 2009
29   Radford L, Aitken R, Miller P, Ellis J, Roberts J and Firkic A, *Meeting the needs of children living with domestic violence in London*: Research Report, London: NSPCC and Refuge, 2011b

mother is revictimised), or suffering its psychological consequences. The best way to help these children recover and remain free of domestic abuse is by helping their parents to forge better relationships with the children themselves, new partners and (if this is at all possible) each other. Supportive relationships with their parents and other trusted adults can lessen the harm of domestic abuse.[30] Many children will also need therapeutic help.

We argue for a response to children's needs that recognises a) the importance of all family relationships to their wellbeing and b) their life trajectories beyond the immediate moment of risk. Too often this response is lacking because:

- Too sharp a focus on the needs of the victimised parent in victim services can deprioritise those of the child (for instance, difficult questions about the victimised parent's ability to keep children safe and meet their emotional needs are often not raised);
- There are few services for child protection workers to refer on to and too few resources to keep track of children who remain at risk even after leaving the immediate abusive situation;
- In some child services there is an inadequate awareness of the nature of harm caused to children from domestic abuse;
- Across services there is a lack of motivation and skill to engage with abusive fathers;
- Health services often miss opportunities to help victims and their children yet they play a particularly significant role; a large number of victims do not readily identify themselves as such and will only ever be seen professionally in this context. Health workers' ability to help them recognise abusive behaviour in their lives can be essential to help them and their children achieve safety and access support.

Children at risk from or suffering domestic abuse and its consequences need to be identified and supported early. And they need help that is co-ordinated, prioritises family relationships and is mindful of both long- as well as short-term impact. This approach has the potential to transform families and life stories, thereby doing much to prevent violence and abuse in the future.

7. Polling

Through our original polling conducted by YouGov in April 2011 (2,481 British adults) and May 2011 (2,234 British adults) we found that:

- 80 per cent said domestic abuse was not taken seriously enough in society;
- 82 per cent consider witnessing domestic abuse to be as harmful to children as being a direct victim of abuse themselves;
- 54 per cent say the main cause of domestic abuse is the perpetrator; another 25 per cent think it is the relationship between the perpetrator and the victim; less than one per cent think the main cause is the victim;

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30 Holt S, Buckley H and Whelan S, 'The impact of exposure to domestic violence on children and young people: A review of the literature', *Child Abuse & Neglect*, 32, 2008, pp797–810

- 62 per cent feel that we can only help perpetrators of domestic abuse to stop if we understand the individual reasons behind their behaviour;
- 73 per cent agreed that if we want to tackle domestic abuse we have to recognise that many perpetrators have themselves been victims of abuse;
- 90 per cent of those expressing an opinion think public money should be available to provide children affected by domestic abuse with counselling or therapy;
- 74 per cent of those expressing an opinion think it would be effective to provide more therapeutic help to couples whose relationship has involved abuse, but who now want to explore sorting it out and staying together;
- A quarter of those polled consider helping young people to develop healthy relationships to be the single most important action to prevent domestic abuse.

8. Recommendations

The rationale and evidence for each of our recommendations indicates that their implementation would lead to a dramatic reduction in domestic abuse and its deleterious effects on individuals, families and society, drawing substantial savings over the short- and long-term. A selection are outlined below.

8.1 Effectiveness at the heart of practice

To establish effectiveness as a key driving force in intervention, we recommend that:

- Where domestic abuse services have evidence of their cost-effectiveness, they and the services they benefit work towards creating payment-by-results commissioning frameworks, including using social impact bonds.
- All domestic abuse services put in place processes for routine evaluation. Local authority and other commissioners should work towards only funding services which are subject to evaluation and provide evidence of their effectiveness.
- Service user involvement in the design, practice and evaluation of domestic abuse services should be built into their contracts and budgets.

8.2 Prevention

To prevent domestic abuse before it ever begins, we recommend that:

- A core skill-based module focused on helping adolescents to build equal and non-abusive relationships is included within the curriculum (e.g. in PSHE, Citizenship or run during tutor group time) and is backed up by a supportive school culture and learning across other subjects.
- The Government, local authorities and other commissioners/funders (including agencies that benefit from local reductions in domestic violence) build on current relationship support through Couple and Relationship Education Programmes which have proven effectiveness in improving relationships in couples at risk of violence. Given the importance of family stability to children's outcomes, this should become an important aspect of

Troubled Families programmes. There is a strong role for voluntary and community organisations to play in delivering programmes in disadvantaged areas.

■ Couple Relationship Education (CRE) and therapy programmes for high-risk couples do not exclude couples who have experienced abuse in their relationship but want to explore staying together. Appropriate safeguards and selection criteria should be applied to minimise unethical and unhelpful practices. CRE programmes should only be offered if abuse more closely corresponds to 'situational couple violence' than coercive control.

8.3 Victims

To help victims escape abuse and recover from its consequences we recommend that:

■ Local commissioners fund the implementation of multi-agency meetings for high-risk victims (for example, implementing the IDVA and MARAC model as this has proven effectiveness and is evaluated on an on-going basis) to meet the needs of the local population.

■ NHS trusts and other relevant bodies mandate skill-based group training of at least one day for the health professional groups most likely to come into contact with victims of domestic abuse: midwives, health visitors, GPs and clinical staff in substance misuse, community mental health and emergency department services.

■ Services used by domestic abuse victims offer support that helps them avoid being revictimised and, by developing new beliefs and skills, enables them to move on from vulnerabilities such as low self-esteem and insecurity.

■ Reiterating the recommendation from our earlier report, the DH should explicitly propose to commissioners a pricing tariff for Any Qualified Provider (AQP) commissioning for talking therapy which allows for 'pure' Payment by Outcome contracts to be written for services which operate to standards of NHS safety, but supply therapies beyond NICE guidelines.

■ Local commissioners should specify that refuges model themselves along the principles of therapeutic communities with all refuge workers given training, both at the start of their work and at regular intervals, that enables them to understand the social and psychological influences on domestic abuse, its interpersonal dynamics and its impact upon victims and children.

8.4 Perpetrators

To bring more perpetrators to justice where warranted and help them to stop behaving abusively and develop positive relationships, we recommend that:

■ Only perpetrator programmes following key principles for effectiveness are commissioned such as programme flexibility to take account of perpetrators' individual drivers, motivations and behaviour patterns. This may lead to models having at least two 'streams' – one for perpetrators involved in strategic, controlling abuse and the other for those with more 'hot emotional' reasons behind their behaviour. Funding should be redirected from 'traditional' approaches towards these programmes and towards rigorous research into the outcomes of the Duluth, CBT and new models, so that effectiveness directs future commissioning practice.

- All community perpetrator programme providers develop, implement and evaluate social marketing campaigns designed to encourage perpetrators who have some motivation to change to access their treatments.
- Home Office and the NHS tender for a number of pilot perpetrator treatments embedded within substance misuse settings, along the lines of those we have described here to compare their effectiveness in reducing domestic abuse recidivism with existing community and probation-led programmes.
- Consideration be given to a new serious criminal offence whereby a prosecution can be brought on the basis of a 'course of conduct' in which a person has acted strategically to control, isolate, intimidate and/or degrade their victim.
- The Home Office and/or the Ministry of Justice should pilot a number of restorative justice programmes specific to domestic abuse in the UK (building on best practice in international RJ programmes for domestic abuse) to determine their effectiveness in bringing more offenders to justice, increasing victim satisfaction and sense of justice, reducing re-offending and reducing costs. In accordance with best practice guidance, we envisage RJ programmes to be unsuitable when abuse conforms to coercive controlling patterns.

8.5 Children

To ensure children's needs are at the forefront of a comprehensive response to domestic abuse we recommend that:

- The Social Work Reform Board's Professional Capabilities Framework should give specific attention to the knowledge and skills necessary for working with families with domestic abuse including: a) skills for working with domestically abusive fathers, b) skills for working with couples where violence is mutual, and c) knowledge about the ongoing risks of harm and psychological difficulty to children *after* they have left the domestically abusive home.
- Children who are living or have lived with domestic abuse should be provided with an offer of early help, whether or not they are displaying symptoms that merit a mental health diagnosis. We see a clear role for the new Early Intervention Foundation in identifying and informing the full range of local commissioners about best programmes and approaches for helping children identified at an early stage.
- All local authorities come together with statutory and voluntary agency partners to design and implement a system of integrated multi-agency working that proactively identifies at-risk children and responds to them and their families with a timely offer of help (for example, along the lines of the Partnership Triage Approach in the London Borough of Hackney).
- Both central government (for example the Department for Education) and local authorities should fund and evaluate pilot programmes aimed at building restorative mother-child and father-child relationships following domestic abuse in the home. Voluntary sector organisations and social enterprises with experience in supporting children following domestic abuse or maltreatment would likely play a significant role in developing and implementing these programmes.

chapter one
Domestic abuse – a pressing issue for policy makers, service commissioners and society

1.1 Introduction

Domestic abuse is a shocking and disturbingly prevalent hallmark of social breakdown – yet it exists inside every community.

> 'Domestic abuse is the single greatest cause of harm in contemporary society'
>
> John Sutherland, Chief Superintendent, New Scotland Yard and Camden Borough Commander

- One in four women and one in seven men report being abused by their partner;
- Two women each week (on average) are killed by their partner;
- An estimated 120,000 people each year are highly likely to be seriously harmed or killed by domestic abuse;[31] and
- Seventy per cent of these 'high risk' victims have children.[32]

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31 Co-ordinated Action Against Domestic Abuse, *Saving Lives, Saving Money: MARACs and high risk domestic abuse*, Bristol: CAADA, 2010
32 Howarth E, Stimpson L, Barran D and Robinson A, *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*, London: The Henry Smith Charity, 2009

The harm it causes to victims and children is significant and far-reaching; it includes physical injury, ill-health, miscarriage and psychological problems such as post-traumatic stress disorder and depression. It curtails freedom, crushes potential and destroys opportunity. Domestic abuse prevents men, women and children from having the emotionally satisfying relationships that we all need to achieve lasting wellbeing.

> 'Over time I came to believe what he said – that he always knew where I was and what I was doing… Even though I haven't seen him for seven years, I still can't shake that feeling off.'
>
> Woman whose abusive relationship of 16 years ended when her partner left her; she was too scared to leave herself[33]

Domestic abuse is an economic as well as a personal and social problem, and the costs involved are staggering. It costs the taxpayer almost £4 billion per year. When human and emotional costs and lost economic outputs are aggregated the cost to society climbs to £15.7 billion per year.[34]

The pioneering work of activists in the field has led to greater recognition of the problem over the past four decades. Despite economic cut-backs, the Government has pledged over £28 million to specialist services to combat violence against women and girls (VAWG), of which domestic abuse services constitute a large proportion.[35] As a nation we understand that domestic abuse has to be tackled; in polling for the CSJ, 80 per cent of adults felt that domestic abuse was not currently taken seriously enough in society.[36]

In this report we make the argument that for money, time and effort to be most effective in addressing domestic abuse, policy must be based on a comprehensive and nuanced understanding of the problem. Too often this is missing. Putting such understanding at the heart of policy formation is essential for the development of cost effective interventions to end abuse.

> 'I know I shouldn't put up with his violence, but you can't choose who you love, can you?'
>
> Woman in an abusive relationship

1.2 Key themes in a new approach to domestic abuse

There are some key threads, arising from research, practice and our consultation process, that run through this report. At times they contrast with mainstream opinion in the field, but we

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33   Quotes from people who have been impacted by domestic abuse have been modified and their sources at times concealed in order to maintain confidentiality

34   Walby S, *The Cost of Domestic Violence,* London: Women & Equality Unit, UK Department of Trade and Industry, 2004; Walby S, *The Cost of Domestic Violence: Update 2009,* Lancaster: Lancaster University, 2009

35   Home Office, *Call to End Violence Against Women and Girls: Strategic Overview,* London: Home Office, 2010; Home Office, *Call to End Violence Against Women and Girls: Action Plan,* London: Home Office, 2011

36   CSJ/YouGov Polling, April 2011

argue that these fresh perspectives are both grounded in the evidence and necessary to stop domestic abuse. Hence these themes, listed below, directly inform the principles behind the CSJ's recommendations.

■ *Domestic abuse is about more than power, control and patriarchy*

The male desire to control women, driven by patriarchal beliefs about entitlements and identity, helps us to understand some aspects of domestically abusive relationships. But a myriad of other psychosocial and cultural influences, and other dynamics, also have a significant impact. Our understanding of the problem and our ability to break cycles of domestic abuse is necessarily limited if we do not explore and appreciate these factors. They include insecurity and jealousy (often linked to childhood attachment difficulties); substance misuse; financial difficulties; learnt ways of resolving conflict; and dynamics that evolve between two people in a relationship. This wider perspective is helpful in thinking about all relationships where there is domestic abuse, including those that do not involve a clearly identified male perpetrator and female victim.

'Working with multiple paradigms is not only intellectually necessary given the complexity of abuse, but is itself a lynchpin of change.'[37]

'There is something quite vital – and respectful – in acknowledging this complexity, and the challenges we face in bringing about a more humane world.'[38]

■ *An understanding of individual influences and dynamics is essential and compatible with a focus on responsibility*

Acknowledging the complex influences and dynamics involved in domestic abuse in no way excuses perpetrators or moves the debate away from responsibility and choice. It is crucial, for the sake of victims and their families, that we break from this common misconception. Juxtaposing the issues in this way is unnecessary and counter-productive. Well-intentioned efforts to avoid absolving the person who abuses from responsibility for that abuse, can result in key drivers to domestic abuse going unrecognised in prevention and intervention efforts. Recognition of both wider influences and individual responsibility is critical to addressing the problem successfully. Working at the heart of this 'both, and' position might feel complicated, messy, and lacking the sense of there being a clear enemy camp, but it is where green shoots of new solutions can appear.

■ *The most harmful aspects of domestic abuse are arguably its psychological, rather than its physical, elements*

Physical violence is tangible: its frequency and scale are fairly easy to measure and its shocking visible effects demand attention. Thus it tends to be the focus for society, government and

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37 Virginia Golder, family therapist renowned for her work in the field of domestic abuse; Goldner, V, 'Morality and multiplicity: Perspectives on the treatment of violence in intimate life', *Journal of Marital and Family Therapy*, 25, 325–336, 1999

38 Janice Haaken, psychologist, feminist, activist and film-maker an interview about the challenges facing the domestic violence movement; Campbell C and Haaken J, 'The school of hard knocks', *The Psychologist*, 24, 2011, pp512–15

many of those working with couples and families where there is domestic abuse. But what about strategies and behaviours such as imposing isolation, stalking, making denigrating comments, subjecting partners to public and private humiliations, taking over all control of finances, social life and family matters, and forcing compliance with all these and other abuses through the *threat,* if not enactment, of violence? We have heard that the greatest suffering victims experience can be from these abusive acts, and the impact of physical violence has to be understood in terms of the part it plays in wider abusive strategies.

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Case study

Alfie told Sharon that he always knew her exact whereabouts. To prove this, he would covertly follow her and later mention things he had seen her doing. Gradually she came to believe him, and this together with his 'punishment' of her when he claimed she had broken one of his many rules and restrictions led her to monitor her behaviour to comply even when she could not see him. Her conforming behaviour continued for many years after the relationship ended.

His 'punishments' included locking her in the basement for half-days, depriving her of money but demanding she provide food for him, and beatings. He also taught her not to trust herself, moving, removing and replacing items in the home without her knowledge. He had the power to induce extreme fear in her simply by the merest glance, gesture or sign, each of which had significance. For example, a raised eyebrow indicated he felt she was behaving flirtatiously with others and he would punish her when they returned home. Through these and other strategies Alfie came to control Sharon from within her own mind.[39]

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Although policy makes passing reference to domestic violence involving psychological as well as physical elements, use of the term 'violence' means that psychological components are inevitably not the focus of attention, as violence typically means physical aggression. There needs to be a change of language and focus towards the central problem of *abuse,* implying a pattern of psychological coercion, so that the key dynamics are understood and addressed. Essentially, this will also provide a deeper social understanding that those who suffer abuse can draw on to validate and make sense of their experiences and feelings. Without it, victims who do not suffer severe physical violence may downplay or feel confused about the suffering and rights violations they are experiencing, further undermining their ability to respond assertively.[40]

■ *Domestic abuse profoundly impacts upon everyone in the family*
Domestic abuse can be deeply harmful for the children who live with it in their families. The effects on children are diverse; some are recognisable, such as depression, anxiety, aggression and nightmares, whereas others are more subtle, such as insecurity, self-blame, confused feelings about one's parents, untrusting attitudes towards other people more generally, and difficulties finding emotional equilibrium. Despite increasing recognition that children are affected by domestic abuse, many of those we consulted report that practice has not caught up.

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39   Case studies throughout are drawn from qualitative analyses of domestic abuse and from the first author's clinical experience with individuals and couples caught up in abuse. Quotes from the latter have been modified to conceal some personal details and sources withheld to maintain people's confidentiality
40   Stark E, *Coercive Control: How men entrap women in personal life,* Oxford: Oxford University Press, 2009

Situations in which children are living with domestic abuse are not taken as seriously as those in which they are the direct target (for example, when they are being physically abused). Children are often left living with abuse, or the risk of it re-occurring, with little thought given to their safety or recovery needs. This may be particularly true when they are living with domestic abuse that does not fit the stereotype of a male perpetrator physically attacking a female victim. Furthermore there is little appreciation of the diversity of ways in which harm may manifest itself beyond a child developing a mental health diagnosis.

In coercive control, a particular form of domestic abuse, perpetrators draw on any number of strategies to control and subjugate their victim. Common behaviours include:

- Stalking;
- Demanding regular 'check-ins' (for example, every ten minutes to report whereabouts and activities);
- Regulations on how the victim eats, drives etc;
- Forced sex, sexually degrading demands;
- Threats to children as a form of threat to the victim;
- Limiting access to employment and finances;
- Isolation, such as requiring the victim to stay at home and then gradually cutting off from friends and family;
- Spreading malicious lies about the victim;
- Unprovoked, seemingly random assaults, for example whilst the victim is asleep.[41]

While coercive control can contain severe physical violence, even when it is absent the threat is usually there to elicit compliance to the various demands and restrictions.

'I loved my ex-girlfriend, but she had a problem. She used to lose it, once she set fire to the house and another time she nearly strangled me. When we went to the hospital they thought it was me that started it.'

Man with learning disabilities who escaped an abusive relationship

1.3 Principles behind our solutions

The above themes feed directly into the principles that underpin our recommendations:

- *Find and implement the programmes that work*
  Too often programmes are founded on ideological principles rather than on what we know about what works. Effectiveness (and cost-effectiveness) must be at the heart of policy considerations.

  We believe that the voluntary sector, with its passion, creativity and eye for local solutions, is key to ending domestic abuse. For the power of this and other sectors to be harnessed,

41   Ibid

resources need to be focussed on robust methods of evaluation, with results feeding directly into service development and refinement.

This requires moving away from the current situation in which effectiveness is an optional extra to starting with what is likely to work (on the basis of evidence), measuring whether in fact it does, and using evaluation findings to both improve and commission services. This approach could provide stability for services that are providing effective solutions, and it is essential to achieving long-term success.

■ *Develop a preventative paradigm focussed on starting life with the right experiences and skills*
Few would argue against the truism that 'prevention is better than cure'. However in practice, when faced with the reality of a significant social problem, policy-makers tend to focus resources on late intervention i.e. picking up the pieces. It is hard to justify giving equal weight to the interests of potential victims as to those of victims whose suffering we can see and feel in the here-and-now, and yet we argue that this is vital for reducing domestic abuse over the long term.

Furthermore, too often primary and secondary domestic abuse prevention strategies focus narrowly on challenging inappropriate attitudes.[42] Attitudes play an important part in reinforcing violence, particularly at certain points in culture and history. However, evidence suggests the most potent contributors to domestic abuse in our society today are found in the relationships people have and are exposed to when they are young. A comprehensive prevention strategy should therefore include helping people to have positive relational experiences right from the start and supporting them in finding the skills for these.

■ *Keep relationships at the centre*
In many areas of social policy, people are treated as individuals, and the importance of interpersonal connections is lost; identity, health and wellbeing fundamentally depend on our relationships with one another. Domestic abuse is a problem with a relationship, and solutions lie within this and other relationships (for example with parents, children, relatives, friends and community members). Relationships have the ultimate power to harm but also to heal.

■ *Consider healing and restoration, where possible, as well as punishment and safety*
Current policy and practice is dominated by the important but insufficient goals of punishing perpetrators and ensuring safety for victims. This strategy, consistent with the dominant paradigm of power, control and patriarchy, typically ignores the possibility that people and relationships can change at a deep psychological level. Policy and practice should aim not only for the restoration of people who have been abused, but also for the rehabilitation of people who have abused and, if appropriate, transformation of the abusive relationships themselves.

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42   Primary and secondary prevention strategies focus on prevention before occurrence: primary prevention is aimed at the whole population, secondary prevention at vulnerable groups. Tertiary prevention refers to prevention of recurrence, and so is focussed on those groups who have already experienced the problem

■ *Find individualised and choice-based solutions*

As outlined in Chapter Two, domestic abuse characterises many different types of relationship. Perpetrators abuse for different reasons, victims stay for different reasons, sometimes there is a clear perpetrator and victim, sometimes there is not. There are some commonalities and patterns, but no one size that fits all. When we focus on difference and nuance, we are able to make space for individualised solutions, and provide a better match to people's needs and wishes.

■ *Enable people to make their own changes*

People move on when they develop and act on the belief that they can bring about lasting change to their own lives, and this applies to both perpetrators and victims. Services are most effective (and arguably most ethical) when they enhance and support this sense of personal power. Of course there are times when people are so incapacitated that it is necessary to make changes for them that they cannot make for themselves at that moment. But, to avoid entrenching someone in their difficulties, this must be a short-rather than long-term goal.

Supporting perpetrators in ending their abuse means believing they can change. Supporting victims in ending patterns of abuse in their lives requires recognising their power in relationships, not just that of their abusers. And, overall, helping to realise peoples' hopes for a better life means expanding and supporting their sense of themselves as more than a 'victim' or 'perpetrator'.

■ *Keep a focus on accountability*

All intervention efforts must first and foremost be accountable to those who have been most affected by domestic abuse: i.e. victims and children. This means, for example, that perpetrators are held responsible for their behaviour, that victims are never blamed for the abuse they suffer, and that victims and children have a voice in all interventions that affect them. This approach is entirely consistent with taking into account multiple influences and dynamics, and with treating perpetrators as worthwhile.

■ *Aim for the wellbeing for all parties*

In the domestic abuse field, as in many others, the interests of one party are too often pitted against those of another. We take the position that in domestic abuse usually everyone (victims, children, perpetrators, communities and society) is losing out in one away or another (albeit to differing degrees). The most ethical, useful and cost-effective solutions are those that directly aim to bring about positive change for all.

1.4 Structure and emphasis of the report

Chapter Two examines the problem of domestic abuse – how prevalent is it? What causes it, and makes it worse? What are its dynamics? How does it impact upon victims and children?

Chapter Three provides an overview of current and historical policy and practice in the domestic abuse field.

Chapters Four to Seven outline our recommendations to policy-makers, commissioners and practitioners for effectively preventing domestic abuse and addressing its impact.

The report does not aim to produce an exhaustive list of everything that might be done to tackle the problem of domestic abuse. We focus specifically on how a comprehensive understanding of it can lead to innovative and effective methods of intervention which build on the progress made by successive governments and statutory, voluntary and private sector organisations.

Our topic is domestic abuse as defined as abuse within couple relationships and we therefore make only passing reference to other forms of abuse within families. Neither does the report cover in any depth specific forms of domestic abuse which require specialist solutions, for example forced marriage, or domestic abuse in specific ethnic, sexuality, age, or immigrant status groups. Our recommendations aim to reduce the prevalence and impact of all forms of abuse, and we pay particular attention to services providing equal and accessible support. However, specific groups require further attention beyond the scope of this report.

chapter two
Understanding domestic abuse

2.1 Domestic abuse in the UK

The Home Office defines domestic violence as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members'.[43] Typically however, domestic violence is used to refer to violence between intimate partners, and it is this type of violence that our review focuses upon. We use the term *domestic abuse* rather than *domestic violence* to capture more accurately the range of behaviours involved (physical violence being only one of many, and often absent) and the dynamic to the problem. *Abuse* implies that the problem is ongoing, patterned and directional, whereas *violence* can also include single incidents of physical harm that are non-threatening and have little consequence.

2.1.1 Men, women and domestic abuse

Much current research, policy and practice revolves around the assumption that domestic abuse almost exclusively involves men abusing women. It is true that the majority of victims seeking help are women who have been abused by men. However, international research across general populations (in both the UK and US) has consistently found that surprisingly similar percentages of women and men use violence against their partner.[44] These findings have been criticised for being superficial, and hiding the different contexts and motivations behind male and female violence. Both men and women are thought to use violence in mutual couple arguments, but men are perceived as responsible for terrorising, controlling forms of abuse and women for using violence to defend themselves against this. However not all research supports this supposition; for example, several studies have found that men and

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43   Home Office, 'Domestic violence' [accessed via: http://www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/ (28/6/12)]

44   Straus M, 'Dominance and symmetry in partner violence by male and female university students in 32 nations', *Child and Youth Services Review*, 30, 2008, pp252–275

women report similar motivations for their violence, such as retribution, poor communication and expression of anger.[45]

Research does consistently find some gender asymmetries: women report more negative effects of domestic abuse (although this may be due to the fact that men are socialised not to admit as much fear or vulnerability), and men are certainly responsible for a greater proportion of serious violence (they are responsible for over four times as many murders of their former or current partners than women).[46]

Key statistics on domestic abuse in the UK

- One in four women and one in seven men report being abused by their partner;[47]
- One in five women are sexually assaulted by a family member; and
- One in five women and one in ten men are stalked by a family member;[48]
- In the year 2009/10, there were approximately 1.2 million female victims and 700,000 male victims of domestic abuse;[49]
- Men are the victims in approximately 27 per cent of domestic abuse incidents;[50]
- 24 per cent of victims of domestic violence experienced three or more incidents of abuse in the past year; this equates to approximately 1.5 per cent of the adult female population, and 0.7 per cent of the adult male population;[51]
- On average two women are killed every week in the UK by their partner or ex (in the year 2009/10, 94 women were killed and 21 men were killed by their partner or ex);[52]
- Both women and men aged between 16 and 24 are at highest risk for domestic abuse compared to older groups;[53]
- People with a long-term illness or disability are more likely to experience domestic abuse than those without these conditions;[54]
- Women who are separated are at the highest risk of domestic abuse.[55]

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45 Graham-Kevan N and Archer J, 'Investigating three explanations of women's relationship aggression', *Psychology of Women Quarterly,* 29, 2005, pp270–77; Langhinrichsen-Rohling J, 'Controversies involving gender and intimate partner violence in the United States', *Sex Roles,* 62, 2010a, pp179–93; Stuart GL, Moore TM, Coop Gordon K, Hellmuth J, Ramsey SE and Kahler CW, 'Reasons for intimate partner violence perpetration among arrested women', *Violence Against Women,* 12, 2006, pp609–21

46 Smith K, Coleman K, Eder S and Hall P, *Home Office Statistical Bulletin: Homicides, Fireman Offences and Intimate Violence 2009/10, Supplementary Volume 2 to Crime in England and Wales 2009/10,* London: Home Office, 2010 [accessed via: www.homeoffice.gov.uk (25/06/12)]

47 Chaplin R, Flatley J and Smith K, *Home Office Statistical Bulletin: Crime in England and Wales 2010/11,* London: Home Office, 2011 [accessed via: www.homeoffice.gov.uk (25/06/12)]

48 Ibid

49 Smith K, Coleman K, Eder S and Hall P, *Home Office Statistical Bulletin: Homicides, Fireman Offences and Intimate Violence 2009/10, Supplementary Volume 2 to Crime in England and Wales 2009/10,* London: Home Office, 2010 [accessed via: www.homeoffice.gov.uk (25/06/12)]

50 Home Office, *Call to end violence against women and girls: Strategic overview,* London: Home Office, 2010

51 Smith K, Coleman K, Eder S and Hall P, *Home Office Statistical Bulletin: Homicides, Fireman Offences and Intimate Violence 2009/10, Supplementary Volume 2 to Crime in England and Wales 2009/10,* London: Home Office, 2010 [accessed via: www.homeoffice.gov.uk (25/06/12)] p1

52 Ibid, p4

53 Ibid

54 Ibid

55 Ibid

In conclusion, although the vast majority of victims seeking help are women, the reasons behind this are complex. They are likely to include the stigma attached to men admitting victimisation and the tendency in society to avoid noticing and providing services for male victims. Male victims are unlikely to be a rarity but there do appear to be more women affected by forms of domestic abuse involving coercive control and severe sexual and physical abuse.[56]

The statistics in the box above are consistent with a wider body of research demonstrating that:

- A significant minority of domestic violence incidents form part of an abusive pattern;
- Women are more likely to be victims of domestic abuse, but male victims are not infrequent;
- Youth and disability are significant risk factors for being a victim of domestic abuse;
- Domestic violence is most likely to occur for female victims *after* they have separated from their partner.

2.2 The impact on children

In our polling, 82 per cent of adults feel that witnessing domestic abuse is as harmful to children as being a direct victim of abuse themselves.[57]

- In recent interviews of 1,761 young adults in the UK, 24 per cent report being exposed to domestic abuse during their childhood;[58]
- Six per cent of young adults report witnessing in childhood one parent being kicked, choked or beaten up by the parent's partner or ex;[59]
- 12 per cent of children under 11 report witnessing domestic abuse;[60]
- 70 per cent of high-risk victims of domestic abuse have children;[61]
- 94 per cent of domestic abuse children witness is from a male to a female parent or step-parent (3.6 per cent is reciprocal and 2.5 per cent is from a woman to a man);[62]
- A recent audit of 70 local authority child protection/children in need files where domestic violence was a feature found that in 41 per cent of cases the adult victim had been pregnant at the time of being abused;[63]
- Children and young people who are severely maltreated are 2.8 times more likely to witness family violence than those who are not.[64]

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56   Swan SC, Gambone LJ, Caldwell JE, Sullivan TP and Snow DL, 'A review of research on women's use of violence with male intimate partners', *Violence & Victims*, 23, 2008, pp301–13
57   CSJ/YouGov Polling, April 2011
58   Radford L et al, *Child Abuse and neglect in the UK today*, London: NSPCC, 2011a
59   Ibid
60   Ibid
61   Flach C, Leese M, Heron J, Evans J, Feder G, Sharp D and Howard L, 'Antenatal domestic violence, maternal mental health and subsequent child behaviour: a cohort study', *BJOG: An International Journal of Obstetrics & Gynaecology*, published online 22 June 2011
62   Ibid
63   Family Rights Group, *Working with risky fathers*, London: Family Rights Group, 2011
64   Ibid p11

Children are acutely aware of dynamics between their parents, often much more so than parents realise. Our parents' relationship is the only relationship in life that we are not directly part of yet have a primitive, emotional investment in. Domestic abuse presents children with both aggressive and victimised parents – and each of these falls short of the protective and emotionally available caregiver they need.

Emotionally, not only do children fear for their own safety (being caught in the cross-fire), but they also experience the fear of harm or loss of their victimised parent – an attack towards a child's caregiver can be more frightening for the child than a direct attack to themselves; if they lose their caregiver, they have no-one to protect them from harm.

Many children who live with domestic abuse are also physically abused. In some situations, child abuse may be 'tangential spouse abuse' with perpetrators using child abuse as an effective means of hurting their partner.[65]

Children who live with domestic abuse ('child witnesses') are more likely to experience a wide variety of mental health, social and educational problems than other children (differences that cannot be explained by other factors such as socioeconomic status and other forms of childhood abuse):

- Domestic violence may intensify in pregnancy and is associated with premature labour, low birth weight, foetal trauma, delayed prenatal care and child behavioural problems;[66]
- Children whose mothers experience domestic abuse in the child's first year of life have more difficult temperaments at age one;[67]

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65   Stark E, 'Re-presenting woman battering: From battered woman syndrome to coercive control', *Albany Law Review,* 58, 1995, pp973–1026

66   Jasinski JL, 'Pregnancy and domestic violence: A review of the literature', *Trauma, Violence and Abuse,* 5, 2004, pp47–64; Flach C, Leese M, Heron J, Evans J, Feder G, Sharp D and Howard L, 'Antenatal domestic violence, maternal mental health and subsequent child behaviour: a cohort study', *BJOG: An International Journal of Obstetrics and Gynaecology,* published online 22 June 2011

67   Burke JG, Lee, LC and O'Campo P, 'An exploration of maternal intimate partner violence experiences and infant general health and temperament', *Maternal and Child Health Journal,* 12, 2008, pp172–79

- Witnessing domestic abuse at any age of childhood is linked to depression, anxiety, post-traumatic stress disorder, aggression, antisocial behaviour, and academic difficulties throughout the course of childhood and adolescence;[68]

- It is also linked to depression, domestic abuse, child maltreatment and alcohol dependence in later adulthood;[69]

- The mental development of children exposed to domestic abuse during the first two years is particularly affected; they have IQ scores that are, on average, 7.25 points lower than those who were not exposed;[70]

- Approximately two-thirds (63 per cent) of child witnesses show more emotional or behavioural problems than the average child;[71]

- The psychological impact of living with domestic abuse is no smaller than the impact of being physically abused.[72]

Age and gender can affect how children respond to domestic violence. Exposure to domestic abuse in the preschool years may have a particularly damaging impact. Boys are more likely to display antisocial behaviour, while girls are more likely to become anxious, depressed and withdrawn.[73] As yet little is known about whether children are more seriously impacted by more severe forms of abuse, or more by one-sided abuse in comparison with mutual couple violence.

Despite this stark picture, not all children who witness domestic abuse go on to encounter difficulties – in particular, those with a secure attachment to their caregiver(s) or supportive relationships with their peers, siblings or trusted adults are amongst those most likely to escape relatively unscathed.[74]

Understanding why and how these negative effects emerge and can lead to further cycles of abuse is vital for understanding how to help children and future adults most effectively:

- Domestic abuse provokes high levels of negative emotions such as fear and shame in children which in turn can overwhelm the development of their emerging capacities for emotional regulation. This is also impeded by the absence of emotionally available adults

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68 Evans SE, Davies C and DiLillo D, 'Exposure to domestic violence: A meta-analysis of child and adolescent outcomes', *Aggression and Violent Behavior,* 13, 2008, pp131–40; Radford L et al, *Child Abuse and neglect in the UK today,* London: NSPCC, 2011a; Sousa C et al, 'Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence', *Journal of Interpersonal Violence,* 26, 2011, pp111–36; Sternberg KJ, Baradaran LP, Abbott CB, Lamb ME and Guterman E, 'Type of violence, age and gender differences in the effects of family violence on children's behavior problems: A mega-analysis', *Developmental Review,* 26, 2006, pp89–112; Thompson R and Whimper LA, 'Exposure to family violence and reading level of early adolescents', *Journal of Aggression, Maltreatment and Trauma,* 19, 2010, pp721–33

69 Roustit C, Renahy E, Guernec G, Lesieur S, Parizot I and Chauvin P, 'Exposure to interparental violence and psychoscial maladjustment in the adult life course: Advocacy for early prevention', Journal of Epidemiology and Community Health, 63, 2009, pp563–568; Smith CA, Elwyn LJ, Ireland TO and Thornberry TP, 'Impact of adolescent exposure to intimate partner violence on substance use in early adulthood', *Journal of Studies on Alcohol & Drugs,* 71, 2010, pp219–30

70 Measured using short forms of standard IQ tests: Bosquet Enlow M, Egeland B, Blood EA, et al, Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study, *Journal of Epidemiology and Community Health* 2012

71 Kitzmann KM, Gaylord NK, Holt AR and Kenny ED, 'Child witnesses to domestic violence: A meta-analytic review', *Journal of Consulting and Clinical Psychology,* 71, 2003, pp339–52

72 Ibid

73 Yates TM, Dodds MF, Sroufe A and Egeland B, 'Exposure to partner violence and child behavior problems: A prospective study controlling for child physical abuse and neglect, child cognitive ability, socioeconomic status and life stress', *Development and Psychopathology,* 15, 2003, pp199–218

74 Holt S, Buckley H and Whelan S, 'The impact of exposure to domestic violence on children and young people: A review of the literature', *Child Abuse & Neglect, 32,* 2008, pp797–810

who can help children understand and reflect on their feelings.[75] Children exposed to domestic abuse are less able than their peers to manage and reduce difficult emotions, without resorting to maladaptive strategies such as self-harm and aggression. Thus, such children may both have more intense negative emotions than other children and be less equipped to deal with them;

■ When a child (or indeed an adult) is terrified by events they experience yet have no psychological support to process their feelings, their memories of these events remain frozen in fear, not fully processed by the brain. They can intrude into consciousness without warning, giving children traumatic nightmares, flashbacks, and fresh feelings of fear and anger.[76] These in turn may become a source of shame for children, slow their academic development and facilitate their withdrawal from social groups; [77, 78]

■ Younger children may attempt to process their feelings by re-enacting the traumatic events in their play, or escape from them by entering into fantasy worlds.[79] In adolescence, escape from feelings, memories and day-to-day life more typically takes the form of substance misuse or risky behaviour.[80] Coping by avoidance can exacerbate trauma symptoms as memories are left unprocessed;[81]

75   Ibid
76   Lieberman AF, Van Horn P and Ghosh-Ippen C, 'Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence', *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 2005, pp1241–48; Evans SE, Davies C and DiLillo D, 'Exposure to domestic violence: A meta-analysis of child and adolescent outcomes', *Aggression and Violent Behavior*, 13, 2008, pp131–40; Vickerman K A and Margolin G, 'Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment', *Professional Psychology: Research and Practice*, 38, 2007, pp620–28
77   Thompson R and Whimper LA, 'Exposure to family violence and reading level of early adolescents', *Journal of Aggression, Maltreatment and Trauma*, 19, 2010, pp721–33
78   Vickerman KA and Margolin G, 'Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment', *Professional Psychology: Research and Practice*, 38, 2007, pp620–28
79   Hamblen J, 'PTSD in Children and Adolescents: Fact Sheet', National Center for Posttraumatic Stress Disorder [accessed via: http://www.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/Trauma/PTSD%20in%20Children%20and%20Adolescents%20-%20(National%20Center%20for%20PTSD.pdf (04/07/12)]
80   Lisak D and Miller PM, 'Childhood trauma, post-traumatic stress disorder, substance abuse, and violence', in P Ouimette and PJ Brown (eds), *Trauma and substance abuse: causes, consequences and treatment of comorbid disorders*, Washington, DC: American Psychological Association, 2003, pp73–88; Vickerman KA and Margolin G, 'Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment', *Professional Psychology: Research and Practice*, 38, 2007, pp620–28
81   Krause ED, Kaltman S, Goodman LA and Dutton MA, 'Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study', *Journal of Traumatic Stress*, 21, 2008, pp83–90

- Domestic abuse communicates to children that violence is normal, acceptable, and an effective way of expressing emotions or resolving conflict. If violence is used to meet these needs, children are less likely to learn social skills and more likely to turn instead to aggression;

- Domestic abuse also affects how children perceive themselves and understand the world around them. Children may end up blaming themselves (particularly if primary school age) and have very confusing understandings of their parents, particularly the perpetrator.[82] A worldview can develop in which people are predominantly aggressors or victims, and this can translate to a pervasive mistrust of others. On the other hand, the absence of a secure attachment with a caregiver can leave children and later adults with a deep sense of insecurity which they may seek to assuage through quickly forming intense relationships with others. And when forging their own identity, young people may perceive there to be only two roles to adopt: aggressor or victim.

