What we know about Domestic Violence and current Interventions

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Overview

• Discuss current UK provision for perpetrators

• Highlight some issues that have emerged from the literature

• Discuss the emergence of male victims

• Highlight the need for more services
Traditional Models of Domestic Violence

• Feminist models
• Male perpetrators driven by patriarchal values and control – tolerated by a Patriarchal society
• IPV male perpetrators are different from other offenders
• Feminist researchers (e.g. Dobash & Dobash, 1979) believe that the cause of IPV is gender
• The liken marital relationship to that between a parent and child; there are inequalities in power, authority and status
Perpetrator Interventions

• Current IPV interventions in UK, US and Canada, roots in feminist research and theory
• The Duluth Model (Pence & Paymar, 1993) designed to protect women from controlling and abusive men – curriculum based on power and control, perceived to be male problem
• It was designed to protect women from the tyranny of abusive men based on four men who completed the Duluth program and five battered women
Duluth Model

• Treatment outcomes of the program are to make men understand that their aggression and control was the cause of the abuse in the relationship.

• Keep a record of their use of control and to learn about the beliefs behind their values.

• It treats IPV as the consequence of men’s desire to control, rather than IPV and control being functionally equivalent and symptoms of other psychological processes.
Duluth Model

- Ignores:
  - Risk factors that have been demonstrated to be associated with both aggressive behaviour
  - Overlap between IPV, other types of aggression, control etc
  - The research detailing gender parity in IPV frequency and prevalence of perpetration (e.g., Archer, 2000)
  - Mutuality in most IPV (e.g., Stets and Straus, 1992),
  - The finding that people perceive women’s use of IPV to be more acceptable and men’s use to be abhorrent (e.g., Sorenson & Taylor, 2005).
Effectiveness

- Research often suggests it to be unsuccessful – e.g. Babcock et al. (2004) meta-analysis of 22 studies found minimal effects, as effective as arrest or other CJS sanctions.
- Effectiveness of programmes is affected by the position of the researcher.
- Feminist researchers tend to speak more favourably (e.g. Gondolf & Jones, 2001).
- Others grounded in evidence based practice (e.g. Dutton & Corvo, 2007; Graham-Kevan, 2009) are more critical and using different methods have demonstrated different outcomes.
- Akoenski et al. (2013) reviewed existing provision within Europe finding only 12 evaluations that fulfilled their criteria.
Mixed Evidence

- Despite the mixed evidence, programs that are informed by feminist ideology, it is still the dominant curriculum used.
- The Duluth model remains a political model that rejects any emotional and psychological issues a male perpetrator may have as these are seen as excusing his violence; here public policy is being dictated by politically motivated activists rather than by those who would be considered experts such as academics and psychologists (Dutton & Corvo, 2006).
UK Research

- Hamilton et al. (2012) reviewed perpetrator programs that existed in practice in Europe.
- Pro-feminist (54%) or combination (41%) of pro-feminist and CBT; CBT was implemented more commonly alongside the pro-feminist models rather than instead of.
- Respect: Government funded charity that petitions to inform policy; their purpose of accreditation includes to provide a recognised framework and to set the standards for work with perpetrators.
- Dixon, Archer and Graham-Kevan (2012) discussed the feminist based assumptions of the accredited programs. They defend their work (Debbonnaire & Todd, 2012).
UK Evaluations

• Still a strong feminist influence
• Very few UK evaluations (e.g. Dobash et al., 1999; Bowen et al., 2005)
• Morran (2013) – men’s own accounts; recommends a reassessment of the current interventions to consider other aspects of men’s lived experience such as disrupted attachment which could create their desire to control
• Bates et al. (2015) current DVPP survey
Issues with Current Provision

• Tailored towards only one type of perpetrator
• One size fits all – no tailored treatment
• Doesn’t address psychological or emotional issues e.g. Personality disorders, attachment issues
• Doesn’t address violence in same-sex relationships
• Doesn’t address violence perpetrated by women
• One programme within Cumbria is showing more promise: Inner Strength
Forest Bank – Inner Strength

