

# Substance misuse, trauma and domestic abuse perpetration: The perspective from Family Drug and Alcohol Courts





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# Executive Summary

## Background

Domestic abuse is one of the key drivers of child protection involvement in the UK. Among child protection-involved parents, mothers are disproportionately held to account for domestic abuse issues within their families, despite being significantly less likely to have perpetrated the abuse. Fathers are less likely to be involved with children's services although many continue to play an important role in their children's lives. There is a reliance on referrals to perpetrator programmes to reduce abusive behaviours among fathers who perpetrate domestic abuse, however there is currently a lack of strong evidence regarding the effectiveness of mainstream perpetrator programmes.

The lack of robust evidence for dominant models of perpetrator intervention has given rise to calls to re-examine the evidence base. Recent research has indicated that substance misuse and trauma may be important considerations and that integrated treatments may be fruitful. Whole family approaches have also started to emerge as an alternative to the traditionally separate approach to perpetrators and victim-survivors. However, these approaches are yet to find their way into mainstream practice and further research is needed to understand their potential for more widespread application.

This project aims to contribute to our understanding of how to effectively work with perpetrators of domestic abuse by focussing on Family Drug and Alcohol Courts (FDACs), a non-adversarial, trauma-informed alternative to standard care proceedings. Parents within FDAC proceedings receive therapeutic support from a multidisciplinary team and have regular review hearings with a dedicated judge. Evaluations of FDAC have found that families were more likely to have their children returned to them at the end of proceedings and were less likely to return to court due to neglect or abuse. While substance misuse is the primary referral criterion, the very high incidence of domestic abuse means that assessment and intervention for domestic abuse is an integral part of FDAC's work. Hence FDAC may provide a unique perspective on domestic abuse perpetration.

The research consists of two components: a rapid evidence assessment on the relationships between trauma, substance use and domestic abuse perpetration, and semi-structured interviews with 16 FDAC practitioners and four judges across four FDAC services. The interviews explored practitioners' and judges' perceptions of the role that experiences of trauma and substance use play in domestic abuse perpetration and the way that FDAC responds to these interlinked issues through its multidisciplinary, integrated and problem-solving approach.

## Key findings: Rapid evidence assessment

Several consistent themes emerged from the rapid evidence assessment that could provide a promising basis for service development and enhancing the effectiveness of perpetrator interventions.

- **There is a need for evidence-informed, individualised practice and a shift away from a 'one-size-fits-all' approach to domestic abuse interventions:** The multilayered and heterogeneous picture of domestic abuse perpetration described in the literature is not reflected in current mainstream policy and practice. Most intervention programmes do not distinguish between types of perpetrators, instead having a one-size-fits-all, group-based approach that does not take into account the breadth of empirical findings regarding the drivers, complexities and dynamics of domestic abuse perpetration. The evidence base strongly indicates that intervention programmes should be responsive to the range of needs and risks presented by perpetrators, allowing for a tailored and integrated approach.

- Substance misuse, trauma and domestic abuse are closely intertwined and interact in complex ways that warrant further exploration:** There is strong evidence for a relationship between both substance misuse and trauma, and domestic abuse perpetration. Alcohol and drug misuse increase risk of domestic abuse perpetration but may do so in different ways. Both trauma-exposure and trauma-related psychological conditions are implicated in risk of perpetration. Adverse childhood experiences may impact emotional development leading to cognitive and emotional problems that place people at risk of both substance misuse and domestic abuse perpetration. For each couple, the way in which substance misuse and trauma interact and contribute to domestic abuse may present as a unique and evolving story that needs to be understood in order that the most appropriate interventions are identified.
- There is a need for integrated treatment to address substance use, trauma and domestic abuse:** Regardless of whether ‘substance use’ and ‘trauma’ are considered causal factors in driving domestic abuse, the overwhelming evidence is that co-occurrence is more the norm than the exception. Unaddressed trauma and substance misuse issues may interfere with the effectiveness of perpetrator interventions. Conversely, integrating treatment for substance misuse and trauma into perpetrator programmes may enhance their effectiveness. There is a need to improve cross-sector collaboration between children’s social care, health care providers and domestic abuse services to achieve better outcomes for perpetrators with co-occurring and complex needs.
- Domestic abuse perpetrator programmes should be provided within a trauma-informed and motivational framework:** There is an inherent tension between the need to hold perpetrators to account for the risks they pose, while at the same time building motivational engagement. Denial and minimisation are common to both substance misuse and domestic abuse perpetration and a motivational approach may enhance engagement and reduce drop out. Trauma-informed care employs a set of universal precautions such as an ethos of safety, choice and collaboration that is deemed less likely to be triggering, re-traumatising or alienating for trauma-experienced individuals. It also allows for trauma’s role to be understood and responded to at several levels depending on need. A trauma-informed approach may be able to safely and effectively accommodate the needs of both perpetrators and victim-survivors.
- The range of interventions available within perpetrator programmes should be expanded to address the clinical needs highlighted in the literature:** Current interventions operate at a cognitive and psychoeducational level which may not elicit sustainable change in underlying emotionally based problems. This may increase risk as treatment completion may not translate to a meaningful reduction in risk. The literature indicates a high prevalence of underlying psychological drivers ranging from difficulties with regulating emotions to personality disorders. Addressing these drivers effectively requires a formulation-driven approach which identifies the core targets for treatment, and which is supported by multidisciplinary clinical input. There are a number of evidence-based psychological therapies that may be effective with perpetrators if they could be made accessible.
- Services working with domestic abuse perpetrators should recognise their role as fathers and take into account their family context:** Child protection work tends to focus practitioners’ attention on reducing risk to children via engagement and monitoring of mothers. Fathers are often less involved although they may continue to pose risks and maintain a role in their children’s lives. Children’s services, substance misuse services, mental health services and domestic abuse services often work in silos with differing priorities, resulting in a lack of whole family thinking. Interventions that focus specifically on fathering can harness parental motivation to change; there is evidence that fatherhood and building positive relationships with children can be powerful motivators towards desistance. A whole family approach is recommended across services involved with perpetrators who are fathers which considers the needs of all family members: perpetrators, victim-survivors, and children. This may entail a stepped approach: assessing parents and children individually and, if clinically appropriate, bringing family members together. A whole family approach may allow for risks and relational dynamics to become more visible, for appropriate interventions to be identified and where these risks cannot be addressed through intervention, for appropriate safeguarding and risk management plans to be put in place.

## Key findings: Qualitative research

Qualitative analysis of interviews with practitioners and judges found that FDAC services take a multifaceted view of the factors driving domestic abuse and adopt a holistic and joined up approach to addressing perpetration of domestic abuse. Intervention plans are tailored to the needs of individual families and can be revised throughout the FDAC process in response to progress and emerging disclosures. FDAC teams work with parents in a trauma-informed way and parents are given the chance to develop therapeutic relationships with staff throughout the proceedings. The qualitative research identified the following key findings:

- **Domestic abuse is highly prevalent in FDAC:** Practitioners and judges perceived domestic abuse to be highly prevalent in FDAC and present in some form in every case, although judges reported encountering domestic abuse less than practitioners. The FDAC caseload was seen to comprise of a split of male-to-female perpetrated domestic abuse and situational couple violence. Among this there was also a perceived split between ‘dysregulated’ or ‘unintentional’ perpetration of violence, which was fuelled by substance misuse, and intentional perpetration, which typically consisted of a coercive and controlling pattern of behaviour perpetrated by males. Care proceedings were seen to aggravate domestic abuse issues in a range of ways such as inhibiting disclosure from parents, increasing risks of separation and causing further stress and disruption to parent’s lives.
- **Domestic abuse in FDAC is driven by a complex range of factors:** Both judges and practitioners were aware that the drivers of domestic abuse perpetration were multifaceted and complex. Unresolved traumatic experiences were generally perceived to drive later perpetration by altering emotional regulation, leading to development of mental health issues and disrupting close attachments. Abusive behaviours were seen to typically develop as a maladaptive coping strategy used to navigate intimate relationships. Substance misuse was perceived to aggravate domestic abuse issues rather than underlie them through a range of direct and indirect effects. Direct effects of substance misuse referred to specific substance-inducing states of disinhibition and paranoia which made perpetration more likely. Indirect effects pertained to substance misuse creating family tensions through impacting finances and the changes in mood caused by physical dependency on a substance. Substance misuse was also perceived to be a response to earlier experiences of trauma. A range of other influences on perpetration were also mentioned, such as learned beliefs and attitudes around the roles of men and women in relationships, mental health issues, individual risk factors and environmental stressors such as housing and unemployment issues.
- **FDAC teams address domestic abuse through a tailored set of interventions:** All sites participating in the research reported formulating tailored intervention plans to address domestic abuse. Interventions in all sites included one-to-one key work sessions that aimed to build the insight and awareness of domestic abuse issues with parents. Some sites also referred perpetrators into externally run group interventions to consolidate their progress. A range of other interventions aimed at achieving abstinence from substances and addressing the impacts of trauma were widely mentioned and perceived to complement specialised domestic abuse interventions by building parental awareness of the drivers of their behaviours and helping to establish new coping strategies. Non-lawyer reviews with judges were also thought to address perpetration in some instances by motivating parents to sustain changes, giving them a voice and holding them accountable for domestic abuse incidents when necessary. Victim-survivor interventions worked through enabling the victim-survivor to grow in awareness and agency and, in some cases, take steps to separate from the perpetrator.

- FDAC teams use a dynamic approach to risk assessment and safety planning:** All sites reported adopting a dynamic approach to risk assessment and safety planning. Individual safety plans were devised for parents at the assessment stage of FDAC and revised according to progress and disclosures. Practitioners observed that the considerations around safety planning varied depending on whether the couple were still together and if the domestic abuse issues were current or historic. Practitioners and judges reported drawing on a range of sources to evaluate risk and inform decision-making, including police reports, the presentation and behaviour of parents towards professionals and other family members, as well as the parents' insight and acknowledgement regarding their behaviours. Judges observed that the decision-making process differed in FDAC compared to standard proceedings, notably that they had access to more information about parents' circumstances and could follow parents' progress in real time at the non-lawyer hearings. Judges were of the view that family reunification was still mostly achieved following a parental separation in FDAC rather than in instances where parents had stayed together and the perpetrator had changed their behaviour. Judges noted that significant progress could be made in reducing domestic abuse, even with parents who were not reunified with their children at the end of proceedings.
- FDAC is seen as an effective intervention for domestic abuse:** The majority of practitioners and judges perceived FDAC to be more effective for addressing domestic abuse perpetration than other interventions. However, all were aware there was little empirical evidence for this. The effectiveness of FDAC was attributed to its multidisciplinary conceptualisation and treatment of domestic abuse issues, its trauma-informed and therapeutic approach, its individualised and dynamic approach to formulation and safety planning, and practitioners having a whole family perspective. Practitioners also acknowledged several shortfalls of the FDAC approach, notably the limited timescales of the intervention, domestic abuse issues often remaining undisclosed due to the open court environment, resourcing issues, perpetrator engagement and attrition and the fact that FDAC may not be suitable for addressing more entrenched forms of domestic abuse perpetration where substance misuse was not a significant aggravating factor.

## Conclusion and recommendations

The current evidence base clearly indicates the need for a direction change regarding perpetrator interventions. Services need to take a multidimensional and dynamic approach to assessing perpetrators so that a clear formulation of the pattern of abuse, the drivers of the abuse and the associated treatment needs can be identified. Interventions should be responsive to these needs and should include integrated evidence-based programmes that recognise the importance of substance misuse and trauma-related psychological factors. A whole-family, motivational and trauma-informed framework could enhance engagement of perpetrators while also assessing and responding to the needs of victim-survivors.

Despite the lack of empirical evidence to date, the perspectives of FDAC practitioners in this study suggest that the FDAC approach is currently addressing domestic abuse perpetration through its multidimensional, joined up approach. There were also a number of important concordances between the evidence base and FDAC practitioners' understanding of domestic abuse on the ground, including their understanding of the heterogeneity of domestic abuse and the complex ways that substance use, trauma and domestic abuse can interact. There is a need for future research into FDAC as a domestic abuse intervention for child protection-involved parents, including: clarifying the distribution of different profiles of perpetrators within care proceedings; understanding the domestic abuse situations that FDAC works best for; operationalising what effectively addressing domestic abuse looks like in FDAC; understanding how achieving change in abusive behaviours is linked to changes in other domains; and assessing the sustainability of behaviour change following completion of FDAC.

# I. Introduction & background

This research aims to contribute to our understanding of how to effectively work with perpetrators of domestic abuse by focussing on the Family Drug and Alcohol Courts (FDAC), a non-adversarial, trauma-informed, alternative approach to standard care proceedings. FDAC employs a multidisciplinary team to work with parents undergoing care proceedings, many of whom have co-occurring substance use, mental health and domestic abuse issues stemming from lifelong experiences of trauma.

Domestic abuse is one of the key drivers of child protection involvement in England<sup>1</sup> and domestic abuse perpetrator programmes are increasingly receiving referrals from child protection services and family courts.<sup>2</sup> Among child protection-involved parents, mothers are disproportionately held to account for domestic abuse issues within their families, with little emphasis on addressing the role of the men perpetrating domestic abuse.<sup>3</sup> However, fathers with histories of domestic abuse continue to play an important role in their children's lives<sup>4</sup>: they often continue to have contact and some level of parental involvement with their children, and they may go on to establish new relationships after separating from their current partner.<sup>5</sup> Despite the importance of reducing abusive behaviours among fathers, there is a lack of strong evidence on the efficacy of current perpetrator programmes and the evidence base for dominant models of domestic abuse intervention in the UK is limited.<sup>6</sup>

The current landscape of domestic abuse interventions in the UK is diverse and wide-ranging. Various localised and national perpetrator initiatives have emerged over the last thirty years, typically focussing on group-level interventions for heterosexual men who perpetrate domestic abuse.<sup>7</sup> The most common type of intervention in the UK is the domestic violence perpetrator programme (DVPP), which can generally be divided into criminal justice DVPPs and community-based/non-criminal justice DVPPs.<sup>8</sup> DVPPs aim to reduce domestic abuse by altering a perpetrator's attitudes, beliefs and behaviours.<sup>9</sup> British DVPPs predominantly use cognitive-behavioural approaches, though some also use (pro)feminist, psychodynamic and/or psychoeducational models of intervention.<sup>10</sup> While earlier programmes were strongly informed by the Duluth model (a psychoeducational feminist approach developed in the United States), there is a small but growing rise of therapeutic-based, whole-family, multi-treatment, and multi-method approaches that are motivation based and informed by individual need.<sup>11</sup>

The evidence base on UK DVPPs is mixed: while some initiatives are evidenced and independently evaluated, many are not.<sup>12</sup> Perpetrator programme accreditation in the UK is provided by Respect, which aims to standardise safe and effective practice with perpetrators of abuse across a range of programme types and approaches.<sup>13</sup> However, a mapping of UK perpetrator programmes by the Drive Partnership in 2019 found that fewer than one in three domestic abuse perpetrator programmes held Respect accreditation.<sup>14</sup> Inconsistencies in how programmes are implemented and evaluated makes it difficult to talk conclusively about which programmes work and which do not.<sup>15</sup> Moreover, some promising, innovative interventions relied on short-term funding and are no longer in operation.<sup>16</sup> The insecure, ad hoc funding environment has impeded long-term practice development, particularly within children's social care settings.<sup>17</sup> UK Health Service Guidance stresses that *"the cost of domestic violence and abuse is so significant that even marginally effective interventions are cost effective."*<sup>18</sup> Thus, there is a need for rigorous, sustained evaluations and research to broaden the evidence base on domestic abuse perpetrator interventions within the UK.

The Home Office has recognised this need by publishing a wide-ranging strategy to reduce the prevalence of domestic abuse and funding research into domestic abuse perpetrators to *"strengthen the evidence base for what works in addressing their behaviour and reducing reoffending."*<sup>19</sup> The Ministry of Justice has also convened a Steering Group to review the evidence base on Family Court Domestic Abuse Perpetrator Programmes, which considers how to better meet the needs of families involved in Family Court proceedings.<sup>20</sup> It is within this policy context that the current research is being undertaken.