2.3 Contributors to domestic abuse

2.3.1 An abusive or neglectful childhood

- Childhood exposure to domestic violence and child physical abuse are two of the most powerful predictors of both perpetrating and receiving domestic abuse as an adult;[83]

- In a longitudinal study, domestic violence between parents increased the likelihood of violence in their children's later relationships by 189 per cent;[84]

- Another longitudinal study found that 15 per cent of men who witnessed violence as a child perpetrated severe domestic violence (compared to eight per cent who did not), and 22 per cent of men who had been abused as children perpetrated severe domestic violence (compared to nine per cent who were not);[85]

- In a sample of 1,099 male perpetrators of domestic abuse, those who witnessed domestic violence as a child were more frequently violent;[86]

- Both physical and sexual abuse in childhood are strongly associated with becoming a victim of domestic violence in adulthood (when other contributory factors are controlled).[87]

Experiences of maltreatment and domestic abuse can give children a very poor start in life. Individuals entering adult life with poorly developed skills in regulating their emotions and communicating with others, intrusive memories of violence, and/or negative beliefs about themselves or others, are at risk of having difficulties as they become partners and parents.

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82   Peled E, 'Parenting by men who abuse women: Issues and dilemmas', *British Journal of Social Work,* 30, 2000, pp25–36

83   Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H and Johnson JG, 'Intergenerational transmission of partner violence: A 20-year prospective study', *Journal of Consulting & Clinical Psychology,* 71, 2003, pp741–53

84   McNeal C and Amato PR, 'Parents' marital violence: Long-term consequences for children', *Journal of Family Issues,* 19, 1998, pp123–39

85   Mihalic SW and Elliott D, 'A social learning model of marital violence', *Journal of Family Violence,* 12, 1997, pp21–47

86   Murrell A, Christoff KA and Henning KR, 'Characteristics of domestic violence offenders: Associations with childhood exposure to violence', *Journal of Family Violence,* 22, 2007, pp523–32

87   Coid J, Petruckevitch A, Feder G, Chung W-S, Richardson J and Moorey S, 'Relation between childhood sexual and physical abuse and risk of revictimisation in women: A cross-sectional survey', *Lancet,* 358, 2001, pp450–54

Attachment theory, first developed by John Bowlby, is one framework used to explain why people who have been maltreated in their childhood are at a greater risk of abuse in their adult intimate relationships.[88] At the beginning of life, we have basic needs for warmth, food, protection and nurture which we are dependent on our caregivers to fulfil. We learn over the first few years of life how our caregivers tend to meet these needs, and therefore how best to behave to get these needs met. A child with an emotionally available parent who responds consistently learns that they when they cry or protest, they will usually elicit desired responses, enabling them to relax and feel safe.

'When an individual is confident that an attachment figure will be available to him [sic] whenever he desires it, that person will be much less prone to either intense or chronic fear than will an individual who for any reason has no such confidence…'[89]

On the other hand, if the child's caregiver does not tend to respond or responds inconsistently or harshly, the child will feel anxious. This anxiety fuels the search for a different survival strategy, for example keeping quiet or protesting more and more loudly. Whatever the type of caregiver, the child learns from their relationship with them how they are perceived in the eyes of others and how others tend to behave; this then shapes how they see themselves and how they interpret the actions of those around them. For example, children treated as unlikeable may come to believe that they are, and those with inconsistent caregivers may come to believe that other people tend to be unreliable or insensitive.[90]

When individuals grow up unsure of their own self-worth, they may become heavily dependent on people they are close to, to provide a positive sense of themselves. This is a common dynamic for both parties in domestically abusive relationships.[91] If someone also expects others to be untrustworthy, they may be hypervigilant to signs of separation, abandonment and betrayal, and lash out with anger in an attempt to prevent these worst fears from occurring. And this also characterises much domestic violence. Domestically violent men experience more anger than other men, particularly in reaction to abandonment

88   Bowlby J, *Attachment and Loss: Volume I: Attachment,* New York: Basic Books, 1969; Bowlby J, *Attachment and Loss: Volume II: Separation,* New York: Basic Books, 1973

89   Bowlby J, *Attachment and Loss: Volume II: Separation,* New York: Basic Books, 1973, p235

90   Bowlby J, *Attachment and Loss: Volume II: Separation,* New York: Basic Books, 1973; Young JE, Klosko JS and Weishaar ME, *Schema Therapy: A Practitioner's Guide,* Cambridge: Cambridge University Press, 2003

91   Bornstein RF, 'The complex relationship between dependency and domestic violence: Converging psychological factors and social forces', *American Psychologist,* 61, 2006, pp595–606; Dutton DG, Saunders K, Starzomski A and Bartholomew K, 'Intimacy-anger and insecure attachment as precursors of abuse in intimate relationships', *Journal of Applied Social Psychology,* 24, 1994, pp1367–86; Few AL and Rosen KH, 'Victims of chronic dating violence: How women's vulnerabilities link to their decisions to stay', *Family Relations,* 54, 2005, pp265–79; Godbout N, Dutton DG, Lussier Y and Sabourin S, 'Early exposure to violence, domestic violence, attachment representations and marital adjustment', *Personal Relationships,* 16, 2009, 365–84; Hines DA, 'Borderline personality traits and intimate partner aggression: An international multisite, cross-gender analysis', *Psychology of Women Quarterly,* 32, 2008, pp290–302; Mauricio AM, Tein J-Y and Lopez FG, 'Borderline and antisocial personality scores as mediators between attachment and intimate partner violence', *Violence and Victims,* 22, 2007, pp139–157

scenarios, and they are more jealous.[92] In fact, jealousy seems to be the most frequent trigger for acts of domestic abuse.[93]

On the other hand, a need for approval and validation from others can also lead individuals to hold on desperately to others who are abusing them, feeling they are not worthy of better and that they will feel more valued in this relationship than if they are alone.[94]

Attachment patterns are just one of the routes from childhood maltreatment to domestic abuse in adulthood, and show how deep emotional reasons underlie our behaviour in intimate relationships. Other routes include the development and application of beliefs about the effectiveness and acceptability of violence, and about the roles of men and women in relationships.

> 73 per cent of adults think that if we want to tackle domestic abuse we have to recognise that many perpetrators have themselves been victims of abuse.[95]

Although being abused in childhood makes abuse in adulthood more likely, it is by no means inevitable. Forming strong connections with family and friends, creating psychological distance from one's family of origin and acknowledging anger towards the abusive parent are just some of the ways people step out of the 'cycle of violence'.[96]

2.3.2 Cultural influences

Cross-cultural comparative studies indicate that domestic abuse is more prevalent in societies where violence is commonly viewed as an acceptable means to settle conflicts, and where men have higher status than women.[97] These attitudes have an impact upon all sorts of things in society, such as the laws against violence in couple relationships, how the police treat perpetrators and victims, and how much power women are able to exercise. When female victims are seen as deserving of abuse, taught to accept violence and not given the support to escape it, domestic abuse escalates. Certain subcultures within a larger society may be more prone to these attitudes and practices. The more equal men and women are in society, the less domestic abuse there is, but during periods where there is a transition in gender relations women may be at increased risk.[98]

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92   Dutton DG and Browning JJ, 'Power struggles and intimacy anxieties as causative factors in intimate relationships' in GW Russell (ed), *Violence in Intimate Relationships,* Costa Mesa, California: PMA Publishing, 1988, pp163–75; Wilkinson DL and Hammerschlag SJ, 'Situational determinants in intimate partner violence', *Aggression and Violent Behavior,* 10, 2005, pp333–61

93   Dobash RE and Dobash R, 'The nature and antecedents of violent events', *British Journal of Criminology,* 24, 1984, pp269–88

94   Few AL and Rosen KH, 'Victims of chronic dating violence: How women's vulnerabilities link to their decisions to stay', *Family Relations,* 54, 2005, pp265–79

95   CSJ/YouGov polling, April 2011

96   Delsol C and Margolin G, 'The role of family-of-origin violence in men's marital violence perpetration', *Clinical Psychology Review,* 24, 2004, pp99–122

97   Levinson D, *Violence in cross-cultural perspective,* Newbury Park: Sage publications, 1989

98   Jewkes R, 'Intimate partner violence: Causes and prevention', *Lancet, 359,* 2002, pp1423–29

In the UK, feminism and the domestic violence movement have helped to dramatically improve the status of women in society and in relationships, and have contributed to the growing awareness and intolerance of violence towards women. However, there still exists a significant minority who view violence from male to female partners as acceptable.[99] Media that glamourises and normalises violence towards women is likely to play a part in these attitudes persisting. Parental attitudes also influence the degree to which young people accept and use violence.[100] In sum, domestic abuse is still not adequately challenged in some families and subsections of society. This was recognised to some extent in our polling, which also revealed that many see a role for the wider community in being part of the solution.

Eight per cent of adults view society as the main cause of domestic abuse in the UK today.

85 per cent of adults expressing an opinion think that small local groups of supportive community members should be established by the voluntary sector for victims of domestic abuse to receive support as they seek to rebuild their lives.[101]

2.3.3 Poverty

The most consistent sociodemographic factor associated with domestic abuse is poverty: both personal poverty and the poverty of one's neighbourhood.[102] Poverty heightens the likelihood of conflicts about finances which in turn can trigger aggression. It can also prove threatening to male identity because, in many cultures including our own, lack of money is associated with lack of male power. When men are denied power through social status, some seek to find it in violence, control and denigration of women. Thus, while violence exerts power and control, many who use it feel the least powerful in society.

Poverty is also linked to social isolation; this can facilitate and compound domestic abuse by cutting off couples from non-violent social norms and expectations. Additionally, perpetrators have less opportunity to occupy socially respected positions (for example, in employment or sport) that could help them forge a non-violent identity. Lack of social support, alongside few financial resources, can make it nearly impossible for victims to escape. This is particularly the case for people without recourse to public funds, for instance those who have come to the UK on a student visa, temporary work visa or spousal visa.

99   Roberts B 'Shocking poll reveals one in five women accepts violence from men', *Daily Mirror newspaper,* 2009, March 9; NSPCC, *Teen abuse survey of Great Britain,* London: NSPCC, 2005

100 American Academy of Pediatrics, *Fight or flight: violent teens may be following parents' lead*, Press release, 2012, 29 April [http://www.eurekalert.org/pub_releases/2012-04/aaop-fof042012.php accessed 10/05/2012]

101 CSJ/YouGov polling, April 2011 and May 2011 respectively

102 Benson ML, Fox GL, DeMaris A and Van Wyk J, 'Neighborhood disadvantage, individual economic distress and violence against women in intimate relationships', *Journal of Quantitative Criminology,* 19, 2003, pp207–35

2.3.4 Alcohol and drugs

- In 37 per cent of domestic violence incidents the perpetrator is perceived by the victim to be under the influence of alcohol, and in 19 per cent under the influence of drugs (with some overlap);[103]
- In a study of 336 offenders on probation for domestic abuse offences, 73 per cent reported being under the influence of alcohol prior to the offence, and 49 per cent had a history of alcohol abuse;[104]
- In a longitudinal diary study of men in treatment for domestic abuse, the likelihood of perpetrating domestic violence increased by eight times on a drinking day, and the likelihood of *severe* violence increased by 11 times;[105]
- Alcohol and drug abuse is also prevalent in victims of domestic abuse, for example one meta-analysis found that 19 per cent of victims on average abused alcohol and nine per cent abused drugs.[106]

People are more likely to be abusive after drinking because alcohol disrupts higher order mental capacities – it impairs social and problem solving skills as well as the ability to control emotions (thereby lowering inhibitions).[107] Cocaine is likely to work in a similar fashion. However, it is also the case that the link between alcohol and violence is socially learnt, and so people may use alcohol in order to give themselves an excuse to act violently and because they expect less social disapproval from others when they do so.

2.4 Dynamics in abusive relationships

> The blame for the abuse lies solely with the person perpetrating it; but taking into account the relationship between the two people is key to understanding it.

Typically, the individuals in domestic abuse have been thought about separately, yet they are a couple in dynamic relationship with one another. Moreover the focus is usually on the perpetrator – he is characterised as a man intent on exerting control over his victim, whilst her experience and ability to exercise control within the relationship are ignored.

However, research exploring violence and relationships over time suggests that an individualistic conception of domestic abuse leads to only a partial understanding of it. For

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103 Flatley J, Kershaw C, Smith K, Chaplin R and Moon D, *Home Office Statistical Bulletin: Crime in England and Wales 2009/10*, London: Home Office, 2011 [accessed via: www.homeoffice.gov.uk (25/06/12)]

104 Gilchrist E, et al, *Domestic violence offenders: Characteristics and offending related needs: Home Office Research Findings, no. 217,* London: Home Office, 2003

105 Fals-Stewart W, 'The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study', *Journal of Consulting and Clinical Psychology,* 71, 2003, pp41–52

106 Golding JM, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence,* 14, 1999, pp99–132

107 Pihil RO and Hoaken PNS, 'Biological bases of addiction and aggression in close relationships', in Wekerle C and Wall A-M (eds), *The Violence and Addiction Equation,* New York: Brunner Routledge, 2002, pp215–24

example, studies have found that whether or not a man's aggression towards his partner continues over time depends on which partner he is with, and that, on average, a man's use of aggression in a relationship is predicted just as well by his partner's use of aggression as by his own.[108] Similarly, women's levels of depression also predict men's use of violence.[109] Complementing these findings are the voices of men and women in abusive relationships who speak of the complex ways in which their feelings and actions entwine and interlink.[110]

The emerging picture is that abuse is created and maintained by the perpetrator(s) acting in interaction with the victim. In other words, the actions, beliefs and emotions of the perpetrator interact with those of the victim to create maintaining spirals of abuse. The case studies presented here illustrate some of the many common spirals.

> 54 per cent of adults think that the main cause of domestic abuse is the perpetrator, yet another 25 per cent think that it is the relationship between the perpetrator and the victim.[111]

This dynamic perspective has been neglected, largely because it has been erroneously equated with holding the victim responsible for the abuse; the blame for abuse lies solely with the person perpetrating it. But denying the fact that others, in particular victims, interact with perpetrators and have an impact upon them, is not only inaccurate but compounds victims' sense of powerlessness and negates the reality of their lived experience. Moreover, without an understanding of relational dynamics, victims who do not leave the person abusing them despite a lack of barriers preventing them from doing so, could be seen as partially responsible for their abuse. So, paradoxically, ignoring reciprocal dynamics in abusive relationships, rather than protecting the victim from being blamed, can lead to situations in which this is far more likely.

2.4.1 Different types of abusive relationship

The case studies throughout this report do not represent the full range of domestically abusive relationships but do illustrate some of their diversity. Simplifying this diversity into categories can be vital for planning nuanced research and interventions. Indeed, many social scientists now consider that it is no longer scientifically or ethically acceptable to refer to domestic violence without making the type of partner violence clear.[112]

One influential distinction is between four types of relationship violence: coercive controlling violence, violent resistance, situational couple violence, and separation-instigated violence,

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108 Capaldi DM, Shortt JW and Crosby L, 'Physical and psychological aggression in at-risk young couples: Stability and change in young adulthood' *Merrill-Palmer Quarterly,* 49, 2003, pp1–27

109 Kim HK, Laurent, HK, Capaldi DM and Feingold A, 'Men's aggression toward women: A 10-year panel study', *Journal of Marriage and Family,* 70, 2008, pp1169–87

110 Borochowitz DY and Eisikovits Z, 'To love violently: Strategies for reconciling love and violence', *Violence against Women,* 8, 2002, pp476–94

111 CSJ/YouGov polling, April 2011

112 Johnson, MP, 'Apples and oranges in child custody disputes: Intimate terrorism vs. situational couple violence', *Journal of Child Custody, 2,* 43–52, 2005a

with the majority of research and our commentary below focussed on the distinction between coercive control and situational couple violence. [113, 114]

Coercive control involves one partner subjugating the other through a variety of strategies (see Case study below for an example).

Case study: Narcissism, power and the loss of hope

Clifford is a narcissist – he sees himself as intelligent, attractive and worthy of lots of attention. In fact, he requires constant attention from others to feel good about himself, so perhaps this positive image of himself hides a deeper sense of insecurity. He sees in Roxanne perfect wife material: she is self-effacing and seems to look up to him. As their relationship develops, Clifford begins to put her down, in private and in front of their friends, and at home he loses his temper when she has not predicted and met his every need. This behaviour gives him an underlying sense of satisfaction, he senses how much power he has over her and this boosts his ego. He searches out views in his friends and society that endorse his behaviour – women are meant to be good house wives, they are less intelligent than men and violence is a good way to discipline them.

Roxanne has come across these messages in her upbringing, and perceives violence to be an inevitable part of her life. She withdraws into herself in an attempt to protect herself from Clifford: although she is obedient to his demands as this might prevent some of his put-downs and attacks, she withholds all of her emotions from him. Clifford treats Roxanne's withdrawal as a challenge – getting a reaction from her when she is so emotionally detached will make him feel even more powerful. And so he engages in more and more cruel and inhumane denigration of Roxanne as she seeks solace further and further inside herself.

It is difficult for Roxanne to think beyond protecting herself from Clifford's abusive strategies, and he has lied to her about so many things that she has started to question her sanity. Somehow she plans an escape, as she is at breaking point.

Clifford comes home one day to find she has left him; this threat to his ego and power is unprecedented and he must do all he can to re-assert himself. Bringing Roxanne back after she has left him will mean he is as resourceful and in control as he thinks he deserves to be. Clifford finds her, brings her home and rapes her in a cold and violent manner to teach her that she cannot escape from him. When she cries he feels good that he has got this power over her. Clifford goes on to develop more extensive strategies of coercion and control, to further boost his ego and reduce the threat that she might escape from him.

Clifford uses physical violence less and less because it feels much more effective to play mind games (for example making Roxanne feel that he is always watching her), set up detailed, ever-evolving rules that she must follow to avoid consequences, surprise her with the threat of a weapon just when she thinks she is alone, lock her in a cupboard, and other such strategies of control.

Any hope Roxanne had that she could escape from Clifford has disappeared, she no longer trusts in her ability to bring about any sort of positive change for herself. Life has become focussed on survival, and this means finding some sort of space anywhere, inside herself or her home, where Clifford does not have control.

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113 Kelly JB and Johnson MP, 'Differentiation among types of intimate partner violence: Research update and implications for interventions', *Family Court Review,* 46, 2008, pp476–499

114 This has been previously termed 'Intimate Partner Terrorism' but has been renamed in light of Evan Stark's seminal work on its structure and strategies (Stark E, *Coercive Control: How men entrap women in personal life,* Oxford: Oxford University Press, 2009)

These strategies attempt to deprive the victim of autonomy, freedom, and dignity and place the perpetrator in a position of absolute power over her or him. Strategies include depriving the victim of money, making requests that gradually become more and more unreasonable (such as requests about not going out, not seeing friends, or checking levels of cleanliness around the house), locking the victim up and making threats of harm to any children involved. Research suggests that many victims seeking help from refuges do so because they have experienced this form of abuse (see box below).

In a UK study of 500 victims seeking help from the charity Refuge:[115]

- 27 per cent had been raped often or all the time;
- 60 per cent had been beaten in their sleep;
- Ten per cent had been tied up.

Of the perpetrators:

- 60 per cent threatened to have the children taken away;
- 36 per cent threatened to hurt the children;
- 82 per cent threatened to destroy things their victim cared about;
- 38 per cent stopped their victim getting necessary medical treatment;
- 35 per cent threatened to kill or hurt themselves to get their victim to obey;
- Over 90 per cent monitored their victim's time;
- 93 per cent ordered their victim around and 96 per cent called them names;
- Over a third forbade their victim from working;
- 79 per cent limited their victim's access to money.

The vast majority of victims had experienced ten or more of the tactics at least once.

'The most common way people give up their power is by thinking they don't have any.'

Alice Walker

We have a particular duty towards victims of coercive control. In straightforward terms, although they may walk past us in the street, they are living the lives of tortured prisoners – yet without the public outrage. Their minds and lives are wasted as they focus all their resources on survival, and yet this goal is in no way assured – significant numbers are killed every year or commit suicide, and thousands of others end their lives as ghosts of their former selves.

On the other hand, situational couple violence typically involves less of a power imbalance between partners, rather it more commonly arises in the context of arguments between the couple often because one or both are struggling to control their emotions (see Case

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115 Rees A, Agnew-Davies R and Barkham M, *Outcomes for women escaping domestic violence at Refuge*, Paper presented at Society for Psychotherapy Research Annual Conference (Edinburgh, 2006) cited by Stark E, *Coercive Control: How men entrap women in personal life*, Oxford: Oxford University Press, 2009; R Agnew-Davies personal communication of raw data tables to E Stark, June 2 2006, and cited in Stark E, *Coercive Control: How men entrap women in personal life*, Oxford: Oxford University Press, 2009

study below). Michael Johnson who first proposed these distinctions argues, along with many others, that situational couple violence involves approximately equal numbers of male and female perpetrators, whereas coercive control is typically carried out by men towards women (see section 2.1.1 for further discussion of gender differences).

Case study: Negotiating conflict, seeking love

Trish has learnt few skills growing up about how to manage her emotions and resolve conflicts. When she starts a relationship with Max, they get on well but both find it hard to express their feelings towards one another. In their first major disagreement, Trish feels a massive sense of injustice and frustration that Max does not understand her perspective, and she expresses this through calling him names and hitting him.

Max's anger at Trish increases as a result of her violence and put-downs – how dare she disrespect him like this? Because she is using violence, he thinks that it doesn't matter if he hits back, believing that his violence will show her that he is just as angry as she is. The fight escalates, each person's anger, violence and feelings of disrespect fuelling the other's. As it goes on, their energy diminishes, but there is no resolution in sight, and so it ends with Max angrily walking out.

The next day they see one another and the disagreement feels insignificant, they want to be on good terms again and so avoid the argument, and 'make up' through sexual intimacy. Although the violence and put-downs hurt them, they both perceive the fight as somehow bringing them closer together. Without the skills to avoid a further fight, and by learning that violence helps them connect in a way they don't seem able to achieve the rest of the time, it is not long before violence has become a habitual part of their relationship.

As time goes on the initial spark between them fades somewhat – being hurt and hurting one another diminishes their view of both one another and themselves. This leads to a state of affairs where one or both of them seek disagreement in order to trigger intensity between them again. They never discover other ways of resolving conflict and feeling emotionally close beyond the fight and the make-up period, and they are left with both a feeling of powerlessness and a sense of insecurity about how the other person feels about them. As their child Ben grows up, he feels scared at how his parents behave towards one another in fights – he is scared about what one of them might do to the other, and scared about what life holds for him living with their seeming hatred of one another.

'I can provoke violence so he will know I exist.'

Woman in an abusive relationship[116]

The far-reaching effects of coercive control can make it more harmful to victims than other forms of domestic abuse but lesser forms of abuse cannot be treated as insignificant. We do not yet know whether living with situational couple violence compared to coercive control is less harmful to children.[117] Although a victim understands the different motives behind the perpetrator's violence, these may be less apparent to children watching or listening in other

116 Borochowitz DY and Eisikovits Z, 'To love violently: Strategies for reconciling love and violence', *Violence against Women*, 8, 2002, pp476–94

117 Langhinrichsen-Rohling J, 'Controversies involving gender and intimate partner violence: Response to commentators', *Sex Roles*, 62, 2010b, pp221–25

rooms, and all violence between their parents represents a threat to their protection and care. Additionally, situational couple violence is more common and so the harm it does (for example, to mental health) adds up to a significant burden on society.[118]

Identifying and understanding the main types of domestic abuse is essential so that a one-size-fits-all approach is not applied to very different types of relationship when designing and implementing policies. But it is also important that categories do not become the focus of inappropriate generalisations. Categories themselves each encompass a diversity of abusive patterns, and they are on a continuum with one another. For example, situational couple violence may or may not include controlling elements, jealousy and insecurity, and/or serious physical violence. Our policy approach is to use categories when this aids understanding, but to make space for individual stories and dynamics wherever possible (see principles behind our recommendations outlined in Chapter One).

Not insignificant in explaining why abusive relationships are maintained are the material and psychological reasons underlying victims' decisions to stay, and these are examined next.

2.4.2 Why do victims stay in (or return to) abusive relationships?

Some feminist scholars and advocates say that this is an inappropriate question to ask, arguing that the focus should instead be placed fully on the perpetrator and his behaviour. However, examining the reasons why victims remain with perpetrators often requires looking at perpetrators' behaviour rather than ignoring it. It is only by understanding the complexities of leaving and staying for victims that they can be effectively supported to move on and forge mutually satisfying relationships.[119]

Clearly, there can be many practical barriers stopping victims leaving an abusive relationship, including lack of financial resources, social support and housing options. Lack of knowledge and communication skills are particularly significant for some groups, such as people who have immigrated or those with learning difficulties. In the most controlling forms of domestic abuse, resources that a victim needs to leave have been systematically eroded by the abuser.

Psychologically, people suffering domestic abuse are afraid of what their partner will do if they leave, for example, will he track me down and kill me or the children, will he kill himself, will he spread rumours or send sexual images of me?[120] These fears typically follow threats the abuser has made, or actions after previous attempts to leave. Violence typically gets worse after the couple have separated (particularly in relationships which involve frequent splitting and reuniting[121]) and so it is often a realistic appraisal by the victim that it is safer in the

118 Kelly JB and Johnson MP, 'Differentiation among types of intimate partner violence: Research update and implications for interventions', *Family Court Review*, 46, 2008, pp476–499

119 Langhinrichsen-Rohling J, 'Controversies involving gender and intimate partner violence: Response to commentators', *Sex Roles*, 62, 2010b, pp221–25

120 If a person has a naked or sexual image of their ex or current partner, this can be used as 'currency' to abuse them, by sending or threatening to send it to others via text ('sexting') or other technology. This is particularly common in abusive relationships among young people

121 Bell ME, Goodman LA and Dutton MA, 'The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at the end of a year', *Journal of Family Violence*, 22, 2007, pp413–28

short-term to remain in the relationship. There are also very real fears about the wellbeing of any children involved, and uncertainties about the future ahead.[122]

Less visible motivators to stay include feelings of love, dependency and attachment towards the perpetrator. These are often fuelled by the victim's insecurity and low self-worth which have spiralled within the relationship. Additionally, victims may have expectations of themselves or the relationship (for example, that they can rescue their partner, or that their relationship is their only hope for having children) which may increase their commitment to it the worse it becomes.[123]

Case study: Self-worth, jealousy and violence that achieves results

Keith has grown up feeling deep down like he is not worth much and that if he could have a relationship with a woman who admires him maybe he would feel better about himself. But he feels scared that if she got really close to him, she might find out how inadequate he really is and leave him. In the initial stages of his relationship with Cherry, they get on well together, but as time goes on and they become close, Keith starts to feel more and more fearful she will get *too* close, find him inferior and then leave him.

He starts being violent towards her, as a way of keeping her at a safe distance, and also to try and prevent her from leaving him – he is hypervigilant to any signs she might be withdrawing from him and his angry violence is particularly forceful when he senses this might be happening. As time goes on he becomes more and more convinced she will leave him, as deep down he becomes more and more aware of how his violent behaviour has made him an inadequate partner.

Cherry is scared of what Keith might do if she does leave him, he has threatened to kill himself and she feels that she loves him too much to risk this consequence – she would hold herself responsible for his suicide. She also grew up not seeing herself as worth much and deep down feels that Keith is as good enough a partner as she could expect to find – he is attractive, kind when he is not violent and maybe his violence is a sign of how much he loves her – if he didn't love her, why would he care so passionately about her commitment to him?

But the violence scares her, seems to come out of the blue and with a rage she has never seen before – and she wishes it would stop. She believes that if she strives to be the perfect girlfriend and proves to him daily that she only wants to be with him, he will come to trust her and relax. These thoughts make her feel more in control. However, the more compliant Cherry is and the more she restricts her social activities to prove to Keith her commitment to him, the worse his violence seems to get. On a subconscious level, Keith is learning that his aggression gets results – Cherry not only stays with him, but is ever more committed.

So although Keith feels remorseful after an episode of violence, and promises to Cherry that it definitely will not happen again, both can be certain that it will – the apology changes nothing in their emotional world where violence is becoming more and more a part of life.

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122 Johnson H and Hotton T, 'Losing control: Homicide risk in estranged and intact intimate relationships', *Homicide Studies,* 7, 2003, pp58–84; Sev'er A, 'Recent or imminent separation and intimate violence against women: A conceptual overview and some Canadian examples', *Violence Against Women,* 3, 1997, pp566–89

123 Few AL and Rosen KH, 'Victims of chronic dating violence: How women's vulnerabilities link to their decisions to stay', *Family Relations,* 54, 2005, pp265–79

'After we make up and talk, yes, I feel, he's so… he's sorry and tries to get closer and caress and get closer and I feel that he loves me more. We feel the love coming back.'

Woman in an abusive relationship[124]

2.5 The impact on victims

- Domestic abuse accounts for approximately eight per cent of the total burden of disease in women aged between 18 and 44 years, and is a larger contributor to ill health than high blood pressure, smoking, and weight;[125]
- Gynaecological problems are the most widespread and persistent physical effect of domestic abuse towards women (e.g. vaginal bleeding, pelvic pain);[126]
- Head, face, neck, breasts and abdomen are the most common targets of physical injury;[127]
- Approximately 48 per cent of female victims suffer depression and 64 per cent suffer post-traumatic stress disorder (PTSD; characterised by flashbacks, anxiety, nightmares and dissociation);[128]
- Domestic abuse is one of the strongest risk factors for suicide attempts.[129]

The research literature documents the pervasive, persistent and profoundly harmful effects of domestic abuse on its victims. The experience of domestic abuse is acutely painful – emotionally, and often physically – and severely restricts freedom and opportunity. Even after it is over, victims are more likely to suffer a variety of physical health problems such as chronic pain, coronary heart disease, gastrointestinal problems, sexually transmitted infections including HIV, and unintended pregnancy.[130] Mental health consequences include PTSD, depression, anxiety and substance misuse.[131] It impacts upon victims' employment and takes years off their lives (not only because it can involve murder and manslaughter, but also more commonly via its impact on physical and mental health and suicidality).[132] Domestic abuse can also increase victims' vulnerability to further abuse, and the harms of each abusive

124 Ibid
125 Vos T et al, 'Measuring the impact of intimate partner violence on the health of women in Victoria, Australia', *Bulletin of the World Health Organisation,* 84, 2006, pp739–44
126 Campbell C and Haaken J, 'The school of hard knocks', *The Psychologist,* 24, 2011, pp512–15
127 Jasinski JL, 'Pregnancy and domestic violence: A review of the literature', *Trauma, Violence and Abuse,* 5, 2004, pp47–64
128 Golding JM, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence,* 14, 1999, pp99–132
129 Devries K et al, 'Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women', *Social Science and Medicine,* 73, 2011, pp79–86
130 Campbell JC, 'Health consequences of intimate partner violence', *Lancet,* 359, 2002, pp1331–36; Vives-Cases C, Ruiz-Cantero MT, Escribà-Agüir V and Miralles JJ, 'The effect of intimate partner violence and other forms of violence against women on health', *Journal of Public Health,* 33, 2010, pp15–21; Ellsberg M et al 'Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study', *Lancet,* 371, 2008, pp1165–72
131 Bonomi A et al, 'Intimate partner violence and women's physical, mental and social functioning', *American Journal of Preventive Medicine,* 30, 2006, pp458–66; El-Bassel N, Gilbert L, Wu E, Go H and Hill J, 'Relationship between drug abuse and intimate partner violence: A longitudinal study among women receiving methadone', *American Journal of Public Health,* 95, 2005, pp465–70; Golding JM, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence,* 14, 1999, pp99–132; Testa M, Livingston JA and Leonard KE, 'Women's substance use and experiences of intimate partner violence: A longitudinal investigation among a community sample', *Addictive Behaviors,* 28, 2003, pp1649–64
132 Walby S, *The Cost of Domestic Violence,* London: Women & Equality Unit, UK Department of Trade and Industry, 2004

relationship accumulate.[133] There are knock-on effects of this aftermath on people beyond the victim – most obviously her or his children. For example, maternal depression can lead to child aggression, anxiety and depression.[134]

Violence from one's partner is more harmful than the same degree of violence perpetrated by someone else.[135] All forms of domestic abuse cause harm, but victims suffer most when the abuse lasts longer, involves more severe violence and/or conforms to a pattern of coercive control.[136] Female victims appear to be more affected than male victims, especially by the abuse of power and control.[137] People are protected from at least some of the negative effects of domestic abuse if they have supportive people in their lives whom they can draw on.[138] On the other hand if they use avoidant coping strategies to deal with the abuse and their difficulties, such as wishful thinking and denial, their psychological problems may worsen.[139]

> 83 per cent of adults think that psychologically controlling behaviour is as harmful as direct physical violence.
>
> Women tend to see psychologically controlling behaviour as more harmful than direct physical violence, whereas men are more likely to have the opposite view, perceiving physical violence as worse than psychological control.[140]

2.6 Abuse by multiple partners

■ One longitudinal study found that 16 per cent of women seeking help from domestic abuse services were abused by a new partner in the subsequent year; another study found that

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133 Krause ED, Kaltman S, Goodman LA and Dutton MA, 'Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study', *Journal of Traumatic Stress,* 21, 2008, pp83–90; Lindhorst T and Oxford M, 'The long-term effects of intimate partner violence on adolescent mothers' depressive symptoms', *Social Science and Medicine,* 66, 2008, pp1322–33

134 Hay DF, Pawlby S, Waters CS and Sharp D, 'Antepartum and postpartum exposure to maternal depression: Different effects on different adolescent outcomes', *Journal of Child Psychology and Psychiatry,* 49, 2008, pp1079–88; Kim-Cohen J, Moffitt TE, Taylor A, Pawlby J and Caspi A, 'Maternal depression and children's antisocial behavior: Nature and nurture effects', *Archives of General Psychiatry,* 62, 2005, pp339–52

135 Vives-Cases C, Ruiz-Cantero MT, Escribà-Agüir V and Miralles JJ, 'The effect of intimate partner violence and other forms of violence against women on health', *Journal of Public Health,* 33, 2010, pp15–21

136 Anderson KL, 'Is partner violence worse in the context of control?', *Journal of Marriage and the Family,* 70, 2008, pp1157–68; Ansara DL and Hindin MJ, 'Psychosocial consequences of intimate partner violence for women and men in Canada', *Journal of Interpersonal Violence,* 26, 2011, pp1628–45; Bonomi A et al, 'Intimate partner violence and women's physical, mental and social functioning', *American Journal of Preventive Medicine,* 30, 2006, pp458–66; Coker AL et al, 'Physical and mental health effects of intimate partner violence for men and women', *American Journal of Preventive Medicine,* 23, 2002, pp260–68; Golding JM, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence,* 14, 1999, pp99–132; Johnson MP and Leone JM, 'The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey', *Journal of Family Issues,* 26, 2005, pp322–49

137 Ansara DL and Hindin MJ, 'Psychosocial consequences of intimate partner violence for women and men in Canada', *Journal of Interpersonal Violence,* 26, 2011, pp1628–45

138 Coker AL et al, 'Physical and mental health effects of intimate partner violence for men and women', *American Journal of Preventive Medicine,* 23, 2002, pp260–68

139 Kemp A, Green BL, Hovanitz C and Rawlings EI, 'Incidence and correlates of post-traumatic stress disorder in battered women', *Journal of Interpersonal Violence,* 10, 1995, pp43–55; Krause ED, Kaltman S, Goodman LA and Dutton MA, 'Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study', *Journal of Traumatic Stress,* 21, 2008, pp83–90

140 CSJ/YouGov polling, April 2011

19 per cent were abused by a new partner in a six-month period tracked three years after having sought services;[141]

■ Between approximately 40 and 56 per cent of women experiencing domestic abuse have had a previously abusive relationship;[142]

■ The impact of domestically abusive relationships is cumulative; much of the harm associated with domestic abuse is due to multiple victimisations.[143]

There is a growing recognition of the risk that a person's previous partner poses to them even after they have broken free of an abusive relationship (either because they return to their partner or their partner continues to abuse them outside the context of an intimate relationship). Less attention has been given to further abuse by a new partner, even though this commonly occurs, because looking at abuse by multiple partners might be seen to imply that the victim is responsible for her or his victimisation.[144] However, the fact that a person may be more vulnerable to abuse than others, and so end up in multiple abusive relationships, in no way equates to holding her or him responsible for this abuse. Ignoring ongoing (or even accumulating) vulnerability disregards a person's life history and opportunities to address it.

