

## DOMESTIC VIOLENCE: A LITERATURE REVIEW SUMMARY

### Introduction

A domestic violence literature review was prepared to accompany the HMIP thematic inspection of probation supervision of domestic violence perpetrators. It focuses on male abuse of female partners in line with predominant trends. An outline of the purpose, scope, and content of the review is contained in the introduction to the main document. This summary highlights key findings, linked to review chapters. The main review document contains fuller evidence in detail, with sources and a full reference list.

### WHAT DO WE KNOW ABOUT DOMESTIC VIOLENCE?

#### What do we mean by domestic violence? (chapter 1)

Definitions of domestic violence have shifted over time, and vary in their inclusivity. However, prevailing understandings recognise that violence by men towards women in current or former intimate relationships usually involves a constellation of abusive, controlling behaviours aimed at establishing or maintaining power and dominance. These include physical and sexual assaults, coercion, threats and intimidation, emotional abuse, isolation, use of male privilege, economic abuse, stalking, humiliation and degradation, deception, deprivation, sexual objectification, using children, and denial, minimisation and victim blaming. Domestic violence includes both criminal and sub-criminal acts (some of which may amount to an offence of harassment). Domestic violence infringes a range of universal human rights, which are not qualified by, or subordinate to the norms of particular cultures. Understanding domestic violence as human rights abuse highlights the duty of all public bodies to work to prevent it.

#### The extent of domestic violence (chapter 2)

Domestic violence is a far more pervasive experience for women than indicated by police statistics. Attempts to estimate its true extent are beset by methodological problems, not least the reluctance of many victims to disclose abuse due to fear, loyalty or embarrassment. There has been no dedicated national survey of violence against women in the UK. However, British crime surveys (BCS) indicate that 1 in 4-5 women have experienced domestic violence (force or threats) in their lifetimes. Many of these women have put the violence behind them by leaving the relationship; however, current domestic abuse is a substantial problem for a significant number of women. The 2001 BCS found that 1 in 25 of all women disclosed non-sexual assaults and/or threats by partners/ex-partners in the previous year. 3 in 4 of these victims reported more than one last year incident, and the average was 20; a small percentage of women experienced an exceedingly high number of threats and assaults. 2 in 5 endured severe forms of violence (being kicked, bit, hit with a fist or weapon, choking, threats to kill, or threats with a weapon), averaging 18 such incidents in the past year. 3 in 4 women were injured in the worst last year incident. Last year prevalence rates rose to 1 in 17 of all women when limited measures of financial abuse and control of the woman's movements were included.

Other international and local community surveys conducted in a non-crime context, using more sensitive, inclusive methodologies and broader definitions of abuse incorporating sexual and psychological violence, produce higher lifetime prevalence estimates of 30-40%, and indicate more than 1 in 10 women had been assaulted by a partner/ex-partner in the past year, particularly in deprived inner city environments. However, evidence indicates women are much more likely to disclose abuse in former than in current relationships. Hence all surveys are unlikely to pick up the full extent of current violence.

Domestic violence accounts for 1/4-1/5 of all violent crime (including muggings but excluding sexual assaults) picked up by regular BCS. Known repeat victimisation rates are more than double those for other forms of crime, and domestic violence is significantly more likely to result in injury than any other form of violent offending. The 2000 BCS found that 56% of all most recent rapes disclosed by women were by partners or ex-partners, and such rapes were more likely to result in injury and be repeated than were rapes by non-intimates. Whilst UK evidence of co-occurrence is not available, US research indicates that 40-45% of women physically assaulted by partners are also raped by them at some point. Partners and (mainly) ex-partners also account for 2 in 5 of all stalking episodes

reported by women that involved some form of assault. On average, partners or former partners kill two women in England and Wales every week, and such cases accounted for 43% of female homicides in the 12 years to 2001/2.

Whilst some crime surveys appear to show near equal rates of domestic violence victimisation among men, evidence indicates that when sexual assaults and homicides are included, 90% of the systematic, persistent, and injurious violence is perpetrated by men. Many women who assault partners are themselves victims of ongoing abuse and often use violence in self-defence. Domestic violence brought to the attention of public agencies overwhelmingly involves male perpetrators and female victims. Whilst victimisation rates do not vary significantly according to ethnic group, minority ethnic women may encounter more stress and obstacles to seeking help and ending the relationships due to cultural factors, prejudiced responses, and racial disadvantage. Some women may experience other family members participating in their abuse, as well as shame or community censure if they expose the problem. Migrant women may be particularly vulnerable to victimisation and less able to extricate themselves from violent relationships due to language problems, social isolation, forced marriages, insecure immigration status, ignorance of their rights, and dependence on their abuser for money and information, which he is able to exploit in furtherance of his control.

Despite the pervasiveness of domestic violence, very little of it is reported to police or other community agencies. Canadian evidence suggests women experience on average 35 assaults for every arrest made. Only 11% of current year incidents picked up by the 1996 BCS were reported to police, who were unaware of 2 in 3 of chronically victimised women (those assaulted 3 or more times in the past year). Later surveys indicate little change in reporting levels. The 2001 BCS found that 2 in 3 worst incidents experienced by women assaulted many times, and over half of worst incidents involving serious injury (internal injuries and broken bones) were not reported to police. Worst lifetime rapes were even less likely to be reported.

Whilst domestic violence is the most under-reported type of crime, it is nevertheless significantly visible in the daily work of public agencies. On one day in 2000, over 1,300 domestic violence calls were made to UK police and over 2,300 to refuges and Women's Aid (only 12% of calls to their national helpline could get through). Domestic violence accounted for 1 in 4 of all violent crimes (sexual and non-sexual assaults) reported to the Metropolitan police that day. The great majority of the domestic violence which does reach the attention of police and courts involves victims who have been abused repeatedly, often over a number of years, and have suffered serious and injurious violence, which is escalating. A significant proportion of victims will have experienced choking, assaults with weapons, or threats to kill, and multiple forms of abuse including sexual assaults.

Most perpetrators who abuse these victims and who come to the notice of criminal justice agencies for offences of domestic violence are repeat, serial abusers who often have few or no convictions for domestic violence but who have convictions for other crimes; most often property crime and drug and alcohol-related offences, such as drunk driving. Evidence also suggests that significant proportions of offenders on probation and prison caseloads have a history of perpetrating domestic violence, though this is unlikely to be reflected in their index offence or histories of recorded convictions, due to both non-reporting by victims and disproportionately high attrition in domestic violence cases reported to the police, only 4% of which result in a conviction. Police records indicated a callout to a domestic violence incident in relation to almost half the cases in a general inspection sample of 100 offenders in one area, and this figure takes no account of domestic violence perpetration of which police are unaware. North American research amongst inmates in general prison populations has found evidence of domestic violence perpetration by up to 60% of prisoners, using combined evidence from records, offenders and their partners.

### **Theories and dynamics of domestic violence (chapter 3 & 4)**

Theories of the origins and dynamics of domestic violence draw on a variety of traditions and perspectives including feminist and socio-structural theories, learning and social learning theories, developmental, personality, and inter-personal theories. No one theory can account for domestic violence, and integrated perspectives, particularly combining ideas and methods derived from social learning and feminist theory within an ecological framework, generally underpin most currently accepted models of intervention which recognise the need to tackle domestic violence at every level of the social system.

At the inter-personal level the trajectory of most domestic violence suggests it usually begins within the first few years of a relationship, although the worst abuse may well come later. Physical abuse is generally preceded by psychological abuse both historically and before an assault. Threats are a typical tactic used to gain compliance and control, and they are over 3 times more likely to precede assaults on partners/ex-partners than other violence. Sexual abuse rarely occurs in a relationship that is not also physically violent, and often one form of abuse accompanies the other. Stalking frequently begins when the victim has ended the relationship and is motivated by jealous control; many women who are later murdered by partners and former partners are stalked first. There is some evidence that for some women who remain in abusive relationships, violence may diminish over time as the man ages, but physical assaults may be replaced by more pernicious psychological abuse. There is little evidence of spontaneous desistance by repeat abusers; 88% of women interviewed in the 2001 BCS who had been assaulted many

times, but who had been free of violence for more than six months, said violence had stopped because they ended the relationship.