## About this research

The current research on the links between trauma, substance use and domestic abuse perpetration within the Family Drug and Alcohol Courts (FDAC) is funded by the Home Office in response to their call for research on the “causes, drivers and aggravating factors of domestic abuse.” While recent research has indicated that substance use and trauma may be important drivers of domestic abuse perpetration, questions remain about their role and significance for intervention programmes, where integrating treatment for trauma and co-occurring substance misuse issues remains infrequent.<sup>21</sup> This research consists of two components: (1) a rapid evidence assessment exploring what the evidence base tells us about the relationships between trauma and/or substance use on domestic abuse perpetration, and (2) semi-structured interviews with 16 FDAC practitioners and four judges across four sites. The interviews explored practitioners’ and judges’ perceptions of the role that experiences of trauma and substance use play in domestic abuse perpetration and the way that FDAC responds to these interlinked issues through its multidisciplinary, integrated approach.

## Research questions

Our key research questions are:

1. What does the existing evidence base tell us about the strength and nature of the relationship between experiences of trauma and perpetrating domestic abuse?
2. What does the existing evidence base tell us about the strength and nature of the relationship between substance misuse and perpetrating domestic abuse?
3. How do FDAC practitioners and judges perceive the relationships between these three factors (trauma, substance use, domestic abuse perpetration) in their caseload?
4. What are the implications of these relationships for interventions with domestic abuse perpetrators in FDAC?

## Definitions

Domestic abuse, substance misuse and trauma are wide domains of study each carrying several nuances in terms of definition. The definitions used are often influenced by the theoretical stance of the authors. For example, those writing from a feminist standpoint prefer terms such as ‘spousal abuse’ or ‘batterer’ and reject terms such as ‘family violence’; however, ‘family violence’ is a term often used in research on intergenerational violence.<sup>22</sup> This review therefore has adopted the widest possible definitions so as not to prejudice the results toward particular models or conceptual frameworks.

### Domestic abuse

There is no universal agreement on the definition of domestic abuse. The *Domestic Abuse Act 2021* defines domestic abuse broadly as any behaviour that consists of physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; or psychological, emotional or other abuse between two people over the age of 16 who are personally connected to each other (i.e. current/former intimate partners or relatives).<sup>23</sup> This definition acknowledges that domestic abuse does not necessarily have to involve physical violence, and that domestic abuse could occur as a single incident or as a pattern of behaviour.

For the purposes of this review, we primarily use the term ‘domestic abuse’ or ‘DA’ to describe the entire range of psychological or physical violence, control, or abuse perpetrated within relationships. However, within the literature, a number of other terms are also used interchangeably, including ‘intimate partner violence’ (IPV), ‘domestic violence and abuse’ (DVA), and ‘domestic violence’ (DV). When referencing specific studies, we use the terms used by the author.

This review also uses the terms ‘perpetrator’ and ‘victim-survivor’. However, we recognise that domestic abuse is not a binary construct and that the labels of ‘perpetrator’ and ‘victim-survivor’ are reductive, carry stigma, and do not accurately reflect the overlap between both groups or how individuals typically self-identify. For this reason, some argue for a change in language away from talking about victims and perpetrators and instead as people “*affected by domestic abuse*” and people “*responsible for the abuse*”.<sup>24</sup> The authors support this shift but use the words ‘perpetrator’ and ‘victim-survivor’ in this review to reflect the terms used in the literature.

## Substance misuse

Substances can cause a range of issues for individuals, from mental state changes associated with a single episode of use, to the significant mental, physical and social consequences of long-term addiction. The threshold for distinguishing ‘misuse’ from ‘use’ is largely derived from psychiatric definitions where misuse would constitute a pattern of harmful use over time.<sup>25</sup> However, both the use and misuse of substances may have relevance to domestic abuse given that either can cause distortions in mental state and adaptive functioning. For the purpose of this review therefore, we have included references to both the use and misuse of substances so as to capture the range of possible influences that substances might have upon the perpetration of domestic abuse.

Across the literature, studies vary in how they measure substance use, how they define misuse, and whether they make the distinction. We have defaulted to the term ‘substance misuse’ when referring to the entire spectrum of use and misuse, given that either could be harmful in this context. However, we have differentiated between misuse and use where discussing specific studies or findings where this distinction has been made.

Studies vary as to whether they differentiate between different types of substances. It is recognised that a range of substances, both legal and illegal, can be used harmfully. For the purpose of this review, we have considered any potentially psychoactive substances other than caffeine or nicotine. We have used the term ‘substances’ to include both drugs and alcohol. Where studies referred only to drugs or alcohol, we have used those specific terms; where this is unclear, the term ‘substances’ has been used.

## Trauma

The word ‘trauma’ is often used quite loosely to describe both the experience of adverse and traumatic events (e.g. physical abuse) as well as the subsequent psychological sequelae of such exposure (e.g. Post-Traumatic Stress Disorder (PTSD)). In fact many individuals are exposed to traumatic events in their lifetime without going on to suffer enduring psychological effects.<sup>26</sup> Hence it is important to differentiate between the notion of *exposure* to traumatic experiences, and *traumatisation*, the lasting impact. Across the literature, studies vary according to whether they measure exposure to potentially traumatogenic events or whether they measure trauma-related symptomology. Thus, we included terms that would capture both trauma as an experience and trauma as a lasting consequence. We also included childhood experiences that while not specifically identified as ‘trauma’ could be deemed to have a traumatic impact upon children.

In this review we will use the term ‘trauma’ to refer to the generic concept that encompasses both the exposure to, and influence of, potentially harmful events during a person’s lifetime. We will more clearly distinguish between ‘trauma exposure’ (being exposed to traumatic events) and ‘traumatisation’ (being impacted by traumatic events) where appropriate.

## II. Rapid evidence assessment

### Key messages

This rapid review of the evidence has yielded a rich and nuanced picture of domestic abuse perpetration, with promising and evolving areas of research and thinking. The following key messages emerged as salient and fruitful avenues to inform service development and delivery.

#### 1. There is a need for evidence-informed practice and a shift away from a ‘one-size-fits-all’ to an individualised approach.

There has been a tendency for theory, research and treatment around domestic abuse to focus on single issues in silo, resulting in apparent divergence and disagreement in the field. This makes it hard to find a vantage point that gives a complete picture. Viewed as a whole, the evidence clearly highlights that domestic abuse is not ‘one thing’. Whether defined by typologies, or viewed as a spectrum, there is clear and converging evidence that perpetrators are varied in terms of behavioural patterns, motivation, psychopathology, comorbidity and risk. No single model or risk factor entirely accounts for the development or maintenance of domestic abuse. The factors contributing to domestic abuse perpetration by an individual are multidimensional, dynamic and person specific.

This multilayered and complex picture of domestic abuse perpetration described in the literature is not reflected in current mainstream policy and practice.<sup>27</sup> Most programmes do not distinguish between types of perpetrators, having a one-size-fits-all, group-based approach.<sup>28</sup> The dominant models of intervention continue to be based on feminist and social learning models, focussed upon changing attitudes and behaviour through psychoeducation, modelling and cognitive behavioural strategies. However, these approaches do not take into account the breadth of research findings that we have described in this review, missing opportunities to address the specific needs of perpetrators that could lead to better outcomes.

The reticence to acknowledge the needs of perpetrators (such as substance misuse and trauma) may be driven by a fear of collusion or excusing violent behaviour.<sup>29</sup> However, this places victims at increased risk if it prevents the development of effective interventions.<sup>30</sup> Ineffective treatment may be more dangerous than no treatment at all, as it gives victims the illusion of safety, without any real change in the risks.<sup>31</sup> Within the literature, there appears to be an overriding tension between exploring the needs of perpetrators, while at the same time recognising the voice of victim-survivors. This is reflected in the sociological debate between feminist and gender-neutral positions on domestic abuse, which occupies much of the narrative space in this field with several papers directly addressing this debate<sup>32</sup> or prefacing their own work by referencing this debate<sup>33</sup> and some suggesting that the controversy prevents the development of evidence-based treatment.<sup>34</sup>

There now appears to be strong momentum for a shift in focus towards “*empirically supported treatments and research*” rather than adhering to “*unsubstantiated aetiological models or old standards of treatment*”.<sup>35</sup> The Home Office emphasised in its 2021 strategy on tackling violence against women “*a strong need for increased perpetrator programmes, research into the success of these in addressing perpetration and also in quality assurance and accreditation to make sure robust and appropriate interventions are used*”.<sup>36</sup> This shift in emphasis offers promise for more robustly evidenced perpetrator intervention programmes in the coming years.

The evidence indicates that effectively working with perpetrators requires an individualised assessment and approach, given the evidence of heterogeneity within the perpetrator population and the range of drivers operating at multiple levels. There are many advocates for tailored approaches matching interventions to the profile of perpetrator to enhance effectiveness and mitigate the risks associated with mismatched, or unsuccessful treatment.<sup>37</sup> For example, couples’ counselling and restorative justice

approaches could potentially increase risk for women in coercive relationships, but research suggests that couples' counselling is a promising intervention for couples experiencing less severe kinds of issues or situational couple violence.<sup>38</sup> Accurately assessing the pattern of domestic abuse within a couple may be critical in identifying an appropriate intervention and determining which interventions may be unsafe. Inaccurate assessment could at best lead to poor engagement<sup>39</sup> and at worst to lethal consequences.<sup>40</sup>

Approaches may also need to be tailored based on gender, cultural background and sexual orientation.<sup>41</sup> There is evidence to suggest that women who perpetrate domestic abuse may need a different approach to domestic abuse interventions than men.<sup>42</sup> While there is an under-representation of minority populations within the research, especially in the UK, the available evidence indicates that there may be culture-specific issues that need to be recognised, and that access to and engagement in interventions could be improved with a more culturally sensitive approach.<sup>43</sup> Finally, some evidence has emerged regarding the distinct needs of same-sex and transgendered couples, indicating the need to move beyond purely gendered approaches to treating domestic abuse.<sup>44</sup>

The other dimension of heterogeneity is in terms of comorbid conditions that impact upon engagement or the efficacy of treatment. Substance misuse, Traumatic Brain Injury, cognitive difficulties and trauma-related mental health conditions, whether or not drivers of domestic abuse, are likely to impact upon a person's ability to benefit from treatment and sustain meaningful change.<sup>45</sup>

Existing frameworks need not be abandoned to accommodate this new thinking. There is strong evidence that domestic abuse disproportionately affects women,<sup>46</sup> and also children.<sup>47</sup> The nature and degree of past violence remains the most significant risk factor for future violence<sup>48</sup> and ongoing risks must be managed. So, while it is important to use the evidence base to enhance preventative and treatment approaches, a sociological and forensic risk lens remains an essential part of any system responding to domestic abuse, and the needs of women and children at risk of harm must remain paramount. However, a forensic and victim-survivor-led approach alone will not address the ongoing prevalence and incidence of domestic abuse.

## 2. There are strong links between substance misuse, trauma and domestic abuse, demonstrating the need for integrated approaches.

There has been a large increase in research into the roles of substance misuse and trauma in domestic abuse perpetration over the past decade. This body of research provides strong evidence that both play an important role in domestic abuse perpetration, although the mechanisms are not straightforward and likely vary among perpetrators.

Substance *misuse* and *use* are associated with domestic abuse perpetration in a number of ways. With regards to substance misuse, there is substantial overlap among substance misuse and domestic abuse; many domestic abuse perpetrators have substance misuse difficulties, and many of those within substance misuse treatment have perpetrated domestic abuse.<sup>49</sup> Substance misuse issues may be particularly prevalent among certain types of perpetrators, such as for the 'generally violent' group in the Holtzworth-Munroe and Stuart typology.<sup>50</sup> Severity of misuse, such as daily drinking, or drug dependence, have also been associated with an increased risk of perpetration.<sup>51</sup> Finally, there is some evidence that treatment of alcohol misuse reduces domestic abuse,<sup>52</sup> and that treatment of domestic abuse reduces alcohol misuse.<sup>53</sup> Of key relevance for the effectiveness of perpetrator programmes is that men with substance misuse difficulties are found to be more likely to drop out of treatment, and more likely to reoffend.<sup>54</sup> Apart from issues with *misuse*, both drug and alcohol *use* are statistically associated with domestic abuse.<sup>55</sup> Studies also show that instances of perpetration may be associated with being under the influence of substances, particularly alcohol.<sup>56</sup>

There are likely many reasons for the overlap between substance misuse/use and domestic abuse, including the impact of intoxication on behaviour, the lifestyle consequences of addiction, the impact of substance misuse upon couple dynamics and common underlying psychosocial drivers. The consensus seems to be that substance misuse does not necessarily *cause* domestic abuse, and the role it plays will vary from one situation to another. However, the high co-occurrence and impact on treatment outcomes has led many to call for routine screening for substance misuse within perpetrator programmes<sup>57</sup> and for integrated treatment approaches.<sup>58</sup>

With regards to trauma, there is evidence that both exposure to trauma and trauma-related psychological conditions are related to domestic abuse perpetration. Again, this manifests in a number of ways. First, adverse childhood experiences, child maltreatment and trauma are statistically associated with domestic abuse perpetration.<sup>59</sup> There is a high prevalence of exposure to child and adult trauma among domestic abuse perpetrators,<sup>60</sup> with greater numbers of traumatic experiences being associated with increased risk of domestic abuse perpetration<sup>61</sup> and with more severe physical violence.<sup>62</sup> Trauma-related mental health conditions are also associated with domestic abuse perpetration, as are insecure attachment patterns (which are formed in early childhood).<sup>63</sup> Finally, cognitive and emotional symptoms of trauma exposure are implicated as direct drivers of aggression towards partners.<sup>64</sup>

While the majority of people who experience trauma do not go on to perpetrate domestic abuse, the evidence suggests that exposure to trauma plays an important role in the development of emotional and interpersonal problems that increase the risk that a person will respond aggressively to a partner. Trauma-related psychological problems may act as direct triggers for aggression,<sup>65</sup> but may also have an indirect effect by driving substance misuse.<sup>66</sup> Of importance for service delivery, trauma-experienced perpetrators may find it hard to form trusting relationships with professionals<sup>67</sup> and they may struggle with approaches that focus on 'confronting them' with their behaviour, leading to engagement problems.<sup>68</sup>

The evidence base confirms "a complex intertwine of individual and contextual determinants" of domestic abuse.<sup>69</sup> The contribution of substance misuse and trauma should be seen in the context of other biological, psychological and sociological drivers of domestic abuse,<sup>70</sup> which may affect couples in complex and interacting ways.<sup>71</sup> They are also not necessarily separate drivers and there is already a call for integration of trauma treatment within substance misuse services.<sup>72</sup> Some suggest that domestic abuse and substance misuse are both the outcomes of shared developmental processes affected by early trauma.<sup>73</sup> Whatever the role that substance misuse and trauma play in driving domestic abuse, the overwhelming evidence is that co-occurrence is the norm, not the exception.<sup>74</sup> This has implications for service delivery, as the evidence base strongly supports the need for integrated treatment for substance use, trauma and domestic abuse issues.<sup>75</sup> Multi-agency and cross-sector collaboration between children's social care, health care providers and others may offer better outcomes when working with perpetrators with co-occurring and complex needs.<sup>76</sup>

### 3. Services should be provided within a trauma-informed and motivational framework.

The evidence base strongly indicates that building trust through a therapeutic relationship is key to meaningful engagement and successful outcomes, particularly for those with substance misuse and trauma-related difficulties.<sup>77</sup> It is argued that traditional models of responding to perpetrators, such as the Duluth model, adopt a confrontational approach<sup>78</sup> aimed at holding perpetrators 'to account,' which may not be effective.<sup>79</sup> Siegel (2013) points out that effective therapeutic relationships involve attunement to the client, validation, and a non-judgemental environment that allows for self-reflection and self-disclosure; while these features "may appear to detract from the demand for accountability", attunement and validation do "not imply agreement or approval", but rather help "calm turbulent emotions and achieve a more balanced perspective".<sup>80</sup> Several have called for techniques like motivational interviewing to be used to enhance engagement in perpetrator interventions, noting their effectiveness in supporting individuals to engage with substance misuse treatment.<sup>81</sup> Roffman et al. (2008) argue that the 'defence dynamics' seen in domestic abuse perpetrators, like denial and minimisation, have much in common with those with addictive disorders. They argue that a motivational intervention may help engage perpetrators who do not think they need treatment.<sup>82</sup>

The strong evidence for the role of trauma has led many authors to suggest a trauma-informed framework for domestic abuse interventions.<sup>83</sup> Trauma-informed care employs a set of universal precautions such as an ethos of safety, choice and collaboration that is deemed less likely to be triggering, re-traumatising or alienating for trauma-experienced individuals.<sup>84</sup> This approach allows for trauma's role to be understood and responded to at every level of service provision, from frontline intervention to organisational culture. It has been recommended as an approach to services for victim-survivors of domestic abuse,<sup>85</sup> for substance misuse services,<sup>86</sup> for mental health services<sup>87</sup> and has been applied within Family Drug

Courts.<sup>88</sup> As such, it could provide a helpful overarching framework for domestic abuse services as a whole. For domestic abuse perpetrators, a trauma-informed approach could facilitate engagement and address trauma-related symptoms without colluding or victim-blaming. Taft, Murphy and Creech (2016) describe their trauma-informed programme as taking “*a firm stance that the individual is responsible for his or her abusive behaviour, but we do so in the context of a relationship in which there is genuine interest in understanding the client and recognizing how the client has learned these abusive patterns*”.<sup>89</sup>

The literature highlights the impact of dropout upon the effectiveness of perpetrator treatment,<sup>90</sup> and motivational and trauma-informed approaches both offer promise in enhancing engagement. Services may need to consider how such therapeutic relationships might be built, and what intensity and duration of service is needed to support those perpetrators who struggle most with engagement.