Women who are abused by multiple partners compared to those abused by one are much more likely to have experienced childhood sexual abuse, role-reversal with their parents, domestic abuse in their parents' relationship and difficulties regulating their emotions.[145] Similar vulnerability factors also increase the likelihood women will return to previous abusive partners and feel emotional attachment towards them.[146]

'I look back and see that a lot of my relationships, with boyfriends, friends, work collegues etc have taken the submissive/dominant pattern. These patterns get repeated time and time again by women like us. It makes us perfect targets for abusive men. Yes we can end the relationship, but as you and I both can attest to it doesn't stop us getting back into the cycle with a new partner.'

Woman speaking on a domestic abuse internet forum about her struggles with multiple abusive relationships[147]

141 Bybee D and Sullivan CM, 'Predicting re-victimisation of battered women three years after exiting a shelter program', *American Journal of Community Psychology,* 36, 2005, pp85–96; Krause ED, Kaltman S, Goodman LA and Dutton MA, 'Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study', *Journal of Traumatic Stress,* 21, 2008, pp83–90

142 Alexander PC, 'Childhood trauma, attachment and abuse by multiple partners', *Psychological Trauma: Theory, Research, Practice and Policy,* 1, 2009, pp78–88; Kemp A, Green BL, Hovanitz C and Rawlings EI, 'Incidence and correlates of post-traumatic stress disorder in battered women', *Journal of Interpersonal Violence,* 10, 1995, pp43–55; Woffordt S, Mihalic DE and Menard S, 'Continuities in marital violence', *Journal of Family Violence,* 9, 1994, 195–225; Coolidge FL and Anderson LW, 'Personality profiles of women in multiple abusive relationships', *Journal of Family Violence,* 17, 1994, pp117–31

143 Bogat GA, Levendosky AA, Theran S, Von Eye A and Davidson WS, 'Predicting the psychosocial effects of interpersonal partner violence (IPV): How much does a woman's history of IPV matter?', *Journal of Interpersonal Violence, 18,* 2003, pp1271–91; Coolidge FL and Anderson LW, 'Personality profiles of women in multiple abusive relationships', *Journal of Family Violence,* 17, 1994, pp117–31

144 Alexander PC, 'Childhood trauma, attachment and abuse by multiple partners', *Psychological Trauma: Theory, Research, Practice and Policy,* 1, 2009, pp78–88

145 Ibid

146 Griffing S et al, 'Reasons for returning to abusive relationships: Effects of prior victimisation', *Journal of Family Violence,* 20, 2005, pp341–48

147 Forum for female survivors of domestic abuse [accessed via: www.womensaid.org.uk (25/06/12)]

2.7 Conclusion

It is an outrage that a modern society priding itself on its adherence to and championing of human rights contains so much abuse within its most intimate relationships. In its most pernicious form, domestic abuse involves individuals being degraded, humiliated and tortured by the person they most trust The financial cost to society hovers around £16 billion; the impact upon individuals, families and indeed the psyche of the nation is far harder to grasp.

Poverty, alcohol/ drug use and cultural attitudes all fuel domestic abuse, and tackling these three contributors could dramatically reduce it. The emotional vulnerabilities that many victims and perpetrators (and people who are both) bring to relationships must also be addressed if the spirals that are so central to domestic abuse are to be broken, and abuse prevented over the long-term. Childhood experiences are key to understanding these vulnerabilities.

This more nuanced psychological understanding of domestic abuse need not conflict with the principle that people are also responsible for their behaviour, and that the fault for abusive behaviour lies with the person perpetrating it and not with his or her victim. Both are essential perspectives to understanding and addressing the problem ethically and effectively.

In the next chapter we examine how these two perspectives have been unhelpfully pitted against one another in policy and practice; emphasising perpetrator responsibility has meant rigidly holding onto a conception of domestic abuse which simplistically blames patriarchal culture and the motives of power and control. Yet a more comprehensive understanding is held by most of the population – for example, in recent polling we found that 73 per cent of adults think that if we want to tackle domestic abuse we have to recognise that many perpetrators have themselves been victims of abuse.[148]

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148 CSJ/YouGov polling, April 2011

chapter three
Perceptions, policies and practice

3.1 An historical overview

Prior to the 1970s, there was little acknowledgement that domestic violence was a social problem. The perception was that there was little violence within intimate relationships, and the violence that existed was 'just a domestic'. Since then, perceptions have changed radically, largely as a result of the feminist movement. In the early 1970s, women's groups in the UK and the US set up the first shelters dedicated to providing refuge to 'battered women'. Over time coalitions formed between women's groups and grassroots networks established themselves in both countries that sought to secure funding for shelters, provide a greater range of support for victims, inform policy and raise public awareness of the issue.

A clear conceptualisation of domestic violence both informed and grew out of the feminist movement. Feminist sociological theory argues that domestic violence is about men enacting violence against their female partners in order to control and dominate them. Men are motivated to be violent against women largely because they have been socialised by patriarchal influences in society which teach them that they are superior to women, and deserve to be in control and have special privileges. Women are understood to remain in abusive relationships because the patriarchal order leaves them without the material resources and confidence to leave.

In the early 1980s in Duluth, Minnesota, a model of intervention grew out of this understanding of domestic violence which has become hugely influential on both sides of the Atlantic. The Duluth model involves a 'co-ordinated community response' to domestic violence involving the criminal justice system, women's services and providers of perpetrator programmes. Underpinning this model is the 'power and control wheel' developed following research with over 200 women attending educational sessions sponsored by a Duluth shelter, which depicts the typical actions and strategies domestically abusive men display.[149]

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149 Pence E and Paymar M, *Education groups for men who batter: The Duluth Model*, New York: Springer Publishing Company, 1993

These behaviours are divided into eight categories labelled 'using intimidation', 'using children', 'using male privilege', 'using economic abuse', 'using isolation', 'using emotional abuse', 'minimising, denying and blaming', and 'using coercion and threats'.[150] As the labels imply, abusive behaviours are seen as extending beyond physical violence and being instrumental (i.e. behaviours are largely being 'used') towards the service of controlling women.

As a logical response to such an approach, the co-ordinated community response involves providing safety for women aiming to escape abuse, a punitive response to male perpetrators via the criminal justice system, and a mandated group treatment programme for perpetrators. Typically this focuses on raising men's awareness of the controlling motives for their behaviour, their expectations of male privilege and the roots of these in patriarchy. In these groups, challenge and confrontation are central tools adopted to achieve change. This is the dominant model of intervention in the UK today (although the Building Better Relationships perpetrator programme based on a different model has recently been developed, piloted and accredited by the National Offender Management Service for use in prisons and by the probation service).

3.2 Impact and validity of the 'power and control' model

Later in this chapter, we review specific areas of domestic abuse policy and practice in the UK today, and consider how feminist sociological theory has shaped their development. First we explore the general impact the 'power and control' paradigm has had on societal and political thinking about domestic abuse (how useful it has been), and whether or not it is valid.

The feminist movement has worked hard to embed the idea in public and political thinking that 'the personal is political' – broadly speaking, the view that because women are not economically and politically equal to men, their intimate relationships are not equal either. This standpoint is politically important, adding further impetus to attempts to create societal equality between men and women.

The 'zero tolerance' approach of the feminist movement has helped to reduce victim blaming in society, for example we found in our polling that less than one per cent of adults in the UK think that the main cause of domestic abuse is the victim.[151]

On a political level, this perspective has gained more and more credence over the years, so that now we have priority strategies to end violence against women and girls and an unprecedented number of services dedicated to addressing domestic violence. It is hard to imagine all of this social progress occurring without the passionate voices of the feminist movement, arguing that violence against women in relationships is never acceptable and yet is an all too common part of everyday life.

The feminist narrative of domestic abuse has brought this issue out from behind closed doors and placed it firmly within social and political discussion. Arguably a straightforward

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150 Ibid
151 CSJ/YouGov Polling, April 2011

message about the causes and dynamics of domestic abuse and its moral dimension is initially necessary to get people listening and acting. However, as movements move from the margins to the mainstream, they need to confront and adapt to the nuances and complexities of the problems they are aiming to address. This has not happened in the domestic abuse field; the 'patriarchy, power and control' analysis remains more or less intact despite its incompatibility with emerging findings about domestic abuse.

Findings that are hard to reconcile with this dominant narrative include those indicating that:[152]

- Substantial violence is perpetrated by women towards men in intimate relationships, and between men and between women in same-sex relationships (and it is not simply the case that perpetrators in these relationships are acting within masculine gender identities);[153]
- Childhood experiences, attachment patterns and personality all play a large part in both perpetration and victimisation;
- Victims often do not leave abusive relationships even when they have the resources and capacity to do so;
- The dynamics between a couple help to explain the presence of abuse in a relationship beyond simple perpetrator factors.

Sometimes these findings are explained away by unsubstantiated assumptions. For example, some advocates of the patriarchy, power and control model have argued that violence from women towards men is typically self-defensive.[154] However research has usually found similar motives for both male and female perpetrated abuse, and in-depth analyses of violence said to be self-defensive suggest that much of it might be more accurately termed retributive or vengeful.[155] At other times, understandings of domestic abuse based on this research evidence are dismissed as 'victim blaming' or as giving excuses to perpetrators.

There is an understandable fear of explanations of domestic abuse that move away from gender inequalities – it might be easier for those theories that ascribe greater influence to psychological dynamics and even substance misuse and social disadvantage to obscure the moral dimension to the problem, which feminist activists have fought so hard to keep central. Indeed, to lose sight of the view that domestic abuse is essentially a wrongdoing for which the perpetrator is responsible would be a massive step backwards. It would deny victims and society the right to feel anger towards perpetrators and potentially also deny perpetrators the profound sense of personal responsibility necessary for them to engage with the difficult process of change.

The problem here is the 'either/or' perspective. We argue that it is completely possible, and in fact necessary, to adopt instead a 'both/and' perspective – the perspective that both psychosocial factors and personal responsibility play a part in domestic abuse. Denying either one or the

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152 Refer to Chapter Two, where these points are substantiated with references

153 Ball MJ and Hayes SL, 'Same-sex intimate partner violence: exploring the parameters' in Scherer and Burkhard (eds), *Queering Paradigms*, Bern: Peter Lang AG, 2010, pp161–177

154 Hemming K, Jones A and Holdford R, 'Treatment needs of women arrested for domestic violence: A comparison with male offenders', *Journal of Interpersonal Violence,* 18, 2003, pp839–56

155 Graham-Kevan N, 'Domestic violence: Research and implications for batterer programmes in Europe', *European Journal on Criminal Policy and Research,* 13, 2007, pp213–25

other is problematic. Currently, policy in domestic abuse has tended to ignore the role of psychosocial factors, meaning that practice with victims, perpetrators, children and society has not benefited from a fully-informed approach. Without applying a nuanced understanding of the pathways into and out of abuse, it is hard to know how to block those that lead in and widen those that lead out. Specific examples of how a failure to apply a comprehensive theory of domestic abuse has impacted upon practice are described in the sections below as part of a more general review of practice in the domestic abuse field in the UK today.

3.3 Government strategy

Key goals of the Government's domestic violence strategy are to:

- Challenge attitudes that tolerate violence against women;
- Bring more perpetrators to justice, in particular those guilty of stalking;
- Provide sustainable central funding for a large number of IDVA services;
- Devolve power to local authorities to deliver domestic violence services;
- Train health professionals so they can more readily identify domestic violence.[156]

These are laudable objectives, but we are concerned that they are limited by the traditional model of domestic abuse that they sit squarely within. This combined with local, indiscriminate cuts to effective domestic abuse services (which do not take into account the costs that will accrue if victims cannot access the help they need), hampers progress towards the fundamental aim of a society free of domestic abuse, with individuals and families free to enjoy satisfying relationships.

3.3.1 Sticking with the traditional feminist model of domestic abuse

To reiterate, over the last few decades domestic abuse has been characterised as violence by men towards their female partners fuelled by patriarchal beliefs held across all levels of society. The natural corollary is that effective intervention consists of challenging attitudes, helping women find safety and holding male perpetrators to account. However this is too simplistic given what we know now about the multiple pathways into domestic abuse and the complexity of the people and relationships involved.

This Government, like previous governments, has emphasised the gendered dimensions of domestic abuse by placing domestic abuse policies within the strategy of Violence Against Women and Girls (VAWG). Whilst this has the advantage of drawing attention to the fact that women and girls are predominantly the victims of domestic abuse, it risks minimising its other salient dimensions, such as its essentially relational nature, as well as its other, male, victims.

Domestic abuse is embedded within a complex intimate relationship that has evolved to sustain abuse. If we wish to terminate domestic abuse, policy and practice need to

156 Home Office, *Call to End Violence Against Women and Girls: Action Plan,* London: Home Office, 2011

acknowledge and engage with this relationship, and the relationships that have fed into it. Strategies and action plans that ignore the relational elements simply tweak more peripheral influences and consequences.

A good example of this is the Government's plans to prevent domestic abuse. Preventative steps are focussed on challenging attitudes, rather than helping people avoid or step out of unhealthy relationship patterns.[157] There is little evidence to suggest that domestic abuse is predominantly sustained by widespread tolerance of violence against women; most people recognise that it is unacceptable, and where permissive attitudes do exist, they are likely to act to facilitate rather than trigger abusive behaviour.

Behaviour towards those one feels for is largely driven by those emotions (for instance, love, jealousy, hatred) interacting with deeply held beliefs we have about oneself and others (for example, 'they are untrustworthy'; 'I am unworthy of him/her'). The primacy of emotions suggests that attitudes should not be the focus of campaigning efforts, and also that when they are, great caution must be exercised; the emotions evoked by these efforts are likely to be more powerful than any new knowledge or insights. For example, some campaigns aimed at changing young people's permissive attitudes towards violence against women seem to produce 'backlash' effects in boys – perhaps because they interpret the messages as denigrating males and so feel threatened and defensive.[158]

Most fundamentally, the absence of an underpinning model that recognises psychological and relational dynamics means that there is corresponding absence of policies that can bring about profound change by helping people avoid or psychologically move on from abusive relationships and build those that are positive. For example, although the VAWG action plan pledges central funding for independent domestic violence adviser (IDVA) services (which focus on achieving physical safety for victims), there is no such pledge to develop perpetrator programmes, or services that help to rebuild family relationships after abuse, or work to help victims avoid recurrent experiences of abuse. In fact, apart from a brief mention that programmes for perpetrators of stalking will be considered, none of these are even discussed.

Subsuming domestic abuse within violence against women and girls may also partly explain why there is little attention to other important contributors to domestic abuse, such as substance misuse and social disadvantage. And, more subtly but perhaps most importantly, it may also explain why only some voices on domestic abuse are heard and listened to. The VAWG action plan promises to work 'in partnership with women's organisations' but no other parties are mentioned – even though a vast array of people are affected by domestic abuse and have a part to play in its elimination, including children and men, and those women whose narratives do not conform to the dominant story of patriarchy, power and control.

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157 By these we are referring to those actions the government has committed to that are aimed at preventing domestic abuse before it has occurred, rather than the much larger range of actions the government has defined as 'prevention', most of which are more accurately described as 'intervention' (for example improving the criminal justice response to stalkers)

158 Hilton NZ, Harris GT, Rice ME, Smith Krans T and Lavigne SE, 'Antiviolence education in high schools', *Journal of Interpersonal Violence,* 13, 1998, pp726–42; Jaffe PG, Suderman M, Reitzel D and Killip SM, 'An evaluation of a secondary school primary prevention programme on violence in intimate relationships', *Violence and Victims,* 7, 1992, pp129–46; Jones LE, 'The Minnesota School Curriculum Project: A statewide domestic violence prevention project in secondary schools', in B Levy (eds), *Dating Violence: Young Women in Danger,* Seattle: The Seal Press, 1991, pp258–66

3.3.2 Shifting the emphasis for greater effectiveness

We do not disagree with the commitments the Government has made to tackling domestic abuse; many will go a long way towards making more victims safer and bringing more offenders to justice. The central problem is that their guiding narrative is too narrow to incorporate the type of policies that could make a radical difference. If it were to be broadened (to take account of contributors such as substance misuse, childhood relationships and couple dynamics) many of their current commitments could be easily expanded to take account of this shift. For example, help for Troubled Families could include developing effective perpetrator programmes and programmes that build supportive parent-child relationships after domestic abuse; commissioned research on retraumatisation could include evaluations of programmes that help victims avoid revictimisation; prevention in schools could include programmes that develop young people's motivations and skills for healthy relationships rather than simply their knowledge.

A bolder and more powerful move, however, would be to prioritise support for strong families in the structures and processes of government, to have a cross-government family strategy within which an expanded domestic abuse remit would sit. A government framework for families would enable a full conceptualisation of domestic abuse to guide policy, ensuring a focus on the family relationships that are at the heart of the problem.

3.4 Adult victim safety and recovery

Support for victims of domestic abuse focuses predominantly on helping them achieve safety, through Independent Domestic Violence Advisors (IDVAs), co-ordinated safety plans developed at Multi-Agency Risk Assessment Conferences (MARACs), and domestic violence outreach workers and refuges. Health services have a particularly significant role to play across the spectrum of severity of abuse as very large numbers of victims will only ever have been seen in these contexts. Many victims do not readily identify themselves as such, so health workers' ability to help them recognise abusive behaviour in their lives can be essential for their and their children's safety. Most services are focussed on providing help to high-risk victims at the point of crisis.

3.4.1 Refuges

We heard from our consultees that refuges in particular, whilst they are successful at ensuring brief periods of safety, often struggle to fulfil their potential in helping victims and families achieve long-term safety and move on from abuse. In part, these difficulties arise from refuges being under-resourced, particularly at the moment, after many have had their funding cut drastically. Thirty-one per cent of the funding to the domestic violence and sexual abuse sector from local authorities was cut between 2010/11 to 2011/12, a reduction from £7.8 million to £5.4 million.[159] Refuge workers we spoke to said that this has led to few refuge

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159 Towers J and Walby S, *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls*, February 2012, p3 [accessed via: http://www.trustforlondon.org.uk/VAWG%20Full%20report.pdf (19/06/12)]

workers per house, and vulnerable victims and their families having no named worker; in turn, this has led to far higher turnover of residents – many preferring to return to the abusive home than remain in the refuge.

A common observation from refuge workers and others that we spoke to in the field was that social housing shortages have led to many refuge residents remaining in this 'crisis accommodation' for long periods of time. We heard that this results in few available spaces for women seeking a space, and refuges then needing to apply strict eligibility criteria (either formally or informally). Women who are typically denied spaces are those with substance misuse or mental health problems, and those without children, or recourse to public funds. Excluding women with psychological problems or addictions may make the refuge more congenial for other residents, especially because staff rarely have training in these problems, but it discriminates against the most vulnerable victims.

'Women remain in refuges for so long these days – but this means they provide an an immense opportunity that we really mustn't miss.'

Women's refuge worker, in evidence to the CSJ

Refuges grew out of the feminist grassroots movement that challenged the patriarchal roots of family violence. This movement presumed that the primary needs of female victims were the practical means to escape abuse and to achieve financial independence. However, as society has become less patriarchal and women's opportunities have greatly expanded, more has been learnt about the experiences of couples in abusive relationships, and the understanding of victims' needs has evolved. We heard that although some refuges have developed with this understanding, a large proportion have remained stuck. This has led to lost opportunities to help victims and their families achieve well-being in the long-term.

So for example, although many women now remain in refuges for substantial periods, such as a year, and therefore may have the space to address psychological difficulties resulting from the abuse (such as post-traumatic stress) or vulnerabilities that made them more susceptible to the abuse (such as attachment problems), there is little support for them to do so. This is due as much to philosophy as to resources; we heard from consultees that helping a victim address symptoms of PTSD is sometimes expressly outlawed because it suggests the victim is disordered rather than the perpetrator. Similarly, pre-existing vulnerability factors that may place a woman at risk for her returning to an abusive relationship or entering a new one are ignored, because to acknowledge and address them is seen to be blaming the victim.

Our analysis suggests that this approach to victims is unnecessary and dangerous. It is possible to remain clear that the perpetrator is the only person to blame for the abuse whilst recognising that the victim was vulnerable to the abuse for psychological reasons, and has psychological difficulties as a result of it. Ignoring these facts means that a) victims and their

children are at increased risk of further abuse; b) the abuse they have experienced continues after they have escaped, in the form of intrusive memories and emotions; c) many feel they must be 'going mad' because they have problems that are ignored and unacknowledged; and d) without a compassionate understanding of why they have experienced multiple abusive relationships, many feel *more* powerless or blameworthy for the abuse they experienced. They can end up feeling that it is their fate or some unknown bad quality about them that means they will always be a victim.

Ignoring the complexity of the victim's psychology also has consequences for their children. There is an assumption that, once a victim is free of a perpetrator and her social, housing and financial situations are resolved, she will be able to meet the needs of her children. However, the reality is that children are coping with a variety of difficulties following domestic abuse which any parent might need help in supporting them with. And some victims of domestic abuse, caught up in their own trauma and/or negative expectations of themselves or others, will particularly struggle. Because this complex reality is often ignored, women are typically left without the support that they might need both to fulfil the tasks of everyday parenting and to help their children move on from the abuse.

The dominant narrative of domestic abuse also leads to many refuges enforcing simplistic rules based on gender, which in fact may contribute to abuse. For example, we heard that some will only allow mothers to bring teenage children with them if they are female, leaving adolescent boys at home with the perpetrator, at risk of being directly abused themselves or aligning themselves with their father. It is as if teenage boys are seen as already on a continuum with the abuser and beyond help. Yet their mothers are often acutely aware of their vulnerability and will leave the refuge to return to them. This was the case with one woman we heard about whose son with learning disabilities was left with his abusive father. Assumptions about gender can also lead to inconsistent rules about whom residents are allowed to contact. For example, in one refuge women were allowed to speak to their sisters but not their brothers.

The 'crisis model' on which many of them operate contributes to refuges' problems in meaningfully responding to adult victims and children. A psychologist who had worked in refuges described how they can come to mirror the problem they are trying to address, thriving on responding to crises, emergencies and conflict, and thereby failing in the more difficult task of helping women and children rebuild their lives with their long-term wellbeing in mind. The necessary mechanisms that would help workers provide therapeutic and wraparound support are typically missing, such as reflective supervision, peer support, training in managing stress, and hands-on and receptive management. When people in any helping role feel stuck in crises and unable to contribute to lasting change, they often protect themselves by becoming numb to others' problems and pain, and the healing opportunities inherent in an empathic relationship are lost.

In contrast to the general picture described above, however, we also learnt of those refuges that have instead applied a reflective, nuanced understanding of victims' and children's needs – and remained committed to doing so in the face of significant funding cuts. For example, the refuge run by Berkshire and South Buckinghamshire Women's Aid:

- Employs a psychotherapist who specialises in domestic abuse; they undertake psychological assessments on every resident which inform referrals to other agencies and determines the support the resident and their children are given in the refuge; she also provides therapeutic space for the workers to make sense of their experiences as helpers;
- Employs male and female workers, so that residents can move beyond limiting stereotypes of men that may otherwise affect their children and their future relationships (or lack thereof);
- Offers a 'woman and child-centred' service (rather than 'woman-centred' with children seen as 'add-ons'). The director of services has her background in children's services, refuge workers are trained to provide support groups to children (rather than simply offering childcare), and local authority child protection is accessed to gain necessary input rather being viewed as 'anti-mother' and therefore best avoided.

Part of the reason why many refuges are providing a less than optimal service is because, unlike the recently introduced IDVAs and MARACs, they have not been subject to rigorous standardisation, accreditation or evaluation. Although quality assurance frameworks and standards have now been introduced, these do not appear to be robust or nuanced enough to pick up on the fundamental problems; and they are not linked to the funding or the performance of the refuge. There is no routine measurement of outcomes, such as how many refuge residents return to abusive relationships, and so essentially we do not know which refuges are providing a satisfactory, effective and ethical service.

3.4.2 Achieving goals beyond short-term safety

The focus on achieving immediate safety extends beyond refuges to encompass most of the support offered to victims. Significant progress has been made in many parts of the country such that when victims explicitly seek help to leave high-risk abusive relationships, this vital goal is now often achieved. The work of refuges and outreach workers has been complemented by the roll-out of MARACs, the expansion of IDVAs, and the improved attitudes and responses of the criminal justice system.

However, as outlined in Chapter Two, people who have suffered domestic abuse have needs beyond short-term safety. For example, they need to resolve ambivalent attachments to the abuser, to find long-term safety, to protect themselves from developing attachments to other abusers, and to overcome psychological difficulties arising from the abuse and/or abusive childhoods. These fundamental needs are rarely addressed.

'After being with a really nasty abusive man when I was a teenager, I've learnt to tell men early on what I expect in a relationship. I say I won't ever let a man hit me again so don't you dare. But even if a guy seems really nice and respectful at first, a few months on, he's the same as all the rest – treating me like a bitch.'

A woman talking of her struggle to find a healthy relationship

For example, when victims do not explicitly seek help to leave (for example due to their ambivalent feelings towards the abuser), they are often left in abusive relationships with no-one to explore their conflicted feelings with. These victims, those who remain in abusive relationships, are one of the most neglected groups.

> 'First of all I needed to accept that mental abuse is abusive and because I learnt about setting boundaries (not just recognising them) I could end the relationship.'
>
> Woman who attended a rare course helping victims explore and address abusive patterns in their relationships[160]

3.4.3 Male victims are a disadvantaged minority

Male victims are also at a particular disadvantage when it comes to finding the right support to leave and heal from domestic abuse. They are more reluctant to seek help, due to societal expectations about both men and women (that men are strong and can protect themselves; and that women are not abusive) which are arguably reinforced by the assertion that patriarchy is the fundamental cause of domestic abuse. Men rarely view themselves as appropriate victims and deserving of support. We heard that when they do reach out for help, they are often met with disbelief from the domestic abuse sector and an absence of support options.

Refuges are usually, but not exclusively, only provided for female victims and dependent children. Services marketing themselves towards female victims are inaccessible to men; for example Women's Aid does provide some recognition and help for men, but its very name implies that women primarily deserve its help. This general response to male victims not only fuels feelings of inadequacy (arising from thoughts such as: 'if men should not be abused, and yet I am, what does that mean about me?') but also leaves them at risk of further abuse. In any other field, and indeed towards any other category of victim, this uneven response would be clearly labelled as discriminatory, rather than condoned and encouraged. Although men may be the minority of victims, this does not reduce their needs. Government statistics suggest more than a quarter of victims of domestic violence are male; in any other policy area this would not be considered an insignificant number.[161]

> 'While directing resources toward those most impacted by intimate partner violence (i.e. women, children) is essential: pre-determining that women are always the appropriate victims is sexist and detrimental to prevention efforts.'[162]

160 Goodman MS and Fallon BC, *Pattern Changing for abused women: An educational program,* Interpersonal Violence: The practice series, California: Sage, 1995
161 Chaplin R, Flatley J and Smith K, *Home Office Statistical Bulletin: Crime in England and Wales 2010/11*, London: Home Office, 2011 [accessed via: www.homeoffice.gov.uk (28/06/12)]; Home Office, *Call to End Violence Against Women and Girls: Strategic Overview,* London: Home Office, 2010
162 Langhinrichsen-Rohling J, 'Controversies involving gender and intimate partner violence: Response to commentators', *Sex Roles,* 62, 2010b, p221

3.5 Child safety and recovery

There is now a wealth of research revealing the extensive harm that can be suffered by children living with abuse between their parents – to mental health, educational achievement, self-esteem, and current and future relationships.[163] Children are as affected by this experience as if they were being directly abused themselves.[164] And increased research demonstrating these impact and risks has been paralleled with an increase in societal recognition.[165] However, our consultation process indicated that the practice of those working with families where there is domestic abuse has in many areas not caught up; leaving thousands of children at risk in homes of domestic abuse and/or without help to deal with the burden of problems it has placed upon them.

3.5.1 Local authority child protection

We heard from our consultees that many (but by no means all) child protection social workers minimise the risks of domestic abuse to children. They often close cases too quickly, take no action, or do not undertake the necessary parenting or risk assessments. The Children Act (1989) is at times used to justify these decisions, on the basis of its emphasis on keeping families together (despite it stating that the welfare of the child is paramount). In some local authorities downplaying the problem that domestic abuse poses to children is part of their systems and processes; for example, we heard of procedures where a case is not allocated to a social worker until at least three separate incidents of domestic abuse have been reported to the police. In other services, it comes down to the personal preferences of individual social workers, and many feel that because the child is not being directly physically abused their welfare is not compromised.

'There are already so many cases that are unallocated and social workers already have too many cases, and if someone can justify not taking action then they will.'

Social worker explaining why concerns about violent family dynamics are ignored, in evidence to the CSJ

Given that we now know more than enough to state confidently that a home where there is domestic abuse creates significant child protection concern, why does this minimisation and malpractice persist? Why, in some areas, are children consistently left at risk and without help? A major problem is that social workers are overloaded with cases and therefore have to prioritise. Domestic abuse cases are typically given a lower priority than others, and this is in part because there is a lack of training on domestic abuse in both initial training and mandatory continuing professional development.

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163 We use the term 'parents' in the broadest sense, to include step-parents and other caregivers
164 See Chapter Two for an overview of the impact of domestic abuse on children
165 Hester M, Pearson C and Harwin N, *Making an Impact: Children and Domestic Violence: A reader* (2nd edition), London: Jessica Kingsley, 2007; CSJ/YouGov polling in Chapter Two

We heard that social work training courses differ markedly in how much attention they give to domestic abuse; some include only a two to three hour lecture on it. Furthermore, the focus of this teaching is typically on risks and impact to female victims. Thus a large proportion of qualifying social workers are entering practice without a comprehensive appreciation of how domestic abuse harms children and the variety of ways it can manifest itself (for example, through coercively controlling strategies involving little physical violence), and without the necessary skills to engage and assess effectively both perpetrators and victims.

> 'There were concerns around domestic violence in most of the families that I worked with. One of the things I felt most unprepared for was working with perpetrators.'
>
> Recently qualified social worker discussing her experience on training placements, in evidence to the CSJ

Once qualified, we heard that there is little opportunity for social workers to update their knowledge and skills on domestic abuse, and they are left to rely on out-of-date research. This affects their own practice, and also that of those they supervise.

> 'We're expected to try to keep families together wherever possible and to promote contact with the father but how are we supposed to accurately assess the risk that he poses or minimise risk if we don't even know what to look for?'
>
> Recently qualified social worker discussing the absence of training on risk assessment, in evidence to the CSJ

Another reason why children identified as being at risk are left without necessary intervention and support is that social workers typically have few options, short of removing the child from the family home. Most of the time there are:

- No structures, tools or time for them to work with the family to make it safer;
- Barriers to referring children (and their parents) to services that can help children cope with their experiences; these services do not exist in many areas or local authorities ban referrals due to lack of available funds;
- No accessible perpetrator programmes to refer on to.[166]

It is also the case that there is appropriate concern about removing children from homes with domestic abuse because of the impact of breaking any positive, secure bonds between them and their parents, and also because it adds to the suffering of the victimised parent. For all these reasons, domestic abuse recedes further and further back in people's minds, and there is very little drive to make the necessary systemic changes that would stop this vicious cycle.

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166 Both research (see Stanley N, Fell B, Miller P, Thomson G and Watson J, *Men's talk: Research to inform Hull's social marketing initiative on domestic violence*, Lancashire: University of Central Lancashire, 2009) and anecdotal evidence of practitioners suggests that the threat of losing contact with one's children, and the hope of being a better parent, are two of the biggest motivators for perpetrators in seeking help to change

3.5.2 Domestic abuse services

Within services for victims of domestic abuse, there is some awareness of its impact upon children. Activists and researchers who have worked to heighten awareness of domestic abuse and its impact on victims have also placed its harm to children firmly on the map. Services for victims have created links with children's agencies so that risks to children can be addressed; for example children of high-risk victims involved with IDVAs and MARACs are automatically referred to child protection.

However, risks to children can be missed when services assume a simplistic model in which only perpetrators are deemed to pose a threat to children receiving nurturing parenting. This model ignores the risks that some victims may, at times, unwittingly pose to their children. Domestic abuse can lead to victims feeling depressed, ineffectual, hopeless and/or flooded with intense emotions, and all of these states can hamper their abilities to parent their child. It is awe-inspiring how many women are able to parent well despite the toll the abuse has taken on them, but not all are able to. Also, some victims have vulnerabilities that if left unaddressed leave them at risk of being further abused, and this has implications for both their and their children's future safety and wellbeing.

We heard from consultees that these uncomfortable realities are often ignored so that referrals to child protection are not always made when there is evidence of inadequate parenting, and cases may be closed by all services as soon as victim and perpetrator are separated. No-one is responsible for monitoring children's ongoing welfare despite the known risks of further domestic abuse, and for supporting victims to support their children.

'I felt suicidal all the time. I was really depressed… I couldn't really look after them [her children] properly.'

'My nerves have been really affected. If they [the children] don't listen to me, I am quite short-tempered – fly off the handle… they have seen me be treated as subordinate, inferior.'

Female survivors describing the impact of domestic abuse on their parenting[167]

When perpetrators pose risks to children, victim services have little difficulty in acknowledging and working to address them. This proactive response is lacking, however, when addressing the risks also requires acknowledgment of the role of the victim. Many workers consider this to be uncompassionate to the victim and tantamount to victim blaming. Ignoring these dynamics risks harm to everyone. Children are harmed when they do not receive nurturing parenting and when they are exposed to further abuse, and victims also lose out on more

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167   Mullender A, Hague G, Iman U, Kelly L, Malos E and Regan L, *Children's Perspectives on Domestic Violence,* London: Sage, 2002

satisfying relationships with their children and the wider effects of child-focussed support, for example, improved wellbeing and avoidance of further abuse.[168]

There needs to be a family-centred approach (in both victim and perpetrator services) with due attention to the complex influences on children's emotions and perceptions. Children have thoughts and opinions, and want these to be listened and responded to.[169] Moreover, when their needs conflict with those of other family members, their needs must come first; this is the only ethical option given that children are the most vulnerable group in society whose rights are most often violated.[170] It also ensures that the sector practices in line with legal guidance (for example, the welfare principle of the paramount interests of the child in the Children Act 1989).

In summary, the model of response to children must recognise the importance of all family relationships to their wellbeing beyond the immediate moment of risk. Too often other models of practice have failed children affected by domestic abuse (for example, the victim versus perpetrator model applied in victim services, and the focus on direct forms of abuse in child protection).

A family-centred approach that prioritises children's needs is consistent with the recent Munro report on child protection.[171] This states that '*the centrality of forming relationships with children and families to understand and help them has become obscured*' and argues that skilled relationships between professionals, and both children *and* other family members are key to providing effective help.[172] Such relationship skills, alongside a sound knowledge of the dynamics and impact of domestic abuse, are essential to ensuring that children's needs do not go unmet.