• Inner Strength recognises that many offenders have complex needs that CBT techniques alone cannot address, because they work at the cognitive level which is impacted by intense emotion.
• Also uses Dialectical Behaviour Therapy techniques to build emotional regulation skills in conjunction with CBT.
• Preliminary data suggests that it has been successful in engaging domestic violence offenders - evidenced by the low attrition rates.
• The psychometrics suggests extremely encouraging therapeutic effects in reducing criminogenic needs.
• The reoffending data to date also suggests that Inner Strength graduates have thus far not been reconvicted of any domestic violence offences.
Emergence of Male Victims

- “Battered Husband Syndrome” (Steinmetz, 1978)
- Conflict Tactics Scale (CTS: Straus, 1979).
- Gender symmetry in perpetration
- Large scale frequency based studies
- Archer’s (2000) - 82 studies and a total of over 64,000 participants.
Men as Victims

- Males 16-25 most at risk of being involved in aggression
- Male victimisation has remained heavily under-researched across a variety of crimes e.g.
  - Male rape
  - Male victimisation of stalking behaviour
- Male victims of IPV is receiving more research attention
Statistics

• Official statistics do highlight the existence of men as victims
• This is still believed to be an underestimate – men are underreporting
• Socialisation - men are more reluctant to talk about their suffering, preferring to resolve their problems alone, see help-seeking as weakness
• Perceptions of risk and aggression - not identifying as IPV
Domestic Abuse Helpline for Men

• “...in addition, male victims have unique experiences in that their female abusers are able to use a system that is designed to aide female victims of domestic violence. Thus, some female perpetrators of IPV manipulate their husbands because they know that the system is designed without the abused male’s experiences in mind, and that more often than not people will not believe or take seriously these men’s victimisation.”

Hines et al., (2007)
Perceptions of Victims

• Attitude studies (e.g. Harris & Cook, 1994)
• Media – e.g. recent Jeremy Kyle clip
• Impact?
  – Reporting
  – Help-seeking
• Issue here is often due to the comparison of abused men to abused women, rather than non abused men (e.g. Herzberger, 1996).
• Perception that women can’t hurt men due to difference in physical strength
<table>
<thead>
<tr>
<th>Type of physical aggression (n = 158 men who were asked this series of questions)</th>
<th>% Who experienced it (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slapped/hit</td>
<td>43.7% (69)</td>
</tr>
<tr>
<td>Pushed</td>
<td>41.8% (66)</td>
</tr>
<tr>
<td>Kicked</td>
<td>39.2% (62)</td>
</tr>
<tr>
<td>Grabbed</td>
<td>31.0% (49)</td>
</tr>
<tr>
<td>Punched</td>
<td>24.7% (39)</td>
</tr>
<tr>
<td>Choked</td>
<td>22.2% (35)</td>
</tr>
<tr>
<td>Spit on</td>
<td>9.5% (15)</td>
</tr>
<tr>
<td>Stabbed</td>
<td>1.9% (3)</td>
</tr>
<tr>
<td>Scratched</td>
<td>1.3% (2)</td>
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Hines et al. (2007)
Examples from Callers

• “I tried to call the cops but she wouldn’t let me . . . She beat me up, punched me . . . . She raped me . . . I tried to fight her off, but she was too strong. . . . I was bleeding and she wouldn’t let me got to the doctor’s.”

• “G reports that his estranged wife frequently targeted his genitals in her attacks, which included head butting and choking. Police were called to his home six times; one call resulted in the wife’s arrest.”

• “I was writhing, crying in the corner . . . I couldn’t get up for two hours . . . she kicked me in the groin at least 12 times.”