#### **4. The range of interventions available should be expanded to address the range of clinical needs identified.**

The available evidence suggests there is a need to expand the range of interventions available to perpetrators to include clinically based interventions delivered by trained mental health professionals. Existing psychoeducational and cognitive behavioural interventions have been found to have limited effectiveness.<sup>91</sup> While they may elicit change in some perpetrators, there are concerns that for some the change is superficial and temporary, which may be more risky for victim-survivors as they give the illusion of successful treatment without a genuine change in risk.<sup>92</sup> Purely cognitive interventions are unlikely to address the deep rooted, emotionally driven difficulties that some perpetrators exhibit.<sup>93</sup> For those affected by developmental trauma, Voith, Logan-Greene, Strodthoff and Bender (2020) argue, “*the deep emotional, physiological and psychological toll that men carry with them may be difficult to address with solely psychoeducation or cognitive restructuring*”.<sup>94</sup>

There are a number of promising areas where a psychological approach could enhance the effectiveness of perpetrator interventions. For those exhibiting denial and minimisation for example, Morran (2013) argues that understanding the motivations that underlie these strategies may lead to more fundamental and sustainable change.<sup>95</sup> Yakeley (2022) describes several perpetrator needs such as motivation, personality and attachment which may respond to evidence-based treatments like motivational interviewing, schema therapy and mentalisation-based couples therapy.<sup>96</sup> Others recommend attachment-informed work to develop narratives of early attachment experiences, improve communication capacity, and help people find alternative ways of tolerating anxiety, distress and interpersonal rejection.<sup>97</sup>

Several of the cognitive and emotional processes highlighted by the research, such as distress tolerance, emotional regulation, insecure attachment and distorted thinking are common to both substance misuse and domestic abuse, and there is potential that interventions targeting these underlying issues could benefit both. Voith et al. (2020) suggest that current ‘top down’ interventions such as Cognitive Behavioural Therapy that address dysfunctional thinking should adapt to recognise that this kind of thinking may have developed to cope with stressful childhood experiences.<sup>98</sup> They also recommend the inclusion of ‘bottom up’ interventions such as mindfulness, eye movement and desensitization reprocessing (EMDR)<sup>99</sup> and breathing techniques aimed at calming the nervous system.<sup>100</sup> Given the prevalence of Traumatic Brain Injury,<sup>101</sup> interventions may need to be adapted to the cognitive capacities of the individual.

The selection of interventions needs to be based upon a formulation driven assessment of needs. Timely access to mental health treatment may be indicated for specific comorbid conditions such as depression, personality disorder and PTSD, including psychological and pharmacological treatments.<sup>102</sup> Not targeting such conditions may have an impact on treatment outcomes; Jackson et al. (2017) note evidence that Borderline Personality Disorder (BPD) contributes to higher dropout in IPV treatment.<sup>103</sup> Moreover, given the nature of some of the conditions implicated such as personality disorders, insecure attachment and emotional dysregulation, some perpetrator interventions may need to be delivered by clinical trained staff and may require more intensive or longer-term treatment.<sup>104</sup>

## 5. Domestic abuse interventions for fathers should take into account their family and community context.

Effectively engaging with fathers who engage in domestic abuse is critical, as fathers often continue to play important roles in their children's lives and will have a lifelong relationship with their child, as well as some form of coparenting relationship with the child's mother. As Stover (2015) notes, *"the lack of focus on the role of men as fathers within intervention programs for men with histories of IPV or substance abuse is of significant concern given the large numbers of these men who are actively parenting and coparenting children"*.<sup>105</sup> The current landscape of interventions for child protection-involved fathers does not match the wisdom available in the literature. Research in Practice observe that working with fathers *"in children's social care settings is an area of debate, often characterised by an assessment of fathers as 'risk' and/or 'resource' in the lives of children in the family"* and suggest that a 'both-and' approach is needed to accommodate both of these aspects.<sup>106</sup> Isobe, Healy and Humphreys (2019) describe how the disparate and siloed approaches across the safeguarding, substance misuse, mental health and domestic abuse sectors results in undue pressure on mothers, lack of attention to the wishes of children and problems created by the 'absent presence' of fathers.<sup>107</sup>

Interventions that focus specifically on fathering can also harness parental motivation to change; there is evidence that fatherhood and building positive relationships with children can be powerful motivators towards desistance.<sup>108</sup> Qualitative research with fathers who formerly perpetrated domestic abuse has identified that qualities like pride in fatherhood and taking pleasure in spending time with children and family were sources of strength and catalysts for change.<sup>109</sup> In addition to providing motivation for change, reflecting on the impact for children of experiencing or witnessing violent behaviour can be an important context for fathers to challenge and address their behaviours.<sup>110</sup> While there are few evidence-based models designed specifically for fathers perpetrating domestic abuse, programmes like Fathers for Change and Caring Dads offer promise from initial evaluations.<sup>111</sup> Fathers for Change, for example, is based on the premise that a focus on men as fathers will increase their competence as parents and provide motivation to change the maladaptive patterns that led to their use of aggression and substances to control their emotions.<sup>112</sup> Similarly, the Caring Dads programme uses men's role as a father to motivate them to change their behaviours using motivational interviewing techniques.<sup>113</sup>

Services involved with domestic abuse perpetrators should take a whole family approach where appropriate and seek to consider the needs and perspectives of all family members – including perpetrators, victim-survivors and children.<sup>114</sup> Following successful evaluations of whole family approaches, there has been a growing demand for whole family approaches in the UK over the last decade.<sup>115</sup> As Research in Practice suggest, *"the success of whole family intervention is likely to rely upon an approach that is multilayered in so far as it works with families, couples and individuals, is multidisciplinary, multi-agency and one that operates across a range of settings including within homes, schools and healthcare settings"*.<sup>116</sup> This approach should not be confused with family therapy, or a mandate for all family members to receive treatment. Rather it entails assessing and working with parents and children individually and, only when clinically appropriate, bringing family members together in a therapeutic setting.<sup>117</sup> Though there has long been an institutional reluctance to treat intimate partner violence through couples' work, there is evidence to suggest that couple treatment approaches that simultaneously address substance misuse and aggression yield the lowest recidivism rates of studied interventions.<sup>118</sup> Attachment-based couples work may also be impactful, given the evidence that attachment styles are predictive of domestic abuse in both perpetrators and victims.<sup>119</sup> Moreover, even when couples therapy is not appropriate, involvement of the victim-survivor in risk assessment and safety planning is recommended.<sup>120</sup>

There is far less attention paid within the domestic abuse perpetration literature to the specific needs of children, beyond the understanding that exposure to domestic abuse may increase risk of later perpetration. Both Stark and Hester (2019) and Johnson (2008) highlight that the impact of upon children may continue even after a relationship has ended.<sup>121</sup> Isobe, Healey and Humphreys (2019) argue that there is an overriding focus on risk management via the mother, a lack of engagement with fathers and little attention on the individual experiences and perspectives of the children themselves.<sup>122</sup>

A lack of whole family thinking may miss opportunities for effective intervention and increase risk to victim-survivors. A whole family approach across the range of services involved with domestic violence perpetrators and victim-survivors may allow for risks and dynamics to become more visible, for appropriate treatments to be identified and, when perpetrator risks cannot be addressed through treatment, for appropriate safeguarding and risk management plans to be put in place.

## Methodology

Although this was an exploratory rapid evidence review, a quasi-systematic approach was used to identify the scope and scale of the literature in the area. Articles were identified via electronic database searches, hand search (in consultation with our research advisory board)<sup>123</sup> and some citation chaining. Electronic searches were carried out using the following search engines; EBSCOhost (PsychINFO, MEDLINE, CINAHL, SocINDEX) and Pubmed. The following limiters were applied in order to focus the research on the most recent, and most relevant literature: Date range (Jan 2001 to Jan 2022), English Language, Common Law Jurisdiction, Peer reviewed. We excluded articles in which Dr. William Fals-Stewart was listed as a first author, due to allegations of data falsification (see **Appendix A**).

Due to the desire not to prejudice the range of literature accessed to any particular model of intimate partner violence (IPV), a wide range of search terms was used (see **Appendix B**). The aim of the search was to access articles that looked specifically at the relationship between substance use and domestic abuse and at the relationship between trauma and domestic abuse.

### Title and abstract screening

Article titles were screened and coded (include/exclude) independently by both investigators and then the results were jointly reviewed. Any discrepancies were identified and a consensus agreement was reached as to whether the article would be included in the next stage of the search (exclusion criteria is detailed in **Appendix C**).

A total of 1256 titles were identified for abstract screening. The investigators then screened abstracts independently but cross-checked abstracts where there were ambiguities about fitting the search criteria (exclusion criteria is detailed in **Appendix C**). On the basis of the abstract screening process, a total of 398 relevant articles were identified.

In order to prioritise articles for review, the articles were coded by study population or as a 'review' if not describing a study. In fitting with the scope of a rapid evidence assessment, the articles coded as 'review' articles (n=61) were prioritised for in-depth examination. Upon further reading, nine of these articles were excluded on the basis that they were not review articles but studies or were deemed to have limited relevance to the evidence review. One further article was excluded because a full text version could not be accessed and another was excluded because the primary author has been discredited (see **Appendix A**). In the course of reviewing those articles, a further 17 relevant review articles were identified and included via citation chaining and other sources. The investigators then reviewed the remaining articles and selected a further 17 studies on the basis that they were recent, relevant, and may not be otherwise captured by the identified review articles. A final total of 84 articles were therefore examined to inform this evidence review, although further articles were accessed and referenced as appropriate.

## Results

The abstract search yielded 398 articles relevant to the investigation of the relationships between substance misuse, trauma and domestic abuse. Studies investigated a range of populations, with court-ordered or arrested individuals being the most frequently studied, followed by general population studies (see **Appendix D, Fig. 1**). Many samples were convenience samples drawn from treatment or referral populations, or were based on cohorts or large scale surveys with broader research aims. The overwhelming majority of studies were carried out in the United States. There was a limited number of studies carried out in the UK, sampling fathers specifically or drawing on the child protection/Family Court population specifically.



A range of methodologies were used, including a few laboratory-based paradigms investigating couple conflict and affect arousal. However, the overwhelming majority appeared to be cross-sectional survey or self-report data.

The number of articles derived from the searches was an indicator of the complexity of investigating the intersection between three such broad domains of psychosocial functioning. Moreover, there appears to have been increasing interest in this area in recent years, as indicated by the increasing number of relevant articles published in recent years (see Appendix D, Fig. 2). This is echoed in the recent meta-analytic reviews, which note large increases in articles suitable for inclusion in comparison to previous reviews (e.g. a recent review in 2020 included 503 articles, compared to 85 articles included in a similar meta-analysis in 2004).<sup>124</sup>

This evidence review has focused on a number of prior reviews which have employed a range of methods to synthesise the available evidence base, including meta-analysis, systematic review, narrative review, study space analysis and critical interpretive synthesis. This was helpful in yielding both quantitative and systematically organised data, as well as more exploratory discourse and critical analysis. Of note, several recent meta-analyses and systematic reviews have been published over the last two to three years driven in part by concerns that current intervention models are not effective and that an up-to-date understanding of the evidence base needs to form the basis for a new direction in treatment approaches.<sup>125</sup>

## Limitations of the existing evidence base

Our analysis indicated five main limitations of the existing evidence base with regards to the questions in hand: (1) sampling within systematic reviews and meta-analyses (2) methodological limitations (3) conceptualisation of key constructs (4) generalisability to the UK; and (5) generalisability to welfare populations.

### 1. Sampling within systematic reviews and meta-analyses

Systematic reviews and meta-analyses have formed the main basis for this review, however there are limitations inherent in these methodologies also. Search terms varied significantly across papers with some reviews using quite narrow search terms. Due to the wide range of conceptualisations within the field, narrow search terms may limit the scope of any review. The databases searched also varied considerably among the reviews. Most used PsycInfo and Medline, however PubMed was not always included.<sup>126</sup> In our search, papers were distributed across all of the databases and PubMed in particular yielded many titles that were not found on others (for a breakdown of abstracts in this review by database source, see **Appendix D,- Fig. 3**). Other authors note the potential impact of file drawer phenomenon (i.e. studies that result in statistically insignificant results are less likely to be published) and publication bias.<sup>127</sup>

In an attempt to provide the most robust results, review papers and in particular meta-analyses often set stringent criteria for inclusion which excluded large numbers of studies. These factors may impact upon the quantitative results of the analyses or lead to the omission of important but more qualitative or exploratory studies within systemic reviews.<sup>128</sup>

### 2. Methodological limitations of studies

Reviewers generally observed that most quantitative studies lacked methodological rigour. A systematic review regarding childhood exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood, for example, found that many of the studies were cross-sectional rather than longitudinal, relied on retrospective reports of childhood exposure to IPV and used un-validated, author-generated measures to assess childhood exposure.<sup>129</sup> Similarly, a study space analysis of dating violence noted issues such as limited prospective data, limited clinical samples and limitations in how variables were conceptualised and measured, with few assessing multiple mediators.<sup>130</sup> Studies relying on retrospective accounts to assess childhood trauma and adversity were particularly limited by the potential fallibility and bias in long-term memory.<sup>131</sup> There were also concerns as to whether samples were representative and generalisable,<sup>132</sup> with an over-representation of studies with white male heterosexual participants.<sup>133</sup>

There are also questions regarding the cross-cultural validity of western constructs, particularly given the influence of sociocultural factors on domestic abuse.<sup>134</sup> Some studies failed to account for a range of known contextual and moderating factors, and there were very few qualitative studies identified in the search.<sup>135</sup>

Evaluations on domestic abuse perpetrator programmes were similarly deemed to be of low methodological quality. Karakurt et al. (2019) observed in their meta-analysis of batterer intervention programmes that many studies had poor methodological rigour: few had a control group and the attrition rate was high.<sup>136</sup> In a systematic review on interventions for male perpetrators and victims of domestic abuse in health care settings, Tarzia et al. (2017) similarly observed that many studies lacked a control group, making it difficult to determine whether the interventions in question were more effective than time alone.<sup>137</sup> In their summary of the evidence base, Research in Practice observed that the “*lack of consensus*” on perpetrator interventions “*primarily arises from variations in methodological and analytical approach, the interpretation of data, and a lack of agreement around what constitutes ‘success’*”. Studies relating to perpetrator work are also often conducted with smaller samples, reflecting low prosecution rates and underreporting, thereby making it difficult to generalise findings, or to ascertain impact on specific population groups”.<sup>138</sup>