3.6 The criminal justice response

Broadly speaking, the purpose of the criminal justice system is to '*deliver justice by convicting and punishing the guilty and helping them to stop offending, while protecting the innocent*'.[173] Does the criminal justice system (CJS) achieve these goals in the case of domestic abuse? Over the last decade we have witnessed a raft of measures that have certainly helped to convict and punish more perpetrators and protect more victims (see box below). However, the law and the CJS were not originally designed with domestic abuse in mind and in many respects they still misapply understandings of other sorts of crime to domestic abuse. The law, in its definitions of crimes and their sentences, does not recognise the serious wrongdoing involved in strategic patterns of control and subjugation. And the operation of the CJS rests on assumptions that fundamentally work against achieving justice in many cases of domestic

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168 It is of course essential that support for victims aimed at addressing any inadequate parenting clearly identifies with them the roots of these difficulties, so that unhelpful self-blame is avoided and self-compassion instead is fostered

169 Mullender A, Hague G, Iman U, Kelly L, Malos E and Regan L, *Children's Perspectives on Domestic Violence,* London: Sage, 2002

170 Finkelhor D, *Childhood Victimization: Violence, Crime and Abuse in the Lives of Young People,* Oxford: Oxford University Press, 2008

171 Department for Education, *The Munro review of child protection: Final report – a child-centred system,* Norwich: The Stationery Office, May 2011

172 Ibid p8

173 As stated in the Aims and Objectives section of www..cjsonline.gov.uk, [cited on http://www.crimeandjustice.org.uk/opus548.html (23/07/12)]

abuse. These factors mean that many victims are left unprotected by the law and, in worst cases, are punished by it. We examine these issues below, first in relation to the law itself, and then in relation to the system and practice on the ground.

Holding more perpetrators to account

The CJS intervenes in more domestic abuse cases than ever before, for example prosecutions doubled in the five year period 2004/5 to 2009/10 (from 35,000 to 74,000), and the percentage of prosecutions resulting in a conviction also rose rapidly (from 46 per cent in 2003 to 72 per cent in 2009/10).[174, 175, 176]

Factors that led to this improvement include:

- Guidance and training for police and prosecutors on the pattern, risks and impact of domestic abuse, and how to proactively build and manage cases;
- Implemented measures in the Domestic Violence, Crime and Victims (DVCV) Act 2003 such as those that make common assault an arrestable offence, and extend non-molestation and occupation orders to couples who are in same-sex relationships or who have never lived together;
- Increased accountability through processes such as independent expert review of domestic abuse cases.

Increasing the safety of more victims

The safety of victims has been a focussed goal of CJS intervention, not least because it makes victims more likely to support CJS intervention. Positive developments towards this aim include:

- Better information sharing between the CJS and victim support services, often achieved by MARACs (see Chapter Five);
- Specialist domestic violence courts (SDVCs) introduced across the UK from 2005 onwards (where police, prosecutors, victim support services, probation and court staff work in partnership to identify, risk assess and speedily process domestic abuse cases through the court);
- Pioneering family justice centres, such as in Croydon and Derby, which share information and bring a range of previously dispersed services together under one roof (such as children's services, legal aid and health);
- Implemented victim safety measures in the DVCV Act 2003 such as the authority given to courts to impose restraining orders despite acquittal;
- Introduction of CPS and police Violence Against Women co-ordinators;
- Creation of Witness Care Units that give victims a single point of contact with the legal system and tailored support in evidence giving;
- Use of special measures in court such as the facility to give evidence via live television link, and avoid eye contact between victim and defendant;
- Recently introduced civil 'Go Orders' in which alleged perpetrators are required to leave the alleged victims' property for a period of up to 48 hours (during which time a court can rule on a longer period of removal).

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174 Crown Prosecution Service, *Violence against women crime report 2009–2010,* London: Crown Prosecution Service, 2010
175 As cited by Women's Aid [accessed via: www.womensaid.org.uk (29/09/11)]
176 Crown Prosecution Service, *Violence against women crime report 2009–2010,* London: Crown Prosecution Service, 2010

3.6.1 Domestic abuse does not fit well into legally defined crime categories

Although in its sentencing guidance the CJS recognises that if a crime has a domestic dimension it is more rather than less serious, no crime has been defined with domestic abuse in mind, and so there is a risk that elements of domestic abuse that constitute very serious wrongdoing are minimised or even completely overlooked by the law. The wrongdoing in domestic abuse typically involves a *pattern* of behaviour and each incident by itself may not constitute a crime. In contrast, the law is primarily designed to punish perpetrators in proportion to the seriousness of discrete incidents. When crime in a course of conduct *is* recognised, as in harassment law (see box below), it is typically viewed as a minor crime.

Harassment

Harassment is not strictly defined in UK law as there is an assumption that its meaning is widely understood and the limits of its definition have been tested in case law. Broadly speaking, it is a pattern of behaviour that is oppressive, unreasonable and designed to cause the victim(s) alarm, distress or fear. It can include persuading a person not to do something that he is entitled or required to do, or to do something that he is not under any obligation to do (Protection from Harassment Act, 1997). It is a minor crime, and the maximum sentence is six months imprisonment and a fine, although if it is racially or religiously aggravated, a further two years imprisonment can be added.

As outlined in Chapters One and Two, particularly harmful and violating forms of domestic abuse are those that involve strategic patterns of controlling and coercive behaviour; and these forms do not necessarily include serious discrete incidents, such as severe physical violence, forceful rape or kidnapping. In fact, very strategic perpetrators will avoid these acts to avoid criminal consequences.

Case study

Sara, her husband Abbas and their young son moved from Iran to the UK in 2008 to escape ill-treatment by the Iranian authorities, and successfully claimed asylum here. Over the course of their marriage Abbas had become gradually more abusive towards Sara, and by the time they started life in the UK, Abbas routinely ignored her or shouted obscenities at her. He described her as 'filth', and treated her as his slave. He prevented Sara from meeting anyone in their new country.

Sara complied with all his demands and requests, fearing that he would fulfil his threats to hurt their son, or leave them both, which she feared would lead to their destitution. Sara was stuck in her fear, her isolation and her lack of knowledge of the UK's system and language. However, in the end, she found help through a health worker she was referred to for a back problem. The health worker referred her to Women's Aid who recognised the pattern of coercively controlling abuse she had been subjected to. They helped her and her son escape from Abbas, but this was not the end of the trauma for Sara. She suffered attacks of anxiety and felt angry that Abbas could continue as before with his life, showing no remorse and untouched by the CJS.

'One woman I saw for therapy had been systematically terrorised by her husband for 30 odd years – locked up, made to believe he was going to kill her and that he always knew exactly what she was doing and thinking. She couldn't tell anyone about the abuse until years after he left. She remained incredibly timid and frightened, and could barely leave her house. This abuse couldn't be captured or proved by the law, but instead the system took seriously his malicious allegations that she was a benefits fraud.'

Psychological therapist, in evidence to the CSJ

Many of the behaviours within these strategies could not be classified as a crime, either by themselves or as a course of conduct amounting to harassment. Even if harassment law can be applied to some of these patterns of behaviour, it would recognise them only as a minor crime. And yet all of these strategies represent a very serious violation of the victims' rights, in particular their rights to liberty and personhood.

The law's focus on incidents rather than patterns of behaviour means that coercive control goes largely unrecognised by the CJS; perpetrators are not held to account and victims are often left confused; when their abuse does not fit the stereotype of physical violence, they often wonder whether the problem is with them not the perpetrator.

The law's sense of proportionality is completely different from the victim's reality: to put it simply, in the eyes of the law, the more severe each incident of violence is, the worse the abuse, yet for the victim, the more controlling, subjugating and degrading the *strategies* of abuse, the more violations and harm they experience. The law should proportionally respond to wrongdoing, and yet in the case of many forms of domestic abuse, it completely misses the point.

The law's blind spot for patterns of abuse means that it often misclassifies victims and perpetrators, for example when the victim retaliates with one or a few discrete acts of violence and is classified as the perpetrator. Not only is this an unjust representation of events, it results in a dangerous situation in which risks of reoffending are left completely unaddressed.

3.6.2 System response can make justice elusive

Even in situations where the perpetrator's abuse is well-covered by the law, such as when there has been an incident of serious physical violence (classified as the serious crime of grievous bodily harm), a second problem remains: the CJS (separate to the law itself) is not designed to deal with the complexity of abuse within an intimate relationship. Fundamental aspects of its operation that work against achieving justice in domestic abuse include:

- *The very high standard of proof required for an acknowledgement of wrongdoing.* This proof is inherently harder to obtain in domestic abuse cases compared to others, when the wrongdoing is embedded within a complex pattern of emotional interactions unfolding between two people over time, not typically recorded or documented. This context is ripe for false allegations, and these are often taken seriously by the CJS because of the rightful emphasis placed on securing convictions for domestic abuse.
- *The reliance on victim testimony, especially when there are no other witnesses.* Victims of domestic abuse are typically the only witness to their abuse, and yet they are the class of victim who find it hardest to testify. Compared to others, they usually have more fear of the perpetrator, more loyalty, more emotional attachment and/or more to lose financially. Approximately half of unsuccessful prosecutions fail because of victim issues: she/he retracts evidence, does not provide evidence that supports a conviction or does not attend court.[177]

In a recent speech, Keir Starmer QC, Director of Public Prosecutions, called for police to start focussing their energies on gathering other forms of evidence (rather than relying on victim testimony) in domestic abuse cases. He highlighted the good practice in Norfolk and Suffolk in this regard, and their corresponding high domestic abuse conviction rates.[178]

- *Adversarial processes are used to search out the truth.* Questioning styles feel persecutory to victims and can mirror the abusive dynamics they have experienced in the home. This means that victims often choose not to testify, and, in cases where they do, the involvement of the law may have overall increased their suffering. This will be even more the case if the victim is being cross-examined by the alleged perpetrator – one implication of recent changes to legal aid.[179]
- *The assumption that there is a clear victim and a clear perpetrator.* When couples in mutually violent, equal relationships are divided into 'victim' and 'perpetrator' by the law, the CJS contributes towards *in*justice rather than justice.

In summary, aspects of the CJS's operation that derive from its most basic assumptions about adversarial process, evidence, victims and perpetrators mean that it will only ever achieve justice for some victims of domestic abuse. Further revisions can improve the process only to a certain degree, as they will always sit within this assumptive framework. Other victims and families also deserve justice, and to this end, complementary forms of justice need to be considered.

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177 Crown Prosecution Service, *Violence against women crime report 2009–2010,* London: Crown Prosecution Service, 2010
178 Starmer K, Domestic violence: the facts, the issues, th future' Speech, 2011, 4 April
179 See Bar Council, *Response of the Bar Council of England & Wales To the Consultation Paper CP12/10 PROPOSALS FOR THE REFORM OF LEGAL AID IN ENGLAND AND WALES,* 2011; the proposals under consultation led to the Legal Aid, Sentencing and Punishment of Offenders Act which received royal assent on 1 May 2012

3.6.3 Restorative justice and domestic abuse

Restorative justice (RJ) is the primary alternative to traditional justice; the term encompasses a variety of models, but all emphasise using dialogue to repair harm.

Key features of RJ include:

- Placing victims' needs and wishes at the heart of the process;
- Offenders taking an active role in achieving justice – acknowledging the harm they have caused, feeling remorse and making amends;
- Focussing on co-operation rather than conflict in communication between all parties.

Two of the main models of RJ practice are victim-offender mediation and face-to-face conferences. In the first, victims and offenders communicate with the help of a mediator, whereas the second involves the victim and offender meeting in a larger group that includes family members, supporters and a co-ordinator. Both focus on enabling a dialogue that increases victims' sense of control, and offenders' empathy and responsibility. They both aim to produce a binding agreement about how the offender will make amends.

RJ processes complement and extend those of the CJS rather than replacing them. They are only used when offenders have acknowledged their part in a crime. RJ can be used as a diversion from prosecution, after a guilty plea but before sentencing, or during the offender's sentence. In the UK, it has typically been used post-conviction.

RJ aims to improve both the *process* of justice (so it is experienced as more humane and respectful by all parties), and the *effectiveness* of justice (so there is less repeat offending, more offenders are brought to justice, and there is more repair of harm to victims and communities). Strong evidence now exists to show that RJ achieves each of these aims; it appears to work best with violent crimes and is cost-effective.[180] Positive outcomes extend to domestic abuse, both when victim-offender mediation is used and in face-to-face conferences. In one well-designed study, family group conferences were followed by a 50 per cent reduction in emergency visits to the home compared to a 27 per cent increase in those families where the crimes were processed using a conventional criminal justice and social services response.[181, 182]

Despite these promising results, restorative practice is not widely used in cases of domestic abuse, largely because of the concerns of victim advocates. There are valid fears that perpetrators will use RJ as a forum to play out their manipulative control of the victim, and victims will be pressurised to forgive or take responsibility for the perpetrator's restoration. There are also worries that the victim will be retraumatised by recounts of the abuse, and that their safety and that of their children may be compromised by the process.

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180 Sherman LW and Strang H, *Restorative Justice: The evidence,* London: The Smith Institute, 2007
181 A particular form of face-to-face conference – see box on page 29 in Chapter Seven, giving examples of early intervention for children who have been impacted by domestic abuse
182 Pennell J and Burford G, 'Family group decision-making: Protecting women and children', *Child Welfare,* 79, 2000, pp131–58

The most dominant and influential expression of these concerns in the UK has been a call for a complete ban on restorative practice in cases of domestic abuse.[183] An alternative solution would be to *adapt* restorative practice in cases of domestic abuse to address these risks: safeguards can be put in place and aims reformed to emphasise key positive outcomes for domestic abuse victims. These include a sense of having some control in the justice process and an acknowledgement from the wider community that serious wrongdoing has taken place.[184]

In Australia, New Zealand, Europe, Canada and the US there are examples of restorative practices that have engaged with the complexity of domestic abuse (and sexual crimes) to provide a more satisfying and just outcome for victims than the traditional CJS response.[185] By opting out the UK is denying many victims opportunities that the CJS is unlikely to be able to provide, for example, to have the abuse acknowledged without their account being picked apart, to enlist useful community supports, to break familial silence around the abuse, and to have the perpetrator held to account without a number of unwanted effects such as financial harm to the family. Given the enormity of domestic abuse and its harms, we should be willing to make available a justice response that shows genuine promise in reducing it.

'I've noticed that a big factor in helping people move on from terrible abuse they've suffered is when people around them acknowledge the wrongness, the unfairness, the impact of those experiences. It's so hard and people can get really stuck when no-one recognises what they've gone through.'

Psychological therapist, in evidence to the CSJ

Since the valid concerns of victim advocates have been addressed in RJ programmes in other countries, we question whether the UK call for a ban on RJ in domestic abuse stems from deeper assumptions about the offender being unable to change and deserving more punitive sanctions, and the related belief that the only positive outcome is zero communication between all parties. These assumptions might be warranted in some but certainly not all cases,

183 Women's Aid response to Restorative Justice, 13 October 2003 [accessed via: http://www.womensaid.org.uk/domestic-violence-articles. asp?section=00010001002200070001&itemid=1185 (18/06/12)]

184 Coker D, 'Restorative justice, Navajo peacemaking and domestic violence', *Theoretical Criminology,* 10, 2006, 67–85; Koss MP, 'Restorative justice for acquaintance rape and misdemeanor sex crimes' in Ptacek j (ed), *Restorative Justice and Violence Against Women,* Oxford: Oxford University Press, 2010, pp218–238 and the box in Chapter Six describing key principles and processes for an ethical restorative justice response

185 Bals N, 'Is victim-offender mediation a promising alternative for handling violence in relationships?', *TOA Infodienst,* 36, 2008, pp16–24; Coker D, 'Restorative justice, Navajo peacemaking and domestic violence', *Theoretical Criminology,* 10, 2006, 67–85; Dissel A and Ngubeni K, *Giving women their voice: Domestic Violence and Restorative Justice in South Africa,* paper presented at the Xith International Symposium on Victimology 13–18 July 2003, Stellenbosch, South Africa [can be accessed via: www.restorativejustice.org (18/06/12)]; Flinck A and Iivari J, *Domestic violence in mediation: Realistic evaluation of a research and development project (Finnish Evaluation of Social Services),* Helsinki: FinSoc Evaluation Reports, 2004; Koss MP, 'Restorative justice for acquaintance rape and misdemeanor sex crimes' in Ptacek J (ed), *Restorative Justice and Violence Against Women,* Oxford: Oxford University Press, 2010, pp218–238; Liebmann M and Wootton L, *Restorative Justice and Domestic Violence / Abuse: A report commissioned by HMP Cardiff and funded by The Home Office Crime Reduction Unit for Wales,* Cardiff, HMP Cardiff, 2010; Pelikan C, 'On the efficacy of victim-offender mediation in cases of partnership violence in Austria, or: Men don't get better but women get stronger: Is it still true? Outcomes of an empirical study', *European Journal of Criminal Policy Research,* 16, 2010, 49–67; for further research explore RJ and DA on www.restorativejustice.org

and they do not make space for those victims who ask for a more respectful, helpful and just response than the CJS can currently offer.

In summary, recent changes in how the CJS responds to domestic abuse have led to some dramatic advances. However, due to inaccurate assumptions about domestic abuse and the best routes to justice for its victims (embedded in both the law and the system), legal changes and alternative means to justice are also required. Restorative justice specifically adapted for domestic abuse is one such alternative.

3.7 Rehabilitation

3.7.1 Perpetrator programmes

Treatment to help perpetrators stop their abusive behaviour is a key means to prevent further abuse of current and future victims. However, we need to consider how useful it is for programmes to narrowly focus on this goal, if it is at the expense of more holistic goals concerned with the healing of the perpetrator and the wellbeing of all family members.

Treatment to help perpetrators stop their abuse is provided by either the voluntary sector or the probation service (there are also some programmes provided by the prison system, and literally just one or two by the NHS). Both voluntary sector and criminal justice system programmes have tended to be group-based and only eligible for male perpetrators. Accreditation criteria for both probation and voluntary sector programmes aim to ensure that due attention is paid to issues such as victim and child safety, support for victims, supervision of staff, and monitoring of risk and violence, including via links with victims and the police.[186] Both voluntary sector and criminal justice programmes currently follow a similar approach (see below); the main difference is that men do not tend to be mandated to attend voluntary sector programmes. There is very patchy provision of programmes for domestically violent men who have not been convicted, and more or less no programmes available for domestically violent women.

UK perpetrator programmes have developed according to the feminist-driven Duluth model. Men are taught to recognise the influence of patriarchy in society and challenge the sexist beliefs that are presupposed to underlie their behaviour. Confrontation is often used to 'jolt' abusive men out of denying or minimising the harm they cause and into changing their behaviour.[187]

As programmes have developed, they have shifted to include a number of cognitive-behavioural therapy (CBT) elements.[188] CBT for domestically violent perpetrators is based on the theory that skill deficits (such as emotional regulation) and inaccurate beliefs and

186 RESPECT, the membership association for UK domestic violence perpetrator programmes and associated support services, accredit voluntary sector programmes and so set their accreditation criteria. This accreditation is not currently mandatory

187 Pence E and Paymar M, *Education groups for men who batter: The Duluth Model*, New York: Springer Publishing Company, 1993; Day A, Chung D, O'Leary P and Carson E, 'Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs', *Journal of Family Violence*, 24, 2009, pp203–12

188 Smedslund G, Dalsbø TK, Steiro AK, Winsvold A and Clench-Aas J, *Cognitive behavioural therapy for men who physically abuse their female partner*, London: Cochrane Database of Systematic Reviews, 2007

thoughts (cognitions) underlie domestic violence. These beliefs may include those based on a patriarchal model ('women are objects', 'men are superior to women') as well as others ('anger is uncontrollable'). CBT involves challenging cognitions with less confrontational, more curiously questioning techniques than the Duluth approach, and it also teaches behavioural methods to avoid violence such as anger management and relapse prevention skills.

It does not appear to matter a great deal whether programmes are based on the Duluth approach, CBT or a mixture of the two, as reviews suggest that the outcomes for both are roughly the same: neither appear to be very successful. A meta-analytic study found that treatment outcomes for Duluth model and CBT perpetrator programmes were not significantly different from one another, and overall these treatments reduced the risk of recidivism by only five per cent (men who received treatment had a 40 per cent chance of being successfully nonviolent, whereas men who did not receive treatment had a 35 per cent chance).[189] A five per cent success rate is low compared to the outcomes achieved by therapy for other types of offending, and indeed therapy in general.[190] Other reviews have also found small or insignificant effects of treatment.[191]

Furthermore, these treatment programmes have very high drop-out rates – between 37 and 40 per cent of participants in the UK probation-run programmes (in line with the drop-out rates measured in US studies ranging between approximately 30 and 60 per cent).[192] These figures are astounding if we consider that there are severe consequences for dropping out from probation treatment programmes, including custody. In other words, it seems as if between a third and a half of men participating in these treatments would rather face more severe sanctions than attend these groups. This is instructive when thinking about whether the programmes do much to engage participants or help them consider or believe in change.

If we consider some common features of these treatment approaches, their poor outcomes and high drop-out rates begin to make sense. Neither emphasise:

- Addressing the emotional dynamics within domestic abuse. Individuals may engage in abusive behaviour in an attempt to meet a range of emotional needs, for example to regulate feelings of insecurity or jealousy (usually related to attachment difficulties).[193] They may learn in treatment that violence is not acceptable and have the skills to inhibit it but the presence of powerful emotional motivators means that they have little reason or purpose to stop it;[194]

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189 Babcock JC, Green CE and Robie C, 'Does batterers' treatment work? A meta-analytic review of domestic violence treatment', *Clinical Psychology Review,* 23, 2004, pp1023–53

190 Ibid

191 Feder L and Wilson DB, 'a meta-analytic review of court mandated batterer intervention programs: can courts affect abusers' behaviour?', *Journal of Experimental Criminology,* 1, 2005 pp239–62; Stover CS, Meadows AL and Kaufman J, 'Interventions for intimate partner violence: Review and implications for evidence-based practice', *Professional Psychology: Research and Practice,* 40, 2009, pp223–33

192 Paul Featherstone, perpetrator programme developer for the probation service (personal communication); Babcock JC, Green CE and Robie C, 'Does batterers' treatment work? A meta-analytic review of domestic violence treatment', *Clinical Psychology Review,* 23, 2004, pp1023–53

193 See Chapter Two

194 It is worth noting that very different forms of CBT exist to treat different problems, and CBT can be effective in treating a variety of other problems such as depression or anxiety. A key difference between CBT for depression or anxiety compared to CBT for domestic violence is that the former targets beliefs that directly play into emotions, thereby helping to change the emotions too. CBT for domestic abuse instead targets beliefs that support violence (for example 'violence is a normal part of life'), rather than beliefs that underlie the emotions at play (for example 'I am not worthy of your love')

- Individual differences in abusive relationships, such as between 'coercive control' and 'situational couple violence'. Different forms have diverging root causes, triggers and motivators for change, and therefore require different treatment responses;[195]
- Aspects of therapy described below that are vital to achieving long-lasting change with individuals who may be initially resistant or ambivalent about this change.

3.7.1.1 Key therapeutic elements of successful perpetrator programmes

Probably the most important reason these treatments typically fail is that they do not explicitly include therapeutic ingredients that are key to achieving change.[196] A strong therapeutic alliance is the most consistent predictor of treatment success across a broad range of therapies and clinical problems.[197] A good relationship between the therapist and client is facilitated by the therapist being trustworthy, warm, interested, and curious, as well as through therapeutic techniques such as focussing on the client's past successes, emotions and important life experiences.[198] Effective treatment understands and addresses each person's individual pathway into domestic abuse. This is at direct odds with the one-size-fits all approach of education about gender inequalities or relapse prevention. Additionally the confrontational style of the Duluth approach is diametrically opposed to communicating trust, respect and belief.

> 'People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others.'
>
> **Blaise Pascal (1623–1662)**

Specifically when working with individuals who are ambivalent or resistant to change, therapy needs to focus on strengthening motivation. There are several ways this might be achieved, but all involve helping the client find or develop the reasons inside themselves.

In contrast, CBT and Duluth techniques imply that the motivation of participants is irrelevant. But if therapy does not help people find reasons to change, those who do not already want to change will not change, and if they perceive they are being forced to change, they may well dig their heels in. Perhaps this explains why perpetrators who drop out of these mandated treatments may be at higher risk than those who did not attempt it in the first place.[199]

195 Johnson MP, 'Conflict and control: Gender symmetry and asymmetry in domestic violence', *Violence Against Women,* 12, 2006, pp1003–18
196 Murphy CM and Baxter VA, 'Motivating batterers to change in the treatment context', *Journal of Interpersonal Violence,* 12, 1997, pp607–19
197 Martin DJ, Garske JP and Davis MK, 'Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review', *Journal of Consulting and Clinical Psychology,* 68, 2000, pp438–50
198 Ackerman SJ and Hilsenroth MJ, 'A review of therapist characteristics and techniques positively impacting the therapeutic alliance', *Clinical Psychology Review,* 23, 2003, pp1–33
199 McMurran M and Theodosi E, 'Is treatment non-completion associated with increased reconviction over no treatment?', *Psychology, Crime and Law,* 13, 2007, pp333–43

Lastly, individuals who are resistant to changing problem lifestyles and behaviours also need belief and confidence in themselves. Therapists have to communicate their own belief that the client can change. They will struggle to do this within a framework that states to individuals that their identity is a perpetrator.[200] This label is stigmatising and communicates a fixed identity that people struggle to shake off; instead people will often consign themselves to it and even live up to it. People will typically prefer a negative identity to a confused or absent one. In contrast, communicating to people that they have the freedom and the 'raw materials', in terms of who they are, to develop prosocial, satisfying identities creates many possibilities for change. Hope and belief in people is the ultimate form of enablement.

3.7.1.2 Promising approaches to perpetrators

In summary, the evidence base on treatment efficacy and drop-out for the current treatments of choice for perpetrators, together with an analysis of their key and missing features gives huge cause for concern. If something is not working, it is necessary to start afresh by designing something else that evidence suggests is likely to be more effective, and then testing whether in fact it is. Stopping domestic abuse requires this fundamental revision of perpetrator treatments.

> 'I know I've got a problem, I can end up majorly losing it even when its something minor like another guy just giving my wife a look. The thing is I'm scared I'm going to lose her, but I still keep doing it, how do I stop?!'
>
> Man struggling to stop abusing his wife

Apart from promising services being pioneered by the probation services and one or two others, fresh thinking is not generally apparent across the sector. Influential lobbying from some feminist activists has meant that the evidence about what works, and what is likely to work, has been largely ignored.[201, 202, 203] Instead further roll-out of ineffectual programmes is advocated.[204] Although there is understandable fear about taking a 'kinder' approach to perpetrators, it is perfectly possible to retain a clear focus on perpetrator responsibility for violence in ways that enable change to take place effectively. Since the Duluth and CBT approaches were first devised, an enormous amount has been learnt about what works

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200 We use the terms perpetrator and victim in this paper for ease of communication, recognising that they are essentially limiting terms. In practice with individual men and women, we view it as unhelpful to generally use these terms, as they often simplify the situation (for example, much domestic abuse involves perpetration and victimisation of both parties) and help to create identities that both reinforce gender stereotypes and become self-fulfilling

201 See Chapter Six for a description of Strength to Change, an approach pioneered by the NHS in Hull

202 It is important to make clear that we are not critiquing feminist lobbying about domestic violence as a whole. Rather feminist activists have been the primary force behind the increasing recognition and intolerance of domestic abuse, and increasing numbers of services for victims. But they may not be best suited to determining what is most useful to treat perpetrators (Graham-Kevan N, 'Domestic violence: Research and implications for batterer programmes in Europe', *European Journal on Criminal Policy and Research,* 13, 2007, pp213–25)

203 Graham-Kevan N, 'Domestic violence: Research and implications for batterer programmes in Europe', *European Journal on Criminal Policy and Research,* 13, 2007, pp213–25

204 This is in stark contrast to the fields focussed on treatments for other forms of offending. These have not been plagued by emotive controversy, and so fresh practice has developed and effectiveness has increased (Andrews DA and Bonta J, *The Psychology of Criminal Conduct,* Cincinnati, US: Anderson Publishing Co., 2003)

in therapy (both specifically with offending behaviours and more generally) and about the aetiology (or causes) and dynamics of domestic abuse. Putting these two together, we know what is likely to work with men and women who have perpetrated domestic abuse. The characteristics of promising approaches are described in Chapter Six.

As had been said about other areas of policy: 'We know enough to take action, and we need to take action to know more'.[205]

3.7.3 Other therapeutic ways of addressing abusive behaviour

Recognising multiple forms of domestic abuse, and the multiple influences on it, leads to an array of effective interventions beyond those focussing on the violent behaviour of (typically male) perpetrators.

3.7.3.1 Addressing substance misuse

As reviewed in Chapter Two, perpetration of domestic abuse and substance misuse substantially overlap. The substance misuse treatment setting might be ideal for individual or group treatment directly targeted at reducing domestic abuse; it is less stigmatising than services targeted at 'perpetrators', and can be undertaken alongside treatment for the substance misuse issue. For some people, without tackling both problems there may be no long-term change in violent behaviour.

One of the few interventions that has proven efficacy in helping people stop abusing their partners is behavioural couples therapy.[206] This treatment targets both substance misuse and linked couple dynamics (which are also often linked to domestic abuse). It is an easy-to-implement treatment that could be cheaply rolled-out across substance misuse services. It is the intervention with most evidence of effectiveness for reducing domestic abuse after it has begun, albeit with perpetrators who also use substances, and do not engage in serious, coercively controlling violence.[207] A randomised controlled trial found that 18 per cent of men who were assigned to BCT with their partners reverted to abuse within 12 months compared to 43 per cent of men who were assigned to individual CBT for substance misuse.[208] This effect appeared to be due to changes not only in alcohol and drugs use but also a direct result of changes in the couple dynamics. BCT should not be confused with couples therapy for domestic abuse; it is focussed on the substance misuse problem and powerfully but indirectly reduces domestic abuse through addressing other dynamics and problems.

205 Stanley S, 'Making the case for premarital education', *Family Relations*, 50, 2001, pp272–80

206 See Chapter Six and NICE, *Drug Misuse: Psychosocial interventions: NICE Clinical Guideline 51,* London: National Institute of Clinical Excellence

207 Stover CS, Meadows AL and Kaufman J, 'Interventions for intimate partner violence: Review and implications for evidence-based practice', *Professional Psychology: Research and Practice,* 40, 2009, pp223–33

208 Fals-Stewart W, 'The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study', *Journal of Consulting and Clinical Psychology,* 71, 2003, pp41–52

3.7.3.2 Couples therapy

Couples therapy for couples where there is or has been abuse is controversial.[209] There is treatment either for individuals who have been involved in domestic abuse, or for couples who have not been; there is nothing for couples who want to explore staying together despite violence in the relationship. A large part of the reluctance to provide help jointly to couples stems from the traditional feminist perspective that domestic violence is a problem for the perpetrator alone to solve. There is a reasonable fear that providing therapy to the couple implies that there is a mutual problem to be solved, and that no-one is singularly responsible. There are also concerns that the neutral stance that family therapists are trained to adopt is not compatible with taking a clear moral stance against violence. Without therapists fully understanding the dynamics of power and control, it is easy to see how victims could feel further abused and silenced by the therapeutic process.[210]

On the other hand, failing to provide joint treatment to couples may unwittingly fail victims, and their families, who want to stay in relationships where there has been abuse (while there are still grounds for hope that behaviour can change). Without support, they are left to continue suffering abuse, but with it, there is an opportunity either for the relationship to heal, or for victims (and sometimes perpetrators) to find the clarity and confidence they need to end the relationship.

Moreover, not all domestic abuse neatly fits into a pattern of one person coercively controlling the other, and if there is mutual violence, treating one person's violence without attention to the other's is likely to be ineffective. Research shows that one person's violence predicts the others in a mutually reinforcing pattern.[211]

> 'In the argument you get to a point that you keep talking and you see suddenly that the other person reacts with her hands. You get to a point that you see that without hands, it will not help. You move onto the other person's method, you only understand his [sic] method.'
>
> Man in a violent relationship[212]

Even where only one person uses violence, there still may be reciprocal partner dynamics that help to maintain it. Addressing these can help the abuse to stop and help couples relate far better to each other. It can also bring about progress in other directions: by bringing the abuse into the open, it can help the victim to make clearer, more informed decisions about whether to remain in the relationship. More generally, couples therapy increases relationship satisfaction, which reduces the risk of abuse.

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209 Stith SM and McCollum EE, 'Conjoint treatment of couples who have experienced intimate partner violence', *Aggression and Violent Behavior,* 16, 2011, pp312–18

210 Jory B, Anderson D and Greer C, 'Intimate justice: Confronting issues of accountability, respect and freedom in treatment for abuse and violence', *Journal of Marital and Family Therapy,* 23, 1997, pp399–415

211 Capaldi DM, Shortt JW and Crosby L, 'Physical and psychological aggression in at-risk young couples: Stability and change in young adulthood', *Merrill-Palmer Quarterly,* 49, 2003, pp1–27

212   Eisikovits E and Buchbinder E, *Locked in a Violent Embrace: Understanding and intervening in domestic violence.* Newbury Park: Sage

So there is justification for making joint therapy available for couples where there has been abuse. On the other hand, for therapy to be both successful and ethical, certain safeguards should be put in place to avoid the victim being blamed or silenced, and to ensure that those who are perpetrating abuse take full responsibility for their actions.[213]

This nuanced approach to couples therapy has not been taken. Due to premature and ill-informed cautions, it remains untried and tested in the UK. This means that two groups of couples are left without the only form of help that is likely to be of any use to them: those in which the victim chooses to remain with the perpetrator and those in which there is mutual violence. These two groups represent the majority of people in violent relationships.

'So many of my friends don't bother with me now, they're fed up of helping me split up with my boyfriend only to go back to him again – I can understand why they're upset, he's broken apart our flat and beat me up so many times, but I can tell he wants to change, and you can't help who you love can you?'

Woman in an abusive relationship

3.8 Summary – time for a new narrative

While what might be termed the 'traditional feminist perspective' crucially broke new ground both in public awareness and policy concerning domestic violence, our research indicates a more nuanced approach is now called for if this pervasive social problem is to be effectively tackled. The 'patriarchy, power and control' analysis has not adapted to the emerging findings about the complexities of domestic abuse, and has limited the effectiveness of responses to victims, children and perpetrators.

We acknowledge that allowing more of a role to psychological, relational dynamics and other influences such as substance abuse risks downplaying the moral dimension to the problem, but argue against a simplistic either/or approach. It is vital to be aware of both psychosocial factors and perpetrator responsibility, and for both of these aspects to influence policy and practice. For example, the long-term safety of victims might be best achieved by emphasising both their lack of culpability for the abuse and psychological vulnerabilities that can increase their risk of remaining in an abusive relationship or entering a new one. This is not 'blaming the victim' but goes further to ensure that they and their children are able to move on. We have therefore challenged underpinning principles according to which many refuges and other services are run, and point to new ways forward for more constructive practice.

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213 For example, see Chapter Four and Stith SM and McCollum EE, 'Conjoint treatment of couples who have experienced intimate partner violence', *Aggression and Violent Behavior,* 16, 2011, pp312–18

Understanding the abusive couple relationship and the influences on it profoundly affects how we perceive and respond to children's needs. They are just as affected by abuse between their parents as abuse directed towards them, and recognising this must drive practice. If their parents remain together, children would benefit from their parents receiving support in ending the abuse. If their parents separate, they would benefit from their caregiving parent being supported in helping them recover and stay safe. They also need their abusive parent's parenting and wider behaviour to change. Thus, addressing the behaviour of and relationships between all family members is necessary for children to recover from the abuse and be safe in the long term.

Rehabilitating perpetrators should, we argue, also be done in a way that addresses psychological and relational dynamics. A respectful and open therapeutic approach that enables perpetrators to grapple with their difficulties in managing their emotions and the personal motivations behind their abusive behaviour is more likely to result in long-term change for them and their families than current approaches. We regret that decreased funding is available to address domestic abuse in many local contexts, but this makes it even more important that the programmes that are available are *effective*, even if they challenge deeply held beliefs in the sector and wider public attitudes about the inherent worth of perpetrators.

chapter four

Embedding effective approaches and preventing abuse

4.1 Introduction

Through gaining a better understanding of the drivers and effects of domestic abuse it becomes clear that a paradigm shift is required in the way we prevent and respond to the problem. Key messages for policy have emerged:

■ Domestic abuse has a profound impact upon everyone in the family;
■ Domestic abuse is about more than power, control and patriarchy;
■ An understanding of individual influences and dynamics is essential and compatible with a focus on responsibility;
■ Domestic abuse is most harmful when it involves strategies and patterns of coercive control.

These messages inform the principles we have concluded are essential for driving effective policy in this field:

■ Find and implement programmes and approaches that work;
■ Focus preventative efforts on helping people have the right experiences and skills early on;
■ Keep relationships central;
■ Consider healing and restoration alongside punishment and safety;
■ Find individualised and choice-based solutions;
■ Enable people to make their own changes;
■ Keep a focus on accountability;
■ Aim for the wellbeing of *all* parties, including children who have witnessed domestic abuse.

To summarise, preventing and counteracting domestic abuse and its impact, requires policy to be guided by a comprehensive understanding of the problem, a more general appreciation of the processes by which people move from troubled to stable relationships and a focus on effectiveness – not ideology. Acknowledging and addressing what makes people vulnerable to domestic abuse is vital for preventing further abuse, such as revictimisation. And mitigating its immediate and longer-term effects requires ensuring children and adults get the right (often relationship-based) help they need after witnessing or becoming a victim of domestic abuse.