• “She held a knife to my genitals and threatened to cut them off.”
Control

- Foundation of feminist theory – posited to be a male phenomenon.
- Emotional abuse, controlling behaviour, psychological aggression – big overlap
- Includes financial control, humiliation, trying to control their behaviour, restrict time with family and friends
- Studies have found control is associated with higher levels of aggression (e.g. Bates et al., 2014)
- Predicts worse health outcomes (e.g. Leone et al., 2004)
- Acknowledged now as a crime
<table>
<thead>
<tr>
<th>Type of Controlling Behaviors (n = 155 men who were asked this series of questions)</th>
<th>% Who experienced it (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your partner try to control you?</td>
<td>94.8% (147)</td>
</tr>
<tr>
<td>Of those who were controlled, how were they controlled?</td>
<td></td>
</tr>
<tr>
<td>Through coercion and threats</td>
<td>77.6% (114)</td>
</tr>
<tr>
<td>Through emotional abuse</td>
<td>74.1% (109)</td>
</tr>
<tr>
<td>Through intimidation</td>
<td>63.3% (93)</td>
</tr>
<tr>
<td>Through blaming, minimizing, and denying</td>
<td>59.9% (88)</td>
</tr>
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<td>Through manipulating the system</td>
<td>50.3% (74)</td>
</tr>
<tr>
<td>Through isolation</td>
<td>41.5% (61)</td>
</tr>
<tr>
<td>Through economic abuse</td>
<td>38.1% (56)</td>
</tr>
<tr>
<td>Through the children (n = 107)</td>
<td>64.5% (69)</td>
</tr>
</tbody>
</table>
Examples of women’s use of control

• “I don’t know our phone number here because she changed it and it’s unlisted. I have tried to get it but I haven’t been able to . . . . She checks the caller ID to see who has called when she comes home from work and she locks up my sneakers in the daytime.”

• “She convinces me that I am wrong all the time. She came at me flailing her arms hitting me and I went outside to get away from her and she locked me out...but she wouldn’t let me back in.”

• “Yelling, screaming at me that if I don’t shut up, I won’t live to see tomorrow.”

• “I started the car and she stood behind the car with the baby... Then she put the baby on the ground behind the car where I couldn’t see her so I wouldn’t leave.”
Felson (e.g. 2002) and Chivalry

• This has to make us look at IPV differently
• Feminist approach can’t explain why not all men hit women
• Society doesn’t tolerate violence against women, quite the opposite
• Originating at early age where boys don’t hit girls
• Chivalry is active norm in society
• Women have no such inhibitions as there are few social sanctions to their aggression
• Eagly and Crowley (1986) found that women were consistently more likely to receive help from male participants, - this was more pronounced when there were audiences present, suggesting that this chivalrous effect is normative.
• Studies (e.g. Harris & Cook, 1994) suggest men’s violence is condemned much more
Effects of IPV

• Physical and mental health issues associated with IPV
• Many believe this only affects women
  – Tjaden & Thoennes (2000) reported that women experience significantly more partner physical assaults and also report injuries and use of medical and justice system services
• But there is evidence that it is the same for men
  – E.g. Hines & Douglas (2011) mental health
• Both when the violence is mutual
  – Próspero & Kim (2009) studied the experience of IPV perpetration and victimisation, coercion and mental health problems, among students.
Mankind Initiative

- 12 organisations offer refuge for male victims in the UK – total of 63 spaces, of which 17 are dedicated to male DV victims only (the rest being for victims of either gender).
- For female victims, there are nearly 400 specialist domestic violence organisations providing 4,000 spaces.
- On at least 120 occasions in 2010 a caller decided not to consider a refuge or safe house because they were too far away and would mean having to completely uproot their lives, often having to leave their children and their job behind.
Victim Services for Men

- Men are directed to services (e.g. Shelter) rather than specific victims services
- Homeless applications
- Only 10% of male victims will tell the police (27% women), only 22% will tell a person in an official position (38% women) and only 10% (15% women) will tell a health professional.
- Need to put other services in place to encourage men to report their victimisation
Conclusion

• There is parity in experiences of IPV for both men and women

• There is still no equality in:
  – Research
  – Attitudes
  – Resources

• There is a need to be improved tailored services for perpetrators

• There needs to be more services and support available for male victims
Conclusion

• Evidence means we have to look at IPV differently
• E.g. Chivalry rather than patriarchy
• Alternative way of studying IPV
• Valois, et al. (2002) - review of risk factors associated with aggression found they were far reaching from many different aspects of life
• Developmental trajectory highlights need for intervention to be matched with age of behaviour development
• Thank you for listening!

• Any questions?

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