Various research, including live observation, has noted that violent men are distinguished from other men in both harmonious and non-harmonious relationships by their demanding, controlling and critical behaviour in interactions with their partners, to whom they are contemptuous, belligerent, domineering and defensive. There were no obvious triggers for their abusive responses, which are generally unrelated to women's behaviour, and there are no behavioural switches the woman can throw to stop their partner's aggression when it begins. Women in violent relationships are distinguished from other women only by their fear and level of distress. Compared to other men, violent men have been shown to be more likely to attribute negative intent to a woman's actions, more emotionally dependent on their partners, and less empathic towards them.

Analysis of men's accounts of their violence indicates they are significantly less likely to acknowledge their most serious episodes of abuse, forced sex, or violence during pregnancy. They distance themselves from their violence by using euphemisms, and by casting themselves in the victim or sick role by attaching blame to their partner, drink, upbringing, feminism, or an uncontrollable temper. Some men acknowledge calculated use of violence intended to frighten, intimidate and punish. Others are more likely to characterise their violence as explosive 'loss of control' when they do not get the 'respect' they feel they deserve. Violence is used either to maintain control or to re-establish perceived lack of control (over women). Men often seek to remedy their violence by apology, lavish gifts, and promises of change, often followed by pleas for affection and forgiveness. Apology is frequently used strategically or comes on condition that the woman forget, forgive and accept part of the responsibility.

### **Vulnerability to victimisation (chapter 5)**

There is little or no evidence that the behaviour or personalities of abused women contribute to their victimisation; some research has shown domestic violence victims are more emotionally mature, sensitive and less self-absorbed than non-abused women. Any dysfunctional behaviour by victims appears to be a consequence rather than a cause of their experience of abuse. However, various historical and situational factors appear to increase the risk of victimisation or damaging consequences, often because they affect the woman's ability to take action to end the violence. Some evidence indicates women under 25 are at the greatest risk, although patterns of chronic abuse do not show such a strong association. For many women, separation from a partner eventually brings an end to violence, although for 1 in 3 women abuse continues after separation, and for some it gets worse, or changes to another form, such as stalking. Child contact arrangements often provide abusers with accessibility to their victims. The period during and immediately after separation holds the greatest risk and many of the women murdered by their partners are killed at this time. Whilst risk is highest in the first six months post-separation, some men track down and seriously harm partners years later. Post-separation violence may be punitive or aimed at re-establishing control over the woman, or particularly in the case of lethal violence, motivated by jealous rage at abandonment. There is also some evidence that women who leave and then return to violent men are at greater risk than if they had never left.

Women who are unemployed, living in poverty, disabled, in poor health, and who have children are disproportionately likely to suffer domestic violence. Risk is also increased by income inequalities between partners. There is an increased risk that domestic violence will begin or intensify in pregnancy, particularly when it is unplanned and resented by the man. Domestic violence victims have higher rates of drug and alcohol consumption than non-victims, but assaults are unrelated to women's substance use at the time of the incident. Women are more likely to drink heavily after an abusive episode, and generally use substances to self-medicate symptoms of post-traumatic stress. Women who have substance abuse problems are less likely to fully appreciate dangers, co-operate with prosecutions or receive a sympathetic response from agencies. Social isolation also increases women's risk and may often be the result of the abuser's jealous and controlling behaviour. Women who have been physically or sexually abused in childhood or who have witnessed domestic violence as a child are also at increased risk. They may be less likely to identify relationships as abusive, report assaults, have expectations of change or betterment, or have needed coping resources due to the effects of previous trauma.

### **Perpetrator-related risk markers for domestic violence (chapter 6)**

Many of the risk markers for domestic violence are similar to those for offending behaviour in general. Behavioural history factors are often the best predictors of incident frequency and severity, notably previous physical assaults on a partner, severity of prior abuse, previous psychological/emotional abuse, sexual assault, jealousy, use of or access to weapons and/or threats to kill, stalking, abuse of other family members, particularly children, a history of violence outside the family, cruelty or threats to pets, criminal arrest record, failure to comply with court orders, bail conditions or supervision requirements, and escalation in violence. The risk of a further assault is greatest in the first 24 hours and the first 30 days following the last attack. Most reassaults by men placed on perpetrator programmes occur within six months of intake, i.e. whilst they are attending the programme.

Demographic factors that increase the risk of domestic violence perpetration include youth, unemployment, low income, and low educational attainment. Various macro-level factors have been associated with domestic violence in cross-cultural research, such as notions of patriarchal masculinity, male entitlement, dominance, control of wealth and ownership of women. Traditional sex-role expectations have not been found to be strongly associated with domestic violence in studies exploring men's perceptions, although a stronger relationship has been found with violence supporting beliefs. Evidence suggests men censor their responses to produce socially desirable responses in much relevant enquiry/research. Stronger associations are found when women are asked about their partner's sexist attitudes and violence. Inequalities within the relationship, related to education, money and decision making power, are associated with increased risk, particularly when they are contested. Other relationship factors that increase risk include conflict (particularly prompted by men's drinking levels, or women's transgression of men's expectation), attempts by the woman to leave, and separation unwanted by the man. Women's perceptions of risk and dangerousness also predict risk of future violence over and above other identified risk markers.

Risk markers related to the man's psychology and personal history include non-acceptance of responsibility through denial, minimisation and victim blaming. Suicidal or homicidal ideas and depression, linked to a growing emotional crisis (often precipitated by the consequences of abuse and fears of loss of the relationship), are associated with violence escalation. Witnessing domestic violence as a child is also strongly linked with later perpetration, as is being abused as a child. The former link is the stronger, and the risk appears additive. Factors thought to mediate this link include child/adolescent behavioural problems and substance abuse, which are both risk factors in their own right. Substance abuse, particularly of alcohol and cocaine, is strongly associated with increased violence frequency and severity. Intoxication at the time of the incident and chronic misuse both increase risk. Alcohol-violence associations have been attributed to impaired cognitive functioning, withdrawal symptoms, social learning and concurrent links to other risk factors. Substance abuse is neither a necessary nor sufficient condition of domestic violence perpetration; most men are sober when they abuse. However, among men with drink problems, rates of domestic violence perpetration have been found to be as high as 84%. One well-designed longitudinal diary study of a mixed sample of men attending perpetrator or substance abuse programmes compared men's drinking diaries and women's abuse diaries. The odds of a severe assault on a day when the man had been drinking heavily were 19 times higher than on a day when he did not drink. Those with severe alcohol problems were also more likely than perpetrators with no alcohol problems to be violent on any day, regardless of whether they had been drinking.

Impression management by some offenders may complicate attempts to gauge links between violence and psychological variables. However, there is some evidence that an insecure attachment style, combined with a need for dominance, increases the risk for domestic violence. Perpetrators generally show more dysfunctional psychological symptoms than non-violent men, and tend to score higher on measures of antisociality, narcissism, avoidant, dependent, borderline, and psychopathic personality traits. However, only a small minority have severe mental disorders. Other factors thought to be linked to (and often proffered as excuses for) domestic violence perpetration such as stress, low self-esteem, poor interpersonal skills and levels of anger do not generally predict violence to partners. Whilst some men may displace their stress onto their partners, there is no evidence that experience of day-to-day stressors increases risk. Violence is more likely to occur among men with unstable and unwarranted high self-esteem, as a response to perceived undermining of their exaggerated sense of superiority and entitlement. Men with low self-esteem generally perpetrate less violence. Whilst poor communication and negotiating skills distinguish men in unsatisfying relationships from those in satisfying relationships, they do not distinguish those men in unsatisfying relationships who are violent from those who are not. Although anger/emotional arousal and violence co-occur in some (but not all) men, emotion-based self-report measures of anger/hostility, which are not confounded by the inclusion of aggressive behaviour within the construct, have not shown associations with violence history, including domestic violence in several studies of male prisoners. Apparent associations between anger and violence are better understood in terms of the cognitive distortions that underlie both, and the use of angry display as an intimidating tactic.