### 3. Conceptualisation of key constructs

Another key limitation with the evidence base is the way in which constructs were conceptualised and measured, in particular domestic abuse. Almost all studies measured domestic abuse using the Conflict Tactics Scale (CTS) or the Revised Conflict Tactics Scale (CTS2), a multi-item self-report scale first developed in the 1970s. The revised CTS includes items on physical, sexual, and verbal abusive acts over the past 12 months within one’s current relationship.<sup>139</sup> While the CTS is helpful in providing a snapshot, the scale has faced criticism for failing to capture the multifaceted ways that domestic abuse can manifest and the context in which abuse occurs.<sup>140</sup> Moreover, by reducing domestic abuse to single incidents (e.g. hitting), it fails to capture the gendered difference in impact between such acts perpetrated by men versus women.<sup>141</sup> As Tarzia et al. (2017) describe in their systematic review, “*the CTS does not capture some common abusive behaviours such as control of a partner and does not make any distinction between single acts of violence and ongoing patterns of abuse*”.<sup>142</sup> Further, because this measure is based on self-report, it may not accurately reflect the true frequency and severity of domestic abuse.<sup>143</sup>

Criticisms are also raised with regards to the varied conceptualisation and measurement of childhood experiences. Kimber et al. (2018) highlight that none of the studies they reviewed evaluated the distinct impact of different types of intimate partner violence exposure in childhood (e.g. emotional abuse, financial abuse).<sup>144</sup> They also highlight that measures do not differentiate the impact of, for example, seeing vs. hearing vs. just having an awareness of domestic abuse in the home.<sup>145</sup> Measurement of past traumatic experiences was often measured by checklists which may not capture the nuances of duration, severity or frequency of harm.<sup>146</sup> Measures of substance misuse are also criticised, with some studies using single-item, non-validated measures and variability in the thresholds set for defining ‘problematic use’.<sup>147</sup>

### 4. Applicability of findings to the UK

This rapid evidence assessment revealed that most literature is from the United States and focussed on specific populations that may not be generalizable to a UK context. Many of the key relevant systematic reviews had only a very limited number of British studies or none at all.<sup>148</sup> This may pose questions of generalisability.<sup>149</sup> This may also pose questions for applicability to the UK context; as Kelly and Westmarland (2015) note, findings from the US “do not transfer simply to the UK since most men in the [US] studies were court-mandated and few US programmes offered the integrated support for partners and ex-partners that are now a key feature of UK service provision.”<sup>150</sup> While the UK and the US may share some common cultural perspectives, there are far-reaching differences in terms of the legal, healthcare and social care systems. Moreover, while broader considerations of diversity and intersectionality will be common to both, each country has its own ideological, cultural and sociodemographic characteristics which may have a bearing upon the incidence, maintenance and response to domestic abuse perpetration.

## 5. Generalisability of findings to child protection populations

In the UK, domestic abuse is one of the most common reasons families come under the orbit of the child protection system.<sup>151</sup> However, there were few studies specifically on domestic abuse within a child welfare context. As Cascardi and Jouriles (2018) observed, most research on domestic violence “has not typically included families seeking service for child maltreatment or violence”.<sup>152</sup> More research is urgently needed on this population to better understand the ways that domestic abuse within families impacts and is impacted by the child welfare system, including how the care system can be used as a tool of abuse, how care involvement and the threat of separation can escalate safety concerns, and how families experiencing domestic abuse issues can safely work towards reunification.

While samples were drawn from a range of populations, the majority were either court-ordered offenders, participants in substance misuse treatment or general population studies (see **Appendix D, Fig. 3**). Few studies looked specifically at child protection populations or at fathers specifically, which makes it difficult to determine the spectrum of risks and needs for that group and to evaluate the degree to which the findings from other studies are generalisable to parents involved in the child welfare system in the UK.

## 6. There was also limited research on couples experiencing domestic abuse within their relationships.<sup>153</sup>

This kind of research is critical in understanding the relational and interactive context in which domestic abuse occurs in families.<sup>154</sup> This type of ‘dyadic’ research also has important implications for child protection-involved families, as parents who share children will continue to have lifelong co-parenting relationships. However, some authors note there is reluctance to consider dyadic issues due to fears of victim blaming or increasing risks to women in coercive and controlling relationships.<sup>155</sup> Nonetheless, the Family Court and local authorities are often tasked with assessing and working with couples who do not wish to separate. Some consideration of the role of couple dynamics within domestic abuse is therefore essential in supporting child protection-involved families.

## Findings from the rapid evidence assessment

While the purpose of this rapid review was to explore the role of substance misuse and trauma in domestic violence perpetration, in reality it was impossible to look at these factors in isolation and in our view likely unhelpful. The narrative regarding domestic abuse perpetration has suffered from polarised views focussing on single issues. As Heise (1998) observed, our understanding of IPV “has been severely hampered by the narrowness of traditional academic disciplines and by the tendency of both academics and activists to advance single-factor theories rather than explanations that reflect the full complexity and messiness of real life”.<sup>156</sup> We found it important to contextualise our findings within an overarching picture of how domestic abuse perpetration is understood and the range of relevant and interacting risk factors.

## Different approaches to understanding domestic abuse perpetration

### Pattern-based typologies of domestic abuse perpetration

Domestic abuse can manifest in many different ways, and many argue that domestic abuse interventions must be tailored to the *type* of domestic abuse present in the relationship. There is a growing trend to categorise domestic abuse into distinct ‘typologies’, and a number of typologies have been proposed. Most commonly, researchers distinguish between the *pattern of abuse* present in the relationship: ‘coercive control’ (sometimes called ‘power and control’ or ‘intimate terrorism’), which is behaviour that is predominantly intended to control one’s partner, and ‘situational couple violence’, which is violence emerging from mutual couple conflict. There are also personality-based typologies of offenders, which focus more on the perpetrators’ psychopathology than on the pattern of behaviour.

“Coercive control” is a term popularised in Evan Stark’s 2007 book: he describes a form of abuse “deployed almost exclusively by men to dominate individual women” using tactics like intimidation, violence, isolation and control.<sup>157</sup> He describes coercive control as inherently gendered, as it “relies for its impact on women’s vulnerability as women due to sexual inequality”.<sup>158</sup> According to Stark, “the main means used to establish control is the microregulation of everyday behaviours associated

with the stereotypical female roles, such as how women dress, cook, clean, socialise, care for their children, or perform sexually<sup>159</sup> and “most of the harms involved in coercive control are gender-specific infringements of adult autonomy”.<sup>160</sup> While coercive control can involve physical violence, it does not necessarily have to.

Johnson (2008) also recognises this pattern of domestic abuse, terming it ‘intimate terrorism’ or alternatively, ‘coercive and controlling violence’.<sup>161</sup> However, he argues that this was one of a number of patterns of abuse occurring in couples in his proposed typology system,<sup>162</sup> which is arguably the most well-known and frequently cited.<sup>163</sup> Johnson concurs that coercive violence is perpetrated predominantly by men, with significant psychological, physical and social consequences for women. However, he notes that women also report using violence within relationships. For some women, he argues that this constitutes ‘violent resistance’ in the context of coercive and controlling violence, and that this violence is an attempt to cope with the abuse perpetrated against them.<sup>164</sup> However, Johnson also argues that violence occurs in many couples as a result of escalations in couple conflicts, and that this can be perpetrated by either gender, something he terms ‘situational couple violence’. Johnson argues that situational couple violence is the most common type of violence between couples, that it is initiated equally by both genders, spans a range of severity, and, when compared with coercive and controlling violence, is associated with less marital unhappiness and with less severe consequences for women. However, Johnson does point out that situational couple violence can be severe and chronic, with 28% of women reporting severe injuries and reporting traumatic stress symptoms.<sup>165</sup> At the core of Johnson’s argument is that the types of intimate partner violence must be differentiated on the “basis of the control context in which they are embedded” rather than the frequency or severity of the violence itself.<sup>166</sup> He argues that situational couple violence emerges from *conflict* and is more variable in severity, whereas coercive patterns are a long-term strategy to exert control and are more consistently serious and damaging.<sup>167</sup>

Any discussion of the typologies of domestic abuse perpetration is hard to separate from the debate regarding gender: some argue that domestic abuse is an inherently gendered issue rooted in patriarchy that disproportionately affects women,<sup>168</sup> but many studies have found that men and women perpetrate abuse in relationships at roughly equal rates (referred to as ‘gender symmetry’).<sup>169</sup> Johnson argues that a lack of clarity in this debate arises from a failure to differentiate between typologies when considering sampling. He suggests that general population surveys tend to capture couples experiencing situational couple violence, whereas studies recruiting individuals through places like shelters, criminal justice agencies, and accident and emergency wards are more likely to capture intimate terrorism due to its severity.<sup>170</sup>

However, some argue that all types of domestic abuse are inherently gendered due to findings that women are much more likely to be injured by violence than men and that violence in and of itself is coercive in nature.<sup>171</sup> They suggest that the manifest gender symmetry in some studies arises from using measures, like the Conflict Tactics Scale, which only capture acts of violence and which do not account for the harm caused. Walby and Towers (2018) argue for a general concept of ‘domestic violent crime’ which captures both the act and the harm caused, something that is explicit within other criminal definitions of violence.<sup>172</sup> Their research indicates that when all violent crimes are measured, there is clear evidence for gender asymmetry across all levels of severity and repetition.<sup>173</sup> Barlow and Walklate (2022) suggest that Walby’s framework could include same-sex and transgendered populations by separating sex from gender, but note that some argue that a gendered understanding of domestic abuse renders sexuality invisible.<sup>174</sup> In fact, some have suggested that it is ‘heterosexist’.<sup>175</sup>

### Personality-based typologies

Another approach to understanding domestic abuse perpetration has been to focus on the characteristics of the perpetrator. Frequently cited in this regard, Holtzworth-Munroe and Stuart’s (1994) research suggested that perpetrators could be distinguished on the basis of psychopathology. They distinguished three types of perpetrators: the ‘family only’ type (with little psychopathology, predicted to be the least violent); the ‘dysphoric/borderline personality’ (psychologically distressed, engaging in moderate to severe violence primarily directed to their partner); and ‘generally violent/antisocial batterers’ (the most violent; high levels of violence generally and often having extensive criminal histories).<sup>176</sup> Others have identified similar subtypes of perpetrators characterised by personality pathology and have mapped these onto specific patterns of insecure attachment.<sup>177</sup> A further distinction is made between proactive (instrumental) violence, which is purposeful, goal-directed and lacking in

emotional arousal versus reactive (impulsive) violence which is an emotionally-driven reaction to a perceived threat.<sup>178</sup> Antisocial/psychopathic individuals are thought to engage in both proactive and reactive violence, whereas non-psychopathic individuals mostly engage in reactive violence.<sup>179</sup>

Johnson (2008) argues that these perpetrator subtypes are consistent with his typologies, with the 'family only' type describing the actors in 'situational couple violence,' while the dysphoric/borderline and generally violent/antisocial types could both be considered as two subtypes of 'intimate terrorist,' which he refers to as 'dependent' and 'antisocial' respectively.<sup>180</sup>

### A Critique of typologies

Many argue that typologies are key to understanding the multifaceted nature of domestic abuse, as well as improving our ability to effectively identify and intervene in domestic abuse in a way that is targeted to the type of person and type of abusive behaviour present in the relationship.<sup>181</sup> Stark (2007) hypothesises that situationally violent men may be more receptive to change than coercive men.<sup>182</sup> There is evidence that men involved in situational couple violence have a higher treatment completion rate<sup>183</sup> and are more likely to reduce abusive behaviours after completion of a programme than those identified as coercive.<sup>184</sup>

Recent critiques of typology-based theories suggest a need to recognise that typologies may not be stable over time and that perpetrators' behaviours may transition between patterns,<sup>185</sup> that typologies may be on a spectrum,<sup>186</sup> and that focussing only on the distinction between coercive and situational violence may render gender-related factors invisible.<sup>187</sup>

Some also caution against an over-reliance on typologies, fearing they may detract from an individualised assessment of the person's characteristics and behaviours within the context of a specific relationship.<sup>188</sup> Others caution that the misapplication of typologies could have potentially lethal results.<sup>189</sup> Yakeley (2022) points out that there is no clear guidance for practitioners on how to differentiate between the typologies and how to define and measure coercive control: she notes the need to "*identify and distil shared aspects of these typologies that can be applied usefully in clinical practice*".<sup>190</sup> There is a general recognition that further research is needed on typologies, which have increasingly come to inform social work practice and domestic abuse programming in the UK.<sup>191</sup>

Nonetheless, the literature clearly indicates that domestic abuse perpetration varies in terms of the pattern of abuse and the personality profile of the perpetrator, and that dimensions such as the severity of the abuse, the degree of control exerted by one party, the relational dynamics between the couple and the progression of the abuse over time, may all be important dimensions to take into account when evaluating the nature of the abuse. With regards to perpetrator characteristics, there is clear evidence of a spectrum of perpetrators varying according to personality pathology, attachment style, emotional reactivity, distress and dysphoria and the extent and nature of the violence they perpetrate.<sup>192</sup> Significant for purposes of treatment, different patterns of domestic abuse perpetration are likely to be associated with varying capacity for engagement, be responsive to different intervention modalities and may have different associated risk factors and comorbidities.

## Theoretical models of domestic abuse perpetration

The theoretical frameworks employed to understand domestic abuse perpetration come from a range of fairly disparate fields of research including biological, psychological, systemic and sociological disciplines.

### Feminist theory

Feminist models have been a dominant line of thinking since the 1970s, focussing on how a prevailing culture of patriarchy has entitled and enabled men to perpetrate violence against women.<sup>193</sup> These models have roots in the movement for equality for women and in the fight to have domestic abuse recognised and the needs of victims responded to. Feminist perspectives encompass a range of theories including power and control/coercive control,<sup>194</sup> learned helplessness, battered woman syndrome and patriarchy, which argue that domestic abuse is part of an overall strategy for men to control women whereby abusive behaviours prevent women from leaving by affecting their sense of agency, and that any violence on the woman's part is self-defence or due to the traumatising nature of the abuse.<sup>195</sup> Feminist perspectives have since expanded to acknowledge multiple overlapping identities, such as race/ethnicity, disability and sexuality that intersect with gender in the context of domestic abuse.<sup>196</sup>

Although there is evidence that gender-based belief systems are a risk factor for perpetrating domestic abuse,<sup>197</sup> a number of authors point out that this does not account for bidirectional violence and domestic abuse within same-sex couples, nor the range of other drivers implicated in domestic abuse<sup>198</sup>. While there is a strong sociological argument that domestic abuse disproportionately affects women, and that women may be more vulnerable to abuse due to intersecting social inequalities, this is distinct from the question of what role gender plays in the psychological *aetiology* of domestic abuse perpetration. Males are more likely than females to engage in aggressive and criminal behaviours in general, not just gender-based violence,<sup>199</sup> and it is argued that this may relate to a range of biopsychosocial differences between the sexes.<sup>200</sup> Moreover, a feminist perspective alone cannot account for why some men use violence against their partners, while most do not.