In developing a new overarching perspective, we have not looked at niche solutions for specific forms of domestic abuse. Ending domestic abuse in its entirety requires nesting the policies recommended here within a broader response to social breakdown aimed at tackling its root causes.[214]

This section of the report leads with the importance of being evidence-based and, over the next four chapters, we outline policy recommendations to drive a much-needed fresh approach under the following headings: prevention, victims, perpetrators and children. Evidence for each policy indicates that their implementation would lead to a dramatic reduction in domestic abuse and its deleterious effects on individuals, families and society, drawing substantial savings over the short- and long-term. However, it is essential that all of the interventions we describe below are evaluated with a rigour that has to date been lacking in the field of domestic abuse.[215]

4.2 Ensuring effective intervention

4.2.1 Work towards social impact bond and payment-by-results models of delivery

Effectiveness and cost-effectiveness of interventions should drive choices around which interventions to implement and how to pay for them to ensure more people receive the help they need and realise substantial savings. Currently most interventions do not have proven effectiveness and are not commissioned according to this key criterion.

Payment-by-results allows service providers to be paid according to the effectiveness of the services they deliver.[216] One form of payment-by-results is the recently devised Social Impact Bond; this is an outcomes-based contract between service providers, investors and commissioners, in which investors provide up-front finance for a service, and the

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214 See also, for example, Centre for Social Justice, *Completing the Revolution: Transforming mental health and tackling poverty*, London: Centre for Social Justice, October 2011; Centre for Social Justice, *Strengthening the Family and Tackling Family Breakdown*, London: Centre for Social Justice, October 2011; Centre for Social Justice, *No Excuses: a review of educational exclusion*, London: Centre for Social Justice, September 2011; Centre for Social Justice, *Making Sense of Early Intervention*, London: Centre for Social Justice, July 2011

215 There has been some recent movement towards more evidence-based practice, for example NICE are currently developing guidance on how health services can identify, prevent and reduce domestic violence [accessed via: http://guidance.nice.org.uk/PHG/Wave20/60 (01/06/12)]

216 We are using the government's definition of payment-by-results, rather than that of the National Health Service. The NHS use the term payment-by-results in a misleading fashion, using the term to refer to paying providers according to how much of a service they deliver, not according to its effectiveness

commissioners pay back returns to the investors if the service provider brings about a specified level of positive change.[217]

The best known example is a pilot at HMP Peterborough where private and charitable investments of £5 million fund the St Giles Trust to mentor offenders returning to the community. If the charity is successful at reducing offending rates by at least ten per cent, £8 million will be paid back to investors by the Ministry of Justice, and this type of intervention will be rolled out further afield. Investors profit (many of whom then choose to reinvest these profits in further social justice projects), the government saves money overall through the reduction of offending, and offenders and wider society benefit in the short- and long-term as effective interventions are identified and implemented further afield.

> 'What works should therefore grow and what doesn't work will vanish.'
>
> Kenneth Clarke, Justice Secretary, discussing Social Impact Bond commissioning[218]

Other models of payment-by-results include those in which services are paid for directly by those services or sectors that are saving the money; for example, a project that helps perpetrators stop behaving abusively is paid for by the police, local authority, and health services who are saving money if it is effective. The more successful the perpetrator intervention service is, the higher the payment, and the greater the subsequent programme proliferation.

The complexities of this approach are recognised: there is a risk that service providers cherry-pick cases that are easier to achieve good results with, and realising actual cash savings to other services is very different from calculating theoretical savings, especially in situations where the majority of savings attach to fixed rather than variable costs (for example, the costs of police or health staff time, rather than police car fuel or the NHS drugs bill). However, these problems are not insurmountable. Innovative methods for achieving payment-by-results commissioning are currently being developed and have already been rolled out for example in the Work Programme, the Troubled Families initiative and elsewhere.[219] This approach has the potential to transform the efficiency and effectiveness of the domestic abuse sector – without adding costs to the taxpayer.

■ **We recommend that where domestic abuse services have evidence of their cost-effectiveness, they and the services they benefit work towards creating payment-by-results commissioning frameworks, including using social impact bonds.**

217 See descriptions of the Social Impact Bond model on the Social Finance website [accessed via: http://www.socialfinance.org.uk/work/sibs (01/06/12)]; Social Finance is an ethical investment bank working with the government to trial Social Impact Bond commissioning across a variety of sectors

218 BBC News, *Private backers fund scheme to cut prisoner reoffending,* 10 September 2012 [accessed via: http://www.bbc.co.uk/news/uk-11254308 (15/06/12)]

219 Centre for Social Justice, *Commissioning Effective Talking Therapies,* London: Centre for Social Justice, April 2012

4.2.2 Embed comprehensive evaluation within all interventions

Most services, however, are a long way from payment-by-results commissioning because they do not routinely measure their outcomes (for example, by asking how many perpetrators worked with continue to abuse, how many victims are revictimised, how many children of those victims live in abuse-free homes, and what proportion have more secure relationships with their parents).

> There is a clear focus on outcomes in the Ministry of Justice's recently published consultation paper *Getting it right for victims and witnesses* which states: 'Services should receive funding depending on whether they are able to achieve [these] outcomes, based on evidence, and the outcomes should be reflected in a consistent commissioning framework'.[220]

Services should receive funding depending on whether they are able to achieve their aims. Specific outcomes should be developed to capture their aims, reflected in a consistent commissioning framework and measured by the service.

Additionally, by measuring other aspects of the service beyond effectiveness, such as client and stakeholder satisfaction and staff performance, services can also be refined to become more effective, cost-effective and even more ethical. Through routine evaluation, even without payment-by-results, the landscape changes to include more effective services and fewer ineffective ones.

Evaluation is often considered an optional extra and this has contributed to stagnation in the field. Part of the problem is that many outcomes are hard to measure, particularly when the families involved are often chaotic and lose touch with services. Good outcome measurement requires resources which are typically in short supply.[221] Yet without ensuring all services are working towards ending domestic abuse, victims, families and funders are short-changed. Embedding good, shared evaluation practice across the sector is attainable, not least because of the emergence of CAADA Insights, a team that provides domestic abuse services with all the tools and ongoing support they need to engage in evaluation.[222] Widespread use of standardised evaluation tools and dissemination of findings would build up a clear picture of what works for whom in domestic abuse services. If local commissioners were able to access nationally aggregated and analysed information this would make it far easier for them to invest confidently in effective services.

> ■ **We recommend that all domestic abuse services put in place processes for routine evaluation. Evaluation should include measurement of desired outcomes, staff performance, and client and stakeholder satisfaction. Evaluation should be part of services' contracted role and results, and built into budgets. Local authority and other commissioners should work towards only funding services which are subject to evaluation and provide evidence of their effectiveness.**

220 Ministry of Justice, *Getting it right for victims and witnesses*, London: Ministry of Justice, January 2012, p18
221 The Donkey Sanctuary in the UK gets £3 million more in income than the top three UK domestic violence charities combined (£20 million as opposed to £17 million): *New Philanthropy Capital's Blog,* 'Why I don't support animal charities', October 2009 [accessed via: http://newphilanthropycapital.wordpress.com/2009/10/22/why-i-dont-support-animal-charities/ (02/07/12)]
222 CAADA, Insights for domestic abuse services [accessed via: www.caada.org.uk/research/insights (11/01/12)]

4.2.3 More effective service user involvement

Achieving real and effective service-user involvement[223]

- Ensure that service user involvement is part of a service's contracted role and results;
- Build it into budgets;
- Involve people whose lives are changed by the service beyond the immediate service-user (for example, victims and children in perpetrator service evaluation);
- Create an agreed procedure, including the actual participation or consultation, the mechanism for converting results into actions, and the mechanism for reviewing the actions and feeding back;
- Think beyond mere consultation (for example, users involved in running or directing the service, or leading specific projects such as creating social campaign media);
- Check, when designing and evaluating service-user involvement, that it always comes with real power;
- Use groups of service users to advise the service, as compared to including a survivor in an otherwise all-professionals meeting;
- Build it into routine, day-to-day practice (for example, exit questionnaires, consultation slots at all policy meetings);
- Reduce bureaucracy in service-user involvement as much as possible;
- Have processes for ensuring confidentiality and safety of those users involved;
- Have processes for ensuring involvement is fair and equal – ideally provide payment, at a minimum provide expenses, interpreting facilities and disability access;
- Ensure that the opinions different from the status quo of the service are sought, heard and taken seriously (for example, those different from a traditional feminist approach);
- Provide training and support to help service users effectively participate and gain from the experience (for example, preparation for handling professional meetings; a space to talk about any negative feelings following participation);
- Keep it human:

  'The humanness of trying it is what is so important and is often overlooked by boring procedures and doing it because you feel you have to… you need to do it on a deep 'felt and lived' level as human beings, as equals in the endeavour'.

  Survivor now active in domestic abuse policy work[224]

Evaluation should begin at the service design stage, with an understanding of service users' needs and perspectives. Despite service user involvement becoming part of official rhetoric, a comprehensive research project examining the practice of domestic abuse victim services found that relatively few genuinely listened to and acted on the voices of

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223 Many of these are derived from Gill Hague and Audrey Mullender's practical guidance on service-user involvement for victim services, expanded to apply to *all* types of domestic abuse services; Hague G and Mullender A, *'Professionals by experience': A Guide to Service User Participation and Consultation from Domestic Violence Services*, Bristol: Women's Aid, 2002; Hague G and Mullender A, 'Who listens? The voices of domestic violence survivors in service provision in the United Kingdom', *Violence Against Women*, 12, 2006, pp568–587 Hague G and Mullender A, 'Who listens? The voices of domestic violence survivors in service provision in the United Kingdom', Violence Against Women, 12, 2006, pp568–587

224 Hague G and Mullender A, 'Who listens? The voices of domestic violence survivors in service provision in the United Kingdom', *Violence Against Women*, 12, 2006, pp568–587

their users.[225] This was especially the case for statutory services. Service user involvement is often treated as a 'tick-box' exercise yet when done effectively it makes services more focussed, responsive and, therefore, cost-effective. Service users have different perspectives on issues such as confidentiality, relational dynamics and safety, and involvement of victim/survivor service-users in particular acts as an antidote to the crushing effects of domestic abuse on their self-esteem and identity. It is equally important to give children a voice in services that aim to improve their lives and wellbeing (including those focussed on their parents).

> ■ We recommend that service user involvement in the design, practice and evaluation of domestic abuse services be built into their contracts and budgets.

4.3 Prevention

4.3.1 Intervention after domestic abuse is also prevention

Most of the policies we recommend that focus on intervention *after* domestic abuse would also dramatically help to *prevent* domestic abuse – for example, by helping perpetrators stop their abusive practices, supporting victims in avoiding revictimisation, and intervening with affected children so that they grow up secure, unharmed and therefore at low risk of entering into abusive relationships themselves. In other words, they are tertiary forms of prevention.

We also recommend four policies of primary and secondary prevention outlined below.

4.3.2 Build strong parent-child relationships in the early years

Any overarching strategy designed to prevent domestic abuse must start with the early years. As many recent reports have outlined, building positive caregiver-child relationships in the early years lays the foundations for secure relationships throughout life. Children who know they are loved and cared for and who have had the opportunity to learn a variety of interpersonal skills are unlikely to grow up feeling that they need to use violence in relationships or that they must accept it from others.

Table 4.1 highlights some of the policy recommendations from recent child-focussed reports that, via their impact on a child's relationships, have the potential to substantially reduce domestic abuse in the next generation.

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225 Hague G, Mullender A and Aris R, *Is Anyone Listening? Accountability and Women Survivors of Domestic Violence,* London: Routledge, 2003

Table 4.1: Preventing domestic abuse by intervening in the early years	
Policies that encourage more adoptions and ensure parents receive better support	*The Narey Report on Adoption*[226]
Universal and intensive/targeted health visiting services	*The Next Generation*, CSJ[227]
Maternal and infant mental health provision	*Completing the Revolution*, CSJ[228]
Investment in programmes with proven effectiveness such as 'Incredible Years'	*Early Intervention: Smart Investment, massive saving* (second report from Graham Allen MP)[229]

4.3.3 Encourage positive relationships in schools

4.3.3.1 School cultures that encourage positive relationships

School-based interventions designed to prevent abuse are more effective when they are supported by a whole-school approach that communicates respect in relationships.[230] When schools are unconducive to abusive relationships the whole school population benefits, not just those caught up in these relationships.[231]

At a minimum a whole-school approach should include a clearly communicated and rigorously implemented policy against sexual bullying. It could also include providing counselling and mentoring services for students (such as those provided by the Place2Be and Chance UK); building an awareness of abuse and respect in subjects across the curriculum (for example, history lessons looking at violence in relationships through the ages; and English literature studying books that raise awareness of relational dynamics and power imbalances); identifying teachers offering guidance on relationship issues; and creating links with specialist voluntary sector organisations, for example Love4Life and Womankind, who may input to the school in a variety of ways, including providing respectful relationship training to students or staff.[232, 233, 234, 235]

4.3.3.2 Relationship education in schools

As a society we are just beginning to notice the very high prevalence of adolescents in abusive dating relationships, and relationship patterns set in adolescence may come to define

226 Narey M, *The Narey Report on Adoption*, London: The Times, July 2011

227 Centre for Social Justice, *The Next Generation, A policy report from the Early Years Commission*, London: Centre for Social Justice, September 2008

228 Centre for Social Justice, *Completing the Revolution: Transforming mental health and tackling poverty*, London: Centre for Social Justice, October 2011

229 Allen G, Early Intervention: *Smart Investments, Massive Savings. The Second Independent Report to Her Majesty's Government Graham Allen MP*, London: The Cabinet Office, July 2011

230 Centre for Social Justice, *Completing the Revolution*, London: Centre for Social Justice, October 2011, pp123–125

231 Ormerod AJ, Collinsworth LL and Perry LA, 'Critical climate: Relations among sexual harassment, climate and outcomes for high school girls and boys', *Psychology of Women Quarterly*, 32, 2008, pp113–125

232 Centre for Social Justice, *Completing the Revolution*, London: Centre for Social Justice, October 2011, pp124–5

233 Centre for Social Justice, *Making sense of Early Intervention*, London: Centre for Social Justice, July 2011, pp5–6

234 Love4Life [accessed via: http://www.twentytwenty.org.uk/index.php?option=com_content&view=article&id=110&Itemid=101]

235 Womankind [accessed via: http://www.womankindbristol.org.uk/helpline.htm]

relationships in adulthood.[236] There is evidence to suggest that programmes aimed at helping adolescents develop non-violent, equality-based relationships are effective in increasing understanding of domestic abuse, encouraging appropriate attitudes and reducing abusive behaviours.[237]

> A quarter of adults feel that helping young people to develop healthy relationships is the single most important action to prevent domestic abuse.[238]

Preventive efforts located in secondary schools are ideal as they engage with the majority of adolescents, who are a key target population at a formative stage of self-development. Beliefs, identities and relationship skills are fluid and developing and potentially more open to influence than in adulthood. However it is not clear from the current research base which programmes work best.

The Government is launching 'a youth prevention campaign to tackle teenage relationship violence' which will 'encourage teenagers to re-think their views of acceptable violence, abuse or controlling behaviour in relationships and direct them to places for help and advice'.[239]

We recommend that any preventive programme aimed at adolescents goes beyond changing attitudes and signposting, and includes components that build relationship skills and help young people find positive relational experiences. Nowadays there is widespread awareness that violence is unacceptable. However, we heard from our consultees that young people can struggle to apply this awareness in their relationships, and lack the skills and possibly the emotional motivators to do so. Not only may attitude-focussed programmes have few attitudes in their target audience to change, they may produce backlash effects.[240] In particular programmes that teach the power, control and patriarchy model of abuse may provoke defensiveness in male adolescents and result in them endorsing more misogynistic attitudes.

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236 Barter C, McCarry M, Berridge D and Evans K, *Partner Exploitation and violence in teenage intimate relationships*, London: NSPCC, 2009; Barter C, Berridge D and Wood M, *Standing on my own two feet: Disadvantaged teenagers, domestic violence and coercive control,* London: NSPCC, 2011

237 Antle BF, Sullivan DJ, Dryden A, Karam EA, Barbee AP, 'Healthy relationship education for dating violence prevention among high-risk youth', *Children and Youth Services Review,* 33, 2011, pp173–79; Busch-Armendariz NB, Kalergis K, Little A, Woo H, Garza J and Ross T, *An evaluation of the Texas Team's Teen Dating Violence Awareness and Prevention Toolkit.* Texas: University of Texas, 2008; Foshee VA, Bauman KE, Ennett ST, Linder GF, Benefield T and Suchindran C, 'Assessing the long-term effects of the safe Dates Program and a booster in preventing and reducing adolescent dating violence victimization and perpetration', *American Journal of Public Health,* 94, 2004, pp619–24; Whitaker DJ et al, 'A critical review of interventions for the primary prevention of perpetration of partner violence', *Aggression and Violent Behavior,* 11, 2006, pp151–66

238 CSJ/YouGov polling, May 2011

239 Home Office, *Call to End Violence Against Women and Girls: Action Plan,* London: Home Office, 2011, p4

240 Hilton NZ, Harris GT, Rice ME, Smith Krans T and Lavigne SE, 'Antiviolence education in high schools', *Journal of Interpersonal Violence,* 13, 1998, pp726–42; Jaffe P G, Suderman M, Reitzel D and Killip SM, 'An evaluation of a secondary school primary prevention programme on violence in intimate relationships', *Violence and Victims,* 7, 1992, pp129–46; Jones LE, 'The Minnesota School Curriculum Project: A statewide domestic violence prevention project in secondary schools' in Levy B (ed), *Dating Violence: Young Women in Danger*, Seattle: The Seal Press, 1991, pp258–66

Instead we advocate programmes that build a) the motivation to form equal, respectful relationships and b) the skills with which to do so (such as Within my Reach and Appreciative Enquiry).[241] Programmes have to move beyond theory and experiential work is vital. Role plays of situations relevant to adolescent life, interviews with opposite sex peers about their experiences as a girl or boy (an example of empathy-focussed work), and skill-based homework tasks, are all ways of inviting young people to explore for themselves what type of relationships they want and can have, and help them develop the skills to achieve them.

The majority of young people aspire to a lifelong happy relationship with one partner, and in the shorter-term would like mutually respectful friendships and romantic relationships.[242] Programmes that draw out these aims and help young people to achieve them will be more successful at reducing abusive relationships than those that 'go against the grain' by focussing on awareness-raising of negative attitudes and challenging them.

> ■ We recommend that a core module focussed on helping adolescents to build equal and non-abusive relationships is included within the curriculum (e.g. in PSHE, Citizenship or run during tutor group time) and is backed up by a supportive school culture and learning across other subjects. To be most effective this module should not be delivered through a didactic approach but rather should a) focus on building motivation and skills, b) be interactive and empathy-focussed and c) be of sufficient duration.

4.3.4 Help for high-conflict couples at key transition points

We know that economic disadvantage and relationship conflict are interrelated risk factors for domestic abuse. Additionally domestic abuse often increases in frequency during pregnancy and stressful life transitions (for example, the early years of parenting).[243] This knowledge base pinpoints a high-risk group of couples (those who are starting families with low income and high conflict) in need of targeted help aimed at preventing the start or escalation of violence.

In earlier reports, the CSJ proposed the development and national roll-out of streams of Couple and Relationship Education (CRE) programmes focussed on key family stages.[244] There is good evidence that CRE programmes are effective in improving couples' relationships.[245]

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241 [Accessed via: www.withinmyreach.com (23/07/12); McAdam E and Lang P, *Appreciative Work in Schools: Generating Future Communities,* Chichester: Kingsham Press, 2009]

242 Nine out of ten young people say they would like to get married in the future according to Opinion Research Business, *Young People's Lives in Britain Today*, London: The Opinion Research Business, 2000

243 Burch RL and Gallup GG, 'Pregnancy as a stimulus for domestic violence', *Journal of Family Violence,* 19, 2004, pp243–247; Fantuzzo JW and Fusco RA, 'Children's direct exposure to types of domestic violence crime: A population-based investigation', *Journal of Family Violence,* 7, 2007, pp543–552; Slep G and O'Leary SG, 'Parent and partner violence in families with young children: Rates, patterns and connections', *Journal of Consulting and Clinical Psychology,* 73, 2005, pp435–44

244 Centre for Social Justice, *Breakthrough Britain: Family Breakdown*, London: Centre for Social Justice, July 2007; Centre for Social Justice, *Family Law Review*, London: Centre for Social Justice, November 2011

245 For example, Blanchard VL, Hawkins AJ, Baldwin SA, Fawcett EB, 'Investigating the effects of marriage and relationship education on couples' communication skills: A meta-analytic study', *Journal of Family Psychology,* 23, 2009, 203–14

They appear to work best with high-risk couples at developmental points in their relationship and when they focus on the factors that place couples at risk of violence (in particular conflict patterns).[246, 247] As skills-based group programmes, they are much cheaper than traditional couple therapy.

CRE programmes are widely available in the US and Australia. There are several that have been shown to reduce conflict in high-risk couples:

- Creating Healthy Relationships Program (CHRP); this has been shown to improve relationship satisfaction and skills, and reduce conflict in violent, low income couples;[248]
- Self-Regulatory Prevention and Relationship Enhancement Program (Self-PREP); in a four-year follow-up study, high-risk couples who attended this programme had higher relationship satisfaction than control couples;[249]
- Domestic Violence Focussed Couples Treatment; a study found that only 25 per cent of violent couples who attended this programme continued using violence compared to 66 per cent of a control group and 43 per cent attending individual couple therapy.[250, 251]

There is thus a strong rationale for training facilitators to deliver programmes with proven effectiveness to high-risk couples in the UK to reduce domestic abuse. We propose that one or more of these programmes are offered to couples at antenatal and postnatal healthcare appointments who are in low-income neighbourhoods, therefore targeted at an at-risk group. It is anticipated that the highest risk couples with regular conflict would be more likely to take up the offer. Additionally, proactive outreach to draw in couples and local social marketing campaigns (see Chapter Six) encouraging high-conflict couples to self-refer are likely to be effective means of engagement. CRE programmes will be most attractive and non-stigmatising when they are badged as a universal offer for couples who want to improve their relationship rather than for 'problem couples' or 'abusive couples'.

We propose that these programmes are offered in Sure Start Children's Centres where possible, for example at evenings and weekends, and so become part of the transformation of Sure Starts into 'Family Relationship Hubs' helping to fulfil the initial

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246 For example, Bradley RPC, Friend DJ and Gottman JM, 'Supporting healthy relationships in low-income, violent couples: Reducing conflict and strengthening relationship skills and satisfaction', *Journal of Couple and Relationship Therapy,* 10, 2011, pp97–116; Halford WK, Markman HJ, Kline GH and Stanley SM, 'Best practice in couple relationship education', *Journal of Marital and Family Therapy,* 29, 2003, pp385–406; Halford WK, Sanders MR and Behrens BC, 'Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program', *Journal of Family Psychology,* 15, 2001, pp750–68

247 The caveat here is that although they may be particularly useful for couples with high conflict (in some leading to violence), they are unlikely to be useful for couples where abuse centres around controlling and coercive strategies as they do not acknowledge and work with power differences. Hence we propose CRE for domestic abuse cases which correspond more to situational couple violence than coercive control

248 Bradley RPC, Friend DJ and Gottman JM, 'Supporting healthy relationships in low-income, violent couples: Reducing conflict and strengthening relationship skills and satisfaction', *Journal of Couple and Relationship Therapy,* 10, 2011, pp97–116

249 Halford WK, Sanders MR and Behrens BC, 'Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program', *Journal of Family Psychology,* 15, 2001, pp750–68

250 While this is a therapy rather than a relationship education programme, there is enough overlap for it to be placed in the same category; the main difference is that this approach contains more elements that focus on each individual couple's strengths and communication patterns

251 Stith SM, Rosen KH, McCollum EE and Thomsen CJ, 'Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy', *Journal of Marital and Family Therapy,* 30, 2004, pp305–18

aims of Sure Start – to strengthen families and make family breakdown and dysfunction less likely.[252, 253, 254]

> ■ We recommend that the government, local authorities and other commissioners/funders (including agencies that benefit from local reductions in domestic violence) build on current relationship support through Couple and Relationship Education Programmes which have proven effectiveness in improving relationships in couples at risk of violence. Given the importance of family stability to children's outcomes, this should become an important aspect of Troubled Families programmes. There is a strong role for voluntary and community organisations to play in delivering programmes in disadvantaged areas and at accessible locations, such as Sure Start Children's Centres and GP surgeries.

> ■ We recommend that budgets for CRE provide for outreach and a locally-informed social marketing campaign designed to draw the target group into the programme, as well as adaptation of effective programmes to UK couples and evaluation of programmes in order to determine whether they significantly reduce domestic abuse in UK at-risk couples.

Initial assessment of couples' suitability will be essential, in particular to determine whether there is already violence occurring (see below). CRE programmes should only be offered if abuse more closely corresponds to 'situational couple violence' than coercive control (see Chapter Two), the couple are both motivated to stay together, and the violent partner(s) can commit to a no-harm contract that is regularly reviewed by those running the programme (see box below describing essential guidelines for couples therapy). If clear abusive dynamics emerge during the programme, facilitators should have clear referral routes to more specialist support and intervention (including child protection and help for domestic abuse victims).

4.3.5 Prevention of ongoing and future abuse where couples want to explore staying together

Currently, nearly all help offered to victims takes as its starting point the break-up of the abusive relationship. But many people experiencing domestic abuse do not want the relationship to end, they simply want the abuse to end. If this desire is dismissed, they are left in their abusive relationship without any support. On the other hand, if it is taken seriously, the provision of therapeutic support could help the perpetrator(s) cease his or her abusive behaviour, and/or clarify for one or both parties that the relationship does need to end. The

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252 Many Sure Start centres have sizeable properties that remain empty in evenings and weekends; we would like to see these used for an extended out-of-hours service to families and couples in need

253 The CSJ has previously recommended the national roll-out of so-called Extended Sure Start centres or Family Relationship Hubs; see Centre for Social Justice, *Breakthrough Britain: The Next Generation*, London: Centre for Social Justice, September 2008 and Centre for Social Justice, *Family Law Review,* London: Centre for Social Justice, November 2011. Essentially these follow the model of Family Relationship Centres in Australia which offer relationship-focussed services in the community

254 Centre for Social Justice, *Strengthening the Family and Tackling Family Breakdown Fatherlessness, dysfunction and parental separation/divorce*, London: Centre for Social Justice, October 2011, p3

aim of therapy is not to keep couples together at all costs, rather it is to bring an end to abusive relationships – either through helping the couple transform their relationship into one that is harmonious, or through giving the couple, especially the victim, the space and acknowledgement they need to end it and move on.

In sum, providing help only when victims want to leave the relationship leaves a large proportion without support, and can contribute to the maintenance of abuse or its perpetration against future partners.

The group of couples who want to explore staying together are effectively discriminated against and left at risk by policies and interventions that treat the break-up of their relationship as a necessary starting point for help. This has a knock-on effect upon their children, as parents are left without the help they need to build a harmonious relationship that provides the base for their children's sense of peace and safety.

74 per cent of adults with an opinion (63 per cent of total adults) think that it would be effective to provide more therapeutic help to couples whose relationship has contained abuse, but who now want to explore sorting it out and staying together.[255]

255 CSJ/YouGov polling, May 2011

Changing abusive relationships into healthy relationships

Sandra Stith and her colleagues in the US have developed their joint couples therapy approach to work ethically and effectively with couples where there has been violence.[256] For the therapy to help mend relationships and avoid worsening or colluding with abuse, it operates within a framework of guidelines, such as:

■ Individually and comprehensively assess each partner; this helps to exclude those couples for whom joint therapy is unlikely to be helpful, for example where at least one partner fears that the therapy might increase abuse or where the perpetrator is blaming his or her abuse on the other;

■ Provide initial individual therapy for the perpetrator(s); this teaches some rudimentary self-management skills and makes them more aware of their responsibility;

■ Train all therapists in domestically abusive dynamics; they need to be able to recognise different types of abuse and implement strategies to help maintain safety for the victim(s);

■ Be accountable to other community services involved with families where there is domestic violence.

This and other promising approaches practically apply a 'both/and' perspective: only the person who enacted abuse is held responsible for it, whilst at the same time, the key dynamics between the couple are acknowledged and addressed.[257]

Case study: My Time – counselling and therapy to help families resolve their problems

Nafeed and Salma are British Pakistani and have four children, one with special needs. Salma was born in the UK whilst Nafeed came in his early twenties to marry. Nafeed had low self-esteem, was unemployed and started to drink. Whilst drinking, he would get angry and the police had to intervene on occasions and involve the Domestic Violence Unit. The children were registered as Children in Need and the family referred to My Time by Social Services and the local MARAC. Nafeed was asked to leave the family home whilst attending counselling. The couple received one-to-one counselling separately, with Nafeed receiving counselling in Urdu by a male British Pakistani counsellor and Salma by a British Asian women counsellor. The couple came together with a separate counsellor. Nafeed had access to advice on training and employment and attended horticulture therapy. He also attended sessions from a specialist alcohol agency.

At the end of the intervention both Nafeed and Salma felt confident to manage any future behaviour and had strategies in place (Nafeed recognised his behaviour was negative and had developed strategies to deal with frustration and anger without reverting to domestic violence). It was agreed that Nafeed would return home. Changes in behaviour which showed the children were now safe enabled the family to be withdrawn from child protection measures.

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256 For example, Stith SM and McCollum EE, 'Conjoint treatment of couples who have experienced intimate partner violence', *Aggression and Violent Behavior*, 16, 2011, pp312–18

257 Other approaches include that of Virginia Goldner (see Goldner V, 'Morality and multiplicity: Perspectives on the treatment of violence in intimate life', *Journal of Marital and Family Therapy, 25*, 1999, 325–336) and Collaborative Language Therapy as applied to domestic abuse by Susan Levin (Levin SB, 'Hearing the unheard: Advice to professionals from women who have been battered', in Anderson H and Gehart D (eds), *Collaborative therapy: Relationships and conversations that make a difference,* New York: Routledge, 2007, pp109–128)

> ■ We recommend that Couple Relationship Education and therapy programmes for high-risk couples do not exclude couples who have experienced abuse in their relationship but want to explore staying together. Instead we recommend that individuals/couples in such relationships are referred to effective and evaluated couples therapy and education provided by therapists trained in ethical practice and in dealing with the dynamics of domestic abuse cases. Appropriate safeguards and selection criteria should be applied to minimise unethical and unhelpful practices. Most notably CRE programmes should only be offered if abuse more closely corresponds to 'situational couple violence' than coercive control.
>
> Again, this should become an important aspect of Troubled Families programmes as domestic abuse is an issue that could be affecting around 80 per cent of the families that this national initiative is aiming to turn around before the next general election.[258]

4.4 Summary of recommendations to ensure practice is effective and to prevent domestic abuse

4.4.1 Ensuring effective intervention

> ■ We recommend that where domestic abuse services have evidence of their cost-effectiveness, they and the services they benefit work towards creating payment-by-results commissioning frameworks, including using social impact bonds.

> ■ We recommend that all domestic abuse services put in place processes for routine evaluation. Evaluation should include measurement of desired outcomes, staff performance, and client and stakeholder satisfaction. Evaluation should be part of services' contracted role and results, and built into budgets. Local authority and other commissioners should work towards only funding services which are subject to evaluation and provide evidence of their effectiveness.

> ■ We recommend that service user involvement in the design, practice and evaluation of domestic abuse services be built into their contracts and budgets.

4.4.2 Prevention

> ■ We recommend that a core module focussed on helping adolescents to build equal and non-abusive relationships is included within the curriculum (e.g. in PSHE, Citizenship or run during tutor group time) and is backed up by a supportive school culture and learning across other subjects. To be most effective this module should not be delivered through a didactic approach but rather should a) focus on building motivation and skills, b) be interactive and empathy-focussed and c) be of sufficient duration.

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258 Lecture on Troubled Families, Louise Casey, 28 February 2012 – figure refers to the London Borough of Croydon

■ We recommend that the Government, local authorities and other commissioners/funders (including agencies that benefit from local reductions in domestic violence) build on current relationship support through Couple and Relationship Education Programmes which have proven effectiveness in improving relationships in couples at risk of violence. Given the importance of family stability to children's outcomes, this should become an important aspect of Troubled Families programmes. There is a strong role for voluntary and community organisations to play in delivering programmes in disadvantaged areas and at accessible locations, such as Sure Start Children's Centres and GP surgeries.

■ We recommend that budgets for CRE provide for outreach and a locally-informed social marketing campaign designed to draw the target group into the programme, as well as adaptation of effective programmes to UK couples and evaluation of programmes in order to determine whether they significantly reduce domestic abuse in UK at-risk couples.

■ We recommend that Couple Relationship Education and therapy programmes for high-risk couples do not exclude couples who have experienced abuse in their relationship but want to explore staying together. Instead we recommend that individuals/couples in such relationships are referred to effective and evaluated couples therapy and education provided by therapists trained in ethical practice and in dealing with the dynamics of domestic abuse cases. Appropriate safeguards and selection criteria should be applied to minimise unethical and unhelpful practices. Most notably CRE programmes should only be offered if abuse more closely corresponds to 'situational couple violence' than coercive control.

Again, this should become an important aspect of Troubled Families programmes as domestic abuse is an issue that could be affecting around 80 per cent of the families that this national initiative is aiming to turn around before the next election.[259]

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259 Lecture on Troubled Families, Louise Casey, 28 February 2012 – figure refers to the London Borough of Croydon

chapter five

Pathways out of victimisation

In this chapter we focus on improving the policy response for victims of domestic abuse by:

- Promoting universal, accessible help for victims;
- Recognising factors which increase people's vulnerability to being abused, and re-abused;
- Responding to the impact of domestic abuse on victims; and
- Acknowledging what children say: listening to those who have been affected by domestic abuse is vital to providing useful support.[260]

5.1 Ensuring high-risk victims receive help and achieve safety as early as possible

5.1.1 National provision of IDVAs and nationwide MARACs

In Chapter Three we noted how the relatively recent introduction of Independent Domestic Violence Advocates (IDVAs) and the associated Multi-Agency Risk Assessment Conferences (MARACs) have transformed the response to high-risk victims of domestic abuse.

The success and popularity of the MARACs and IDVAs mean that their number has steadily increased around the UK. There are now approximately 250 MARACs and 450 IDVAs. National MARAC coverage has now been achieved, however an estimated 600 IDVAs in total are required for adequate national coverage. Funding needs to be secured for those in post, as well as for the expansion of the network of IDVAs to achieve full coverage.

One hundred and fifty further IDVAs will cost the public purse approximately £6 million (these would ideally be based in a hospital or other healthcare setting as this is where the majority of victims are first seen, thus enabling early intervention).

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260 Radford L, Aitken R, Miller P, Ellis J, Roberts J and Firkic A, *Meeting the needs of children living with domestic violence in London: Research Report,* London: NSPCC and Refuge, 2011b

Multi-agency working and advocacy – a transformed approach to high-risk victims

In 2005 Diana Barran set up the charity Co-ordinated Action Against Domestic Abuse (CAADA) to help high-risk victims who were repeatedly missed (and therefore went on to suffer further abuse, even death) because of under-investment and a lack of co-ordination amongst agencies.

With the support of other voluntary agencies and leadership from the Home Office, CAADA co-ordinated the roll out of Multi-Agency Risk Assessment Conferences (MARACs) and Independent Domestic Violence Advisors (IDVAs).

MARACs are voluntary, typically fortnightly, meetings where representatives from key agencies such as police, housing, child protection and health, together with IDVAs, share information about high-risk cases in order to produce a co-ordinated action plan to increase victims' and their children's safety. IDVAs, typically nested within existing specialist domestic abuse charities, play a key part in the overall process of improving victim safety by co-ordinating the implementation of the agreed action plan and working with victims directly from the moment of crisis until completion of this plan.

There are several key principles underpinning the way in which CAADA operates, perceived to be essential to the sustainability of the MARAC and IDVA model. These include cost-effectiveness, evaluation and quality assurance. In keeping with these principles, CAADA offers training to all IDVAs and MARAC representatives, operates a research department embedding simple outcome measurement in MARAC and IDVA services, and has a team of regional MARAC Development Officers who work with local MARACs to improve and share the learning from their practice.

As a result, MARACs and IDVAs have been rolled out nationally and have helped to transform the support that high-risk victims receive, with the best being highly effective. In the past 12 months there were over 55,000 cases involving over 73,000 children heard at a MARAC. CAADA has been able to report very positive outcomes and cost-effectiveness. At an average of six months after a MARAC meeting, 60 per cent of high-risk victims report no further violence, threats of violence, sexual abuse, stalking or harassment.[261] This is a major achievement given that prior to intervention, many victims had been living with abuse for considerable lengths of time.[262]

CAADA's conservative analysis of cost-effectiveness demonstrates that for every £1 spent on MARACs, at least £6 can be saved to public services on a three year view; the cost for national coverage is £120 million and potential gross savings from national coverage are £740 million.[263] These savings include those to police, health, housing and children's services. The average cost of one case of high risk domestic abuse is £20,000 and CAADA estimates that over the past five years the number of high risk victims has been reduced from 120,000 to 100,000.[264]

The MARAC and IDVA model is effective at improving the safety of high-risk victims, is demonstrably cost-effective and it also makes sense. Professionals who had previously struggled to help victims find safety feel more confident that action plans will work. For example, prior to MARACs the high-risk nature of a case might not have been apparent to all agencies involved leading to confidential information about the victim (for example, that she or he had sought help) being shared with the perpetrator and a resulting escalation in abuse. Now information sharing keeps all parties in the picture and action planning holds them clearly accountable.