In addition to factors related to previous abuse of partners and children, evidence suggests the strongest and most consistent risk markers are childhood experience of violence, particularly witnessing domestic violence, and abuse of alcohol. These factors are also those most closely linked to the risk of homicide in addition to sexual jealousy, unwanted separation or the threat of separation, stalking and personality disorder. Risk of post-separation violence appears to be largely unpredictable, but has been found to be higher when the abuser continues to live in the same town/city as the victim, and when the victim does not have a new relationship. Continued violence by men referred to perpetrator programmes is also associated with low motivation and failure to complete or engage with the programme, and strongly associated with continued drinking and drunkenness and women's safety perceptions.

### **Types of domestic violence perpetrator (chapter 7)**

Domestic violence perpetrators are not a homogenous group and may have different treatment needs and different responses to different types of interventions. Various attempts have been made to develop typologies of abusers based on behavioural and personality characteristics mainly by using statistical cluster analysis. Whilst not identical

they show some overlap. Several typologies have identified a family-only abuser who is least likely to be violent outside the home, or to show signs of psychological dysfunction, or to engage in severe abuse, and more likely to be remorseful. This type of abuser is more likely to seek out treatment voluntarily and less likely to be known to the criminal justice system. A second identified type is an emotionally volatile, psychologically distressed abuser characterised by high levels of bad feelings including jealousy, anger, anxiety and depression, who shows signs of borderline personality disorder. A third type, who feature most prominently amongst perpetrators involved with the criminal justice system, are more generally violent, anti-social and narcissistic, have sexist attitudes and show relatively low levels of negative emotions and little empathy. Replication studies have shown some support for such typologies but others have found more variable groupings that did not show distinct patterns of personality traits. Some emotionally volatile men also score high on measures of anti-social personality and some men could not be classified according to these groupings. This suggests that abusive men might best be viewed as differing along several continuums, rather than belonging to discrete categories.

Other similar personality based typologies have differentiated impulsive and instrumental abusers, and narcissistic and avoidant abusers. Other more behaviourally based typologies have drawn distinctions between reactive and proactive abusers who respectively respond to frustration with high level of emotional arousal or who are more methodical and less emotional when violent. Another typology classified men based on their patterns of physiological and behavioural reaction during interaction with their partners. One group, termed *cobras*, showed a slower heart rate as the interaction became more conflicted. Despite swiftly becoming belligerent and intimidating, these men were calm and grew calmer as they became more aggressive. Their physiological reactions suggested an emotional state of disgust rather than anger, despite outward appearances. The other group, termed *pitbulls*, showed increased signs of emotional arousal and aggression as the interaction progressed. Both groups were equally controlling of their partners but the cobras felt in command of themselves, their partners and the situation, whereas the pitbulls did not. These two types were differently distributed when classified according to a personality-based typology. Research is yet to establish whether the differences highlighted by typologies remain stable over time or whether they represent different phases in the abuser's development. Only one study has examined whether different intervention approaches work better for different types of abuser. Men with dependent personality traits had lower rates of reabuse after an insight-oriented process-psychodynamic group, whereas men with antisocial personalities did better in a structured feminist-cognitive-behavioural group programme. The utility of personality-based typologies is open to question, however, as they require lengthy personality assessments for classification purposes, do not appear to contribute to risk prediction over and above behavioural variables, and cannot yet be substantively linked to different intervention approaches. However, this stream of research does suggest that the treatment targets of effective programmes of intervention need to address a range of needs using a range of methods to enhance responsivity.

### **The harm done to women by domestic violence (chapter 8)**

The death toll due to domestic violence includes homicides and suicides, miscarriages and foetal deaths. Domestic violence is one of the most common causes of injury of women and victims are more likely to suffer injuries to the head, face, neck, thorax, breast, and abdomen than women injured in other ways. Direct and indirect effects include permanent disability, chronic pain syndromes, neurological problems (often due to head injury and strangulation), gastro-intestinal problems and eye damage. Gynaecological problems are the most consistent and long lasting physical health difference between abused and non-abused women, and are likely to be linked to forced sex, male promiscuity, and severe physical abuse. Domestic violence in pregnancy doubles the risk for miscarriage and is also associated with low birth weight, still births, premature delivery and other complications due to assaults and assault trauma. Controlling behaviour by partners can also affect access to antenatal and postnatal care. The effects of domestic violence on women's mental health and well-being are substantial. The more frequent and severe the abuse, the greater the harm done. Victims are 4 times more likely to suffer from depression, be suicidal, or meet the criteria for post-traumatic stress disorder and 6 times more likely to abuse alcohol, than women in general. Domestic violence precedes alcohol problems in most cases and these odds are underestimated, as comparison rates for women in general usually include abused women.

Domestic violence victims report all the components of torture listed in the Amnesty International definition and meta-analysis indicates 2 in 3 abused women suffer from post-traumatic stress disorder (PTSD). This is likely to be an underestimate due to misdiagnosis as depression. Those with PTSD are 15 times more likely to attempt suicide. Other mental health effects include perception and memory problems, anxiety disorders, eating disorders, intense fearfulness, phobias, panic attacks, and sleep disorders as well as adverse impacts on self-esteem, trust in others, and experience of negative emotion such as shame and guilt. In common with other trauma victims, particularly those held captive, victims may become traumatically bonded with abusers who have fear-driven power over them and on whom they depend for their survival. Evidence indicates that psychological abuse has at least as negative effect as physical abuse on mental health. Abused women may also experience secondary victimisation from the criminal justice system, which negatively affects their ability to cope, their faith in the future and their faith in a just world.

## **Women's responses to domestic violence (chapter 9)**

Accounts of abused women indicate how women move through and between various stages when living with a violent relationship that differ in their duration and intensity according to the psychological, social, cultural and economic resources available to them, and to the behaviour of their abuser. These stages commonly include: discounting early violence for the sake of the relationship, enduring by stifling of self and careful monitoring of the partner's behaviour, immobilisation and demoralisation in the face of increasing, unpredictable violence, defining the abuse as unacceptable and intolerable, resistance, moving out of the relationship, and recovering from the trauma. UK surveys indicate that the majority of victims tell no-one about the abuse. Coping strategies include trying to find rational explanations for violence, and appeasement. Many abused women go to great lengths to minimise the risk of 'provoking' a partner. The pivotal process of redefining the relationship as fundamentally unloving and abusive can be subtle or sudden and usually follows outside intervention or exposure of abuse, escalation in brutality, extension of violence to others (e.g. threats to children), or an accumulation of hurt and disillusionment which finally outweighs the hope of change. The process of leaving a violent relationship is best understood as a spiral rather than linear process, influenced by women's shifting perceptions of self-efficacy and the cost/benefit balance, in which fear of escalating violence, concern for children and fear that they may reach the end of their tether and seriously harm their partners, are major considerations. Women may leave and return several times due to a wish to give the relationship another chance, the abuser's promises of change, or because needed emotional and practical supports are lacking. Women are more likely to remain in, or return to an abusive relationship if the man gets 'help' for his abuse. As abuse becomes more dangerous, pervasive and uncontrollable women are likely to progressively take a series of steps to try and stop it, and make use of informal and then formal networks. They are more likely to be boosted to take decisive action to terminate the relationship when external validation is available and when their help-seeking efforts receive a helpful, robust response from statutory agencies.

Only a small proportion of assaults are reported to police. Women under 25 and those in households with above average income are less likely to involve them. The need for self-protection is weighed in the balance with factors such as embarrassment, family privacy and fear of reprisal. Concerns about negative reactions from perpetrators have validity. One UK study found 38% of women report further violence or intimidation in the aftermath of an attack, and rates were twice as high when the offence was reported to police. What women want from the law may vary over time; they may want safe passage out of the home, the perpetrator removed from the scene, or given a warning, rather than an arrest. Evidence indicates that when women want the man arrested this is tied to an accurate risk perception and should be respected. Ongoing safety factors also have considerable bearing on women's decisions about co-operation with a prosecution. Women look to the criminal justice system for protection but often feel that it offers little. Delays, trivialising charging practices, lenient sentencing, a belief that available sentencing options will make no difference to a man's behaviour, economic and other costs involved (e.g. time off work and childcare), concern about the adverse effects of public exposure on children, abusers' manipulation of the legal system, a wish to separate from the abuser without aggravating him further, a wish to reconcile the relationship, and fear of repercussions are just some of the many reasons cited by abused women that discourage co-operation with prosecution. The man's controlling behaviour is often influential in shaping women's responses; some may internalise their partner's minimisation and denial and not want him punished. Women are more likely to co-operate with prosecution when they conclude other strategies have been ineffective in curtailing escalating violence and when they have reduced their investment in the relationship. External support and validation bolster such decisions.