While there is much evidence that feminist models cannot fully account for the underlying causes of domestic abuse perpetration, interventions based upon these models continue to dominate the treatment of both perpetrators and victims.<sup>201</sup> In particular, the Duluth model continues to be highly influential despite a lack of evidence on efficacy.<sup>202</sup> The Duluth model is a coordinated community response that prioritises victim safety and ensures perpetrators are held to account, but it has become more synonymous with its group curriculum<sup>203</sup> which employs tools such as the ‘power and control wheel’ and the ‘control log’ aimed at facilitating behaviour change in perpetrators.<sup>204</sup> Treatments based upon Duluth are very dominant in the US,<sup>205</sup> and although less so in the UK, power and control is a common feature of many group programmes.<sup>206</sup>

### **Social learning theory and social information processing**

The other dominant line of thinking has been social learning theory<sup>207</sup> and its later iteration – social cognitive theory.<sup>208</sup> Both have been the basis for a great deal of research into the “*intergenerational transmission of violence*”, the theory that children learn violent behaviour when it is modelled by their parents and develop beliefs and expectations that support the use of violence in future relationships.<sup>209</sup>

Social Information Processing (SIP) is a closely related heuristic for understanding domestic abuse perpetration. This suggests that distorted perception of social cues, e.g. the attribution of hostility in ambiguous situations, results in aggressive responses.<sup>210</sup> SIP deficits have been found to mediate the relationship between exposure to physical abuse and externalising behaviour in boys.<sup>211</sup> Similar cognitive distortions have been identified in perpetrators of domestic abuse.<sup>212</sup> Taft, Murphy and Cerech (2016) note that similar threat-related distortions have been identified in those with trauma and PTSD,<sup>213</sup> arguing that SIP is affected by trauma and could be impacted by other conditions associated with both trauma and domestic abuse perpetration, such as depression, substance misuse and Traumatic Brain Injury.

Social Learning and SIP ideas have influenced interventions that focus on using psychoeducation, modelling and Cognitive Behavioural Therapy to change beliefs and behaviours supporting violence.<sup>214</sup>

### **Social-ecological model**

While the aforementioned theories account for certain aspects of domestic abuse perpetration, many argue for more integrated models which account for the complex interaction between individual differences, developmental processes, psychobiological factors, environmental stressors and moderating resources.<sup>215</sup> There is general consensus that domestic abuse needs to be more widely understood as the outcome of factors interacting at multiple levels: individual, relationship, community and society.<sup>216</sup> This model, called the ‘social-ecological model’, is promoted by the World Health Organisation and the United States Center for Disease Control and Prevention (CDC).<sup>217</sup> This is a helpful overarching heuristic, although it does not necessarily give an account of the mechanisms involved and factors at each level of the model.<sup>218</sup>

### **Forensic theories**

Forensic theorists argue that we do not need to come up with an entirely new framework for understanding domestic abuse given the significant overlap with other offending and aggression.<sup>219</sup> It is recognised that a “*substratum of similar risk underlies both domestic violence as well as violence in general*”.<sup>220</sup> However, there is evidence that perpetrators of domestic abuse have an earlier onset, are more prolific and follow a different trajectory from non-domestic violence offenders.<sup>221</sup> Also, it is argued that domestic abuse is a highly gendered type of offending<sup>222</sup> which is not accounted for in general theories of offending. Moreover, research with offender populations may not capture domestic abuse issues that do not come to the attention of the criminal justice system.

## Systemic theories

Systemic theorists point out that couple dynamics may be relevant, particularly for situational couple violence.<sup>223</sup> There has generally been reticence to acknowledge couple-based drivers of domestic abuse for fear of victim blaming.<sup>224</sup> However, there are several known drivers of couple conflict, often targets for couple treatment, that are also known to be associated with domestic abuse, such as poor communication skills and relationship dissatisfaction.<sup>225</sup> Even if not the primary drivers of domestic abuse (i.e. many couples struggle with communication without becoming abusive), these processes are potentially important and potential targets for treatment. Anxieties about safety have limited the application of couple therapy in domestic abuse to date.<sup>226</sup> Couple work is contraindicated in coercive and controlling situations where partners could be intimidated or punished for speaking in therapy; however, some argue that it could be indicated for milder forms of situational couple violence.<sup>227</sup>

## Risk factors and predictors of domestic abuse

Before exploring the specific role substance use and trauma in the perpetration of domestic abuse, it is important to recognise that several other factors have been identified as relevant to an understanding of domestic abuse perpetration. These factors are wide-ranging, tend to be associated with one another and many are similar to those for other psychosocial difficulties.<sup>228</sup>

### Sociodemographic factors

Several sociodemographic factors have been found to be associated with perpetrating domestic abuse.<sup>229</sup> In line with other types of offending behaviour, risk decreases with age, with a particularly risky period during adolescence and early adulthood.<sup>230</sup>

Deprivation indicators such as unemployment, financial stress and low income are also found to increase risk of domestic abuse perpetration, whereas higher income and education are protective factors.<sup>231</sup> Minority ethnic groups have been found to be at greater risk of perpetrating domestic abuse, but there is a lack of research with minority groups and this relationship may be mediated by other factors such as income<sup>232</sup> or greater exposure to adverse childhood experiences (ACEs).<sup>233</sup> Additionally, race and ethnicity encompass nuances related to migration, acculturation stress and country of origin that may play an important role for some families. It is rightly argued that an intersectional lens is needed to understand how minority groups are impacted by a system in which *“gender interacts with other structural oppressions and inequalities of race, ethnicity, class, age, sexuality, economic status and or (dis)ability, which together fundamentally shape experiences of DVA”*.<sup>234</sup>

### Gender

A key theoretical strand has been that intimate partner violence (IPV) perpetration is fostered within a patriarchal society which entitles males to status and power within relationships. Belief systems around traditional gender roles,<sup>235</sup> male entitlement,<sup>236</sup> and hostility towards women have all been associated with IPV perpetration.<sup>237</sup> In adolescents, endorsing unequal gender norms, traditional gender roles, male superiority, discrepancy stress and perceived gender role disparity have been associated with perpetration of dating violence (the term used for domestic abuse within a teen dating relationship).<sup>238</sup> Such beliefs alone may not result in violence unless in combination with an acceptance of violence,<sup>239</sup> another known risk factor for IPV perpetration.<sup>240</sup> Gender may interact with other variables, with some risk markers being more relevant for men than women and vice versa.<sup>241</sup>

### Personality and mental health factors

A number of personality and mental health factors have been associated with domestic abuse perpetration. Externalising disorders such as Conduct Disorder (in childhood)<sup>242</sup> and Antisocial Personality Disorder<sup>243</sup> (in adulthood) are known risk factors for domestic abuse, as well as for general offending. Specific dimensions of personality such as emotional intelligence,<sup>244</sup> emotional regulation,<sup>245</sup> impulsivity and external locus of control have also been identified as significant.<sup>246</sup> Other risk factors for domestic abuse include anger and hostility,<sup>247</sup> irrational beliefs and distorted thinking.<sup>248</sup> Low self-esteem has been suggested as a potential factor, but results are mixed.<sup>249</sup>

Spencer, Stith and Cafferky (2022) identified several risk markers associated with mental health and psychological functioning in a meta-analysis, which they argue could be treatable by mental health professionals.<sup>250</sup> Several other studies find evidence of increased prevalence of mental health difficulties

in those perpetrating domestic abuse. For example, in a group of convicted male intimate partner violence (IPV) perpetrators on probation in Northern Ireland, 63.5% had evidence of a mental health problem (55.6% had mood disorders like depression or bipolar disorder, and 30.1% had an anxiety disorder).<sup>251</sup> A population-based study in Sweden similarly found that men with depression, anxiety, substance misuse, ADHD and personality disorders were at increased risk of perpetrating IPV against women compared to their unaffected siblings.<sup>252</sup> Depression in particular has been examined as a risk factor: a meta-mediation analysis found depression to be associated with past year perpetration of domestic abuse, and in women this relationship was mediated by victimisation.<sup>253</sup> Although most studies focus on male perpetrators, these mental health factors appear relevant for women as well: a review of research on women who use violence against male partners found that they had high rates of depression, anxiety, substance misuse and PTSD.<sup>254</sup> While the correlation between mental health and IPV perpetration does not necessarily indicate a causal relationship, it points to potentially important treatment needs in this group.

### **Biological factors**

Very little attention has been paid to the biological correlates of intimate partner violence (IPV) perpetration. Crane and Easton (2017) argue that some physical health conditions may increase risk of perpetrating IPV due to episodes of pain and increased susceptibility to anger.<sup>255</sup> Of particular note is the data regarding Traumatic Brain Injury (TBI), which is a known risk factor for aggression and violence.<sup>256</sup> In a meta-analysis analysing 222 IPV perpetrators across six studies, 53.6% were found to have a history of TBI: significantly greater than the population estimate of 10–38.5%.<sup>257</sup> Neurocognitive difficulties could impact domestic abuse not only by reducing impulse control, but also by affecting how social information is processed and making it harder to learn new skills in treatment.<sup>258</sup>

### **Interpersonal**

Relationship factors have received relatively less attention than individual characteristics in the literature. Although a systematic review found marital status to be a protective factor against intimate partner violence (IPV),<sup>259</sup> others have suggested that married women may be more at risk of coercive control, while situational violence is more likely to occur in cohabiting couples.<sup>260</sup> Factors such as relationship dissatisfaction and relationship discord have been found to increase risk of domestic abuse.<sup>261</sup> Issues relating to jealousy,<sup>262</sup> relationship status acceptance<sup>263</sup> or perceived partner infidelity<sup>264</sup> are also found to be potential risk factors, as are variables relating to power and control in the relationship.<sup>265</sup> Spencer, Stith and Cafferky (2022) point out that relationship satisfaction, communication, coping and conflict resolution skills were all significant protective markers against IPV perpetration.<sup>266</sup>

## **The relationship between substance use and domestic abuse**

Domestic abuse and substance misuse co-occur at high rates, and are closely linked in clinical settings.<sup>267</sup> Substance use appears to increase both the frequency and severity of violence among couples, and is significantly associated with domestic abuse perpetration.<sup>268</sup> However, the nature of the relationship between substance use and domestic abuse is complex and context-dependent, going well beyond the immediate pharmacological effects of intoxication.<sup>269</sup> The link between substance use and domestic abuse may be moderated by the type of substance, the level of dependency, how substance use is measured, gender, and the direction of the violence (perpetration or victimisation).<sup>270</sup>

### **The effects of alcohol on domestic abuse**

Alcohol use is one of the most robust predictors of domestic abuse within a relationship: meta-analyses over the past decade have consistently demonstrated a significant association between increased alcohol use and domestic abuse perpetration and victimisation.<sup>271</sup> A meta-analysis indicates that this relationship holds both for measures of alcohol consumption and measures of problematic use, with greater effect sizes associated with more frequent and problematic drinking.<sup>272</sup>

Most studies examine the relationship between alcohol consumption and perpetration of intimate partner violence (IPV) in heterosexual relationships: this relationship exists for both male and female perpetrators, but appears to be stronger for men.<sup>273</sup> Among men, heavy alcohol use is more strongly associated with perpetration of IPV than moderate alcohol use.<sup>274</sup> A recent systematic review found strong evidence that both men and women's alcohol use increased the user's perpetration of physical



violence on the same day, suggesting a strong psychopharmacological relationship between alcohol intoxication and physical violence.<sup>275</sup> Moreover, there is some evidence that physical harm is more likely and severe on days when a perpetrator has been drinking.<sup>276</sup>

The evidence base generally describes alcohol as a significant contributory factor to domestic abuse, though it is contested whether substance use should be interpreted as a 'cause' of domestic abuse.<sup>277</sup> For example, there is still debate as to whether the relationship between substance use and IPV is related due to a third co-occurring variable (such as exposure to childhood maltreatment), whether alcohol has an indirect role in IPV by causing conflict and dissatisfaction in a relationship, whether substance use is a response to existing conflict or aggression within a relationship, or whether perpetrators purposely use alcohol as an excuse for aggression.<sup>278</sup> As Leonard and Quigley (2017) summarised, *"Does alcohol contribute to the occurrence and severity of IPV? In our opinion, the answer is an unequivocal yes. Whether alcohol is framed as a trigger, a contributing cause or a factor that increases severity, it is difficult to argue that excessive alcohol use has no impact on violence."*<sup>279</sup>

Importantly for practice implications, a growing body of research examines the links between alcohol use treatment and IPV.<sup>280</sup> Alcohol use and domestic abuse are closely linked in substance use treatment settings: Gilchrist et al. (2017) found that among a sample of men in substance use treatment in England, the majority had perpetrated IPV during their current or most recent relationship.<sup>281</sup> Some studies have found that successful completion of alcohol use treatment is associated with reductions in perpetration of IPV.<sup>282</sup> However, a systematic review on alcohol interventions and IPV found that while alcohol intervention had a significant effect on violence during the intervention, those effects were not sustained over time; the review concluded that the potential for alcohol interventions to reduce IPV has not been adequately tested.<sup>283</sup> Similarly, a rapid evidence review commissioned by Alcohol Change UK found a lack of robust evidence to determine whether alcohol treatment and interventions reduce or eliminate IPV and called for evidence-based integrated alcohol-related IPV interventions to be developed and evaluated.<sup>284</sup>

### Theories of how alcohol impacts domestic abuse

There are several theories linking alcohol intoxication to aggression generally. Alcohol is thought to influence aggressive behaviour by impairing a range of neurobiological and cognitive processes.<sup>285</sup> On a neurological level, alcohol consumption depletes levels of serotonin, which is implicated in management of aggressive behaviour.<sup>286</sup> Within the context of a couple, alcohol use by one or both partners may contribute to domestic abuse by reducing one's ability to constructively address conflicts (due to impaired cognitive functioning), respond disproportionately to a relationship issue (by narrowing one's focus of attention), increase the risk of engaging in aggressive behaviour without regard for the consequences (because of increased risk-taking and depletion of serotonin) and, for male partners particularly, interpret actions by their partner as threats to their masculinity, triggering an aggressive response.<sup>287</sup> There is some indication that the loss of inhibitory control when consuming alcohol may be more important for situational couple violence than for intimate terrorism.<sup>288</sup>

There are various different models proposed regarding the relationship between alcohol use and intimate partner violence (IPV).<sup>289</sup> One of the most prominent theories detailing the effects of alcohol on behaviour is the alcohol myopia theory (AMT).<sup>290</sup> This theory posits that alcohol causes a narrowing effect on attention, which in turn leads to a person only attending to stimuli in their environment that are the most salient and attention-grabbing, which promotes aggressive behaviour.<sup>291</sup>

Another framework is the I<sup>3</sup> theory, which states that the likelihood of perpetrating IPV depends on three key types of factors: instigation (factors that produce an urge to behave aggressively), impellance (situational or dispositional factors that predispose a person to experience a strong urge to respond aggressively to an instigating factor), and inhibition (factors that decrease the likelihood that a person will act on an aggressive urge).<sup>292</sup> A "perfect storm" occurs when instigating and impelling factors are high and inhibitory factors are low, thereby increasing the likelihood of aggression.<sup>293</sup> An example of this, illustrated by the COVID-19 pandemic, was the impact of social isolation upon couples. Social isolation (the instigator) is hypothesised to have impacted upon couples by increasing stress (an impellor) leading to relationship conflict; couples may have turned to alcohol (a disinhibitor) to mitigate stress, creating a "perfect storm" for IPV.<sup>294</sup>

The relationship between alcohol and domestic abuse is likely to be moderated by a number of other individual and situational factors. Beyond the immediate pharmacological effects of intoxication, the cultural and situational context in which the alcohol use occurs is key.<sup>295</sup> Bennett (2008) notes that both the acute effects of intoxication by substance use and the chronic effects of substance misuse have been linked to domestic abuse.<sup>296</sup> Some propose using a biopsychosocial model to understand the ‘multifaceted linkage’ between substance use and domestic abuse, including distal factors (temperament, gender role expectations, peer influence, cultural norms), proximal factors (pharmacological effects, emotional arousal), contextual factors (assessment of threat in a situation), consequences of withdrawal (irritability), and possible moderators such as the effects of type of substance and gender.<sup>297</sup>