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261 Co-ordinated Action Against Domestic Abuse, *Saving Lives, saving money: MARACs and high risk domestic abuse,* Bristol: CAADA, 2010
262 It is hard to be exact about the merits of the IDVA and MARAC model compared to 'business as usual' as it would be unethical and dangerous to conduct research that gives some high-risk victims a robust intervention whilst leaving others, as a control group, without it.
263 Ibid; statistical analysis by CAADA independently verified by New Philanthropy Capital
264 Ibid and Walby S and Allen A, *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey: Home Office Research Study no 276,* London: Home Office, 2004

These extra IDVA posts would save public services an estimated £30 million annually through their impact on high-risk victims.[265]

Without further expansion of this proven model many victims are unable to escape abuse and are at risk of serious harm. This is likely to worsen as recently announced cuts are made to IDVA services.[266] Although cutting IDVA services might be an easy save for local authorities, it has significant cost implications – adding to rather than reducing the deficit.

5.1.2 A better health-based response

Opportunities have to be made easily available in victims' day-to-day lives for them to access safe help, as otherwise it will remain beyond the reach of a large proportion. Many victims are not able to assertively seek out help because a) they do not readily self-identify as being victims of domestic abuse and/or b) they are trapped by the fear and isolation engendered by coercive and controlling forms of abuse. Significant numbers of victims have no contact with the criminal justice system but the vast majority usually have some contact with health services, so an effective response from health services is vital. Basing IDVAs in hospitals and co-locating them with other professionals such as health visitors in GP surgeries and Sure Start Children's Centres would dramatically improve early identification and support (see box below). This co-location would work best if it is complemented by a skillful approach from health professionals – they need to enable victims to make disclosures, respond empathically and take practical steps to link them to intervention services such as IDVAs.

CAADA has found that the average length of time it took a victim to access an IDVA after the onset of abuse was approximately five and a half years when they were based in non-healthcare settings, such as police stations.[267] Early evidence from their ongoing research suggests this time can be significantly shortened when IDVAs are based in healthcare settings (such as antenatal, postnatal, minor injury, and emergency departments).[268]

Earlier identification can make all the difference to the long-term impact on a victim (including life or death) and their children,[269] for whom every year represents a substantial period of development. (Certain groups of victims find it particularly difficult to seek help from the police, such as people from BME communities.)

265 CAADA estimate based upon cost benefit analysis methodology used in Co-ordinated Action Against Domestic Abuse, *Saving Lives, Saving Money: MARACs and high risk domestic abuse,* Bristol: CAADA, 2010

266 CAADA press statement, 'The perfect storm: funding cuts to domestic abuse charities and other public services leave thousands of victims at risk of severe harm', 5 March 2011 [accessed via: www.caada.org.uk (28/06/12)]

267 Howath E, Stimpson L, Barran D and Robinson A, *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services,* London: The Henry Smith Charity, 2009

268 Forthcoming research from the CAADA Insights service – available from autumn 2012

269 Approximately 69 per cent of high-risk victims who access IDVA support have children; Howath E, Stimpson L, Barran D and Robinson A, *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services,* London: The Henry Smith Charity, 2009

Unfortunately current evidence indicates that key health professional groups are poor in fulfilling these tasks, and identify only a fraction of abuse even when mandated to screen for it.[270] Indeed it is unclear whether mandatory screening alone is of any use.[271]

The Government plans to improve this situation by launching:

a. Web-based training for health visitors and GPs to help them understand, identify and respond to violence against women and children;[272]
b. A six-day academic training module for frontline practitioners such as nurses.

Although this training is a step in the right direction, in our view it is not likely to achieve substantial changes in practice. It is not mandatory for key health professional groups, and its effectiveness is questionable. Many consultees commented on healthcare professionals' poor skills and confidence (not their lack of knowledge) in identifying and responding to domestic abuse, and emphasised the need for a cultural shift in the way health services deal with it.

> ■ We recommend that local commissioners (including local authorities, Police and Crime commissioners and others on health and wellbeing boards) fund the implementation of multi-agency meetings for high-risk victims (for example, implementing the IDVA and MARAC model as this has proven effectiveness and is evaluated on an ongoing basis) to meet the needs of the local population.[273]
>
> The current Government is prioritising early intervention. The greater opportunities health care-based IDVAs provide for helping people sooner, should make these a priority consideration for local commissioners. Moreover, reaching victims and their children at an earlier stage delivers direct savings to health budgets. Health and wellbeing boards have an important role to play in facilitating joint commissioning by Police and Crime Commissioners (shortly to be responsible for victim services) and health commissioners.
>
> ■ We recommend that NHS trusts and other relevant bodies mandate skill-based[274] group training of at least one day for the health professional groups most likely to come into contact with victims of domestic abuse: midwives, health visitors, GPs and clinical staff in substance misuse, community mental health and emergency department services.

This cultural shift will not be achieved by web-based training which, rather than developing skills through experiential learning, emphasises key facts and procedures. It is often seen by NHS staff as a 'tick-box' exercise and, worse still, can demotivate staff who feel that their

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270 Lazenbatt A, Taylor J and Cree L, 'A healthy settings framework: An evaluation and comparison of midwives' responses to addressing domestic violence', *Midwifery,* 25, 2009, pp622–636
271 Ramsay J, Richardson J, Carter YH, Davidson LL and Feder G, 'Should health professionals screen women for domestic violence? Systematic review', *British Medical Journal,* 325, 2002, pp314–318
272 For example, an e-learning course has been developed by the Royal College of General Practitioners (RCGP) on violence against women and children
273 The Government is currently developing an online tool for local authorities and other organisations to inform decisions about domestic abuse services (Home Office, 2011, *op. cit.*); amongst other things it will estimate the prevalence of domestic abuse in a given area. It will build on the existing online 'Ready Reckoner' which can be usefully applied in the meantime
274 We define 'skill-based' as involving experiential learning, rather than being told to use certain skills which are not practised within the training

existing knowledge, skills and compassion for patients are not harnessed. Rather, such a shift would require all staff undertaking training to skilfully, confidently and wholeheartedly provide opportunities for victims to leave or change abusive relationships at each stage of their healthcare journey. Web-based training may be a cheap option, but it is this alternative training route that we view as representing true value for money.

A cluster randomised control trial of the IRIS training and support programme (Identification and Referral to Improve Safety of women experiencing domestic violence) showed promising findings about the benefits of training and support interventions in primary care.[275]

5.2 Preventing ongoing and repeated victimisation

In Chapter Two we explored why, after seeking help, a vast proportion of victims of domestic abuse go on to experience further abusive relationships, with either former, current or new partners. Psychological dynamics linked to the risk of further abuse are usually not spoken about, to avoid any suggestion that victims are partly responsible. This report emphasises throughout that holding the person who committed the abuse responsible is wholly compatible with the view that victims, with the right support, can find the power to change their situation and avoid further abuse. Such support involves providing victims, when appropriate, with opportunities to a) explore and resolve ambivalence about their abusive relationship; and b) address factors such as low self-esteem, insecurity and dependency, that may be increasing their vulnerability to abuse. Together these interventions would help victims move on from abuse, and have the confidence to believe they are unlikely to experience it again.

'I grew up in a very abusive family with an abusive father and two extremely abusive much older brothers, and whilst my mother loved me, she took out all her anger and frustration on me while I was growing up and it left me with zero self-esteem. I recently ended my third abusive relationship, but have started seeing him again because I still love him… I really, really don't want any more abuse in my life!… I still have problems with boundaries and still don't really know what to expect from a healthy relationship.'[276]

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275 The Lancet, *Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial*, October 2011 [accessed via: http://www.irisdomesticviolence.org.uk/holding/IRIS_trial_paper_The_Lancet.pdf (28/06/12)]

276 A survivor discussing her difficulty to build a healthy relationship in an internet forum [accessed via:www.womensaid.org.uk (15/06/12)]

5.2.1 Enabling victims to explore ambivalence

> Interviews with 104 refuge residents found that 66 per cent had previously left and returned to their abusive partner; 97 per cent of these women had done so on multiple occasions.[277]

Victims' ambivalence about abusive relationships contrasts with the typical 'zero tolerance' view of involved professionals and works against the success of interventions aimed at helping victims move on and find safety.

In a study of MARACs, agency representatives viewed victim ambivalence about leaving abusive partners as one of the central factors hindering their effectiveness.[278] Yet this ambivalence is often unacknowledged and lurks as the elephant in the room. Victims may not want to reveal these complex feelings for fear of judgement from workers who, they correctly sense, have a more black-and-white perspective. Discussion focuses on communicating to victims why they should definitely leave, and the complex nuances of victims' decision making remain unexplored.

Over the past three decades an effective method, motivational interviewing (MI), has been developed to help individuals make positive changes in their lives by resolving their ambivalence about problem areas (see box below). It is a counselling style that aims to increase an individual's *intrinsic* motivation so that change arises from within rather than being imposed from outside. It has proven to be highly effective in helping individuals resolve ambivalence about and thereby move on from a variety of problems, including substance misuse, obesity and smoking.[279]

For example, a recent meta-analysis of 72 randomised controlled trials found that motivational interviewing outperformed traditional advice given in 80 per cent of studies. In other words, the vast majority of time MI is significantly better at helping people decide on and do the right thing for themselves (for example, give up smoking, stop drug abuse etc).[280] This review also found MI to be effective in brief encounters of only 15 minutes and that these effects were enhanced if there was more than one encounter.

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277 Griffing S et al, 'Reasons for returning to abusive relationships: Effects of prior victimization', *Journal of Family Violence*, 20, 2005, pp341–48

278 Robinson AL, 'Reducing repeat victimization among high-risk victims of domestic violence: The benefits of a coordinated community response in Cardiff, Wales', *Violence Against Women,* 12, 2006, pp761–88

279 Rubak S, Sandbæk A, Lauritzen T and Christensen B, 'Motivational interviewing: A systematic review and meta-analysis', *British Journal of General Practice,* 55, 2005, pp305–12; Vasilaki EI, Hosier SG and Cox WM, 'The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review', *Alcohol and Alcoholism,* 41, 2006, pp328–35

280 Rubak S, Sandbæk A, Lauritzen T and Christensen B, 'Motivational interviewing: A systematic review and meta-analysis', *British Journal of General Practice,* 55, 2005, pp305–12

The approach does not require problems or a person's feelings about them to be straightforward; rather it helps to clarify complexity and bring to the foreground a person's own emotional and personal drivers for change. It works best when people are *ambivalent* about a problem rather than simply committed to it (and so is unlikely to help victims leave a relationship when they have no desire at all to do so, or indeed those who are clear that the relationship needs to end). It can be used by a variety of practitioners after relatively brief training and does not require long sessions to be effective, and so could be embedded in current practice easily and with little cost.

Characteristics of motivational interviewing

- MI is based on the premise that individuals who are ambivalent about a problem have the reasons to drive positive change inside themselves;
- It also helps them develop the confidence to believe that they can change;
- The counselling approach draws out both sides of a person's ambivalence but focuses on and reinforces the change side.

Case study

In a conversation that started about exploring Sandra's housing options, Maggie, Sandra's refuge worker, sensed that she was contemplating returning to her ex-partner. Using MI, Maggie gave Sandra space to think about what it was that was drawing her back. Sandra identified her love for Morris, her ex-partner, as the key factor. Maggie also made time to think about Sandra's reservations and fears, and any positives she might feel about a life without Morris. This open, non-judgemental conversation, in which Maggie reflected particularly on Sandra's reasons for change, lasted only about 20 minutes and yet was instrumental in Sandra realising the importance to her of a life where she could be free to work and socialise. Over the week ahead, she came to the conclusion that although she would never stop loving Morris, she still needed him out of her life – her freedom was most important. A further conversation helped her find the reasons to believe that she really could carry out this decision over the long-term.

5.2.2 Increased therapeutic support for victims that addresses revictimisation

Many victims want help to break the repeating patterns of abuse they experience yet feel powerless to end.

Therapeutic and skills-based programmes that help victims achieve this do so by developing their:

- Assertiveness skills;
- Compassion for themselves;
- Confidence in their ability to shape their relationships (whilst reducing self-blame).

'I realise now looking back that even as a little girl I was hiding my own feelings, doing things that I didn't really want to do so as not to upset others, making decisions based on what I thought other people wanted me to do, and basically thinking/feeling that every other person was better than me and I was inferior.'

'These fixed beliefs come to us at a very young age and getting rid of them or even going against them is really, really hard. I find saying no and putting myself first almost physically uncomfortable. I get this horrible feeling in the pit of my stomach that I'm doing something wrong and I'm going to get told off.'[281]

Practising new skills and consciously acting on new beliefs are key mechanisms by which participants achieve change. The Pattern Changing Programme, outlined below, is one such programme that works along these lines. It can be delivered very cheaply (£100 per participant for ten, two hour group sessions),[282] and initial evaluation indicates that it has a significant impact on reducing revictimisation, improving lives and reaping economic benefits.

Although some victims may require more individualised, in-depth psychological therapy that addresses deep-seated negative beliefs about the self, such as schema therapy,[283] even for these victims such a low-cost programme can be a useful starting point that helps to create readiness for therapeutic work.

■ Commissioners of services (including those in local authorities, health and national government, e.g. the Home Office) must prioritise the avoidance of further victimisation. We recommend that a selection of services supporting domestic abuse victims (for example IDVAs, outreach workers, refuge workers) provide training for their staff on brief MI skills as applied to victim ambivalence. We also recommend that staff in a selection of health services who see a high proportion of victims are trained in this way (midwives, health visitors and substance misuse workers). Training should be developed by MI practitioners in collaboration with those experienced in working with victims of domestic abuse, and may be delivered in-house by services or by a body that already delivers and/or accredits training to workers in the sector (for example the National Open College Network).

Through these initial trials (ideally funded by the Home Office), MI should be evaluated to discover whether it is effective (and cost-effective) in reducing revictimisation.

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281 Women discussing their struggles to move on from abusive relationships in an internet forum [accessed via: www.womensaid.org.uk (15/06/12)]
282 McTiernan A and Taragon S, *Evaluation of Pattern Changing Courses,* Devon: ADVA Partnership, 2004
283 Young JE, Klosko JS and Weishaar ME, *Schema Therapy: A Practitioner's Guide,* Cambridge: Cambridge University Press, 2003

■ We recommend that services used by domestic abuse victims offer support that, by developing new beliefs and skills, helps them avoid being revictimised and enables them to move on from vulnerabilities such as low self-esteem and insecurity.

Changing life courses

The Pattern Changing Programme[284] was developed in the United States and is run by a few services for victims/survivors in the UK (although most have now been cut).[285] It aims to help women who have been or still are in abusive relationships to develop the power to change the course of their lives so that they no longer find themselves in these relationships.

Women attend between ten and 14 weekly, two hour psycho-educational group sessions. Sessions cover topics such as rights in relationships, signs of abuse (especially non-physical abuse), psychological links between childhood and adult experiences, improving self-esteem and confidence, and developing skills to avoid further abuse (in particular assertiveness, boundary setting, decision making and goal setting).

The majority of participants have struggled in these areas, with low self-esteem and insecurity setting them up to accept abusive relationships. The focus of the group is on helping women move from the often more comfortable but dangerous place of passivity to a new, more challenging place where they maintain high expectations for themselves. Change is achieved through education, practice of new skills and sharing thoughts and experiences with other group members. Pattern Changing is different from other courses which are primarily 'awareness raising' (for example the Freedom Programme)[286] as it teaches practical skills to help women change their lives. It follows the principle that individuals can avoid domestic abuse if they focus on their own skills and behaviour, rather than on that of others.

An independent evaluation of the Pattern Changing Programme run by North Devon Women's Aid and which analysed questionnaire responses from 44 previous participants[287] found high attendance rates and that 95 per cent of respondents reported positive changes in their life patterns and choices as a result of the course – the most frequently cited changes being increases in confidence and self-esteem.

Respondents also reported increases in their skills – 91 per cent were more able to recognise abuse; 89 per cent were more assertive and 80 per cent were able to exert more control over their lives. This had led to changes in how the women engaged in relationships: 68 per cent felt that the course had helped them not to return to abusive relationships (and in some instances previously abusive relationships had become healthy) and 86 per cent had noticed an improvement in their relationships with their children, in particular increases in mutual respect, open communication, clear boundaries and a relaxed atmosphere. The vast majority had also seen improvements in their mental health (reflected in reductions in suicidal behaviour, use of antidepressants and mental health services).

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284 Goodman MS and Fallon BC, *Pattern Changing for abused women: An educational program*, Interpersonal Violence: The practice series, California: Sage, 1995
285 For example, the three Women's Aids in Devon each ran a Pattern Changing Programme and funding for all three has now been cut
286 Craven P, *Living with the Dominator: A book about the Freedom Programme*. UK: Freedom Publishing, 2008 accessed via: www. freedomprogramme.co.uk (15/06/12)]
287 McTiernan A and Taragon S, *Evaluation of Pattern Changing Courses*, Devon: ADVA Partnership, 2004

In their comments, women highlighted some of the transformations:

'I felt I had no choices before the course. Now I have plans and ambitions that I will follow through.'

'For the first time in my life I opened my eyes and really looked at patterns my relationships had followed, and how I could change the future, and take control of my life and my happiness.'

'I wouldn't have found the strength to leave if it wasn't for the course.'

'I would still be stuck in North Devon feeling very isolated and avoiding contact in an attempt not to be abused.'

'First of all I needed to accept that mental abuse is abusive and because I learnt about setting boundaries (not just recognising them) I could end the relationship.'

'My 14 year old cannot believe the change in me. She loves my new found confidence and we laugh together now (she's not sure about my "right to say no" though!)'

'Initially [the children] reacted badly to my new found confidence and there was quite a lot of friction but as time as passed that has been replaced with respect.'

Although in-depth cost-benefit analyses have not been conducted, the evaluation found that over half of referrers had made savings through their client attending the course, and were able to identify savings to other agencies: police, health and social services.

5.3 More accessible therapy for victims to help them address psychological difficulties following abuse

As outlined in Chapter Two, domestic abuse can have a devastating impact on victims' mental health. A significant proportion experience post-traumatic stress disorder, depression, anxiety, addiction, and/or suicidal tendencies and attempts (some of which are successful) and self-harm, often as a result of domestic abuse compounding earlier experiences of child maltreatment. Psychological problems are clearly a problem in themselves, but they also cause much harm through their indirect effects, for example on a person's parenting capacity, and on their abilities to maintain employment and develop positive intimate relationships.

There are currently substantial gaps in the provision of timely and effective therapeutic help for individuals with complex psychological difficulties. Victim-survivors with mental health problems need therapeutic work that is intensive, possibly (but not necessarily) long-term, designed to fit with the person's life, and focussed on a person's present, past and future relationships – on their 'story' rather than their symptoms. Currently such therapy is available on the NHS to few people who would benefit from it. Our research concluded that it is not sufficiently commonplace for women in refuges, for example, to have access to structured therapies. Yet evidence indicates that this type of approach for individuals with long-standing emotional and relationship difficulties, despite large up-front costs, is significantly cost-effective.[288]

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288 For example, van Asselt et al, 'Out-patient psychotherapy for borderline personality disorder: cost-effectiveness of schema-focused therapy v. transference-focused psychotherapy', *British Journal of Psychiatry*, 192, 2008, pp450–57

Part of the problem is that much of the funding for therapy within the NHS is tied up in the Improving Access to Talking Therapies (IAPT) programme that offers only the narrow range of therapies that have the high standards of evidence required to gain approval from the National Institute of Health and Clinical Excellence (NICE). This also heavily restricts the number of available therapists as many have been trained in and/or prefer to deliver therapies that are not yet approved by NICE. Many forms of psychological therapy that may be able to achieve good outcomes and increase recovery rates have not yet had the opportunity to undergo the necessary research procedures.

A recent Centre for Social Justice report, *Commissioning Effective Talking Therapies,* describes how therapies could be commissioned on a payment-by-results basis rather than solely according to NICE guidelines. This would increase provision by making it easier for qualified and accredited therapists working privately or in social enterprises to supply to the NHS or other commissioners.[289]

As outcomes data would need to be rigorously collected to trigger payment, this would also provide the opportunity to test the benefits of a variety of therapeutic approaches and generate practice-based evidence. Payment by outcome has the potential to go beyond the limits of NICE guidance to both improve our knowledge of what works and increase therapeutic effectiveness for individual clients.

As well as assessing whether or not recovery (from mental ill-health) has been achieved, indicators of therapist performance include changes in harmful behaviours; self-efficacy in relationships; relationship satisfaction; revictimisation; employment; service-user satisfaction; levels of child protection input; and healthcare utilisation.

We also pointed out that there are key implications for the personalisation agenda: it should be possible for personal health budgets to be spent on as wide a range of therapies as possible, taking into account all necessary safety considerations.

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289 Centre for Social Justice, *Commissioning Effective Talking Therapies*, London: Centre for Social Justice, April 2012

Ideally other services (beyond the health system) in which people suffering from domestic abuse commonly seek help would have the expertise to make assessments of psychological problems and refer to or employ approved therapists who work on a payment-by-results basis. Therapy designed to address psychological difficulties (such as PTSD, depression, anxiety, self-harm and relationship difficulties) should be embedded within services from which victims typically seek help. These services include substance misuse services, GP surgeries and Sure Start centres.

However these actions will only have effect if they are matched by an inclusive approach from therapy providers. Domestic abuse victimisation and/or being housed in temporary accommodation, like a refuge, can sometimes be used as a reason for therapy providers to exclude individuals from therapy. An individual living in a refuge may have the ideal opportunity to make use of therapeutic help, given that residency in refuges is now often for many months. Also, if the individual remains in an unsafe residence and/or relationship, therapy should not be denied on basis of this but rather offered as a priority and then initially focussed on achieving safety.

■ We reiterate the recommendation from our earlier report that the DH should explicitly propose to commissioners a pricing tariff for Any Qualified Provider (AQP) commissioning for talking therapy which allows for 'pure' Payment by Outcome contracts to be written for services which operate to standards of NHS safety, but supply therapies beyond NICE guidelines.

This will provide a mechanism for NHS service users to gain access to thousands of qualified and experienced therapists and counsellors working in the private sector and some hundreds of established services, mostly in the voluntary sector. Currently, an NHS patient can only very rarely choose to be treated by one of these therapists or services.

■ We also recommend that all services that work with victims of domestic abuse, including refuges, IDVAs and outreach services, actively scope out provision of psychological therapies in their area, routinely assess for psychological difficulties in clients and make referrals to therapy providers when difficulties are identified and clients are in agreement. We also recommend that therapy providers do not exclude victims from therapy, whatever their living or relationship situation, but rather view their therapeutic needs as a priority.

5.4 A paradigm shift leading to practical changes in how refuges support victims

'Battered women who perceive that their helpers truly understand and accept the complex reality of their situation, perhaps including their anxious attachment to their violent partner, their own engagement in violence against their partner or their children, and/or their own perpetration of unwanted pursuit behaviours may be more likely to avail themselves of the services the shelter offers.'[290]

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290 Langhinrichsen-Rohling J, 'Controversies involving gender and intimate partner violence: Response to commentators', *Sex Roles,* 62, 2010b, p223

We explored in Chapter Three how taking on board new realities, understandings and principles could lead to many refuges going further to help victims and children achieve important goals beyond physical safety. Such goals include psychological separation from the perpetrator, supportive parent-child relationships, resolution of psychological difficulties caused by the abuse, and protection against further abuse. For refuges to meet their potential many need to revise their aims and the underlying assumptions on which they base their practice. In particular, we argue that each refuge needs to take on board four key areas of knowledge:

■ The psychological vulnerabilities that can precede and follow on from domestic abuse victimisation;

■ The impact of domestic abuse, including its impact upon children and the parent-child relationship;

■ The ways in which their service is being used by victims (in comparison with how it was originally envisaged); in particular, refuges often house victims for long periods of time, beyond short-term crisis points;

■ Principles that make living environments therapeutic, i.e. conducive to healing and restoration.

If refuges take account of each of these, their aims should naturally shift to include:

■ Enabling residents to feel psychologically as well as physically safe (in other words, providing a sense of 'containment');

■ Helping residents to a) overcome the impact of the abuse; b) resolve any ambivalence about the abusive relationship and c) address any vulnerabilities for further abusive relationships;

■ Recognising and addressing children's needs following abuse, in particular through facilitating supportive parent- (usually, in refuges, mother-) child relationships.

Re-envisaging the role of refuges along these lines makes space for many new practical ways to help residents, both women and children. For example, refuges may decide, as some have already done (see Chapter Three) to:

■ Provide women with a psychological assessment as standard when they first arrive in order to determine their support needs and guide referrals as and when necessary;

■ Ensure that each resident has an individual keyworker and opportunities to talk about the abusive relationship, their feelings about it and its impact upon them;

■ Provide parallel and/or combined therapeutic groups for children and mothers to help children recover from the effects of the domestic abuse and enjoy increased supportive relationships with their mothers;

■ Build day-to-day practice in refuges that explicitly aim to enhance the wellbeing of all residents (and staff). Places which practise in this fashion are termed 'Psychologically Informed Planned Environments' (PIPEs); 'Therapeutic Communities' (see below) are a particularly well-specified form of these, and many of their principles could be applied to good effect in the refuge setting;[291]

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291 Resources and support in transforming communities into 'Therapeutic Communities' or the similarly principled 'Psychologically Informed Planned Environments' can be found through the Association of Therapeutic Communities [accessed via: www.therapeuticcommunities.org (15/06/12)] and the Community of Communities – a project aimed at assuring and improving the standards of Therapeutic Communities [accessed via: http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/communityofcommunities.aspx 15/06/12)]

■ Provide structures that support staff, such as weekly time with an independent trained person to discuss emotions arising from the work and supportive line management.

Building recovery and wellbeing through day-to-day life: the philosophy of therapeutic communities

Therapeutic communities (TC) are 'places where the social relationships, structure of the day and different activities are all deliberately designed to help people's health and well-being'.[292] They are often used as the 'last resort' to help people with the most complex difficulties such as personality disorders, longstanding addictions or severe learning disability (but have value for all). TC practice is planned around ten core ethical and psychological principles,[293] some of which could have particular power when applied in refuges; for example:

■ Attachment: 'Healthy attachment is a developmental requirement for all human beings, and should be seen as a basic human right';
■ Containment: 'A safe and supportive environment is required for an individual to develop, to grow, or to change';
■ Relationships: 'Understanding how you relate to others and how others relate to you leads to better intimate, family, social and working relationships';
■ Participation: 'Ability to influence one's environment and relationships is necessary for personal well-being. Being involved in decision-making is required for shared participation, responsibility and ownership';
■ Process: 'There is not always a right answer and it is often useful for individuals, groups and organisations to reflect rather than act immediately'.

These principles are applied in group therapeutic work, but also in all everyday processes and routines in the community. Recent creative add-ons to therapeutic communities have included the use of internet messaging and chatroom facilities to extend support between service-users beyond the physical residence.[294]

Although sufficient funding is of course necessary to support the processes envisaged here, many of these changes are about doing things differently with existing resources; for example, re-envisaging refuges as therapeutic communities would lead to changes in day-to-day conversations and possibly the introduction of good practice such as motivational interviewing.

Refuges should move to a system of service commissioning and revision based on robust, mandatory evaluation so they can best meet the needs of victims and families, and enable long-term change in lives. This should include measurement of:

■ The degree to which practice meets key aims (we argue that these should be along the lines of those outlined above, extending far beyond simply providing physical safety);
■ Tangible outcomes, such as how many residents return to the original or another abusive relationship over a fixed time frame;

292 Association of Therapeutic Communities, accessed via:www.therapeuticcommunities.org(30/11/11)
293 Royal College of Psychiatrists, *The development of Core standards and Core values for Therapeutic Communities*, London: Royal College of Psychiatrists Centre for Therapeutic Communities, 2008
294 Rigby M and Ashman D, 'Service innovation: A virtual informal network of care to support a 'lean' therapeutic community in a new rural personality disorder service', *Psychiatric Bulletin*, 32, 2008 pp64–67

- Service-user satisfaction;
- Service-user wellbeing and mental health before and after the refuge stay;
- The degree to which practice is ethical;
- The degree to which practice is led by service-user involvement and direction;
- Staff performance and staff satisfaction and support.

In summary, commissioners, leaders within organisations that run refuges and refuge managers themselves should extend the aims and practice of refuges (where this has not already been done) to include the provision of: a) psychological, as well as physical, safety; b) support to overcome the impact of abuse, resolve ambivalence and address vulnerabilities; and c) support for children to overcome the effects of the abuse and enjoy improved relationships with their mothers.

> ■ We recommend that local commissioners should specify that refuges model themselves along the principles of therapeutic communities. This would require all refuge workers to be provided with training, both at the start of their work and at regular intervals, potentially by parent organisations (as well as supportive and reflective supervision).

> ■ Training should be introduced that develops workers' *knowledge* of a) the social and psychological influences on domestic abuse, b) its interpersonal dynamics and c) its impact upon victims and children. Training should also develop their *skills* in a) supporting victims to resolve ambivalence and cope with their experiences (for example, skills in motivational interviewing and reflective listening) and b) helping mothers and children forge supportive relationships after abuse.

5.5 Meeting the needs of diverse victims

Many of our consultees commented on the gaps in service provision for certain victims. These include those who have complicating difficulties, such as mental health or substance misuse problems; those with learning disabilities who may be particularly ill-suited to accommodation in refuges; and, most obviously, male victims. The Mankind Initiative states that while 11 organisations provide 72 bed spaces in refuges/safe houses available for men (and over two-thirds of these are available to victims of either sex) there are over 260 organisations with around 4,000 spaces dedicated to female victims.[295]

When specialist help is seen as necessary, specialist workers within a universal service could provide this (for example, recently-introduced male IDVA workers for male victims) rather than developing a whole separate service. Similarly, care services designed for people with learning disabilities (or other vulnerabilities) such as Shared Lives Care, are not designed with domestic abuse in mind. However they have been shown to provide the kind of

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295 ManKind Initiative, *Male Victims of domestic and partner abuse, 21 key facts*, Mark Brooks, the ManKind Initiative, February 2012 [accessed via: http://www.mankind.org.uk/pdfs/21%20Key%20Facts_Feb%202012.pdf (28/06/12)]

'family-sized', bespoke solutions that are beneficial when breaking vicious cycles of domestic abuse becomes the pressing issue. There are 10,000 Shared Lives carers in the UK who share their family life with someone who needs some support to live independently. They provide home-based care for adults with learning disabilities and others who are vulnerable, and are eligible for funding through personal budgets and other local authority funding streams where a social care-related need has been identified.

Case study: How Shared Lives Care has broken patterns of abuse in vulnerable people's lives

'One lady living with one of our Shared Lives (SL) carers moved in following a violent relationship three years ago when a safe house was needed. Various refuges were looked at but she has a mild learning disability and was deemed too vulnerable. The social worker rang me and we took her to the SL carer's house – she didn't want to stay and was adamant it was only for a short while. The police had the house on a 'red flag' so they would respond immediately to any calls if the ex-partner turned up.

Three years down the line she is on the housing list but remains very vulnerable. What is so good is that the carer has worked hard at an appropriate pace and level to increase the lady's self-esteem which was very low when she first moved in. She has bonded very well with our carer (considering that she was adamant she wasn't going to stay when she first moved in). She would like to set up her own business and they are looking at the possibility of a social enterprise. She will probably always keep her links with the carer and she realises it may be a while before she is allocated accommodation of her own.'

'A couple who lived in rented, supported accommodation were having difficulties with their relationship. When the woman became annoyed with her partner, she would become loud, abusive and try to beat him with whatever was to hand. Care staff involved their social worker who instigated safeguarding proceedings. The SL scheme became involved as it was asked to provide emergency respite placement for the man, so he could live separately from his partner for short periods, when necessary. SL care provided key transitional support until the couple were able to be re-housed separately.'

- We recommend that local authorities and other commissioners of domestic abuse services do not neglect any particular group of victim in their commissioning (for example, minorities such as male victims, and hard-to-help groups such as those with substance misuse, mental health or learning difficulties)

  In practice this could mean giving priority to universal services, rather than to those which, for example, only work with a particular minority ethnic community. And in turn this would compel existing services to consider whether they can revise themselves to meet the needs of more victims, ideally all victims within an area. This may involve collaboration (and even possible mergers) with other local organisations. (One criterion for evaluating refuges could be how well they meet the needs of diverse victims.)

5.6 Summary of recommendations to ensure victims receive timely and effective help which also addresses revictimisation

5.6.1 Ensuring high-risk victims receive help and achieve safety as early as possible

- We recommend that local commissioners (including local authorities, Police and Crime commissioners and others on health and wellbeing boards) fund the implementation of multi-agency meetings for high-risk victims (for example, implementing the IDVA and MARAC model as this has proven effectiveness and is evaluated on an ongoing basis) to meet the needs of the local population.[296]

  The current Government is prioritising early intervention. The greater opportunities health care-based IDVAs provide for helping people sooner should make these a priority consideration for local commissioners. Morever, reaching victims and their children at an earlier stage delivers direct savings to health budgets. Health and wellbeing boards have an important role to play in facilitating joint commissioning by Police and Crime Commissioners (shortly to be responsible for victim services) and health commissioners.

- We recommend that NHS trusts and other relevant bodies mandate skill-based[297] group training of at least one day for the health professional groups most likely to come into contact with victims of domestic abuse: midwives, health visitors, GPs and clinical staff in substance misuse, community mental health and emergency department services.

5.6.2 Preventing ongoing and repeated victimisation

- Commissioners of services (including those in local authorities, health and national government e.g. the Home Office) must prioritise the avoidance of further victimisation. We recommend that a selection of services supporting domestic abuse victims (for example IDVAs, outreach workers, refuge workers) provide training for their staff on brief MI skills as applied to victim ambivalence. We also recommend that staff in a selection of health services who see a high proportion of victims are trained in this way (midwives, health visitors and substance misuse workers). Training should be developed by MI practitioners in collaboration with those experienced in working with victims of domestic abuse, and may be delivered in-house by services or by a body that already delivers and/or accredits training to workers in the sector (for example the National Open College Network).

  Through these initial trials (ideally funded by the Home Office), MI should be evaluated to discover whether it is effective (and cost-effective) in reducing revictimisation.

- We recommend that services used by domestic abuse victims offer support that, by developing new beliefs and skills, helps them avoid being revictimised and enables them to move on from vulnerabilities such as low self-esteem and insecurity.

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296 The Government is currently developing an online tool for local authorities and other organisations to inform decisions about domestic abuse services (Home Office, 2011, *op. cit.*); amongst other things it will estimate the prevalence of domestic abuse in a given area. It will build on the existing online 'Ready Reckoner' which can be usefully applied in the meantime

297 We define 'skill-based' as involving experiential learning, rather than being told to use certain skills which are not practised within the training

5.6.3 More accessible therapy for victims to help them address psychological difficulties following abuse

- We reiterate the recommendation from our earlier report that the DH should explicitly propose to commissioners a pricing tariff for Any Qualified Provider (AQP) commissioning for talking therapy which allows for 'pure' payment-by-results contracts to be written for services which operate to standards of NHS safety, but supply therapies beyond NICE guidelines.

  This will provide a mechanism for NHS service users to gain access to thousands of qualified and experienced therapists and counsellors working in the private sector and some hundreds of established services, mostly in the voluntary sector. Currently, an NHS patient can only very rarely choose to be treated by one of these therapists or services.

- We also recommend that all services that work with victims of domestic abuse, including refuges, IDVAs and outreach services, actively scope out provision of psychological therapies in their area, routinely assess for psychological difficulties in clients and make referrals to therapy providers when difficulties are identified and clients are in agreement. We also recommend that therapy providers do not exclude victims from therapy, whatever their living or relationship situation, but rather view their therapeutic needs as a priority.

5.6.4 A paradigm shift leading to practical changes in how refuges support victims

- We recommend that local commissioners should specify that refuges model themselves along the principles of therapeutic communities. This would require all refuge workers to be provided with training, both at the start of their work and at regular intervals, potentially by parent organisations (as well as supportive and reflective supervision).

  Training should be introduced that develops workers' *knowledge* of a) the social and psychological influences on domestic abuse, b) its interpersonal dynamics and c) its impact upon victims and children. Training should also develop their *skills* in a) supporting victims to resolve ambivalence and cope with their experiences (for example, skills in motivational interviewing and reflective listening) and b) helping mothers and children forge supportive relationships after abuse.

5.6.5 Meeting the needs of diverse victims

- We recommend that local authorities and other commissioners of domestic abuse services do not neglect any particular group of victim in their commissioning (for example, minorities such as male victims, and hard-to-help groups such as those with substance misuse, mental health or learning difficulties).