## **Domestic violence and children (chapter 10)**

Estimating the true extent of co-occurring physical and sexual child abuse and domestic violence is difficult as the links between the two are not well understood, or identified and addressed in practice. Reviews of mainly US research indicate that domestic violence is occurring in 30-60% of families where child abuse is occurring and vice versa. In the UK evidence suggests domestic violence is a known issue in at least 1 in 3 child protection cases and at least 40% of child sexual abuse cases, and that when systematic screening for domestic violence is in place, identified rates of co-occurrence can rise to 2 in 3. Child death reviews also indicate domestic violence perpetration by 2 in 3 of the partners of those mothers who were in a relationship. Many studies do not specify which parent was responsible for the child abuse, although fathers tend to use more severe violence than mothers. There is evidence that some mothers may respond to victimisation by behaving more aggressively to their children or be coerced into excessive child punishment by abusive partners.

Children may be exposed to domestic violence pre-birth, they may intervene to stop violence and be verbally or physically abused themselves either accidentally or intentionally during the incident. They may be forced to watch abuse or even coerced or encouraged into participation. They may be eyewitnesses, or overhear abuse, hear of it from others, or experience the aftermath. Evidence suggests parents seriously underestimate the extent of their children's awareness of what is occurring. Interviews with children about their experience of domestic violence indicate a persisting state of fear and anxiety, characterised by sleeping problems and nightmares. The more serious, injurious and protracted the violence, the more likely children are to see or hear it. In a sample of serious (ABH+) cases of domestic violence reported to the Metropolitan police, records indicated that where children were present

in the household they witnessed over 2 in 3 homicides, 2 in 3 physical assaults and at least 1 in 3 rapes. It is estimated that 2 in 3 children who have witnessed assaults fare more poorly than the average child. Adverse effects are unrelated to the child's age and gender and include externalising behaviours such as aggressive behaviour, disobedience, hurting other children, as well as internalised responses such as anxiety, trauma symptoms (e.g. flashbacks, hyper vigilance, emotional numbness), and depression. Exposure to domestic violence has been linked to lower educational attainment, long-term psychological problems, and use of violence in adolescence. Negative effects are greater if children are also abused themselves. Protective factors include support from other adults and particularly the non-violent parent. Children use a variety of coping strategies; some are more functional than others. They often try and stop the abuse by intervening or trying to get help. Domestic violence often has an adverse effect on mother's ability to parent at a time when children are more needy because of the traumatic effects of abuse. Both are able to recover significantly from these deleterious effects once they are out of the abusive environment and settled in a safe place, although child contact arrangements can disrupt recovery if abuse continues, and evidence suggests it does in at least 1 in 3 cases.

## WHAT DO WE KNOW ABOUT DOMESTIC VIOLENCE INTERVENTIONS?

### Assessing risk (chapter 11)

Women's short-term predictions of the likelihood of further violence have been found to be better predictors than some recognised risk instruments (including SARA). Women take account of some of the risk factors identified in research, but their perceptions better encapsulate dynamic factors such as their partner's drinking levels, changes in the relationship, and other subtle cues related to their partner's mood and behaviour. They also use their own feelings of anxiety, etc. as a barometer of dangerousness. Women's risk perceptions should therefore be incorporated into risk assessment. If victims predict or fear danger, this should be respected and acted upon, even if risk assessment instruments fail to identify a significant risk. However, some women's perceptions show an optimistic bias, and a significant number are likely to be unaware of the dangers they face. Those who are not yet ready to co-operate with prosecution may be more likely to minimise violence and associated risk.

Despite identification of a collection of domestic violence risk markers, their combined ability to correctly classify those who will and will not reabuse is little better than chance. Domestic violence is hard to predict based on static factors. To improve accuracy, ongoing risk assessment needs to take account of dynamic issues such as drinking levels, separation, pregnancy and amount of access to victims. Only three domestic violence-specific risk assessment instruments have published validity data; the US Danger Assessment Scale (DAS) which is completed by victims, the Canadian SARA, designed for use by criminal justice professionals, and the Propensity for Abusiveness Scale (PAS), which is a self-report measure which does not ask directly about violence. One large study suggested that the DAS was the better predictor. Further research is needed to demonstrate that these instruments have predictive validity and reliability. Due to their imprecision, they are best used as tools for information gathering, rather than as formal predictors which determine resource allocation and intervention plans. Sound risk assessment should be based on perpetrator and victim information, particularly relating to abuse and substance misuse history, as well as official records from a range of agencies, including police call-out reports. When used correctly, assessment tools have value in raising awareness of risk markers, encouraging a focus on victim perceptions and stimulating communication amongst professionals. Instruments such as the DAS can also be useful in safety planning work with victims to enable them to increase their awareness of their own risk.

### Arrest, prosecution and sentencing (chapter 12)

In the US mandatory domestic violence arrest policies were developed in response to widespread dissatisfaction with low arrest rates. There is some evidence that these policies have contributed to reduced domestic violence death rates, although they have also led to high arrest rates amongst women who used violence in self-defence or retaliation. Results of US arrest studies show mixed evidence of a deterrent effect. There is some evidence that most abusers reduce their violence in the six months following police intervention, and that arrest rather than other forms of police response further reduces revictimisation in the short term, independent of other criminal justice sanctions. However, around 10% of abusers are undeterred by police intervention and continue to reabuse at alarmingly high rates. Arrest can only help reduce violence in the long term if accompanied by other interventions. Deterrent effects may be undermined if the case does not proceed to prosecution or if court imposed sanctions are weak. Both social and criminal justice controls may have a deterrent impact. There is little UK research on the effects of policing policy and practice, however available evidence suggests that focusing on those most at risk, using a range of interventions including target hardening and surveillance, as well as arrest is the most promising approach.

US 'no-drop' prosecution policies aim to increase the number of perpetrators held to account by limiting prosecutor and victim freedom to abandon prosecutions. In some US areas prosecution follow-through rates in domestic violence cases are now equivalent to those for stranger assaults. There are mixed findings as to effects. Some victims coerced into prosecution are less likely to involve police when abused again. There is also some evidence that both aggressive prosecution policies and allowing victims to have a say result in lower rates of abuse, with best effects

when the woman opts to co-operate with a prosecution. Alteration of the balance of power in the relationship appears to reduce reabuse. There is no systematic UK research on the impact of prosecution or prosecution policies. Qualitative studies appear to indicate that emotional and practical support from police, prosecutors, victim advocates and family, as well as thinking time free of the abuser's pressure and interference, is critical for women who co-operate with prosecution, and the majority of those who do are emotionally strengthened by the process. Specialist domestic violence courts have the potential to improve rates of victim satisfaction and successful prosecution if they are linked with court and advocacy support services for abused women, although UK pilots have yet to demonstrate a convincing impact on the number of offenders brought to justice.