### **The effects of drugs on domestic abuse**

In contrast to the robust evidence base on alcohol use and domestic abuse, there is far less research on the relationship between specific drugs and domestic abuse perpetration.<sup>298</sup> A recent meta-analysis by Cafferky, Mendez, Anderson and Stith (2018) indicates that drug use is correlated with perpetrating physical domestic violence, with problematic or dependent drug use having the strongest association.<sup>299</sup> A previous review highlighted that the co-occurrence of alcohol with cannabis and/or other drugs predicted higher incidence of intimate partner violence (IPV), which may indicate greater risks associated with poly-substance use.<sup>300</sup> Substances have various effects on mental state, and qualitative studies have indicated that drug use may impact on domestic abuse via symptoms of irritability, paranoia, craving and withdrawal.<sup>301</sup> There is less research into the same-day effects of drug use than same-day effects of alcohol use, and the evidence on the relationship between drug use and same-day IPV is mixed.<sup>302</sup>

**Stimulants (such as cocaine and methamphetamine):** The strongest evidence exists for a relationship between cocaine use<sup>303</sup> and domestic abuse perpetration; evidence also exists for a relationship between methamphetamine use and domestic abuse.<sup>304</sup> Intoxication from stimulant drugs are related to impulsivity, irritability and paranoia, which have been implicated in abusive behaviours.<sup>305</sup> A recent review of methamphetamine use and domestic violence found that methamphetamine users were more likely to perpetrate domestic violence than non-users, there was a high prevalence of domestic violence among methamphetamine users, and methamphetamine use was frequently present along with other risk factors; the study concluded that methamphetamine use likely exacerbates, rather than causes, violent behaviour.<sup>306</sup>

**Non-stimulants (such as marijuana and heroin):** Cafferky, Mendez, Anderson and Stith’s meta-analysis found that cannabis was associated with perpetrating IPV with a mean effect size that was “*on par with ‘harder’ substances more typically associated with IPV*”, which could be because marijuana withdrawal symptoms are linked to irritability, aggression and anger.<sup>307</sup> In contrast, heroin was the only drug type not significantly related to IPV, which might be due to “*heroin’s analgesic and sedative pharmacological properties*”.<sup>308</sup> However, the aggregated effect sizes for stimulant vs non-stimulant drug use were not significantly different.<sup>309</sup>

### **Theories of how drug use impacts domestic abuse**

There is limited evidence on the mechanisms linking drug use and domestic abuse.<sup>310</sup> The evidence available indicates that it is the pattern of problematic or dependent use that is the most significant driver of domestic abuse, but there may also be drug-specific effects related to the type of substance.<sup>311</sup> Drug dependence is associated with a number of psychological, physical and lifestyle impacts that could place stress upon individuals and couples beyond the immediate impact of intoxication. One laboratory study found that drug use severity moderated the relationship between intimate partner violence (IPV) and conflict resolution behaviours in couples, even when the couples were not under the influence of substances.<sup>312</sup> Cafferky, Mendez, Anderson and Stith (2018) point out that the sociocultural context of illicit drug use may differ from alcohol use due to the culture associated with the supply of illegal drugs.<sup>313</sup> Gilchrist et al. (2019) identify a range of potential mechanisms by which drug dependence can increase risk for perpetrating abuse, such as an increased likelihood for violence between partners when one or both are experiencing withdrawal due to increased irritability when craving a substance or anger at a partner’s failure or refusal to procure drugs.<sup>314</sup>

### Substance misuse in the context of an intimate relationship

Substance misuse and domestic abuse issues may manifest in interconnected ways in the context of a couple's relationship. There is a growing call to move beyond the traditional, individual-centred models of substance use-related IPV and to instead understand it as a dyadic phenomenon dependent on the characteristics of both partners in a relationship.<sup>315</sup>

In a compelling meta-ethnography examining couples in which one or both partners in a relationship are misusing substances, researchers described many different ways abuse could manifest, including: creating conditions of economic deprivation by spending or stealing family resources to fund substances; using substances as a bargaining tool to coerce sex; expecting the victim to provide them with money for drugs and taking a disproportionate share of drugs; using a victim's substance use to demean them through emotional abuse; forcing a victim to trade sex for money or drugs; and attempting to undermine the victim's sobriety and recovery by controlling their medication, treatment, and access to resources and support.<sup>316</sup> There also appeared to be a subtler form of everyday abuse inherent in being hypervigilant to a partner's unpredictability based on their intoxication levels, which survivors described as an exhausting form of abuse in itself.<sup>317</sup>

A study of married couples indicated that each partner's alcohol use severity independently and interactively contributed to the risk of any violence from husband to wife, with the most frequent violence occurring if both partners drank heavily.<sup>318</sup> However, wives' perpetration of violence was predicted by their husband's heavy drinking rather than their own.<sup>319</sup> Discrepancies in drinking patterns between spouses did not predict partner violence, although this has been found to be a factor in previous studies.<sup>320</sup>

### Perceptions of the role of substance use in domestic abuse

Qualitative research highlights a divide in how practitioners, victims and perpetrators perceive the role of substances in domestic abuse. In a UK-based qualitative study of practitioners who deal with victims and/or offenders of IPV, 11 of 12 said alcohol was used to 'excuse' unacceptable behaviour or as a contributory factor; none described alcohol as the cause.<sup>321</sup> Some also talked about alcohol as offering perpetrators a 'shield' which allowed them to distance themselves from their behaviours by claiming their drinking led them to do things they otherwise would not do.<sup>322</sup> Consistent with practitioners' perceptions of perpetrators, in a UK-based qualitative study of ten male perpetrators of domestic abuse, many of the men talked about the role of substances (including both alcohol and drugs) causally – utilising what researchers called the 'demon drink' narrative to "explain the turn from 'caring', 'calm' and 'chilled' people, into 'angry', 'unpredictable' and 'violent' people".<sup>323</sup>

In contrast, a meta-ethnography on views of survivors and perpetrators of domestic abuse found that victims of abuse tend to view intoxication and withdrawal as part of a larger pattern of abusive behaviour rather than the 'cause' of abuse. This was a different view from perpetrators, who described a causal relationship between intoxication and discrete incidents of violence.<sup>324</sup>

Perceptions of the victim's substance misuse also could play an important role in domestic abuse dynamics. One commentary warned that if the victim, perpetrator or third party attributed the abuse in part to the victim's drinking, this could increase the victim's self-blame, the perpetrator's self-justification, delay the victim's attempts to seek help and may make third parties less likely to intervene.<sup>325</sup> Indeed, in the meta-ethnography of couples, researchers found that: "*In contexts where both partners were substance users, the vulnerability this cycle instilled was often projected back as disgust onto female partners who were cast as bad mothers, addicts or sexually 'loose'. When some perpetrators discussed their partner's substance use, they described violence as a way of disciplining or even helping them to abstain from substances*".<sup>326</sup> Another study similarly suggested that perpetrators may perceive their partners "to be a more 'deserving' victim because they have been drinking".<sup>327</sup> Thus, perceptions of a victim-survivor's substance misuse may shift the responsibility away from the perpetrator and onto the victim.

Bridging the gap between the various perceptions of practitioners, victims and perpetrators on the relationship between substance use and domestic abuse has important implications for treatment: as Gilchrist et al. (2019) concluded, perpetrator interventions "*should focus on how they describe their own and, where relevant their partner's, substance use as these descriptions often justify and sustain IPV perpetration*".<sup>328</sup>

## The relationship between trauma and domestic abuse perpetration

As discussed in the introduction, trauma encompasses both exposure to potentially traumatic experiences as well as the psychological impact of such experiences. What constitutes a ‘traumatic’ experience is a matter of debate. The DSM-5 definition of trauma requires “*actual or threatened death, serious injury, or sexual violence*” and in the ICD-11, PTSD requires exposure to “*an extremely threatening or horrific event or series of events*”.<sup>329</sup> In recent years, the notion of traumatic experiences has broadened to include ‘Adverse Childhood Experiences’ (ACEs).<sup>330</sup> ACEs include not just direct experiences of abuse, but also exposure to adverse family circumstances such as having a parent in prison or a parent with a mental illness.<sup>331</sup> Many have argued for an even broader definition of ACEs to include exposure to a range of adversities, such as poverty and racial discrimination.<sup>332</sup> Several studies indicate that exposure to ACEs may have a pathogenic influence on human development, leading to a range of physical, psychological and social disadvantages, although the mechanisms by which this occurs are a matter of ongoing debate.<sup>333</sup> The association between ACEs and trauma is rooted in an understanding of the vulnerability of the developing mind to a range of stressful and disturbing experiences, and we have therefore included ACEs in this review.<sup>334</sup>

The concept of traumatisation carries its own nuances. For several years, this has been associated with psychiatrically defined diagnoses and symptoms, such as PTSD. However, many have pointed out that the psychological sequelae of trauma are much broader than PTSD and include more profound problems with emotion, consciousness, relationships and self-regulation.<sup>335</sup> The term ‘complex trauma’ has therefore come to describe the various types of mechanisms by which trauma has an enduring impact on the mind and body.<sup>336</sup>

### Adverse and traumatic experiences in childhood

#### Intergenerational transmission

A significant body of evidence comes from intergenerational patterns of violence, originating within a social learning framework.<sup>337</sup> While not necessarily identifying ‘trauma’ as playing a role in the transmission of violence, the literature nonetheless provides evidence that exposure to violence within the home during childhood significantly increases the chances of later perpetrating violence towards partners. A number of meta-analyses and systematic reviews have found evidence in support of intergenerational patterns of violence.<sup>338</sup> The magnitude of the relationship varies, with some finding that those exposed to intimate partner violence (IPV) in childhood have up to a fourfold increase in risk of perpetrating IPV in adulthood.<sup>339</sup>

This cross-generational pattern of violence has been viewed as supportive of the social learning theory that children learn violent behaviour through modelling by their parents. However, while children exposed to violence are more likely to go on to perpetrate violence within relationships than those who are not, most children exposed to violence do not become violent in adulthood themselves.<sup>340</sup> Moreover, exposure to violence is only one of a number of childhood adversities associated with IPV perpetration,<sup>341</sup> which suggests that social learning is not the only mechanism by which childhood experiences influence later IPV perpetration and that other factors play an important role in determining which children are vulnerable to becoming violent themselves.

#### Adverse childhood experiences and child maltreatment

Meta-analyses and systematic reviews looking at a range of risk factors have found that all forms of child maltreatment, including sexual abuse and emotional abuse, are associated with domestic abuse perpetration, with small but significant effect sizes.<sup>342</sup> The effect sizes for experiencing direct abuse in childhood are similar to those for witnessing domestic violence in childhood.<sup>343</sup> Child neglect is also predictive of domestic abuse perpetration, but with a weaker relationship than witnessing domestic violence or experiencing child abuse.<sup>344</sup> Although concerns have been raised about the cross-sectional and retrospective nature of much of the data, a review of 25 prospective longitudinal studies also found that exposure to abuse in childhood was a consistent predictor of domestic abuse perpetration.<sup>345</sup>

A number of studies have found that perpetrators of domestic abuse report elevated rates of childhood abuse<sup>346</sup> and adversity,<sup>347</sup> and that those exposed to maltreatment exhibit higher rates of domestic abuse perpetration.<sup>348</sup> This relationship between maltreatment in childhood and later IPV perpetration has been found in both men and women.<sup>349</sup> However, female perpetrators have very high rates of domestic abuse victimisation<sup>350</sup>, which is also associated with previous abuse in childhood.<sup>351</sup> As such, it is difficult

to be clear about the relationship between childhood trauma and IPV perpetration in women. Evidence for differential gender effects are mixed, with some studies finding a stronger relationship between exposure to violence in childhood and later perpetration in males<sup>352</sup> while some studies have found stronger evidence of intergenerational transmission for females,<sup>353</sup> and there are some equivocal findings regarding sex-specific effects of exposure to violence in childhood.<sup>354</sup> It is recognised that gender effects are likely complex given the variability of gender composition of families and due to the overlap between victimisation and perpetration; as Kimber et al. (2018) point out, “*the association between child exposure to IPV and perpetration of IPV in adulthood may vary according to the respondent’s gender, the gender of their partner, the gender of the offending caregiver*”, as well as the types and frequency of IPV exposure in childhood and later perpetration.<sup>355</sup>

A recent meta-analysis found that all types of child maltreatment are predictive of later domestic abuse perpetration and each type of maltreatment is not restricted to the corresponding type of domestic abuse; childhood psychological and sexual abuse in particular have been linked with all forms of domestic abuse later in life.<sup>356</sup> This is further evidence that the impact of childhood adversity upon later perpetration of abuse goes beyond modelling and social learning.

Kimber et al. (2018) note that childhood exposure to domestic abuse for example could take many forms (e.g. seeing, hearing, knowing about), as could the type of abuse they are exposed to (e.g. emotional, physical, financial) and these dimensions may impact children differently.<sup>357</sup> In reality, families often have multiple problems with children exposed to a range of adversities, and studies often do not control for concurrent types of harm nor the severity of the harm. In one study, the relationship between witnessing parental violence and later domestic abuse perpetration was rendered non-significant when controlling for exposure to direct violence.<sup>358</sup> It may be that the type of abuse experienced is less important than the cumulative experience of abuse and adversity. There is converging evidence for a dose-response relationship between the number of childhood adverse experiences and a range of adult psychosocial outcomes,<sup>359</sup> including domestic abuse perpetration.<sup>360</sup>

It is difficult to tease apart the impact of childhood trauma from other potentially relevant childhood experiences. For example, parents who expose their children to abuse may struggle with providing consistent boundaries, something that is associated with development of conduct disorders in childhood and also predictive of domestic abuse perpetration.<sup>361</sup> Other childhood and adolescent experiences such as low parental supervision or involvement<sup>362</sup> and bullying have also been shown to impact upon later IPV perpetration.<sup>363</sup> A holistic developmental lens may be needed to understand how childhood experiences interact to lead to domestic abuse perpetration.

### Adverse and traumatic experiences in adulthood

While much of the evidence base is on traumatic events in childhood, traumatic events can also occur in adulthood. There is a great deal of evidence linking exposure to military combat and domestic abuse perpetration.<sup>364</sup> However, while there may be commonalities between combat and other kinds of adult trauma, there are also aspects to combat trauma and military lifestyles that may limit the generalisability to civilian populations.<sup>365</sup>

Evidence suggests that experiences of trauma during adulthood could contribute to domestic abuse perpetration: perpetrator populations have high rates of not just childhood trauma, but also trauma in adolescence and adulthood.<sup>366</sup> Evidence suggests that men perpetrating domestic abuse are likely to have experienced multiple traumas over their life course: a US study of men participating in a perpetrator programme found that 62% reported more than one type trauma and 27% reported four or more.<sup>367</sup> In a study looking at both childhood and adulthood exposure to trauma in Northern Ireland, a cumulative effect was found: each additional trauma was associated with a 24% increased odds of causing injury in a domestic violence context.<sup>368</sup> These data highlight the importance of taking into account exposure to trauma across the lifespan and point to a need to understand the cumulative impact of repeated traumatisation.

Domestic abuse victimisation itself is a major source of adult trauma, and one of the strongest predictors of domestic abuse perpetration is being subjected to domestic abuse.<sup>369</sup> This is particularly the case for women who perpetrate domestic abuse, the vast majority of whom have experienced, or are experiencing, IPV themselves.<sup>370</sup> Female victims of IPV are known to have high levels of PTSD, and it is suggested that female acts of violence are often driven by fear and self-defence.<sup>371</sup>

As with childhood experiences, the impact of adult trauma is moderated by a number of factors such as social support,<sup>372</sup> resilient coping responses,<sup>373</sup> parental trauma<sup>374</sup> and previous exposure to childhood trauma and adversity, among many other factors and therefore needs to be considered within an individual's life course and wider familial and community context.<sup>375</sup>

## Mechanisms linking adverse experiences to domestic abuse perpetration

A number of possible mechanisms could account for the relationship between exposure to adverse events and later perpetration of domestic abuse, and not all of these are trauma-related as such (e.g. social learning theory). However, there is a growing body of evidence linking trauma-related psychological phenomena to domestic abuse perpetration.