  In practice this could mean giving priority to universal services, rather than to those which, for example, only work with a particular minority ethnic community. And in turn this would compel existing services to consider whether they can revise themselves to meet the needs of more victims, ideally all victims within an area. This may involve collaboration (and even possible mergers) with other local organisations. (One criterion for evaluating refuges could be how well they meet the needs of diverse victims.)

chapter six
A more effective and just approach to perpetrators

The recommendations in this chapter aim to interrupt patterns of domestic abuse, enable more positive family relationships to flourish, and increase justice and safety. They derive from what we know about domestic abuse and how people change, and exemplify our perspective that to be effective and ethical, an emphasis on responsibility must coexist with an awareness of what lies beneath and drives behaviours and dynamics.

> 62 per cent of adults feel that we can only help perpetrators of domestic abuse to stop if we understand the individual reasons behind their behaviour.[298]

Perpetrators tend to be viewed as a homogeneous group committed to dominating their partners to gratify their desire for power and control. Although this does characterise some perpetrators, more accurately they are individuals who differ across several dimensions including how motivated they are to change. Some *are* committed to their behaviour, but others harbour a sense of unease about it or are acutely aware of their problems and desperately want to be different.

6.1 A reform of community perpetrator programmes

In Chapter Three we analysed dominant perpetrator programme approaches which have very high drop-out rates and extremely limited effectiveness in decreasing recidivism. Their failure to help significantly or engage men who have abused is likely to be because they

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298 CSJ/YouGov polling, May 2011

ignore individual differences[299] and emotional dynamics, and pay little attention to principles of effective therapy. Promising approaches to the treatment of perpetrators have been developed, but are not widely implemented and therefore not rigorously evaluated. A fresh approach to helping perpetrators stop their abusive behaviour is long overdue.

We recommend that, as a priority, perpetrator programmes are implemented that:

■ Are collaborative; for example, start with exploring and using the individual's own understanding of the problem and ways forward;
■ Focus on developing a strong therapeutic alliance (therefore the therapist is warm and respectful);
■ Build on and develop perpetrators' intrinsic motivation for change,[300] including their desire to be a better parent;[301]
■ Address emotional, attachment-based dynamics within domestic abuse;
■ Allow space to work with individual differences (even if within a group context);
■ Enable individuals to develop self-worth and identities based on pro-social ways of relating;
■ Communicate hope and optimism about change;
■ Retain the accountability towards victims and multi-agency information sharing that are key features of the Duluth model, and part of RESPECT accreditation criteria.

Because the field has for so long rigidly held to programmes that generally do not appear to work, the development of effective perpetrator programmes is at an early stage. We do not yet know conclusively what works, but are encouraged by successes in other areas of offender rehabilitation[302] and the development of promising approaches that include effective therapeutic elements. Three examples are detailed in the boxes below: the Good Lives model, the Invitational practice model and the Strength to Change programme. The National Offender Management Service has also piloted and accredited the Building Better Relationships programme, a promising approach intended for use in prisons and by the Probation Service.

The Good Lives model

Applied extensively to the treatment of sexual and violence offending, its underlying assumption is that offending is typically an inappropriate means to meet a variety of basic human needs. In the case of domestic abuse, it might be that individuals use violence to achieve intimacy, reduce attachment insecurity, build a positive identity etc. The Good Lives approach aims to help individuals recognise their primary needs and helps them develop skills and opportunities to meet these needs in positive, unharmful ways, thereby reducing their risk of re-offending. It does this in a collaborative, transparent fashion that focusses on individuals' strengths.[303]

299 Such as between individuals who behave abusively towards their partner in conflict when emotions are running high and those who apply a systematic, calculated pattern of control (for example see Johnson MP, 'Conflict and control: Gender symmetry and asymmetry in domestic violence', *Violence Against Women,* 12, 2006, pp1003–18)
300 McMurran M, 'Motivational interviewing with offenders: A systematic review', *Legal and Criminological Psychology,* 14, 2009, pp83–100
301 Family Rights Group, *Working with risky fathers,* London: Family Rights Group, 2011
302 Andrews DA and Bonta J, *The Psychology of Criminal Conduct,* Cincinnati, US: Anderson Publishing Co., 2003
303 Ward T and Brown M, 'The good lives model and conceptual issues in offender rehabilitation', *Psychology, Crime and Law,* 10, 2004, pp243–57; Whitehead PR, Ward T and Collie RM, 'Time for a change: Applying the good lives model of rehabilitation to a high-risk violent offender', *International Journal of Offender Therapy and Comparative Criminology,* 51, 2007, pp578–98

The Invitational Practice model

Derived from decades of work with abusive men in Australia its three aims are the cessation of abusive behaviour, restitution for harm done to individuals and communities, and reclamation of integrity. It rests on the assumption that abusive men have ethical strivings, but they have been blocked from achieving these by societal messages, for example about masculinity. It gives culture a central role in domestic abuse, but differs from feminist thinking in how it views culture's interaction with individual men. The process of therapy helps men to realise their ethical strivings, for instance focusing on times in which they have stood up against injustice (such as when, as a young boy, a man tried to protect his mother from his father's abuse) and then helps them build and develop these strivings into new identities and ways of being. One way therapists facilitate this process is by asking questions about the man's thoughts, feelings and experiences that implicitly assume he has an ethical value system, for example:

- *'How did you want this relationship to be different from your other relationships?'*
- *'What have been your hopes and dreams about your family?'*
- *'How important is it that* [your son] *feels safe and supported in your family?'*
- *'What steps have you been able to take to face* [your behaviour] *despite feeling so terrified and ashamed?'*.[304]

This gradually builds the man's sense of self-worth and the priority he gives to ethics in his identity. Taking responsibility, facing shame (versus being shamed), and expressing remorse are also important parts of the change process. In the end, a new ethical identity motivates men to relate positively to others and takes away the space for abusive practices.

It is clearly essential to ascertain whether new approaches are in fact an improvement on the old. Resources need to be invested in the iterative process of implementation and evaluation so that we are in a situation where we can roll-out effective programmes that really start to substantially reduce domestic abuse.

- **We recommend that only perpetrator programmes following key principles for effectiveness are commissioned. Examples that can be readily implemented are provided in this report and others may emerge. This may lead to models having at least two 'streams' – one for perpetrators involved in strategic, controlling abuse and the other for those with more 'hot emotional' reasons behind their behaviour. Funding should be redirected from 'traditional' approaches for these programmes and for rigorous research into the outcomes of the Duluth, CBT and new models, so that effectiveness directs future commissioning practice.**

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304 Jenkins A, *Becoming Ethical: A parallel, political journey with men who have abused,* Lyme Regis, Dorset: Russell House Publishing, 2009, pp53–56

Strength to Change programme

Strength to Change (StC) is an innovative service for male perpetrators set up by NHS Hull in 2009. It differs from the dominant Duluth model of perpetrator programme by emphasising perpetrators' responsibility for the abuse as well as their individuality, capacity for change and inherent worth. These principles underpin every element of the programme – for example, the actively listening, empathic stance group facilitators take to participants combined with a clear non-acceptance of any form of abuse; the use of 'graduates' of the programme in group facilitation and support of the service, and the provision of individual sessions (recognising that one size does not fit all).

StC has been able to generate referrals via a locally-informed[305] social marketing campaign aimed at both relevant professionals and communities where there are high levels of abuse. (By only taking self-referrals, some degree of motivation on the part of the participants is guaranteed.) This campaign raised awareness of domestic abuse, its impact and the support on offer. Its message of hope and optimism helped men to get in touch and engage.

A recent independent evaluation that included 47 in-depth interviews with participants and their current or ex-partners found that the committed and non-judgemental approach of the staff was essential to engaging men.[306] Participants reported that StC had helped them develop awareness of their thoughts and emotions, control of their behaviour, sensitivity towards others' needs and feelings, and a higher level of self-esteem. Both partner and police reports of violence indicate that men reduce (and some completely stop) their abuse over the course of the programme and independent cost-benefit analyses indicate that for every £1 spent, StC returns a minimum of £2.24 and a maximum of £14.[307]

Partners of participants report significant change:[308]

'He is a much more sensible parent than what he was six months ago.'

'Our relationship now is completely different to what it was six months ago, you know, it's, the, the trust is coming back.'

StC is considering becoming a social enterprise, commissioned by those services for which it saves money (mainly police, health, the local authority, and criminal justice).[309]

6.2 Improving access to community perpetrator programmes through social marketing

Perpetrator treatments are more likely to be successful with those individuals who are contemplating or committed to stopping their abuse.[310] Yet they are not specifically targeted by programmes; most attendees are mandated or feel obliged to attend so there is no

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305 Stanley N, Fell B, Miller P, Thomson G and Watson J, *Men's talk: Research to inform Hull's social marketing initiative on domestic violence*, Lancashire: University of Central Lancashire, 2009

306 Stanley N, Borthwick R, Graham-Kevan N and Chamberlain R, *An evaluation of a new initiative for male perpetrators of domestic violence*, Lancashire: University of Central Lancashire, 2011

307 Perfect Moment, *Strength to Change Return on Investment Study*, London: Perfect Moment, 2010

308 Stanley N, Borthwick R, Graham-Kevan N and Chamberlain R, *An evaluation of a new initiative for male perpetrators of domestic violence*, Lancashire: University of Central Lancashire, 2011

309 Perfect Moment, *Strength to Change Return on Investment Study*, London: Perfect Moment, 2010

310 The influential transtheoretical model of change describes how an individual's approach to a problem impacts upon how and when they will change it: for example see Prochaska D L et al, 'Stages of change and decisional balance for 12 problem behaviors', *Health Psychology,* 13, 1994, pp39–46

minimum degree of motivation necessary. There may be a substantial number who not only have no desire to change, but who are actively set against the intervention. If these individuals are too large in influence or number, they may derail the progress of the whole group and create a climate in which abusive attitudes are encouraged rather than challenged.[311]

Motivation to change is fluid and complex, and some individuals who start out committed to abusive behaviour can make positive progress in perpetrator treatment programmes.[312] We are therefore not recommending that community treatment programmes exclude these individuals, but rather that they do not by default run treatments with large numbers of them.

Additionally, the success of the StC social marketing campaign in recruiting abusive men with some motivation to change in Hull suggests that there are large numbers of people behaving abusively around the country who, on some level, desire help to change but are currently not receiving it. Some may not seek out help because they fear it will lead to people judging and punishing them; others may not have sufficient motivation to be proactive, but would respond if help was clearly on offer. If we could meet this large population with appropriate forms of support, we would be taking a huge step in reducing domestic abuse.

Treatment programmes should change their referral pathways to channel in those who have more motivation to change, thereby making help more widely available to those who can benefit from it and increasing success rates.

Men in Hull commenting on how the StC marketing campaign affected them:

'I've got children and it made me realise how my behaviour rubs off on them.'

'It's obviously a problem in Hull… makes me not want to shout at my wife.'

'If you see it happening, it makes you want to do something about it.'

'[It made me] seek help myself and change my ways for my children and my future.'[313]

These quotes show how social marketing also changed the behaviour of non-abusive men and how awareness and confidence to challenge domestic abuse rose across the whole community.

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311 Edleson J and Tolman R, *Intervention for men who batter: An ecological approach,* Newbury Park: Sage, 1992; Murphy CM and Meis LA, 'Individual treatment of intimate partner violence perpetrators', *Violence and Victims,* 23, 2008, pp173–86; Poulin F, Dishion TJ and Burraston B, 'Three-year iatrogenic effects associated with aggregating high-risk adolescents in cognitive-behavioural preventive interventions', *Applied Developmental Science,* 5, 2001, pp214–224

312 Domestically abusive men are more likely to attend treatment programmes and to reduce or stop violence if they begin the programme motivated to change, but this does not account for all the positive changes made (Eckhardt C, Holtzworth-Munroe A, Norlander B, Sibley A, Cahill M, 'Readiness to change, partner violence subtypes and treatment outcomes among men in treatment for partner assault', *Violence and Victims,* 23, 2008, pp446–75; Scott KL, 'Stage of change as a predictor of attrition among men in a batterer treatment program', *Journal of Family Violence,* 19, 2004, pp37–47; Scott KL and Wolfe DA, 'Readiness to change as a predictor of outcome in batterer treatment', *Journal of Consulting and Clinical Psychology,* 71, 2003, pp879–889)

313 TNS Social, *Strength to Change Wave 1 Advertising Campaign Evaluation,* TNS UK Limited: London, 2009

Social marketing campaigns are one way to make the critical link between treatment and the people who can benefit from it.[314] The StC programme in Hull successfully used a mixture of service user-informed advertising including posters, leaflets and radio adverts to encourage perpetrators with some desire to change to access their treatment programme.[315] Ideas for this campaign were derived from the highly effective Freedom from Fear campaign in Western Australia (see below).

Case study: Freedom

This campaign in Western Australia aimed to reduce male violence against female partners by engaging with:

- Male perpetrators who accepted some responsibility for their abuse;
- Potential perpetrators;
- Other men who might have been able to encourage perpetrators to seek help.

It used a mass media advertising campaign to encourage men to access confidential, non-punitive counselling support via a helpline. Helpline staff also provided information about treatment options and support in accessing them.

It specifically avoided messages highlighting criminal sanctions and 'zero-tolerance' for abusive behaviour, recognising the 'backlash' effects that can occur.[316] If campaign messages are perceived by men to be shaming and attacking, many will react defensively – at best, this blocks the reflective thinking necessary for change, and, at worst, it triggers aggression.

Evaluation found the campaign had dramatically improved attitudes and awareness about domestic abuse across the whole population (for example, increasing people's knowledge of the impact of domestic abuse on children), as well as successfully engaged at-risk or perpetrating men. In the first 21 months of the campaign, over 6,000 calls were received by the helpline, 64 per cent from such men, and 53 per cent of them went on to refer themselves to a treatment programme. Eighty per cent of men calling the helpline felt their lives had improved as a result of the call.[317]

Successful social marketing campaigns:

- Aim at *behaviour change* rather than simply attitude change (for example, they aim to help perpetrators seek and find help);
- Are informed by consumer research; focus groups and surveys can highlight which messages are most likely to motivate perpetrators to seek help – for example, 'seeking help is a sign of strength' compared to 'abusing your partner is wrong';
- Target a specific group with relatively homogeneous needs and desires (for example, ambivalent perpetrators within a specific vicinity);

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314 In the field of domestic abuse, media campaigns have more commonly been aimed at challenging the attitudes of the whole population. We are of the view that in the current social climate, where most people now acknowledge and do not accept domestic abuse, campaigns are more usefully directed at specific high-risk groups, in particular perpetrators

315 Stanley N, Borthwick R, Graham-Kevan N and Chamberlain R, *An evaluation of a new initiative for male perpetrators of domestic violence,* Lancashire: University of Central Lancashire, 2011

316 Gibbons L and Paterson D, *Freedom From Fear campaign against domestic violence: An innovative approach to educing crime,* Paper presented at conference 'Reducing Criminality: Partnerships and Best Practice', Perth, Australia, 2000 [accessed via: http://aic.gov.au/en/events/aic upcoming events/2000/~/media/conferences/criminality/gibbons.ashx (22/11/11)]

317 Ibid

- Use a range of methods (for example, well-placed leaflets, radio adverts and posters linked to a helpline and treatment programme);
- Highlight the incentives and benefits to behaviour change, whilst addressing perceived costs and competing messages (for example, communicating how accessing help can lead to happier relationships and that accessing a helpline is confidential and will not lead to sanctions).

> ■ We recommend that all community perpetrator programme providers develop, implement and evaluate social marketing campaigns designed to encourage perpetrators who have some motivation to change to access their treatments. This should be an essential feature of the new treatments we recommend above.

6.3 Treatment for perpetrators embedded in substance misuse services

There is significant overlap between substance misuse and domestic abuse perpetration. Between one-half and two-thirds of those seeking help for substance misuse will be behaving abusively towards their partners and rates of domestic abuse are four to eight times higher than in demographically similar non-substance-dependent groups.[318, 319] Substance misuse services are arguably the agencies where people with domestic abuse problems are most likely to present and are potentially a non-stigmatising setting in which perpetrators may be open to receiving support to change in other areas of life.

Once individuals feel comfortable in the service and have had contact with a keyworker, they could be offered individual, couples or group treatment directly aimed at reducing their abusive behaviour (groups are already sometimes on offer in these settings for people struggling with separate issues such as self-harm). The treatment setting does not require people to identify themselves as perpetrators in any way, nor the substantial levels of motivation to change that are sometimes necessary to access current community-based perpetrator treatment programmes (simply because they require people to get in touch and refer themselves). It also enables treatment to be seamlessly undertaken in a parallel or even joint form with treatment for substance misuse, which for some people will be necessary for long-term change to occur.[320]

Following a comprehensive assessment of the individual, treatment that tackles domestic abuse in substance misuse services could take a number of forms, for instance:

- Behavioural Couples therapy, the most effective evidenced treatment that we know of to date for reducing domestic abuse after it has begun (see Chapter Three); this treatment only requires the motivation to address the substance misuse problem but also addresses domestic abuse at the same time;

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318 Murphy CM and Ting L, 'The effects of treatment for substance use problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behavior,* 15, 2010, pp325–33

319 Both psychological and physical aggression are linked to substance misuse, but we do not yet know whether all *patterns* of abuse (for example, coercive control, violent resistance etc) are equally associated with it. Implementing our recommendation would generate far greater knowledge about the link, which could then further refine practice

320 Murphy CM and Ting L, 'The effects of treatment for substance use problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behavior,* 15, 2010, pp325–33

- Individual and/or group treatments that directly and transparently address domestic abuse, offered separately to, but alongside the substance misuse treatment;
- Individual and/or group treatments that address domestic abuse by focussing on other salient influences. For example, Dialectical Behaviour Therapy (see below) reduces unhelpful and destructive 'acting out' of negative emotions, and men's groups can challenge the aggressive norms of traditional masculinity and build more positive and expansive masculine identities.[321] The advantage of these groups is that they do not require the desire to seek help for domestic abuse.

Building a life worth living: Dialectical Behaviour Therapy for domestic abuse

Dialectical Behaviour Therapy (DBT)[322] helps people manage overwhelming negative emotions and develop healthy ways of relating to others, with the overarching aim of building a life worth living. It has traditionally been applied to individuals with Borderline Personality Disorder, who typically struggle with problems such as intense fears of abandonment, self-harm, alcohol and drug misuse, and relationship dysfunction, and is highly effective with this group who are particularly difficult to engage and treat.[323] It has many of the features known to enhance therapeutic effectiveness, such as a focus on a strong therapeutic relationship, communication of trust and respect, and the directive development of skills and opportunities for new positive experiences.

In the UK it is often effectively applied in substance misuse settings, and in the United States it has been adapted to help perpetrators of domestic abuse and stalking to change their behaviour.[324] As DBT directly tackles difficulties in regulating emotions and relating to others in close relationships, there is good reason to believe it would be effective with the large proportion of perpetrators whose abusive behaviour is often impulsive and underpinned by insecurity, jealousy and attachment problems.

We recognise that for some people substance misuse treatment alone will be sufficient to stop their abusive behaviour. However, it is unlikely to be enough for most of the people in which the two problems overlap, as there are usually key emotional dynamics that remain untouched in substance misuse treatment (with the exception of BCT). Many perpetrators are more likely to be abusive when under the influence but do not completely refrain from it when sober; in many cases it seems to be the abuse driving the alcohol or drug use rather than vice versa.

- We recommend that the Home Office and the NHS tender for a number of pilot perpetrator treatments embedded within substance misuse settings, along the lines of those we have described here. We recommend that their effectiveness in reducing domestic abuse recidivism is compared with existing community and probation-led programmes. If the embedded programmes show clinically significant effectiveness and cost-effectiveness, we recommend that they are rolled out nationally.

- We recommend that all substance misuse service providers (who have a sufficient number of clients in couple relationships) offer behavioural couples therapy in their services, in order to reduce domestic abuse whilst meeting substance misuse targets.

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321 Cummins P, *Working with anger: A Constructivist Approach,* Oxford: Wiley Blackwell, 2005

322 Linehan MM, *Cognitive behavioural treatment for borderline personality disorder.* New York: Guilford Press 1993a; Linehan MM, *Skills training manual for treating borderline personality disorder.* New York: Guilford Press, 1993b

323 For example, see Linehan MM et al, 'Two-year randomized controlled trial and follow-up of Dialectical Behavior Therapy vs therapy by experts for suicidal behaviors and Borderline Personality Disorder', *Archives of General Psychiatry*, 63, 2006, pp757–66

324 Fruzzetti AE and Levensky ER, 'Dialectical Behavior Therapy for domestic violence: Rationale and procedures', *Cognitive and Behavioral Practice*, 7, 2000, pp435–47; Rosenfeld B et al, 'Dialectical Behavior Therapy for the treatment of stalking offenders', *International Journal of Forensic Mental Health*, 6, 2007, pp95–103

6.4 A new crime of coercive control

Current legally defined crimes do not adequately capture the criminal dimensions of domestic abuse. In Chapter Three we outlined how the law's focus on discrete acts of violence blinds it to the pernicious wrongdoing involved in the worst cases of domestic abuse in which the perpetrator's actions *taken together* are used to intimidate, subjugate, frighten, shame and denigrate their victim. Some behaviours used by perpetrators as part of this strategy of coercive control already constitute crimes (for example, bodily harm and harassment), others by themselves could not be classified as such (such as veiled threats, insistence on regular, highly frequent check-ins and limiting access to employment and money). All of these behaviours violate victims' rights and cause them considerable harm because of the part they play in a broader *strategy* of control and subjugation.

This reality is not reflected in the law's recognition of criminal wrongdoings, and so the law becomes guilty of a number of injustices. For example, it treats similarly the person who hits their partner in a mutually violent fight as the person who hits their partner as the culmination of a long sequence of intimidating, coded threats. It also fails to notice the crime within idiosyncratic behaviours that have been designed to achieve maximum harm to their recipient. As a result it acts to silence and confuse victims of coercive control, who can find no societal recognition of the violations they have experienced.

The Government has recently consulted on the need to include coercive control in its cross-departmental *definition* of domestic violence.[325] We argue that beyond this, and in order to achieve justice in the most serious cases of domestic abuse, the law itself needs to be updated to include a crime of coercive control.[326] This would recognise abusive behavioural *strategies*, such as those that are used to control, isolate, intimidate and degrade victims, and classify them as serious wrongdoings. Coercive control readily meets the criteria of a crime in that it involves malicious intent, harm and rights violations to its victims.

It also has distinctive dynamics that cannot easily be accommodated within other crimes. For example, although the crime of harassment also recognises wrongdoing within a pattern of behaviour, coercive control differs from harassment in its aims of control and subjugation. Related to this, for behaviour to be classified as harassment it must cause psychological harm to its victim, whereas coercive control represents a serious violation of human rights[327] irrespective of its harm. It is therefore right to consider it a serious criminal act, not a subcategory of or on a par with the relatively minor crime of harassment.

The gravity of coercive control explains why it is inappropriate for the law to attempt to criminalise it through 'packaging' instead of responding to it as a separate offence. When the

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325 Home Office, *Cross-Government definition of domestic violence: a consultation,* London: Home Office, December 2011

326 Stark E, *Coercive Control: How men entrap women in personal life,* Oxford: Oxford University Press, 2009; and for further discussion of the implications of recognising coercive control in the law see Hanna C, 'The paradox of progress: Translating Evan Stark's coercive control into legal doctrine for abused women', *Violence Against Women,* 15, 2009, pp1458–76; also see Stark E, 'Re-presenting woman battering: From battered woman syndrome to coercive control', *Albany Law Review,* 58, 1995, pp973–1026, for a discussion of how the dynamics of coercive control can be used in the defence of domestic abuse victims when they have been charged with an offence

327 For example, the rights to liberty and security of person, and to freedom of expression and association (European Convention on Human Rights, 1953)

CJS convicts perpetrators for a series of separate offences that together form part or whole of a coercively controlling strategy, perpetrators have on their record a mix of typically minor crimes, rather than one serious crime deserving of a considerable sentence. This packaging approach does not recognise the unitary, co-ordinated strategy underlying these minor crimes, and therefore cannot respond appropriately to the risk it poses.

We envisage that the following legitimate but answerable concerns about this proposal might be raised:

■ *By introducing a new crime that focuses attention on psychological dynamics, do we risk criminalising a whole set of unhealthy psychological relational dynamics?*

Coercive control does not equate to psychological abuse which could include a wide range of dynamics, including frequent shouting in mutual couple arguments. Coercive control denotes a one-sided strategy resulting in subjugation and restriction of its victims. And in this way it is not only psychological; it involves 'structural' restrictions on a victim's freedoms and autonomy (for example, limiting access to financial and social resources).[328] In other words, the two may at times overlap in that some psychological abuse will conform to coercive control and some coercive control will involve psychological abuse, but the two can be very clearly separated in everyday understanding and by the law.

■ *Will it be hard to prove?*

Frequently it will be, as many perpetrators of coercive control will have also applied their strategic skills to deceive the outside world and avoid an evidence trail. However, Professor Stark, who has gathered evidence of coercive control in numerous legal cases as part of his role as expert witness, argues that:

> *'To the degree that constraints are patterned, ongoing, nonvoluntary and personalized, we can assume they comprise a planned and malevolent course of criminal conduct rather than normative behaviour. My experience suggests this investigatory process is not as difficult as it sounds, because controls are typically explicit, transparent rather than subtle and recognised by both parties as constraints'.*[329]

Many victims, by virtue of the abuse, will feel too frightened or undermined to engage with the process of evidence gathering – but victims do often grasp opportunities to regain a sense of power.

■ *Do we want another new law?*

Many new recent laws have led to the criminalisation of more and more parts of life, however a crime of coercive control does not criminalise the peripheries of acceptable behaviour in the way other new crimes have sometimes done; it is focussed on the very

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328 Stark E, *Coercive Control: How men entrap women in personal life,* Oxford: Oxford University Press, 2009
329 Ibid, p384

serious wrongdoing that underpins many behaviours that are already crimes, providing a more accurate and coherent legal response to it.

For the law to fulfil its primary function of achieving justice, and to retain respect from the society to which it applies, it must adapt to evolving understandings of justice and wrongdoing. Forty years ago there was little recognition of the wrongdoing involved in domestic abuse. As society started to see that physical violations were just as harmful if not more so when perpetrated by family members than by others, the law was applied to domestic assaults more frequently and with increasingly proactive responses and sanctions.

The law now needs to reflect a second major new understanding – that the worst violations, harms and malicious intentions in domestic abuse are in strategic patterns of control and subjugation, not in discrete acts of physical violence.

> ■ **We recommend consideration of a new serious criminal offence whereby a prosecution can be brought on the basis of a 'course of conduct' in which a person has acted strategically to control, isolate, intimidate and/or degrade their victim.**

6.5 Restorative justice approaches

In Chapter Three we argued that complementary approaches to legal justice should be explored that have rarely, if ever, been applied to domestic abuse, in particular restorative justice (RJ). In many cases, victims and families will not be able to satisfactorily achieve justice within the current confines of the CJS. The Government acknowledges that RJ, when offered in conjunction with the CJS, aims to extend the opportunity for justice to more victims by providing a route for the perpetrator to take responsibility and make some amends.[330] At the same time it aims to reduce reoffending, increase victims' satisfaction and their sense of being in control, and make substantial savings when compared with using only the CJS.[331]

Evidence shows that RJ face-to-face conferences fulfil these aims when they are used in response to a variety of crimes, in particular those that are violent, and RJ has been successfully applied to domestic abuse in a number of international programmes. We propose it as a promising approach to domestic abuse in the UK which has the potential not only to extend justice to more victims of abuse, but also to reduce continuing threats to their and their families' safety, and give them an opportunity to speak out and draw support from the wider family and community. It is likely to be the first opportunity for victims and offenders to discuss the problem in a way that is not overwhelming and dangerous, and for victims to find that their voice has power. However, its potency can work both ways; if applied in a 'one-size-fits-all' fashion, without due attention to the specific dynamics of domestic abuse and the

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330   Home Office, *Cross-government definition of domestic violence, a consultation*, London: Home Office, December 2011 [accessed via: http://www.homeoffice.gov.uk/publications/about-us/consultations/definition-domestic-violence/dv-definition-consultation?view=Binary (25/06/12)]

331   Ministry of Justice, *Getting it right for victims and witnesses*, London: the Stationery Office, January 2012 [accessed via: https://consult.justice.gov.uk/digital-communications/victims-witnesses/consult_view (15/06/12)]

needs of its victims, it has the potential to further abuse and traumatise victims and families. All of this means that in applying RJ to domestic abuse we must proceed with caution.

We propose that RJ programmes designed to respond to domestic abuse are piloted in the UK with a view to testing their effectiveness in the UK context, using a wholly criminal justice response as a control. These RJ programmes should be intersected with the CJS so there is clear recourse to increased sanctions if RJ is found to be ineffective, as well as a clear means of feeding back results to state bodies concerned with the goal of achieving justice, for example, the Ministry of Justice, police and Crown Prosecution Service. We recommend that in these pilots, an RJ process is offered to perpetrators after guilty pleas and before sentencing (and so may inform sentencing), or after guilty pleas as part of their sentence.

The aims of a domestic abuse RJ programme need to be clearly focussed on positive outcomes for the victim. It should lead to:

- The victim feeling that justice has been achieved (to the extent that the victim feels this will ever be possible);
- Victim satisfaction with the process of justice;
- Increased ability of the victim to move on and freely make decisions;
- Acknowledgement of the perpetrator's wrongdoing;
- Increased safety of the victim and their family.

Some key principles and processes for an ethical restorative justice response to domestic abuse (not exhaustive)

RJ should only be undertaken when:

- The offender admits wrongdoing;
- The victim is keen for it to take place (they should be asked before the offender and in confidence; the offender should not be told that the victim is being offered it);
- Facilitators are trained in both knowledge of the dynamics of domestic abuse and skills in how to guide dialogue so that it is fair and not dominated or manipulated to serve one person's interests;
- The victim has support before, during and after the process, for example from domestic abuse outreach workers or IDVAs;
- Both parties have access to legal advice;
- There are enforced guidelines about the content of conference/mediation sessions, for example, no hostile language and discussion kept to constructive areas.

RJ should not include:

- Any focus on victim forgiveness (offender apologies should not be a primary focus; rather the restitution plan should focus on tangible behaviours);
- Processes that deliberately shame the offender (on the other hand, evoking guilt and remorse is a central aspect).

There need to be clear mechanisms for referring potentially appropriate cases into the RJ programme, for ensuring the victim's safety, and for checking and responding to adherence to the restitution plan.

Safeguards must be put in place to ensure that it is a satisfying, useful and safe process for victims (see box below). In designing these pilot programmes, it would be invaluable to learn from international implementation of programmes with similar aims.

> ■ We recommend that the Home Office and/or the Ministry of Justice pilot a number of restorative justice programmes specific to domestic abuse in the UK to determine their effectiveness in bringing more offenders to justice, increasing victim satisfaction and sense of justice, reducing re-offending and reducing costs. These should be built on best practice in international RJ programmes for domestic abuse (and other complex crimes, such as sexual violence), and should be intersected with the criminal justice system – offered pre- or post-sentence.

6.6. Summary of recommendations to ensure perpetrators are brought to justice and tackle the underlying motivators to their behaviour

6.6.1. Reform of community perpetrator programmes

> We recommend that, as a priority, perpetrator programmes are implemented that:
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> ■ Are collaborative; for example, start with exploring and using the individual's own understanding of the problem and ways forward;
> ■ Focus on developing a strong therapeutic alliance (therefore the therapist is warm and respectful);
> ■ Build on and develop perpetrators' intrinsic motivation for change,[332] including their desire to be a better parent;[333]
> ■ Address emotional, attachment-based dynamics within domestic abuse;
> ■ Allow space to work with individual differences (even if within a group context);
> ■ Enable individuals to develop self-worth and identities based on pro-social ways of relating;
> ■ Communicate hope and optimism about change;
> ■ Retain the accountability towards victims and multi-agency information sharing that are key features of the Duluth model, and part of RESPECT accreditation criteria.

> ■ We recommend that only perpetrator programmes following key principles for effectiveness are commissioned. Examples that can be readily implemented are provided in this report and others may emerge. This may lead to models having at least two 'streams' – one for perpetrators involved in strategic, controlling abuse and the other for those with more 'hot emotional' reasons behind their behaviour Funding should be redirected from 'traditional' approaches for these programmes and for rigorous research into the outcomes of the Duluth, CBT and new models, so that effectiveness directs future commissioning practice.

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332 McMurran M, 'Motivational interviewing with offenders: A systematic review', Legal and Criminological Psychology, 14, 2009, pp83–100
333 Family Rights Group, Working with risky fathers, London: Family Rights Group, 2011

6.6.2 Access to community perpetrator programmes

- We recommend that all community perpetrator programme providers develop, implement and evaluate social marketing campaigns designed to encourage perpetrators who have some motivation to change to access their treatments. This should be an essential feature of the new treatments we recommend above.

6.6.3 Treatment embedded in substance misuse services

- We recommend that the Home Office and the NHS tender for a number of pilot perpetrator treatments embedded within substance misuse settings, along the lines of those we have described here. We recommend that their effectiveness in reducing domestic abuse recidivism is compared with existing community and probation-led programmes. If the embedded programmes show clinically significant effectiveness and cost-effectiveness, we recommend that they are rolled out nationally.

- We recommend that all substance misuse service providers (who have a sufficient number of clients in couple relationships) offer behavioural couples therapy in their services, in order to reduce domestic abuse whilst meeting substance misuse targets.

6.6.4 New crime of coercive control

- We recommend consideration of a new serious criminal offence whereby a prosecution can be brought on the basis of a 'course of conduct' in which a person has acted strategically to control, isolate, intimidate and/or degrade their victim.

6.6.5 RJ approaches

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chapter seven
Reducing the impact on children and helping them heal

In most cases of domestic abuse, there are children involved.[334] Despite the growing knowledge base of how it profoundly impacts upon them, we as a society are failing to identify and support a huge proportion of children who are living with domestic abuse and/or suffering harm from it.[335] They are often left in risky situations, unidentified and unsupported and, even after they are out of them, receive little help to deal with the after-effects (such as nightmares, anxiety, changed perceptions of themselves and their parents, and disrupted relationships with their parents).[336] Consequently they are at risk of developing mental health problems and relationship difficulties in the future – thereby ramping up the societal costs of domestic abuse over the long-term.

Children need help at a number of stages:

- When they are living in homes where there is domestic abuse;
- When they are no longer living with it, but are at risk of it in the future (for example, their mother is at risk of revictimisation);
- When they are no longer living with it, but are suffering its consequences.

We heard from child protection social workers that even when they are fully aware of the impact of domestic abuse, and trained in how to intervene when they come across it (and in many situations they said this was not the case), they have few services to refer to for support. We also heard from both those who work with children and adults that their respective services do not always adequately link up – this is likely to be resulting in missed opportunities

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334 Howath E, Stimpson L, Barran D and Robinson A, *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services,* London: The Henry Smith Charity, 2009
335 Radford L, Aitken R, Miller P, Ellis J, Roberts J and Firkic A, *Meeting the needs of children living with domestic violence in London: Research Report,* London: NSPCC and Refuge, 2011b
336 See Chapter Two for a review

to help children (for example, services for adult victims, without the right direction, at times focus on the adult to the detriment of the child.) We also heard from social workers that it is not uncommon for individuals or organisations to choose or be forced to deprioritise domestic abuse on high caseloads.

Our recommendations in this section look at how the response to children's rights and needs can be directly improved. They fit within the broader policy response to domestic abuse outlined in the three previous chapters in that policies that focus on victims, perpetrators, couple relationships and schools are also critical to improving the lives and life chances of children living with domestic abuse.

7.1 Improved training for social workers on domestic abuse

Chapter Three described current widespread inadequacies in social work training, professional development and supervisory/support systems, leading to insufficiently effective practice with children and families, including those experiencing domestic abuse. We are encouraged by recent developments aimed at improving the situation, such as the reforms to supervision and training developed by the Social Work Reform Board, and the recommendations made by Professor Eileen Munro in her report on Child Protection that are designed to equip social workers with the skills, knowledge and space to engage effectively with families.[337, 338]

Implementation of a number of Munro's recommendations around the training, professional development and supervision of social workers would lead to profound changes in how the needs of children living with domestic abuse are assessed and responded to. With regard to training, she recommends that the Social Work Reform Board's Professional Capabilities Framework explicitly guides training, professional development and performance appraisal, and that it is updated to include capabilities necessary for child and family social work. The capabilities she recommends that we envisage will most directly improve the response to children living with domestic abuse include:

- Knowledge of child development and attachment, and how to use this knowledge to assess a child's current developmental state;
- Knowledge of the impact of parental problems such as domestic violence on children's health and development at different stages during their childhood;
- Skills to assess family functioning, take a comprehensive family history and use this information when making decisions about a child's safety and welfare;
- Knowledge about, and skills to use and keep up-to-date with, relevant research findings on effective approaches to working with children and families.