Local studies and inspection findings indicate disproportionate attrition in domestic violence cases relative to other crimes at every stage in the UK criminal justice process and considerable local variability of practice. Over half reported cases are not recorded as crimes despite evidence to the contrary, and most of those that are do not result in arrests or charges. Often little effort is made to pursue perpetrators who have left the scene when police arrive. In some areas many are charged with breach of the peace, rather than assault. Around half the cases referred for prosecution are discontinued or resolved by bind over. Acquittal rates are also well above the national average for all crimes. Only 2-4% of domestic violence incidents reported to police result in a conviction, despite clear identification of perpetrators, most of whom are repeat offenders. Various findings in combination suggest that only 1 in 200 incidents result in a conviction. Domestic violence cases are also disproportionately susceptible to charge attrition. Many defendants 'play the system' by pleading not guilty in the hope that delays and reluctance to give oral evidence will increase the prospects of victim withdrawal or charge reduction. Around 1 in 2-3 ABH charges are reduced to common assault and most cases proceeding to conviction are so charged, despite 90% involving injuries. Only a tiny fraction of those convicted receive a prison sentence and the great majority are returned to the community without any form of supervision or oversight. Most commonly offenders are bound over or given a conditional discharge, and some are fined. The effect of these practices is that domestic violence perpetrators receive more lenient sentencing than those charged with non-domestic assaults and are sometimes convicted of charges (e.g. breach of the peace or assault on police) which obscure the nature of the precipitating crime. Evidence from pilot domestic violence court sites indicates that offenders are more likely to be bound over in cases where the victim is injured, and where risk is higher due to the offender's continued cohabitation with the victim. There is also some evidence of racial bias, with white defendants more likely to have their charges reduced, or be bound over and black defendants more likely to have their charges dropped.

Attrition is attributed to poor police recording and information systems, inconsistent police responses, poor evidence gathering, which limits opportunities for prosecutions to proceed without the victim's evidence, and victim withdrawal. Victims are more likely to co-operate with a prosecution when there are statements from other witnesses. Several studies have identified scope for improvement in CPS representations and court decision making about bail and breaches of bail.

Victims are often bewildered and distressed by the plea bargaining which goes on in their cases, and by the stories told in court by both the defence and the prosecution who may play down the seriousness and extent of the abuse when accepting pleas to lesser charges. Many are dissatisfied with sentencing. There are also indications that some sentencers' understanding of domestic violence and awareness of risk is in need of attention. A current consultation paper on sentencing in domestic violence cases is considering whether factors such as abuse of power, abuse of trust, victim vulnerability, and impact on children should make offences committed against intimates more serious. Based on current practice, some commentators have observed that high rates of victim withdrawal are unsurprising given that prosecution brings emotional pressure and sometimes increased threat, whilst conferring little protection or practical benefit.

### **The justice system and community controls (chapter 13)**

US evidence indicates that whilst perpetrators often violate civil restraining or protection orders they appear to reduce domestic violence incidents, or their severity, for some women, particularly if combined with criminal justice sanctions. Perpetrators who voice strong objections to these orders being made have been found more likely to violate them, as have those with significant abuse histories. Their effectiveness depends on how specific and comprehensive they are and how they are enforced. US and UK victim surveys indicate women value these orders and believe they have some deterrent effect. They also increase safety perceptions and give victims some leverage in monitoring the abuser's behaviour. Forthcoming UK legislation will give criminal courts the power to make restraining orders for all offences in domestic violence cases, irrespective of conviction. Research on the use of such orders in harassment cases indicates scope for considerable improvement in drafting and enforcement and in communication and consultation with victims.

Relatively few cases of domestic violence appear on the probation service caseload as index offences, although a significant proportion of men under supervision will have histories of perpetrating domestic violence. The 2001 BCS found that victims who knew their partners had a criminal record reported more frequent, severe violence causing

injury and serious injury. There is little research examining the impact of community supervision on domestic violence revictimisation, although some US evidence suggests intensive supervision, combined with a perpetrator programme, achieves better outcomes than less rigorous supervision plus a programme. UK research indicates that domestic violence has been a submerged issue in much probation work. Whilst many probation areas developed specialist perpetrator programmes, little attention has been paid to systematic screening, identifying and refining approaches used by individual case managers, particularly where domestic violence was not the index offence, or to developing an appropriate policy framework. Expertise in working through processes of denial and minimisation developed in sex offender work has not generally been transferred to work with domestic violence perpetrators.

Various studies indicate limited understanding and awareness of risk, power and control dynamics, and the importance of a victim safety-centred approach among probation staff, and correspondingly low key responses that do not challenge and sometimes collude with abusive behaviour by offenders. Working with domestic violence offenders who are resistant to change can be a taxing process. Case managers may be susceptible to intimidation and manipulation by perpetrators who make use of some of the control tactics that they use to influence their partner's perceptions and actions to get them to "back off" and reduce challenge and monitoring. Those who are good talkers, persistent rationalisers, endless arguers, or who appear more vulnerable, claim racial bias or cultural justification tend to be held less accountable. The skills, knowledge, commitment, support and time needed to supervise high-risk perpetrators has led many North American areas to establish dedicated domestic violence teams with reduced caseloads. There is also evidence that MAPPA are not being used sufficiently to plan multi-agency responses to increase the safety of victims and to monitor the behaviour of perpetrators. Only 2 in a sample of 387 serious domestic violence assaults reported to the Metropolitan police were referred to MAPPA. So far, in 4 of these cases, all assessed as 'non-critical' by police, the perpetrator has since murdered the victim. The introduction of the IDAP programme is taking place in the absence of a wider national strategy for addressing domestic violence across the probation caseload and attending to the safety needs of domestic violence victims.

### **Perpetrator programmes (chapter 14)**

The majority of perpetrator programmes established in North America and the UK are based on the Duluth model and combine cognitive-behavioural and psycho-educational approaches. Unstructured programmes or other methods which do not address abusive behaviour and related power and control tactics directly, or which do not place responsibility for abuse firmly with the abuser, are not currently favoured by most US or Canadian states nor by the UK government or practitioner networks. Most programmes are designed around key principles of victim safety and offender accountability and aim to develop the offender's awareness of and responsibility for abuse, and to teach skills in conducting respectful relationships. Some US programmes now include an additional phase of psychotherapeutic counselling for chronic, high-risk offenders following a core programme, most require demonstrated abstinence from alcohol or drugs, or a controlled drinking contract before admission. Some deliver special programmes to substance misusing abusers or provide concurrent alcohol interventions. In consultation with women's advocates and established perpetrator programmes, most US states have now developed standards to regulate programme provision. Most proscribe the use of couples counselling or other conjoint approaches to domestic violence and discourage anger management approaches as the main intervention. They also require parallel services to be offered to abused women. They aim to ensure practice consistency, quality and co-ordination of community services in a competitive market of independent programme providers. These standards have been criticised for limiting innovation and have been opposed by some powerful constituencies, notably mental health practitioners who favour different approaches and an unfettered market system. In the UK, Respect's practice principles and minimum practice standards closely resemble most of the key precepts of US State standards and Canadian guiding principles.

### **Issues in evaluating the effectiveness of perpetrator programmes (chapter 15)**

Most domestic violence programme evaluation studies do not have sufficiently rigorous designs to enable firm conclusions to be drawn about effectiveness. Various methodological inconsistencies also limit comparability of results. Many studies use non-experimental designs without a control group (e.g. comparing rates of abuse before and after intervention, or outcomes for those who complete with those who drop-out), and cannot therefore rule out other explanations for findings. Those who drop-out of programmes are more likely to reabuse, as risk factors for drop-out are similar to those for reoffending. In particular, they are likely to differ significantly in levels of motivation, which are rarely measured, so that effects attributable to motivation cannot be controlled when comparing success rates. Experimental studies in which abusers are randomly assigned to different types of programme or to no programme are the strongest designs that rule out the possibility of other effects. Definitions of programme success vary and deliver different verdicts on programme impact according to type of reabuse measured. Cessation of abuse due to separation may not be measured and wrongly interpreted as success. Measuring reabuse by using self-reports or official records will seriously underestimate incidence. Reports from women, including new partners, are the most reliable measure and are best used in combination with offender reports and official records of arrests as well as convictions. However, many studies have low rates of follow-up responses from partners/victims. Those who do not participate are more likely to have been reabused. Some studies exclude difficult perpetrators and may overestimate general effectiveness, or use small samples that are further reduced by attrition. High attrition rates can limit

generalisability and reliability of findings if only the 'cream of the crop' complete. Definitions of what counts as completion and length of follow-up period may also vary considerably. Greater confidence can be placed in studies using longer follow-up periods, but these are likely to have fewer participants at follow-up. Contextual or system-wide factors can influence outcomes but may not be taken into account (e.g. other concurrent interventions, amount of perpetrator contact with the victim, sanctions for non-compliance).