### Trauma-related mental health conditions

One possible mechanism linking exposure to adverse experiences and domestic abuse perpetration is Post-Traumatic Stress Disorder (PTSD): PTSD is associated with domestic perpetration,<sup>376</sup> and elevated rates of PTSD symptomology have been found in perpetrator populations relative to comparison groups and population base rates.<sup>377</sup> PTSD symptoms have also been associated with perpetration of more frequent and severe intimate partner violence (IPV).<sup>378</sup>

PTSD is not the only trauma-related diagnosis associated with domestic abuse perpetration: Borderline Personality Disorder (BPD) has also been robustly associated with domestic abuse perpetration in both heterosexual and lesbian relationships and those with BPD are likely to perpetrate more severe and frequent domestic abuse.<sup>379</sup> Both BPD and PTSD are associated with exposure to traumatic experiences,<sup>380</sup> and there is a high overlap between the conditions.<sup>381</sup> In a recent meta-analysis, the relationship between domestic abuse perpetration and BPD was stronger than it was for child abuse or for PTSD.<sup>382</sup>

Others note the importance of dissociation: dissociation is commonly associated with childhood trauma and is often experienced as a detachment from emotion or consciousness.<sup>383</sup> A high percentage of individuals with Dissociative Disorders report being in abusive relationships as both victims and perpetrators, with perpetrators reporting dissociative experiences during incidents of violence.<sup>384</sup>

Complex trauma has received relatively less attention in the literature likely because the developments in the diagnostic frameworks are relatively new. A new diagnosis of Complex PTSD (CPTSD)<sup>385</sup> and an expanded definition of PTSD, have been implemented to account for the wider range of emotional and interpersonal consequences of chronic and repeated trauma.<sup>386</sup> PTSD, BPD and CPTSD are overlapping conditions which may reflect a spectrum of responses to trauma exposure, all of which may have relevance to domestic abuse perpetration through their impact upon emotional and interpersonal functioning.<sup>387</sup> Cascardi and Jouriles (2018) suggest that 'complex trauma' provides a single conceptual framework to explain how child maltreatment leads to domestic abuse perpetration by accounting for the range of emotional and interpersonal difficulties observed in perpetrators.<sup>388</sup>

### Attachment

Attachment patterns develop in early childhood through one's relationships with their caregivers.<sup>389</sup> Secure attachment has been described as our 'psychological immune system'<sup>390</sup> and is found to be associated with healthy emotional and behavioural development.<sup>391</sup> The development of secure attachment in childhood can be disrupted by caregivers who are absent, fearful or frightening,<sup>392</sup> resulting in insecurity in attachment relationships. Given that attachment insecurity specifically impacts intimate partner relationships, their relevance to domestic abuse has been highlighted by several authors.<sup>393</sup>

Secure attachment in childhood contributes to healthy adult relationships,<sup>394</sup> and is found to be protective against domestic abuse perpetration.<sup>395</sup> Several studies have identified an association between insecure attachment styles and domestic abuse perpetration<sup>396</sup> and recent meta-analyses found significant associations between insecure attachment styles and domestic abuse perpetration in both heterosexual<sup>397</sup> and same sex couples.<sup>398</sup> Anxious and avoidant styles of attachment have been implicated in domestic abuse perpetration; anxious attachment in particular was associated with all types of perpetration, with larger effect sizes for general, sexual and psychological violence than for physical abuse.<sup>399</sup> Attachment styles may lead to domestic abuse in a number of ways. For example, those with anxious attachment may struggle to tolerate distance from partners, using violence to keep them

close,<sup>400</sup> or violence may emerge when partners' attachment styles are mispaired with one another.<sup>401</sup> Moreover, secure attachment is protective in the context of trauma.<sup>402</sup> Individuals with both attachment and trauma-related difficulties may therefore be particularly at risk. Attachment may therefore provide a developmental framework linking childhood adversity to the emotional reactions in adulthood that cause people to become violent in their intimate relationships. Velotti et al. (2020) point out that an attachment-based perspective may be needed to help some perpetrators understand their relationship patterns, and that a responsive therapeutic relationship may be a vehicle through which to learn this.<sup>403</sup>

### Cognitive and emotional processing

There is increasing interest in the underlying cognitive and emotional processes that might mediate the relationship between trauma exposure and domestic abuse.<sup>404</sup> Childhood complex trauma<sup>405</sup> has been associated with psychological and biological impairments which affect a range of cognitive and emotional processes including attention, awareness (dissociation), emotional regulation, information processing, language, perception, behavioural control and executive function.<sup>406</sup> Brain imaging suggests that children exposed to maltreatment adapt at the neurocognitive level to the adverse environments they grow up in, which leads to a 'latent vulnerability' causing social and emotional problems later in life.<sup>407</sup>

Similarly, trauma during adulthood, resulting in conditions such as PTSD, also affects cognitive and emotional processing by distorting beliefs and perceptions of threats, potentially triggering strong emotional reactions.<sup>408</sup> Several trauma theorists argue that trauma conditions the mind and body to be hyper-responsive to threat, leading to problems with emotional regulation and triggering self-protective reflexes.<sup>409</sup> Taft, Murphy and Creech (2016) comment on the body of research that indicates adults with PTSD are "*physiologically and cognitively wired to misperceive social cues and thus inappropriately respond with aggression*" leading to a "*lower threshold for responding to threat*".<sup>410</sup> They describe research which suggests that hyperarousal and social information processing problems are associated with the development of domestic abuse.<sup>411</sup>

Voith, Logan-Greene, Strodthoff and Bender (2020) similarly note that trauma exposure may have a range of 'top down' (i.e. cognitive) and 'bottom up' (i.e. emotional) impacts on perpetrators that may make them susceptible to threat triggers and more likely to engage in aggression.<sup>412</sup> They argue that cognitive and psychoeducational interventions alone will not address problems rooted at the emotional level. They also point out that these same cognitive and emotional difficulties may affect perpetrators' ability to take on board information in intervention programmes. Taft, Murphy and Creech (2016) also point out that trauma-related difficulties are likely to impede engagement in treatment due to mistrust of relationships, sensitivity to shame and problems with emotional regulation.<sup>413</sup> Both argue for a trauma-informed approach to facilitate engagement and to address the trauma-related drivers of domestic abuse perpetration, as interventions that focus on 'confronting' men with their behaviour may trigger disengagement, ultimately rendering treatment ineffective.<sup>414</sup>

### Integrating theoretical frameworks: linking trauma, substance use and domestic abuse

The roles played by substance use and trauma within domestic abuse perpetration have been largely neglected until recent years.<sup>415</sup> There is now increasing recognition that both are important in understanding domestic abuse perpetration and in delivering effective treatment. However, there is little attention in the literature on how these two factors may overlap and interact with each other. This is despite the fact that there is a significant body of evidence linking substance misuse with trauma<sup>416</sup> and existing models for integrated treatment of trauma and substance misuse.<sup>417</sup>

Like with domestic abuse perpetration, adverse childhood experiences are also associated with increased risks of using and misusing alcohol and drugs.<sup>418</sup> A number of authors argue for a developmental framework which considers how early life experiences affect biological and psychological development, and how this is then shaped by a person's environment.<sup>419</sup> In this context, problems such as substance misuse and domestic abuse could be seen as inter-related outcomes of common biological and psychological processes stemming from experiences of trauma. Anda et al. (2006) argue that the evidence from the ACEs research has "*the potential to unify and improve our understanding of many seemingly unrelated, but often co-morbid health and social problems that have historically been seen and treated as categorically independent in Western culture*".<sup>420</sup>

Trauma and substance misuse may converge to greater or lesser degrees in individuals at risk of perpetrating domestic abuse. Within the psychopathology-based typologies research for example, the generally violent/antisocial group were both more likely to have the most significant histories of childhood trauma, as well as to have the most severe substance misuse difficulties.<sup>421</sup> Nonetheless, substance use and misuse may still have relevance for those with less trauma-related psychopathology who perpetrate situational couple violence, but the role that substances play may be different.<sup>422</sup>

The relationships between trauma, substance misuse and domestic abuse may also interact with the characteristics and trauma experiences of one's partner. Gadd et al. (2019) argue that there are 'complex interdependencies' between substance misuse and domestic abuse within couples as they each try to manage the 'emotional pain' of past experiences.<sup>423</sup> Using case examples, he illustrates how *"[s]imilar experiences of child abuse, mental health problems and drug dependency were sometimes part of the story of intimacy that held these couples together despite grievous domestic abuse"*.<sup>424</sup>

The intersection between trauma, substance misuse and domestic abuse is rich with opportunities for developing our understanding of domestic abuse. The overall message is that these factors are interlinked both epidemiologically and aetiologically, and that both trauma and substance misuse are relevant to the prevention and treatment of domestic abuse. Unfortunately, despite this, much research, theory and treatments still tend to focus on 'single issue' risk factors. Integration of substance use and trauma into existing models of theory and treatment is recent and has yet to substantively find its way into mainstream practice.



# III. Exploring Family Drug and Alcohol Court (FDAC) Practitioners and judges' perspectives on domestic abuse

Alongside our literature review, we undertook an exploratory, qualitative study which sought to explore how FDAC practitioners and judges perceive the driving factors of domestic abuse perpetration in the families they work with. We sought to deepen our understanding of how the relationships between trauma, substance misuse and domestic abuse perpetration are perceived and understood by practitioners working in an integrated service which seeks to address the three issues side by side. We also aimed to generate insights to support the further development of integrated approaches working with domestic abuse perpetrators, exploring how FDAC services approach the delivery of interventions and safety planning.

Although FDAC was initially developed to address substance misuse issues in care proceedings and domestic abuse is not a prerequisite for referral into FDAC, domestic abuse is very common among families going through FDAC.<sup>425</sup> Where domestic abuse is present, FDACs work to address it through an integrated, multidisciplinary approach.<sup>426</sup>

A promising evidence base indicates that parents going through FDAC, a significant proportion of whom experience domestic abuse issues, are more likely to be reunified with their children and less likely to experience further abuse and neglect compared to similar families in standard care proceedings; this suggests that FDAC is an effective way of addressing domestic abuse.<sup>427</sup>

## Key messages

### **1. FDAC practitioners and judges perceive domestic abuse to be highly prevalent in FDAC and observed the full spectrum of typologies and behaviours in their caseload.**

Practitioners and judges perceived domestic abuse to be highly prevalent in FDAC and to present in some form across almost every case. There was awareness that domestic abuse could manifest as a current issue or as a historic one. Perceptions of domestic abuse perpetration in the FDAC caseload were gendered and most participants reported domestic abuse being perpetrated primarily by males against females, although there was also a broad understanding that many parents both experienced and were responsible for abuse in their relationship. In terms of typologies present in FDAC, participants mainly differentiated between seeing intentional male-to-female coercive and controlling behaviour versus alcohol fuelled situational couple violence. Domestic abuse in the FDAC caseload was generally perceived to present in a similar way to standard care proceedings.

### **2. The experience of going through care proceedings was perceived by FDAC teams to have the potential to escalate existing domestic abuse issues in families in a range of ways.**

The experience of care proceedings was widely observed to aggravate domestic abuse issues within families in a range of ways, including creating additional stress for families, inhibiting disclosure and increasing risks of parental separation through victim-survivors growing in awareness and agency.

### **3. FDAC practitioners and judges adopted a multifaceted view of the factors driving domestic abuse perpetration and the interrelationships between drivers.**

Practitioners and judges were aware that the drivers of domestic abuse perpetration are complex and multifaceted and can present differently across cases. Unresolved traumatic experiences were perceived to underlie domestic abuse perpetration through altering emotional regulation, attachment style and

contributing to mental health conditions. Both domestic abuse perpetration behaviours and substance misuse issues were perceived to be strategies employed to cope with trauma and its effects. Substance misuse issues were largely seen to contribute to domestic abuse perpetration through pharmacological effects on behaviour, physical dependency and straining finances. Participants also observed that learned beliefs and values, specific mental health conditions, individual risk factors and environmental aggravators factored into domestic abuse perpetration behaviours. Participants recounted that domestic abuse perpetrators in FDAC were often unaware that traumatic experiences were driving their behaviour and initially attributed their perpetration to the effects of substances or victim-survivor behaviour. Practitioners also remarked that perpetrators' perceptions of the drivers of their behaviour often changed throughout FDAC as they grew in awareness about the impact of trauma.

#### **4. FDAC teams address domestic abuse perpetration holistically, considering interrelated issues and whole family dynamics when formulating interventions.**

Judges and practitioners thought that the full scope of interventions offered in FDAC could work to address domestic abuse perpetration both directly or indirectly. FDAC cases were formulated in a way which took into account the interconnectedness of issues parents were experiencing and selected and sequenced a tailored set of interventions to respond to those issues. Domestic abuse perpetration was directly addressed in one-to-one sessions with a specialist key worker, this was sometimes supplemented by a referral into an externally run group and some couples work in appropriate instances. Practitioners and judges felt that the specialist domestic abuse work in FDAC was complemented by specific interventions addressing substance misuse and trauma as well as general interventions which aimed to improve psychoeducation and motivation. Victim-survivor interventions were perceived by some to be a strategy for addressing domestic abuse perpetration; they were observed to work by supporting victim-survivors to grow in agency and in some instances take action to separate from the perpetrator.

#### **5. FDAC adopts a distinctively holistic and dynamic approach to manage risk compared to standard care proceedings.**

FDAC teams employ a range of strategies to assess and manage risk throughout proceedings, such as by conducting thorough and dynamic risk assessments, devising individualised safety plans for each parent and managing how non-lawyer review hearings are delivered. A key theme which emerged was that considerations around managing safety were often different for single parents, separated parents and couples going through FDAC.

#### **6. FDAC judges perceived the process of making decisions about families experiencing domestic abuse in FDAC as being different to standard care proceedings.**

Judges observed that the decision-making process in FDAC was different to standard proceedings, observing that they had access to more holistic information about parents' progress and could observe changes in the parent directly in non-lawyer reviews. Decisions also tended to be based on changes a parent had made during their trial for change in FDAC rather than assessments of 'where the parent is at right now', which typically formed the basis of decision-making in standard care proceedings.

#### **7. Participants were of the view that domestic abuse issues were most commonly resolved through safe separation rather than perpetrator behaviour change in FDAC.**

Judges and practitioners felt it was still the norm for the family experiencing domestic abuse issues to have a child returned due to parents safely separating rather than a perpetrator achieving behaviour change in FDAC. Many attributed this to the fact that there had only recently been interest in developing the FDAC model to address domestic abuse and that the FDAC approach was still being refined in this area.

## **8. FDAC was unanimously perceived to address domestic abuse perpetration more effectively than existing perpetrator programmes and standard care proceedings.**

The majority of participants were of the view that the FDAC approach was more effective for addressing domestic abuse perpetration than standard care proceedings. FDAC was felt to be more effective due to its joined up, holistic, individualised, therapeutic and whole family approach to addressing domestic abuse perpetration which resulted in parents feeling more engaged and less stigmatised by professionals. However, FDAC was not perceived to be a silver bullet for addressing domestic abuse perpetration, and a range of factors which hampered its effectiveness were also discussed such as the limited timescales of FDAC, difficulties engaging perpetrators, lack of effective community interventions to compliment FDAC, resourcing issues and issues around parents disclosing domestic abuse during proceedings. They noted that FDAC might not effectively address all domestic abuse types and behaviours.

In contrast to FDAC, existing perpetrator programmes were perceived to typically be 'one-size-fits-all' in their approach. Perpetrator programmes mentioned were delivered in a manualised group format and were only accessible to men perpetrating domestic abuse. It was felt that this mode of delivery did not suit all perpetrators and that the content of these projects focussed overly on addressing behaviours rather than the factors driving them. Some participants identified a gap in the provision of interventions and noted there was nothing currently available that had been designed to support parents who were both responsible for and experiencing domestic abuse.

## **The Aims and ethos of FDAC**

FDAC is rooted in the idea of problem-solving justice, in which courts use their authority to address the complex social issues that bring people before them. Underpinned by the principles of therapeutic jurisprudence, the FDAC model seeks to be participatory and to encourage the voice of the parent to be heard in court. Parents attend regular non-lawyer review hearings with a dedicated, specially trained judge where they are encouraged to openly discuss their progress and challenges.

Alongside their enhanced engagement in court, parents are supported by a multidisciplinary intervention team. The FDAC team develop a tailored intervention plan for each family which seeks to address parental substance misuse and other interrelated issues such as domestic abuse and mental health, employing a relationship-based, trauma-informed approach.