We argue that these capabilities need to be built upon further to ensure social workers perceive and respond to families with domestic abuse effectively. In particular, they need to take account of three crucial findings:

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337 Social Work Reform Board, *Building a Safe and Confident Future: One year on,* London: Department for Education, 2010
338 Munro E, *The Munro Review of Child Protection: Final Report: A child-centred system,* London: Department of Education, 2011

- *Living with domestic abuse between parents is as psychologically harmful to children as physical abuse directed towards them*[339]

  The capabilities outlined by Munro emphasise the harm to children from abuse and neglect but do not emphasise the harms of living with domestic abuse between parents.[340] This bias also exists in much of social work thinking and practice and has led to domestic abuse cases being deprioritised; this is of particular concern at a time when most children's services have suffered cuts of between 15 and 25 per cent.[341]

- *Social workers find it particularly difficult to engage with domestically abusive fathers*

  Domestically abusive men are naturally skilled in behaving aggressively, and many will also be good at using deception and denigration. They are more likely than other men to hold pejorative views of women, and may draw on these to insult female social workers who pose a threat to their status quo. We heard from social workers that they often receive no training on working with this challenging group and therefore feel disempowered, anxious and/or traumatised by it. Domestically abusive fathers are often overlooked in family assessments. Whether this is due to social workers' difficulties in working with fathers for the reasons given or, as is often the case, fathers simply do not attend assessments, this leads to increased risks and injustices. Victimised mothers are left to shoulder the burden of reducing the risk to the children; abusive men are given no help in changing; and many of them who pose a high risk continue to be a presence in their children's lives.[342]

- *Children are not necessarily safe and sound once they are no longer living with the domestically abusive parent(s)*

  We have argued that traditional models of domestic abuse have blinded practitioners to the ongoing risk of harm and mental ill-health to children once they are out of the abusive situation. A high percentage of victimised women go on to be abused by a previous or new partner after intervention; and it is often hard for mothers to help their children deal with the impact of the abuse – this commands significant emotional resources from any person (especially when distress is expressed in challenging behaviours), and mothers are at the same time struggling with the impact of the abuse on themselves. The needs of children who *have* lived with domestic abuse and may be *at risk* of doing so in the future often go unrecognised and unmet.

We are not laying all responsibility for improving the lives of children in contexts of domestic abuse at the feet of the social work profession. Moreover we recognise that social workers need appropriate skills and knowledge for working with *all* children and families where there is or has been maltreatment and we are not arguing that they should be particularly well-equipped to work with domestically abusive families. Rather, we hope that our recommendation

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339 Kitzmann KM, Gaylord NK, Holt AR and Kenny ED, 'Child witnesses to domestic violence: A meta-analytic review', *Journal of Consulting and Clinical Psychology*, 71, 2003, pp339–52

340 The phrase 'abuse and neglect' is used in policy and practice to denote neglect and physical, sexual, and emotional abuse directed towards the child, and does not explicitly include the abusive experience of living with abuse directed towards one's parent(s)

341 Guardian newspaper, *Munro report: child protection workers need freedom to do jobs*, 2011, 10 May; [available via: http://www.guardian.co.uk/society/2011/may/10/munro-report-child-protection-workers-freedom]

342 Family Rights Group, *Working with risky fathers*, London: Family Rights Group, 2011

will go some way to creating a situation where children from these different types of families are treated on a par. It is the implementation of Munro's broad set of recommendations that will help to ensure that all social work is of a sufficiently high standard.

> ■ We recommend that the Social Work Reform Board's Professional Capabilities Framework should give equal attention to the knowledge and skills necessary for working with families with domestic abuse as well as to those where there are other forms of maltreatment; and we recommend that they are expanded to include: a) skills for working with domestically abusive fathers, b) skills for working with couples where violence is mutual, and c) knowledge about the ongoing risks of harm and psychological difficulty to children *after* they have left the domestically abusive home.

7.2 Proactive systems to identify and respond to children who are living or have lived with domestic abuse

Intervening early if children are living with domestic abuse, have lived with it in the past, or are at risk of doing so, means offering them and their families help and support before children necessarily show clear mental health symptoms. This is especially important if the child lives with domestic abuse in their infancy. It might be assumed that very young children will be less aware of violence and abuse in the first two years of life but we cited research in Chapter Two suggesting that they are more, not less affected by it.[343]

'A child may be showing only low level signs of disturbance that appear to be linked to having a drug-abusing mother, but dealing with the mother's drug addiction is not a low level problem.'

The Munro review of child protection (p79) comments on how children in difficult circumstances need support before manifest signs of disturbance arise

'The government should place a statutory duty on local authorities and statutory partners to secure the sufficient provision of local early help services for children, young people and families. The arrangements setting out how they will do this should… most importantly, lead to the identification of early help that is needed by a particular child and their family and to the provision of an 'early help offer' where their needs do not meet the criteria for receiving children's social care services.'[344]

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343 Bosquet Enlow M, Egeland B, Blood EA, et al, Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study, *Journal of Epidemiology and Community Health,* 2012

344 Munro E, *The Munro Review of Child Protection: Final Report: A child-centred system,* London: Department of Education, 2011, p78

Early help for children has the advantages of:

- Preventing significant mental health problems developing, thereby reducing suffering and costs to society;
- Preventing relationship problems in the present and future, thereby reducing family breakdown and dysfunction in the next generation;
- Reducing the chances of unwanted family separations (for example, between victimised parents and children);
- Restoring confidence in children's services, so that people working with adult victims are more likely to link up with them.

Multi-agency working improves help for families and saves money

The Partnership Triage service in the London Borough of Hackney is an innovative project that brings together agencies involved with children to improve the service provided to families where there are children at risk. Funding comes from a patchwork arrangement involving partners such as police, local authority, youth offending, and child and adolescent mental health.

Its main aim is to be able to provide a timely, fully-informed and well-received intervention for families that avoids duplication. To this end, it receives reports from the Police Notification System (Merlin), swiftly identifies further information about the relevant family and then decides upon a lead agency to provide support.

Merlin reports regularly indicate domestic violence accompanied by high levels of fear and control in families where a child is known to be present. When these reports come in, professionals from all relevant agencies (e.g. school, youth offending, local authority, youth support, health), sitting together in one room, check their respective databases for further information about the family to ask: are there other children that the police have not identified? Is there a service already working with this family? Are the children showing any signs of distress at school?

On the basis of all of this information, the manager weighs up the risks and protective factors, decides upon a level of confidentiality and identifies which service is best placed to work with this family, based on who they already know and have a good relationship with, who can then act as a 'broker' between the family and other agencies. Often non-stigmatised form of support such as health visitors and school nurses play a key role.

Hackney has also reduced stigma for young people who might be in need of help by forging a generic youth support service that merges other youth services, such as those for young offenders and children at risk.

Evaluation evidence suggests the triage approach gives families the type of help they value and it is far cheaper for the Partnership Triage service to process a Merlin report than for the case to be processed through local authority child protection, as previously.[345] Triage also identifies families that would otherwise have been missed and provides help quickly to high-risk families before problems become further entrenched and dangerous.

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345 Personal communication with Jeanne King, independent research consultant, August 2011

Vital to the provision of early help is a system that identifies those children who may need it and is able to give them and their families welcome and timely support. Good multi-agency working is critical to achieving this. Systems designed around this principle are providing further evidence of its merit (see below for the Partnership Triage service in the London Borough of Hackney, and the example of Devon and Cornwall's Multi-Agency Safeguarding Hub in the Munro report).[346] Early evaluation suggests that integrated multi-agency systems lead to more children receiving timely help and fewer children requiring costly child protection procedures further down the line – in simple terms this means more for less.[347]

Examples of Early Intervention[348] for children who have been impacted by domestic abuse:

- Family Group Conferences, in which strengths within the immediate family, extended family and wider friendship network are drawn upon to develop a plan for keeping the family safe. They '*act against the secrecy of the abuse by enhancing knowledge and the number of people who know what has been happening*'; [349, 350]
- Interventions that help parents forge more supportive relationships with their children following domestic abuse, such as mother-child groups and, for younger children, brief parent-child psychotherapy and parent-focussed support;
- Counselling in schools;
- A trusted adult or peer to turn to for support;
- Help for victimised parents who have left their abusive partner to resolve ambivalence about returning or to reduce the risk of revictimisation;
- Group or individual therapy provided by Tier Two Child and Adolescent Mental Health Services, Local Authorities, and/or voluntary sector organisations working with children, or victims and their children (for example, refuges);[351]

In the past, integrated multi-agency working has been hard to achieve due to restrictions on how services could spend money, and the complexity of combining multiple funding sources. However, it is set to become much easier as community budgets are rolled out by the present government across the country, allowing pooling of resources to provide more joined up services. This will help greatly in turning around families experiencing pronounced difficulties but also in wider service improvement.

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346 Munro E, *The Munro Review of Child Protection: Final Report: A child-centred system,* London: Department of Education, 2011, p82

347 Golden S, Aston H and Durbin B, *Devon Multi-Agency Safeguarding Hub: Case-Study Report.* Slough: National Foundation for Educational Research (NFER), 2011; Cost-savings calculated by Jeanne King for Hackney Partnership Triage, shared in personal communication, August 2011

348 Many of these examples will also be appropriate for children whose needs have not been identified early. We frame them as early provision because it is at the earliest point where they can make the most impact; at later points, more intrusive interventions, such as separating family members from one another, may also be necessary

349 When primarily focussed on achieving safety they have proven efficacy in stopping domestic abuse in a high proportion of families where this is occurring (Pennell J and Burford G, 'Family group decision-making: Protecting women and children', *Child Welfare,* 79, 2000, pp131–58) and have been applied to good effect in the UK (See Daybreak Dove programmes used by children's services and other agencies in Basingstoke, Portsmouth, Bournemouth and Poole [accessed via: http://www.worldwebwise.co.uk/daybreakfgc/programmes_dovebasingstoke.html (15/06/12)])

350 [Accessed via: http://www.worldwebwise.co.uk/daybreakfgc/programmes_dovebasingstoke.html (30/11/12)]

351 Vickerman K A and Margolin G, 'Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment', *Professional Psychology: Research and Practice,* 38, 2007, pp620–28

■ We recommend that children who are or have lived with domestic abuse should be provided with an offer of early help, whether or not they are displaying symptoms that merit a mental health diagnosis. We see a clear role for the new Early Intervention Foundation in identifying and informing the full range of local commissioners about best programmes and approaches for helping children and infants identified at an early stage.

■ We recommend that all local authorities come together with statutory and voluntary agency partners to design and implement a system of integrated multi-agency working that proactively identifies at-risk children and responds to them and their families with a timely offer of help (for example, along the lines of the Partnership Triage Approach in the London Borough of Hackney).

We recommend that any such system:

■ Sets up systems to proactively seek out and receive information from a wide variety of sources (including from members of the community), so that, in cases of domestic abuse, identification of need is not primarily dependent on police reports;
■ Does not wait until serious incidents of domestic violence occur before responding with help (this may be through referral to a lead practitioner tasked with responsibility for the case);
■ Involves professionals from a variety of relevant agencies who have each received training on domestic abuse. At a minimum training should cover the psychological dynamics of domestic abuse, its short- and long-term impact upon children and families, signs of impact, and effective interventions during or following it;
■ Keeps on record and regularly reviews cases where children are no longer in abusive homes, but may be at risk of this reoccurring; review process to a close once children have lived in a safe home for a significant period (for example, two years).

7.3 Programmes that foster secure relationships between parents and children where there has been domestic abuse

Helping parents and children forge supportive, positive relationships after domestic abuse is a key means of preventing the development of mental health and relationship difficulties across childhood and adulthood.[352]

'If you talk to your parents – sort it out in your mind – you'd feel a lot better… I think it makes sense to sort out exactly why and not let it hang around in your mind really.'

16-year-old boy[353]

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352 Lieberman AF, Ghosh-Ippen C and Van Horn P, 'Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial', *Journal of the American Academy of Child and Adolescent Psychiatry,* 45, 2006, pp913–918; Lieberman AF, Van Horn P and Ghosh-Ippen C, 'Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence', *Journal of the American Academy of Child and Adolescent Psychiatry,* 44, 2005, pp1241–48; Lowell D I, Carter AS, Godoy L, Paulicin B and Briggs-Gowan MJ, 'A randomized controlled trial of Child FIRST: a comprehensive home-based intervention translating research into early childhood practice', *Child Development,* 82, 2011, pp193–208; Moss E, Dubois-Comtois K, Cyr C, Tarabulsy GM, St-Laurent D and Bernier A, 'Efficacy of a home-visiting intervention at improving maternal sensitivity, child attachment and behavioral outcomes for maltreated children: A randomized control trial', *Developmental Psychopathology,* 23, 2011, pp195–210
353 Mullender A, Hague G, Iman U, Kelly L, Malos E and Regan L, *Children's Perspectives on Domestic Violence,* London: Sage, 2002

In recognition that a supportive mother-child relationship is important following domestic abuse and yet is very commonly compromised, some voluntary sector organisations are now running therapeutic programmes that bring mothers and children together in groups with the aim of helping them forge better relationships.[354] Domestic Abuse – Recovering Together (DART) is one example (see box below).

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DART: Helping children and their victimised mothers recover together

The NSPCC, with funding from local philanthropists and the Department of Health Innovation fund, has recently started a project called DART (Domestic Abuse: Recovering Together), to help children recover from the effects of living with domestic abuse and improve their relationships with mothers who have been victims. Its main component is group work with children and mother pairs (in contrast to the more typical approach of parallel groups of children and mothers). Its aim is to break the 'legacy of secrecy' in families where there has been domestic abuse. It builds on research on communication between children and their domestically-abused mothers undertaken by Kathy Humphreys and others at the University of Warwick.

DART is based on the understanding that a) children are often left alone with their feelings and perceptions following domestic abuse which, if unresolved, can develop into problematic symptoms and life scripts for the future (for example perceiving their mother as weak and then generalising that all women are weak); b) mothers often do not recognise the impact of the abuse on their children and this acts as a barrier to them helping them; and c) mothers and children often find it hard to talk to one another about their experiences of abuse.

DART aims to enable children to:

- Share their feelings about domestic abuse with their mothers and learn other constructive ways of responding to their emotions;
- Feel understood and supported by their mothers and peers who have had similar experiences;
- Develop their self-esteem and confidence;
- Understand what behaviours in relationships are unacceptable.

It also aims to enable domestically-abused mothers to:

- Talk constructively with their children about the abuse and its impact on them;
- Recognise and respond constructively to their own feelings about the abuse;
- Develop a greater awareness of how domestic abuse can escalate and impact upon children.

DART involves a ten week, two-hour group for between four and eight mother-child pairs with additional separate support for mothers and children. Feedback has been positive from children and mothers with group facilitators reporting many positive changes in relationships. It is currently subject to a robust evaluation and, if shown to be successful, will be promoted to other organisations.

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When children are younger (under six), brief sets of home visits may be more suited to supporting the mother-child relationship. Recent randomised controlled trials have found that therapeutic home visits to at-risk mothers, many of whom have experienced domestic abuse,

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354 We recognise that in a significant minority of families the father is the victimised party, and in many others, both father and mother abuse each another. Yet since the majority of identified domestic abuse is male to female, we recommend interventions here that primarily support relationships between victimised mothers and their children and between perpetrating fathers and their children. Once these interventions are more widespread and have proven effectiveness, their applicability to minority groups (such as victimised fathers and their children) can be more readily assessed and programmes adapted accordingly)

improve the mother-child relationship, and increase children's attachment security, mental health and wellbeing.[355] The visits involve brief parent-child psychotherapy, or guidance on parenting using discussion of attachment-related themes and video feedback of the parent-child interaction.

> 'I loved them dearly, and I would have died for them. But I couldn't see things that were happening to them because I was in too much of a state myself.'
>
> **Victim of domestic abuse thinking about her children[356]**

Despite the popularity and success of these programmes, very few of them operate across the UK. In most cases mothers receive very little or no help in building supportive relationships with their children, and this seems linked to the erroneous yet widely held assumption that mother-child relationships need no improvement once they are both free of the abuser. This viewpoint acts as a barrier to developing much-needed help for mothers and children, to the detriment of both, now and in the future.

> 'Support for the parent-child relationship is often overlooked and such provision across the UK is patchy at best.'
>
> **Professor Julie Taylor, Theme Lead for High Risk Families, NSPCC**

Mother-child relationship support is controversial within the current dominant ideology around domestic abuse, but father-child relationship support (for fathers who have been abusive towards the child's mother, and sometimes the child as well) is a complete anathema to many. There are concerns that providing support to fathers affirms their right to fathering when they have, in fact, given this up through their abusive behaviour. However, many perpetrators strongly desire a more positive relationship with their children, and this can be the most consistent motivator for them to change how they relate to their children, as well as their partners.[357] In other words, the hope of a better relationship with their children can be the key driver for men to stop their domestic abuse.

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355 Lieberman AF, Ghosh-Ippen C and Van Horn P, 'Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial', *Journal of the American Academy of Child and Adolescent Psychiatry,* 45, 2006, pp913–918; Lieberman AF, Van Horn P and Ghosh-Ippen C, 'Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence', *Journal of the American Academy of Child and Adolescent Psychiatry,* 44, 2005, pp1241–48; Lowell DI, Carter AS, Godoy L, Paulicin B and Briggs-Gowan MJ, 'A randomized controlled trial of Child FIRST: a comprehensive home-based intervention translating research into early childhood practice', *Child Development,* 82, 2011, pp193–208; Moss E, Dubois-Comtois K, Cyr C, Tarabulsy GM, St-Laurent D and Bernier A, 'Efficacy of a home-visiting intervention at improving maternal sensitivity, child attachment and behavioral outcomes for maltreated children: A randomized control trial', *Developmental Psychopathology,* 23, 2011, pp195–210

356 Mullender A, Hague G, Iman U, Kelly L, Malos E and Regan L, *Children's Perspectives on Domestic Violence,* London: Sage, 2002

357 Stanley N, Fell B, Miller P, Thomson G and Watson J, *Men's talk: Research to inform Hull's social marketing initiative on domestic violence,* Lancashire: University of Central Lancashire, 2009

> 'And that, that will stay with me forever, is just that look on his face. A mixture of disgust and terror and I think just the fact that a 12 year old saw what I was doing was just probably the hardest thing to bear.'
>
> Domestically abusive father discussing his realisation of how his behaviour was affecting his son[358]

> 'The little card with the kid on the front, it says something about scaring your family and I realised yeah, I did scare my family. So I took the initiative to [get help].'
>
> Domestically abusive father discussing his motivation to seek help[359]

Ignoring and denying abusive men's potential for better fathering betrays an ideologically driven assumption that these men are beyond help, they are irredeemably morally corrupt because of their abusive behaviour, and they should simply be forgotten about by their partners, their children and society.[360] Yet physical separation does not remove a father from their child(ren)'s mind – they are left with confusing understandings of him that affect other relationships, and in many cases they live in hope that one day they will have a caring relationship with him. Unresolved and mixed emotions may partly explain the important but counter-intuitive finding that on average, preschool children fare worse the less they see their fathers after domestic abuse (for example, they are more depressed, anxious and aggressive).[361]

Case study: A boy's confused understanding of an abusive father

Up until he was removed into foster care at the age of six, Jamie witnessed severe violence from his father towards his mother; for example, he vividly described seeing his father beat his mother with a cricket bat and then seeing her miscarry a baby. For a couple of years after he was moved into care, he told all those around him to only call his dad 'killer'. He talked a lot about how scared his dad made him feel and how he never wanted to see him again. But as he entered adolescence, even though he had not seen his father again, Jamie started to speak about him with admiration in his voice, speaking of him as someone who could elicit respect from anyone in the community, and he began to commit crimes that were almost exact replicas of things his father had done.

Ignoring the importance to children of their relationship with their father rules out opportunities to transform it and thereby contribute to children's healing. It turns a deaf ear

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358 Ibid

359 Stanley N, Borthwick R, Graham-Kevan N and Chamberlain R, *An evaluation of a new initiative for male perpetrators of domestic violence*, Lancashire: University of Central Lancashire, 2011

360 Hawkins AJ and Dollahite DC, 'Beyond the role-inadequacy perspective of fathering' in Hawkins AJ and Dollahite DC (eds), *Generative Fathering: Beyond deficit perspectives*, Thousand Oaks, CA: Sage, 1997, pp3–16; Peled E and Perel G, 'A conceptual framework for fathering intervention with men who batter' in Edleson JL and Williams O (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp85–101

361 Stover CS, Van Horn P, Turner R, Cooper B and Lieberman AF, 'The effects of father visitation on preschool-aged witnesses of domestic violence', *Journal of Interpersonal Violence,* 18, 2003, pp1149–66

to the aspirations of many children, their fathers and their mothers, and can contribute further to the harms these children have already experienced.[362]

We recognise that supporting domestically violent men to become better fathers can be particularly complex, and much care is required when developing effective and safe interventions.[363] There is a risk that these interventions could do more harm than good, for example, in cases where men are using attendance as a 'certificate of good character' in manipulative strategies against their partner, rather than as a step towards achieving long-lasting change.

'How can I care for my children when I've hurt them so much?': The Caring Dads programme

Caring Dads is for men who have been violent towards their partners and/or children and is specifically designed to help them become better fathers.[364] It started in Canada in 2001, and is run now in a few locations in the UK by NSPCC in collaboration with the Probation Service. It involves men receiving guidance and discussing their parenting in small groups over approximately 20 weekly sessions. There are a broad range of referral routes, but all men will have expressed a desire to become a better father.

Four major therapeutic goals underpin the work: 1) to develop sufficient trust for men to be able to examine their fathering; 2) to increase men's awareness of child-centred fathering; 3) to increase their awareness of abusive and neglectful parenting behaviour and its impact on children; and 4) to consolidate learning, build trust and plan for the future. Sessions also focus on helping men to support the mother-child relationship. Therapeutic strategies include teaching child development and practising child-centred parenting skills.

As with other interventions focussed on abusive men's parenting, there are strict therapist guidelines including good multi-agency communication, respectful and transparent relationships with participants, and providing children with access to clear and developmentally appropriate information about their father's involvement in the programme.[365]

A recent evaluation of the programme in Canada found that it significantly improved fathers' abilities to a) form an alliance with their children's mother, b) sensitively discipline their children, and c) prioritise their children's needs.[366] Treatment gains were commensurate with those achieved with non-abusive fathers attending parenting programmes, and not affected by initial low levels of motivation. UK-based evaluations are currently being undertaken by the Welsh Assembly Government and NSPCC, and findings from these must be used to inform its further development and implementation.

362 DeVoe E and Smith E, 'The impact of domestic violence on urban preschool children: Battered mothers' perspectives', *Journal of Interpersonal Violence,* 17, 2002, pp1075–1101; Tubbs CY and Williams OJ, 'Shared parenting after abuse: Battered mothers' perspectives on parenting after dissolution of a relationship' in Edleson JL and Williams O (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp19–44

363 Groves BM, Van Horn P and Liberman AF, 'Deciding on Fathers' involvement in the children's treatment after domestic violence' in Edleson JL and Williams O (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp65–84; Peled E and Perel G, 'A conceptual framework for fathering intervention with men who batter', In JL Edleson and O Williams (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp85–101; Scott KL and Crooks CV, 'Effecting change in maltreating fathers: Critical principles for intervention planning', *Clinical Psychology: Science and Practice,* 11, 2004, pp95–111; Scott KL, Francis KJ, Crooks CV, Paddon M and Wolfe DA, 'Guidelines for intervention with abusive fathers', in Edleson JL and Williams O (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp102–117

364 Scott KL, Francis KJ, Crooks CV and Kelly T, *Caring dads: Helping fathers value their children,* USA: Trafford publishing, 2006

365 Scott KL, Francis KJ, Crooks CV, Paddon M and Wolfe DA, 'Guidelines for intervention with abusive fathers' in JL Edleson and O Williams (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp102–117; Scott KL, Francis KJ, Crooks CV, Paddon M and Wolfe DA, 'Guidelines for intervention with abusive fathers' in JL Edleson and O Williams (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention,* Oxford: Oxford University Press, 2007, pp102–117

366 Lishak V, *Evaluation of an intervention program for maltreating fathers: Statistically and clinically significant change,* unpublished Masters thesis, University of Toronto, Canada, 2011

Helping abusive men become better fathers can involve providing support and teaching to fathers in groups, or, less frequently (and more controversially), therapeutic work between individual men and their children. In a few areas of the UK, NSPCC and the Probation service provide a group programme for fathers, Caring Dads, developed from a successful Canadian model (see box above).

We know of no services in the UK that offer therapy to children and fathers who have been domestically abusive, although ethical and seemingly effective models for this work have been developed elsewhere (see the Child Trauma Research Project in box below).

Expanding a child's opportunities for healing: When it can be useful to bring children and fathers who have been domestically violent together

The Child Trauma Research Project at San Francisco General Hospital provides therapy to children under the age of six who have lived with domestic abuse. Children are referred from education, nursery care, family law, child protection and domestic violence advocacy agencies. Therapy aims to 'restore children to a positive developmental trajectory by intervening to improve their relationship with caregivers', helping mothers and children talk safely about what has happened, and enabling mothers to understand the impact of the abuse on their child and how they can effectively respond and manage the child's problems.[367] It has proven effectiveness in reducing children's behavioural problems and both mothers' and children's traumatic stress symptoms.[368]

In response to the recognition of the ongoing involvement of fathers in their children's lives, and the hopes of a number of children and their mothers for a safe, supportive relationship between father and child, the project extended its therapeutic work to include sessions between fathers and children. This was provided when certain criteria had been met to ensure that it is in the best interests of the child, notably:

- Father-child sessions are supported by the child's mother;
- Father-child sessions appear to be desired by the child, and do not leave the child feeling significantly fearful or distressed;
- The father is in full compliance with court mandates;
- The therapist is attuned to any signs of manipulation by the father, and terminates sessions if this becomes apparent.

Using such careful guidelines is vital to ensure that 'fathering' work with abusive men is a healing rather than harmful intervention.

Fathering-focussed work that engages with fathers only and with father-child pairs both have the potential to effect significant change in families' lives. However, there are reasons to believe that father-child interventions would be the most powerful – through working on the relationship directly, they have much greater opportunity to build positive patterns of relating and correct distortions that either party may hold (for example, minimisation of the abuse). They also more readily give the child a voice, and a safe space to express their feelings to their father (for many a critical part of the healing process).

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367 Groves BM, Van Horn P and Liberman AF, 'Deciding on Fathers' involvement in the children's treatment after domestic violence' in JL Edleson and O Williams (eds), *Parenting by Men who Batter: New Directions for Assessment and Intervention*, Oxford: Oxford University Press, 2007, pp65–84

368 Lieberman AF, Van Horn P and Ghosh-Ippen C, 'Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence', *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 2005, pp1241–48

We recommend that both central government (for example the Department for Education) and local authorities fund and evaluate pilot programmes aimed at building restorative mother-child and father-child relationships following domestic abuse. We recommend that these include programmes that bring children and their fathers together in a safe therapeutic space, when this is appropriate and likely to be effective. Voluntary sector organisations and social enterprises with experience in supporting children following domestic abuse or maltreatment would likely play a significant role in developing and implementing these programmes.

7.4 Universally available therapeutic provision for children in schools

Case study: The Place2Be

Michael, aged five, lived with his half-sister, mother and her partner, and had witnessed repeated domestic violence at home. At school he had become sullen and withdrawn and often behaved defiantly. His teacher said he could be very angry and aggressive, and on occasions he would ignore basic requests.

Initially Michael found it too difficult to walk the distance from his classroom to the Place2Be room. He would cry and scream and refuse to move. For the first half of term the sessions were held in a small room next to his classroom using a selection of items from the Place2Be room.

It took many weeks for him to build a trusting relationship with his counsellor. When seen around the school Michael would scowl at her and avoid eye contact. During his Place2Be sessions, his play was dominated by aggression and destruction. He was bossy with his counsellor and displayed a need to be in charge at all times. His counsellor allowed Michael space to express his feelings and gave him the means work through his anger, but she also needed to set clear boundaries.

As the relationship continued Michael began to explore the Place2Be room and he became more adventurous and inclusive; he started to invite his counsellor to join in and would occasionally ask her to choose an activity. The counsellor used these activities, which involved play equipment, to capture and discuss the anger and confusion that Michael was experiencing. By allowing Michael to have some control over his environment and the parameters of his conversations, she helped him gain better control over his emotions.

After several terms Michael has made huge progress, becoming noticeably more sociable and confident. Now when he sees his counsellor in the playground or in the corridor he will smile and wave. His sessions are continuing.

'She talked through things she couldn't talk to me about… I could cuddle her, I could love her, but I couldn't discuss the things that were hurting her… and she couldn't discuss them with me, because she didn't want to hurt me.'

Mother talking about her daughter's experience of counselling[369]

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369 Mullender A, Hague G, Iman U, Kelly L, Malos E and Regan L, *Children's Perspectives on Domestic Violence,* London: Sage, 2002

In previous reports we have emphasised the need for better access to timely help for children (and their parents) and how this can partly be achieved for children over four years old by providing a universal wellbeing and mental health service embedded in the warp and weft of school life.[370] When available to the whole school population a service (which children can choose to access) is non-stigmatising and works well alongside targeted counselling for children with higher levels of need (to which they are referred by teachers and other staff).

When a child 'acts out' (e.g. by misbehaving violently) or becomes withdrawn and unresponsive, this may be related to distressing experiences of domestic abuse. Mullender et al (2002) found in interviews with children who have lived with domestic abuse that many of them view attending therapy as stigmatising, although they would appreciate its help. Because they can identify problems early and intervene quickly and appropriately, such accessible services can prevent escalation to the higher levels of need that will require the expertise of CAMHS professionals in specialist clinics. They are also able to provide a supportive response to teachers and other school-based staff thereby minimising impairment to learning and enjoyment of school and teaching.

Some third sector organisations who are making a significant contribution to improving children's emotional wellbeing in schools highlight the frequency with which domestic abuse features as an issue for children and parents using their services.

> ■ We reiterate recommendations made in previous CSJ reports about the need to make universal and targeted wellbeing and mental health services available in schools to ensure children who have been exposed to domestic abuse receive the timely and non-stigmatising help they need to flourish.

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370 Centre for Social Justice, *No Excuses: A review of educational exclusion*, London: Centre for Social Justice, September 2011; Centre for Social Justice, Completing the Revolution: Transforming mental health and tackling poverty, London: Centre for Social Justice, October 2011

7.5 Children's involvement in broader family violence

Our focus in this report is on the dynamics, causes and effects of abuse within couple relationships. As part of this however, it is vital to consider the violence and abuse that children display towards their parents and siblings, as this is often both a precursor to, and cause of, abuse in couple relationships. Addressing it is therefore key to prevention and intervention. It is not an insignificant problem;[371] for example, Croydon's Family Resilience Service reports that sibling and child violence is a feature of life in 44 per cent of the families they work with, who have the most complex problems.[372]

■ 'While most analyses of violence in the family focus on intimate partner violence, there is also a growing and deeply disturbing trend towards wider violence within the family – including child-on-parent violence and sibling-on-sibling violence – which often passes unnoticed in mainstream analyses of domestic violence.'[373]

Large numbers of parents who contact professionals and advice lines about violence and aggression in teenagers suggests that support at this stage is vital – and lacking.[374] Polling conducted for a recent report on family violence that goes beyond the couple found that 23 per cent of parents who had sought help for conflicts within their family wanted more information about parenting teenage children and children with behaviour problems. [375]

The Government's focus on the pre-school 'foundation years' is admirable and likely to reap significant dividends both in the medium- and long-term and their overarching early intervention approach is likely to prevent many problems from becoming acute in the future.[376] However, Parentline Plus data indicates the majority of parents who are seeking help for their children's aggressive behaviour do so once they become teenagers.[377] Ensuring parents receive support to prevent problems escalating or becoming entrenched is not incompatible with an early intervention approach.

■ We recommend that local authorities' domestic violence strategies recognise the significance of sibling and child violence, and that appropriate investment is made in parenting support that goes beyond the early years. Given that teenagers' aggression, abuse and violence towards parents appears to be growing, identifying effective approaches should be a priority for the Early Intervention Foundation. Funding and facilitating the implementation of these will likely require close working between children's centres, schools, health providers, other local authority agencies and their partners in the voluntary sector.

371 Parentline Plus, *When Family Life Hurts: Family experience of aggression in children*, London: Parentline Plus, 2010 [accessed via: http://familylives.org.uk/sites/default/files/When%20family%20hurts%202010.pdf (15/06/12)]

372 4Children, *The Enemy Within, 4 million reasons to tackle family conflict and family violence*, London: 4Children, March 2012

373 Ibid, p41

374 Parentline Plus: *When Family Life Hurts: Family experience of aggression in children,* London: Parentline Plus, October 2010 [accessed via: http://familylives.org.uk/sites/default/files/When%20family%20hurts%202010.pdf (15/06/12)]

375 4Children, *The Enemy Within, 4 million reasons to tackle family conflict and family violence*, London: 4Children, March 2012

376 Indeed we have argued extensively elsewhere that tackling the roots of violence requires a focus on children's early years; Centre for Social Justice, *The Next Generation*, London: Centre for Social Justice, September 2008; Centre for Social Justice, *Early Intervention: Good Parents, Great Kids, Better Citizens*, London: Centre for Social Justice, September 2008

377 Parentline Plus: *When family life hurts: family experience of aggression in children,* London: Parentline Plus, October 2010 [accessed via: http://familylives.org.uk/sites/default/files/When%20family%20hurts%202010.pdf (15/06/12)]

7.6 Summary of recommendations to ensure children's needs are at the forefront of a comprehensive response to domestic abuse

7.6.1 Improved training for social workers on domestic abuse

- We recommend that the Social Work Reform Board's Professional Capabilities Framework should give equal attention to the knowledge and skills necessary for working with families with domestic abuse as well as to those where there are other forms of maltreatment; and we recommend that they are expanded to include: a) skills for working with domestically abusive fathers, b) skills for working with couples where violence is mutual, and c) knowledge about the ongoing risks of harm and psychological difficulty to children *after* they have left the domestically abusive home.

7.6.2 Proactive systems to identify and respond to children who are living or have lived with domestic abuse

- We recommend that children who are living or have lived with domestic abuse should be provided with an offer of early help, whether or not they are displaying symptoms that merit a mental health diagnosis. We see a clear role for the new Early Intervention Foundation in identifying and informing the full range of local commissioners about best programmes and approaches for helping children and infants identified at an early stage.

- We recommend that all local authorities come together with statutory and voluntary agency partners to design and implement a system of integrated multi-agency working that proactively identifies at-risk children and responds to them and their families with a timely offer of help (for example, along the lines of the Partnership Triage Approach in the London Borough of Hackney).

  We recommend that any such system:

  - Sets up systems to proactively seek out and receive information from a wide variety of sources (including from members of the community), so that, in cases of domestic abuse, identification of need is not primarily dependent on police reports;
  - Does not wait until serious incidents of domestic violence occur before responding with help (this may be through referral to a lead practitioner tasked with responsibility for the case);
  - Involves professionals from a variety of relevant agencies who have each received training on domestic abuse. At a minimum training should cover the psychological dynamics of domestic abuse, its short- and long-term impact upon children and families, signs of impact, and effective interventions during or following it;
  - Keeps on record and regularly reviews cases where children are no longer in abusive homes, but may be at risk of this reoccurring; review process to a close once children have lived in a safe home for a significant period (for example, two years).

7.6.3 Programmes that foster secure relationships between parents and children where there has been domestic abuse

- We recommend that both central government (for example the Department for Education) and local authorities fund and evaluate pilot programmes aimed at building restorative mother-child and father-child relationships following domestic abuse. We recommend that these include programmes that bring children and their fathers together in a safe therapeutic space, when this is appropriate and likely to be effective. Voluntary sector organisations and social enterprises with experience in supporting children following domestic abuse or maltreatment would likely play a significant role in developing and implementing these programmes.

7.6.4 Universally available therapeutic provision for children in schools

- We reiterate recommendations made in previous CSJ reports about the need to make universal and targeted wellbeing and mental health services available in schools to ensure children who have been exposed to domestic abuse receive the timely and non-stigmatising help they need to flourish.

7.6.5 Children's involvement in broader family violence

- We recoremend that local authorities' domestic violence strategies are recognise the significance of sibling and child violence and that appropriate investment is made in parenting support that goes beyond the early years. Given that teenagers' aggression, abuse and violence towards parents appears to be growing, identifying effective approaches should be a priority for the Early Intervention Foundation. Funding and facilitating the implementation of these will likely require close working between children's centres, schools, health providers, other local authority agencies and their partners in the voluntary sector.

List of thanks

We would like to thank the following people who acted as consultees to this report, providing invaluable knowledge, perspective and wisdom.

Dr Debbie Allnock, Research Department, NSPCC

Mick Atkinson, The Place2Be

Diana Barran, Chief Executive, Co-ordinated Action Against Domestic Abuse (CAADA)

Dr Jackie Barron, Research and Policy Officer, Women's Aid

Kay Benjamin, Bridge Associates

Christine Bradley, Research Department, NSPCC

Mark Brooks, Mankind Initiative

Samantha Brown, Co-ordinated Action Against Domestic Abuse (CAADA)

Toni Brown, Psychotherapist, Berkshire and South Buckinghamshire Women's Aid

Siobhan Cain, National Offender Management Service

Mark Coulter, Strength to Change

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