### **Do perpetrator programmes work? (chapter 16)**

Despite a plethora of evaluation studies, relatively few have experimental or quasi-experimental designs of sufficient rigor to warrant any confidence in their findings. Only one published UK study used a matched comparison group to evaluate the effectiveness of Scottish perpetrator programmes. Results indicated lower physical assault recidivism by the programme group compared to a comparison group receiving other sentences at 12-month follow-up. Psychological and sexual reabuse was not measured. However, a number of weaknesses have been noted to this study, not least the non-inclusion of inferential statistics, unclear reporting of sample and outcome data, and very low victim participation rates at follow-up. The comparison group were also found to differ from the programme group on several variables associated with higher rates of reabuse (e.g. unemployment, number of previous convictions), but these differences were not controlled for in analysis. All these factors therefore limit confidence in findings. One out of four reviewed quasi-experimental studies failed to find a positive effect for programmes, and indicated higher rates of physical aggression at 6 month follow-up by those who completed the programme than by those who received other sentences, despite the demographic profiles of programme participants indicating they were better prospects. Lengthy waiting periods to start programmes are thought to have contributed to these disappointing results.

Whilst experimental studies are not without methodological problems, they are nevertheless the strongest test of programme effects. Two out of three recent US experimental studies using large samples failed to find a significant effect for Duluth-based perpetrator programmes. Reduced revictimisation was better predicted by 'stake in conformity' variables (e.g. being employed, married and older). The third study found a small positive effect for programmes but only when the same total treatment hours were delivered weekly over 26 weeks, rather than over 8 weeks in longer, bi-weekly sessions. However, attrition rates were higher among those receiving the 26 week treatment. Measures of cognitive change did not differ between the control and experimental groups, suggesting the positive effect for the 26 week programme was attributable to violence suppression during the programme, rather than on-programme learning.

Reviews of the relative effectiveness of different programme lengths, models and structures (e.g. predominantly cognitive-behavioural, feminist-psycho-educational, psychodynamic, self-help group), have concluded that results do not strongly suggest one mode of treatment programme achieves better outcomes than another. Although some single studies have found much larger positive effects when alcohol treatment was integrated into perpetrator programmes, when motivational enhancement techniques (i.e. encouraging and supportive telephone calls and handwritten notes from group leaders) were used to reduce attrition, and when programme content focused more on emotions. One multi-site study using a very large sample found lower reabuse rates by completers for a 9 month programme with the best range of additional services (in-house substance abuse treatment, mental health counselling and services for partners) compared to a 3 month programme with few additional services. However, the 3 month programme had lower attrition rates due to quick starts and court-monitored compliance and was equally effective when outcomes for completers and drop-outs were considered together.

Two recent reviews of studies considered methodologically sound (including the only published meta-analysis), calculated overall effect sizes for domestic violence perpetrator programmes and found small positive effects. Meta analysis of 22 studies indicated that men attending programmes had a 5% greater chance of avoiding reabuse than those not sent to programmes, with both groups more likely to reabuse than not. Small effect sizes are perhaps not surprising as they measure the additive effect of treatment programmes on top of the effects of other legal interventions (i.e. arrest, prosecution and probation supervision).

Evidence suggests that programmes have relatively little impact on levels of psychological abuse. Fewer women report attitude change than report reductions in reassault. Men appear to learn violence avoidance techniques but less easily assimilate a more respectful approach to their partners. There is also some evidence that programmes may sensitise men to social disapproval of their violence, so that they are less honest about their abusiveness after a programme than before. Whilst rates of abuse appear to decline over time, this appears largely attributable to separation from victimised partners, and a significant proportion of men continue to repeatedly abuse during and after a programme. Studies that have explored women's perceptions of programme effects generally indicate overall quality of life improvements, although a small proportion of women report their lives worsened after their partner joined a programme. There is a risk of reactionary abuse. Required programme attendance may be blamed on partners by men who resent it. There is also a danger that some men may misuse the programme opportunity to cynically bargain their way back into the relationship and then drop-out, learn new control and subjugation techniques from other

participants, or apply programme learning abusively. Many experts conclude that interventions may need to be considerably longer and more intensive and multi-dimensional if they are to impact significantly on underlying thinking.

### **Other interventions with domestic violence perpetrators (chapter 17)**

The significant co-occurrence of domestic violence and alcohol problems suggests that those exhibiting one behaviour should be automatically considered likely to exhibit the other and screened accordingly. Unaddressed substance misuse will retard progress on perpetrator programmes by impeding the ability to learn and affecting attendance. Those with such problems are much more likely to drop-out. Brief motivation-based alcohol interventions have shown some success and could easily be incorporated into programmes. There is evidence that alcohol treatment alone may reduce, but not eradicate reabuse among those who remain abstinent or maintain safe drinking levels. Alcohol treatment is best delivered in conjunction with perpetrator programmes. Evidence suggests close integration achieves good outcomes. Both interventions need to operate from a compatible change model and theory base (e.g. cognitive-behavioural), if messages about responsibility, accountability, learned behaviour and individual power to change are to be congruent. AA and 12 steps programmes inculcate a different philosophy and may provide excuses for violent behaviour.

Abusive men often present their violence as a 'relationship problem' and may want joint counselling rather than a perpetrator programme. Couples counselling or family therapy are not considered an appropriate intervention in relationships characterised by fear, violence and power inequalities on evidential as well as ethical grounds, as they imply joint responsibility for violence and may endanger victims. There is some evidence that marriage counsellors and family therapists have an insufficient understanding of domestic violence dynamics, and fail to address the violence, or to spot danger signs. These approaches may be appropriate, e.g. to address co-parenting issues, but only after the man has successfully completed a perpetrator programme and been violence-free for a significant period. Use of mediation or other restorative justice approaches in domestic violence cases are also not recommended on similar grounds.

There are no controlled empirical studies testing the efficacy of individually delivered domestic violence interventions, and little evidence of individual programme development. Peer feedback, challenge and support are considered critical components of effective approaches to domestic violence.

Anger management approaches are not recommended as a domestic violence intervention as they ignore the instrumental function of violence and do not address the power and control issues integral to partner abuse. Moreover, many abusers are not emotionally aroused when they abuse and use displays of anger as a coercive tool. Anger management programmes have been found to be ineffective with domestic violence perpetrators as they address factors linked to anxiety and self-esteem that are only weakly associated with abuse. There is also little evidence of a direct link between experiencing high levels of anger and violent offending. High anger levels may best be viewed as a concurrent mental health problem. Use of anger management approaches may be counterproductive, and reinforce attributions of blame to anger and to partners for 'provoking' it, instead of fostering acceptance of responsibility for violence. There is also evidence that abusive men mislabel all negative emotional states as anger. Approaches that address underlying cognitive distortions and improve emotional literacy are likely to be more effective in reducing abuse.

### **Co-ordinated community interventions (chapter 18)**

Systemic approaches to domestic violence integrate and co-ordinate proactive multi-agency responses to achieve greater impact. Model co-ordinated community interventions developed in North America typically involve community agencies and women's organisations designing and implementing integrated policies, protocols and services to enhance victim safety and offender accountability, that often include screening programmes, pro or mandatory arrest policies, early intervention schemes, support and advocacy for victims and child witnesses, prompt, assertive prosecution, specialised prosecution units, designated domestic violence courts, sentencing that incorporates required attendance at perpetrator programmes, close monitoring of offender compliance, use of protection measures such as restraining orders, specialist probation units, linked training programmes for professionals and monitoring of system-wide responses. Victim advocates are an integral part of co-ordinated interventions and variously provide safe housing, crisis support, legal advocacy and follow-up support. Negotiated protocols often stipulate how probation supervision is to be conducted.

The effectiveness of multi-dimensional approaches is harder to evaluate than single strand interventions and most studies have explored the effects of only one or two components. Results are inconclusive and inconsistent as co-ordinated interventions are not always well implemented. However, there are some promising indications that the combined effects of consistently implemented robust approaches exceed those of free-standing initiatives. Evidence suggests particularly positive outcomes for strong early responses (i.e. when police make an arrest on their first visit to a home, and the perpetrator is required to attend a programme as a result). Enacted pro-arrest and pro-prosecution policies, combined with sentencing to perpetrator programmes, appear to progressively impact on recorded rates of reabuse. Intensive, rigorously enforced probation supervision, based on risk assessment informed

by police and victim information, including frequent home visits, contact with victims, and regular drug and alcohol screening, combined with perpetrator programmes and additional risk-related interventions has also shown promising results.

There are no evaluations of comprehensive co-ordinated UK interventions partly because many UK initiatives have failed to involve all relevant agencies. Evaluation of early IDAP implementation illustrates some of the relevant challenges. Studies of partially co-ordinated initiatives have not explored impact on sentencing or effects of post-sentence interventions. A Yorkshire policing study indicated early and progressive police interventions, linked to use of local community resources, appeared to reduce repeat victimisation known to police, although service delivery was inconsistent. A London victim crisis intervention and advocacy service based in police stations was praised by victims and showed some evidence of reduced revictimisation, but had little impact on overall criminal justice practices. A linked series of initiatives in Cardiff, including a women's safety unit, indicate some promising early effects on revictimisation, although rates of arrest, charging and successful prosecution remain low. Evidence indicates that co-ordinated intervention schemes take time to embed into routine practice and that old habits are slow to change. Whilst UK multi-agency domestic violence fora have played a useful information-sharing role, they have not become involved in individual case-tracking or organisational practice audits, unlike some of their North American counterparts, although some have now begun to conduct homicide reviews. Multi-agency audits of the intervention system and reviews of the management of high-risk cases could assist in identifying, promulgating and institutionalising proactive good practice, and in tackling misaligned policies, procedures and information systems.

### **Meeting the needs of victims/survivors (chapter 19)**

Whilst surveyed women survivors believe mainstream services, particularly police and housing, are improving, they still pay insufficient attention to their views and needs. Specialist domestic violence police officers are particularly appreciated. Most abused women favour a stronger response by the criminal justice system. The health service (particularly mental health services), courts and the benefits agency are rated as least likely to understand the reality of domestic violence or to respond appropriately. In general abused women perceive services as helpful when they proactively ask about abuse, help 'name' domestic violence, pay attention to safety planning, respond to special needs and assist with trauma recovery. Medical and other professionals could be better informed about the links between mental health symptoms, substance abuse and victimisation. Training in trauma recognition would assist assessment and safety planning work. Few abused women consulting mental health professionals are offered trauma counselling or interventions to improve their safety.

Outreach and advocacy services have been delivered largely by abused women's organisations but are now expanding as other agencies begin to address domestic violence more proactively. Outreach services support and assist women in their own homes and there is evidence that women are more likely to leave violent relationships after using such services. Advocacy services act as a bridge between abused women and mainstream agencies. They provide advice, information and support, and broker access to other services for abused women aimed at improving safety, whilst also working to generally improve agency responsiveness. Evaluations of UK and US projects indicate such services are perceived as empowering and safety-enhancing by victims, and can reduce revictimisation by accelerating the process of change (e.g. decisions to proceed with legal action or to leave abusive relationships).

Most established perpetrator programmes offer linked women's services geared to providing information about the programme and the man's progress, monitoring the man's behaviour, raising awareness of risks and options (including programme-related risks) and safety planning assistance. US State standards generally require such services to be in place, with guaranteed confidentiality for victims, as a condition of programme delivery, and perpetrator programmes are bound by a legal duty to warn victims of danger that extends to notifying police, courts and other involved agencies. Aspects of UK probation work with victims that need to be addressed include prompt, consistent delivery on promises of continued contact, information, consultation and confidentiality. There is a strong consensus that the overriding aim of contact with abused women should be to improve family safety rather than to service organisational needs or perpetrator rehabilitation. Work with perpetrators should be tailored to the woman's safety plans and needs. Services to victims should be available from the point of referral. Risks of participation include retaliation from the abuser and resurrection of traumatic memories. Workers need to use a responsive interview style and structure to minimise negative effects and also need training in recognising and responding to cues associated with risk of imminent or serious violence, child abuse, or suicidality, good supervision and clear guidelines on how to respond. Well-planned and sensitively delivered services that validate women's experiences and empower them to make changes are appreciated by recipients.

Safety planning with abused women is a separate process from professional risk assessment, and involves detailed collaborative exploration with the woman of the risks she and her children face, consideration of possible courses of action and identification of the resources required to reduce risks. Well-delivered safety planning should engage women without imposing solutions, raise awareness of dangers, provide information, support resistance, reinforce women's agency and capitalise on concerns for children, so as to reduce opportunities for reabuse, and increase both

victim autonomy and community support and guardianship of the woman and her children. Safety-planning is particularly important for abused women whose partners are receiving 'help' for their violence as they are more likely to remain with or return to men who they believe are being assisted to change, and thus face greater exposure to further violence. Other services which increase women's sense of safety or to assist them achieve independence from their abusers include provision of childcare assistance, education and employment programmes, personal alarms, and programmes for abused women convicted of retaliating against their abusers that emphasise issues related to their victimisation.

### **Protecting and assisting children (chapter 20)**

Fragmented service delivery to families where both women and children are abused have limited effective safety enhancement. No statutory UK agency is required to provide services to domestic violence survivors as part of its core business. Few child protection agencies provide systematic help for abused mothers and few direct services are available to children living with domestic violence. Only 1% of children's charity projects are dedicated to domestic violence. Evidence indicates that many social services and court welfare departments do not routinely screen for domestic violence, provide sufficient policy guidance to staff, or engage in enough safety planning work. Many perpetrator programmes do not adequately integrate a child protection perspective supported by training and policy guidelines. Increased awareness of the dangers of domestic violence for children can lead to automatic definition of child exposure as emotional abuse, and to 'failure to protect' judgements on mothers who do not leave abusive relationships. These practices increase the risk that women will not fully disclose violence or seek help, for fear of losing their children. Not all children are adversely affected and careful case-by-case assessment of risks and protective factors are needed before 'at risk' conclusions are drawn. Use of the 'children in need' provisions of the Children's Act can open up access to support services for both the non-abusing parent and child. Protection and support for the child's mother is often the best child protection. However, courts rarely refuse child contact to domestic violence perpetrators. Child contact centres offer some protection for abused women, but few supervise contact closely enough to prevent fathers manipulating children or otherwise misusing their contact time. Interventions demonstrating effectiveness in enhancing family safety and well-being include routine screening of child protection referrals, safety planning with children and mothers, provision of instrumental, social and emotional support to mothers to enable them to support their children, and individual and group interventions with exposed children that allow them to discuss their experiences and promote healthy coping and problem-solving.

### **Enhancing the effectiveness of domestic violence interventions (chapter 21)**

Interventions with perpetrators need to be racially and culturally sensitive to accommodate needs, improve responsiveness and reduce resistance. Acknowledgement of experiences of racism may be a route to helping men understand the oppression of abuse. Interventions should draw on cultural strengths as well as addressing cultural values or stereotypes that contribute to domestic violence. Inclusion of culturally relevant material or programme components, delivery of ethnic group-specific programmes, and matching cultural backgrounds of group leaders and participants have all shown promising results in enhancing engagement with programmes.

Attrition rates for perpetrator programmes are high (40+% in most US programmes). Many of the risk factors for attrition are also risk factors for reabuse. Those who drop-out tend to have alcohol or drug problems, unstable lifestyles, more previous convictions and psychological disturbance, less motivation, perceptions of their problems incongruent with programme content. They also tend to have perpetrated the most serious and frequent violence. Attrition reduction is therefore critical to improving women's safety. There is some evidence that stiffer and quicker penalties for dropping out, and close case management supervision help to keep younger, less educated men engaged with programmes, and that short waiting times and mandatory court reviews can also reduce attrition. Improved pre-programme orientation sessions and additional transitional support have also shown promising results. Different activities may be required to engage men with interventions according to their level of readiness to change, although the impact of different case management approaches and engagement strategies have not been fully researched. Use of a structured judgement tool to assess stage of change may assist in identifying those at high risk of drop-out who may need tighter supervision, stronger sanctions and motivational enhancement to keep them in programmes. Motivational enhancements provided by programme tutors in the form of supportive, personalised notes and phone calls may significantly increase attendance levels, particularly among minority ethnic participants, and in turn lead to lower rates of reabuse.

Quality of group dynamics, interpersonal relations and intervention style can all affect engagement with programme aims. Those with histories of severe violence and minimal motivation may have a contaminating effect on their peers. Attention to group composition, and worker skills in counteracting abusive undertones and group sabotage may help minimise negative effects. Highly confrontational approaches may mirror the relationship power dynamics that the intervention seeks to change and may be counterproductive. In contrast, development of a collaborative working alliance between worker and participant (i.e. negotiated agreement with session tasks and change goals based on a bond of mutual liking, and trust), and group cohesion have both been found to lead to lower rates of reabuse unrelated to attendance levels.

Different types of interventions may be more effective for some types of abusers than others. Promising research directions include targeting varied treatments to specific subgroups, including substance misusers, those at different motivational stages, or those with different personality characteristics. Worker-assessed motivational stage of change has been found to predict level of subsequent abuse. Those with low motivation may need longer programmes. Alternatively, components could be added to a core programme to tackle issues salient for some perpetrators. Those with concurrent alcohol problems or depressive symptoms will need additional compatible integrated interventions that do not draw attention away from abusive behaviour. Perspectives from attachment, psychodynamic and trauma theory could also be integrated into a cognitive-behavioural model as has been done successfully with sex offender programmes, which have incorporated attention to the links between the offender's experience of trauma and victimisation and subsequent abusive behaviour, within an overriding focus on victim safety and offender accountability. Expanded domestic violence programmes could usefully increase their focus on sexual and non-physical forms of abuse, particularly as some men substitute physical assaults for other forms of degradation and subjugation after a programme.

Effective risk management requires routine domestic violence and related substance misuse screening. Risk assessment should be based around victim information. One probation area's practice of contacting abused women at PSR stage has been recommended for national adoption. Involved agencies should ensure that CPS, magistrates and judiciary are informed of risk assessments and full case history to ensure remand and sentencing decisions adequately protect victims. Other promising approaches include risk-related sentence recommendation matrixes for domestic violence cases and different programme and supplementary intervention tracks linked to risk level. The Canadian correctional service screens all offenders and requires those assessed as at some risk of domestic violence perpetration to attend a domestic violence programme tailored to their risk level, irrespective of index offence or conviction history. Low-risk offenders attend a family violence awareness programme. Partners are offered support and safety-planning services, and maintenance and primer programmes are also provided. High rates of drop-out and early reassault by some perpetrators suggest that those with high-risk characteristics should receive longer and more intensive interventions, particularly in the initial post-sentence stage (e.g. 3-4 sessions a week), variously combined with high levels of victim liaison, close supervision and surveillance, electronic monitoring, drug/alcohol testing and treatment, crisis counselling, medication, and long-term individual therapy. Evidence suggests that offenders coerced into substance misuse treatment by a court order do just as well as those who enter voluntarily. Constructive interventions need to be developed to enhance supervision of those unsuitable for perpetrator programmes.

Non-compliance and reassaults require swift and decisive responses, including revocation applications. Systems for prioritising enforcement hearings and warrant execution in high-risk cases are also recommended. Perpetrators who cannot be safely contained in the community should be offered the opportunity to undertake a domestic violence programme in prison. All high-risk perpetrators should also be managed under MAPPA, whether or not they have been prosecuted or convicted for domestic violence. Intervention plans should include target-hardening approaches that provide victims with extra support, security and protection. Case managers can support programme delivery by continuously underlining key messages, reinforcing learning, and enforcing requirements. Dedicated and appropriately trained domestic violence case managers who provide intensive supervision and liaise closely with victims and/or victim advocates, other intervention providers, social services and other relevant community agencies can help form and co-ordinate a web of social control to deter further abuse. US probation officers are assisted by a system that allows them to administratively impose additional supervision conditions to meet changing circumstances and to 'bank' probation violations so that perpetrators can be returned to court at times of increased risk (e.g. if victims are too frightened to pursue prosecution for a further assault).

A continuum of support for victims should be in place at all stages of the criminal justice process through to sentence implementation. Services to increase the safety of victims are integral to an effective approach to domestic violence reduction, and can play a key role in monitoring perpetrator behaviour. They should be provided alongside offender supervision, whether or not this includes programme attendance. Domestic violence is best prevented when women are empowered to separate from abusers, or take other effective action to end relationship violence. Victim advocates attached to different agencies need to co-ordinate their efforts to avoid duplication, multiple referrals and to ensure seamless services which do not 'dump' the victim at the termination of a court case or supervision order.

Interventions with domestic violence perpetrators are more effective if the intervention system is efficient and ensures minimal delays in case processing to trial and sentence, probation contact, intervention starts, enforcement action, and programme re-instruction. Delays diminish momentum for change, increase pressure on victims, creates the appearance of unconcern, limit deterrent effects, and may endanger victims. Prompt programme starts can increase sentencer confidence and use of such disposals. Periodic court reviews can strengthen compliance monitoring and expedite decisive responses to non-co-operation.

All criminal justice personnel need an informed understanding of the risk markers for domestic violence, the dynamics of abusive relationships (including stalking), associated cultural and diversity issues, the harm done to women and children, and the relative effectiveness of different interventions. Unless they appreciate women's use of the criminal justice system as an ongoing process of safety negotiation, they may diminish their care and attention when women return to the relationship or do not wish to co-operate with prosecution, and thus decrease the confidence of victims in using services in the future. Core competencies for criminal justice personnel include being able to identify the primary aggressor and understanding how traumatic stress may affect victim responses. Care should be taken to appropriately select, supervise, train, guide and support staff working with perpetrators and victims. Personal experiences of abuse may enhance empathic responding for some, but trigger painful recollections and overwhelming feelings of helplessness in others. For all staff, working with domestic violence can be a heartbreaking experience bringing exposure to horrific material that affects feelings about relationships. Particular skills are needed in holding perpetrators to account without alienating or humiliating them, honouring their experiences of abuse and oppression without colluding with them and avoiding the transfer of personal emotions onto victims and perpetrators.

Effectiveness of rehabilitative interventions with perpetrators also depends on co-ordinated responses and support from other criminal justice agencies including enacted pro-arrest and prosecution policies, and sentencer responses that treat domestic violence as a serious crime. Their combined effects may send a stronger message about community intolerance of domestic violence than programme teaching. Centralised domestic violence courts and associated professional specialisation across the system offer service delivery advantages including development of expertise. More broadly, criminal justice efforts depend on adequate, integrated and co-ordinated provision for victims services, child protection services, drug, alcohol and mental health services, founded on good inter-agency collaboration and information sharing arrangements. In particular a more systematic, strategic approach is needed to dealing with repeat offenders across the system.

Many US States now conduct fatality reviews of deaths resulting from domestic violence (including suicides). The government is hoping to establish a statutory basis for homicide reviews in the UK, and in some areas (e.g. London) local domestic violence fora have begun to conduct them. Such reviews can increase agency accountability, enhance co-ordinated effort, and uncover service delivery gaps. Findings indicate that danger signs often go unrecognised by agencies, and criminal justice responses are often weak. Recommendations for improving domestic violence risk assessment include development of a common assessment tool for all agencies, and allocation of sufficient resources to enable probation officers to routinely investigate the offender's entire history of domestic violence across jurisdictions. Fatality reviews indicate that the victim's neighbours, friends and family are usually aware of abuse but do not know how best to support the woman and increase her safety. Domestic violence programmes and agencies could usefully extend their services to include the victim's social network so as to strengthen the web of support. Building informal support networks in workplaces can also be part of an effective response to the domestic violence in our midst.

Many gaps in the research literature have been identified in the course of this review. Much of the published evidence concerning domestic violence is North American in origin. Replication studies are needed to establish and refine the applicability of findings to a UK context. The impact of policies and patterns of practice in UK criminal justice agencies also needs further investigation, and innovative experimental studies would assist in expanding the range of effective interventions available to address domestic violence, particularly in intractable cases. Research is also needed to establish how best to mainstream and co-ordinate effective practice across the criminal justice system.

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