Alongside the intervention programme, the FDAC team work with the judge to test whether the family can make the required change in a timescale compatible with children's needs for a timely permanent placement. This involves regular, dynamic assessment of parents, providing the court with 'real time' evidence of parents' capacity to change and continually assessing the issues affecting families.

FDAC seeks to achieve long-term safety and stability for the children through supporting parents to achieve sustainable behaviour change, build a child-centred lifestyle and address embedded trauma. If children are not returned home to parents at the end of FDAC, FDAC's commitment is to encourage parents to keep trying to overcome their difficulties so that they can continue to play a role in their children's lives, where appropriate, and be able to care safely for any future children.<sup>428</sup>

# Methodology

## Research objectives

This qualitative research sought to:

1. Better understand how FDAC practitioners and judges perceive the factors that drive domestic abuse perpetration.
2. Explore how FDACs currently address domestic abuse issues.
3. Explore how consideration of domestic abuse issues factor into decisions made by FDAC teams about families throughout and at the end of court proceedings.

## Sample

Twenty interviews with practitioners and judges from four FDAC sites took place between December 2021 and April 2022.

Two participants were male and 18 were female. Length of experience working in FDAC varied within the sample, ranging from one year of experience to ten years of experience.

The sample included four judges, four team managers, two clinical leads and ten practitioners with key working responsibilities. Practitioners had a variety of specialisms and backgrounds spanning social work, probation, mental health, domestic abuse and substance misuse.

Of the practitioners specialising in domestic abuse, four participants worked primarily with perpetrators and six worked mainly with victim-survivors.

All judges heard both FDAC and non-FDAC public family law cases. The proportion of FDAC cases within the judges' overall caseloads varied, ranging from judges typically having one FDAC case within their overall caseload to some judges having dedicated days of the week on which they only heard FDAC cases.

## Fieldwork approach

Twenty semi-structured interviews were conducted via a video-conferencing platform, each lasting approximately one hour. A semi-structured approach was selected to ensure that the main research objectives were covered in the interview, but also allowed scope to explore themes that emerged spontaneously in the interview.

The topic guide included eight key questions asked to all participants as well a list of optional follow-up prompts and probes to use after exploring the participants' initial responses. The list of prompts and probes as well as the ordering of the key questions were refined and expanded throughout the interviews in light of how participants responded to them and the content of emerging findings.

## Ethics

All participants were supplied with information about the study's objectives and provided their consent to participate prior to the interview. All interviews were recorded and transcribed. Video recordings were deleted upon completion of fieldwork. Prior permission to interview FDAC judges was obtained from the judicial office.

## Analysis

An initial coding framework was developed based on the questions in the topic guide and emerging findings from the first six interviews. This framework was reviewed internally by the research team as well as by the external advisory board. New themes were added to the coding framework in light of the emerging themes from the remaining interviews. The interview transcripts were coded according to the framework using the programme Dedoose.

# Findings

The final analysis identified the key themes emerging across all sites and highlighted notable differences in perceptions according to site and role type.

The findings of the research are presented in seven parts. First, practitioners' and judges' perceptions of the nature and prevalence of domestic abuse within the FDAC caseload will be explored followed by a discussion of how practitioners perceived the experience of care proceedings to impact domestic abuse in families. This will be followed by a section which addresses how FDAC teams perceive the driving factors of domestic abuse perpetration. The following three sections will examine how FDAC addresses domestic abuse perpetration, both through intervention formulation, delivery and safety planning as well as how FDAC teams make decisions about families experiencing domestic abuse. Finally, perceptions of the strengths and limitations of the FDAC approach to address domestic abuse perpetration will be discussed.

## The nature and prevalence of domestic abuse in the FDAC caseload

To contextualise practitioners' and judges' perceptions of the drivers of domestic abuse, we asked them to describe their professional understanding of domestic abuse and to report on their experiences of the types of domestic abuse which typically present in FDAC families. Practitioners and judges exhibited a broad understanding of domestic abuse types and behaviours and perceived domestic abuse to be highly prevalent within the FDAC caseload. Most participants reported encountering the full spectrum of domestic abuse types and behaviours within FDAC, though the prevalence of certain domestic abuse types and behaviours varied across sites. Both judges and practitioners were also keenly aware of how the experience of going through care proceedings might alter or aggravate domestic abuse in families in a range of ways.

### Working definitions of domestic abuse issues

To inform our interpretation of participant views, we sought to explore their understanding of what is meant by 'domestic abuse.' Working definitions of domestic abuse were consistent across practitioners from all sites. All acknowledged that domestic abuse could be physical, emotional, financial, sexual or relate to coercive and controlling behaviour. The majority of practitioners stated that domestic abuse mainly occurred in intimate partner relationships, although some practitioners mentioned that domestic abuse could also happen in relationships with other family members, friends or acquaintances. Several practitioners and judges felt that domestic abuse referred to a relationship dynamic which caused harm, discomfort or feelings of unsafety to at least one person in the relationship. Some also defined domestic abuse as relating to an unequal balance of power in an intimate partner relationship.

Several practitioners did feel that their definitions of domestic abuse had changed throughout their careers and that the range of behaviours they associated with domestic abuse had expanded to include behaviours other than physical abuse. Some practitioners attributed the change in their definition of domestic abuse to the FDAC approach, whereas other practitioners felt that their definition had expanded in recent years due to new research into domestic abuse and wider policy changes around how domestic abuse is conceptualised.

*" I think, back in the day, domestic abuse was just seen as somebody being physically violent to somebody else.*

[Team Manager]

*" Yeah, I think when I first started doing this kind of work, I think my understanding of it would have been a lot more simplistic. The richness of expertise in that part of the FDAC team is just brilliant. Over the years I've been able to work with colleagues and have conversations where I think my understanding has just broadened.*

[Practitioner]

## Prevalence of domestic abuse issues within FDAC

All practitioners agreed that domestic abuse issues were highly prevalent in the FDAC caseload and were either directly or indirectly present in every case.

*“ I think there is an element of domestic abuse in all cases that we take through FDAC. I don't think we've ever had a case where it hasn't been a relevant factor.*

[Team Manager]

The majority of practitioners felt that while some families had ongoing domestic abuse issues when entering FDAC, historic domestic abuse was more common. Practitioners understood that historic domestic abuse could refer to domestic abuse that had previously occurred in a present relationship, domestic abuse that had occurred in a previous relationship or domestic abuse issues within another relationship (such as childhood experiences of witnessing domestic abuse) which had affected the parent.

Judges tended to perceive domestic abuse issues as less prevalent than FDAC practitioners did. Most judges perceived domestic abuse issues to present in around 50–60% of cases. However, most judges remarked on seeing an increase in domestic abuse cases in FDAC recently due to changes in the referral criteria.

*“ We didn't really have any domestic abuse cases until about a year ago. But based on what I have on now, I think it's probably a factor in about half of them, I would say roughly.*

[Judge]

Perceptions of the prevalence of different types of abuse varied between sites. Some sites perceived their caseload to consist mostly of mutual situational couple violence, and other sites reported seeing domestic abuse that was largely perpetrated by males against females resembling coercive control in its presentation. Some sites reported that physical abuse was the main domestic abuse issue in the caseload, whereas other sites reported seeing more emotional abuse and coercive and controlling behaviour in FDAC.

*“ I think we have had a couple of mutual couple violence cases. But I would say, in the main, it is still largely male perpetrators.*

[Practitioner]

## Domestic abuse behaviours in FDAC

Both judges and practitioners reported observing a broad range of domestic abuse behaviours in FDAC. Examples of physical abuse in FDAC included hitting, shoving, spitting, breaking a partner's things, and slamming doors. Emotional abuse was largely perceived to refer to verbal insults, put-downs and gaslighting, which was perpetrated both in-person and online/via text messages. Financial abuse largely related to the perpetrator controlling the household finances or extorting finances from their partner. Instances of sexual abuse were also mentioned and pertained to rape, sexual violence and instances of non-fatal strangulation.

*“ It's the full spectrum of behaviour. So, that will cover everything, from physical assault, sexual assault, general monitoring, emotional put-downs, isolation, separation from families, emotional control, guilt-tripping, using the children. Lots of minimisation, denial, blame and general avoidance of responsibility.*

[Practitioner]

## Domestic abuse typologies in FDAC

Participants identified different domestic abuse typologies within the FDAC caseload. While some practitioners reported that Johnson's typologies had influenced how they thought about the domestic abuse dynamics that presented in the caseload, other practitioners felt that their understanding of typologies was rooted in their experience of working with families.

Practitioners and judges largely associated specific gender dynamics with different domestic abuse typologies. Coercive and controlling behaviour was perceived as typically being perpetrated by a male partner against a female partner and thought of as an intentional and pervasive pattern of behaviour. Males were also generally perceived to be the primary perpetrator within situational couple violence type dynamics. Domestic abuse where the perpetrator was female was referenced by several practitioners in the sample and was associated with violent resistance.

### Coercive and controlling behaviour

Coercive and controlling behaviour was widely observed in FDAC, though some sites reported seeing more of it than others. Unlike situational couple violence, coercive and controlling behaviour was perceived as an intentional, pervasive pattern of behaviours within a relationship that could include elements of physical, emotional, financial and sexual abuse within it. For example, a perpetrator may be using physical or emotional abuse behaviours such as hitting or put-downs to maintain control over their partner. Coercive control could also encompass financial abuse through the perpetrator controlling their partner's access to finances or elements of sexual abuse such as coercing their partner into sex or sex work. Some behaviours were mentioned exclusively in reference to coercive and controlling behaviour, such as coercing a partner into committing criminal offences, controlling access to substances, and controlling access to parenting time with children.

“ *I have worked with quite a few cases now where violence is a factor, but it's more about the coercion and control elements and jealousy and paranoia. A lot of that feeds into those cases. And then there might be instances of violence, but violence isn't the main concern, it's more about the effect on the partner.*

[Practitioner]

“ *It can be perpetrated in different ways within the partnership where, if we're thinking about women that are forced into sex work by their partner because they need money for substances, whether it is that they are entering into a crime, or a criminal relationship, or criminal activity that is forced by one or other of the partners in there.*

[Team Manager]

Coercive and controlling behaviour was largely perceived to be perpetrated by a male against a female partner. Additionally, this type of domestic abuse was perceived to be more severe and intentional than situational couple violence domestic abuse perpetration.

“ *It's quite variable actually, so we have a certain group of couples where it's a clearly controlling, coercive relationship male to female with quite a lot of cunning and manipulation and intention behind it. It may also go into physical as well.*

[Clinical lead]

Practitioners from one site did report that they often noticed an 'age disparity' in coercive and controlling behaviour dynamics. This usually referred to a younger female victim-survivor being in a relationship with an older male; practitioners felt that 'grooming' and 'substance misuse' were often involved within this particular dynamic.

“ *And I think, from my own experience, there are a few similarities, but obviously, though that is not empirically tested, it tends to be a young woman and a man quite a bit older. She's very young, maybe 16, 17, 18, that kind of age, and he is the person with the alcohol problem or the drug misuse problem.*

[Practitioner]

### Situational couple violence

Situational couple violence was generally seen to follow an unintentional and explosive pattern in its manifestation and to be fuelled by the dysregulating effects of substance misuse. Some practitioners in the sample described this type of abuse as 'situational couple violence' or 'mutual volatility'. It was seen to stem from an inability to regulate emotions and behaviours, whereas intentional domestic abuse perpetrated by males was largely seen as conscious and premeditated abuse that followed a pervasive pattern of domestic abuse behaviours. Male partners were often perceived to be the 'primary perpetrators' within these dynamics.

“ *But we know that a lot of the ways that people respond are not necessarily conscious and they are not necessarily thought through. If someone responds to their own kinds of triggers and situations where they feel physically or psychologically unsafe or threatened, and they're under the influence of substances, the level of their responses may be amplified or different to how they would have dealt with that situation while sober.*

[Practitioner]

Some practitioners felt that instances of situational couple violence could be 'one-off' instances of domestic abuse that did not fit into a pattern of behaviour – such instances were seen as unintentional and associated with substance misuse and life stressors.

“ *Then we have a third category where there's been – it's basically not an abusive relationship but there has been the odd abusive incident. So maybe one or two incidents but that wouldn't be how you would characterise that relationship.*

[Clinical lead]

### Violent resistance

Domestic abuse where the perpetrator was a female partner was rarely mentioned by practitioners and where it was mentioned, the male partner was usually judged as being complicit in the abuse dynamic as well. Instances of female perpetration against males were largely associated with 'retaliation', whereby the female would be pushed to their limit as a result of experiencing domestic abuse from their partner and suddenly hit back at them.

“ *Female perpetration tends to be a result of longer-term manipulation of events and circumstances... We have seen particularly for victim-survivors of abuse, a build-up of suffering abuse that results in them retaliating.*

[Practitioner]

### Domestic abuse in the FDAC caseload compared to other environments

Practitioners exhibited mixed views about how the manifestation of domestic abuse issues within the FDAC caseload compared with domestic abuse issues they had seen in other professional environments. Several practitioners were of the view that domestic abuse issues in FDAC were less severe than those they had seen in other environments, such as the criminal justice system (CJS): these practitioners viewed domestic abuse issues in FDAC to be fuelled by bouts of substance misuse, whereas they had observed more 'intentional' coercive control type of domestic abuse perpetrated by males in the CJS. In contrast, domestic abuse issues in FDAC were perceived as less severe and thus were less likely to already be known to services. However, it was also pointed out by some that less severe domestic abuse behaviours were probably present in the CJS caseload as well but were often not assessed or focussed on due to services concentrating on addressing incidents that resulted in police call outs.

“ *Within criminal justice it was mainly just male-to-female. Most people had been arrested for physical abuse, there wasn't that presentation of gaslighting or things like that. So, in that sense, it is different, because there are different patterns of abuse that we're working with.*

[Practitioner]



Generally, practitioners and some judges did not think domestic abuse issues manifested differently or were more prevalent in the FDAC caseload compared to standard care proceedings. Some participants observed that domestic abuse could appear to be more prevalent in FDAC than in standard proceedings due to FDAC parents working more closely with professionals throughout proceedings and more disclosures being made as a result of this. However, these participants felt that domestic abuse issues were just as prevalent in standard care proceedings but were often not noticed or disclosed due to parents having less engagement with professionals.

“ *No, it's not more prevalent [in FDAC]. We don't see more domestic abuse in FDAC than standard care proceedings. We just are more aware of it and we work with it in a more direct way in FDAC.*

[Judge]

However, judges at some sites thought the domestic abuse issues they saw in FDAC were less severe than in standard care proceedings, observing that domestic abuse was linked to substance misuse issues in FDAC and thus the most severe domestic abuse issues, where substance misuse was not a contributing factor to perpetrator behaviour, were typically not present in the FDAC caseload.

“ *If domestic violence was the primary issue in a case, first of all I doubt whether FDAC would take it on, because that would be the main thing, but if the substance misuse is the main issue and, as a result of substance misuse, that the domestic violence only occurs when they are abusing substances. Well, it will reduce and eventually disappear if the substance misuse can be regulated and resolved.*

[Judge]

## Summary

Practitioners and judges perceived domestic abuse to be highly prevalent in FDAC and to present in some form in every case. There was awareness that domestic abuse could manifest as a current issue or as a historic one. Perceptions of domestic abuse perpetration in the FDAC caseload were gendered and most participants reported domestic abuse being perpetrated primarily by males against females in FDAC, although there was also a broad understanding that many parents both experienced and were responsible for domestic abuse within a relationship. In terms of typologies present in FDAC, participants mainly differentiated between seeing intentional male-to-female coercive and controlling behaviour versus substance-fuelled situational couple violence in the caseload. Domestic abuse in the FDAC caseload was generally perceived to present similarly to domestic abuse in standard care proceedings.

## The impact of care proceedings on domestic abuse

In addition to discussing how domestic abuse presented within the FDAC caseload, practitioners and judges spontaneously talked about a range of ways by which going through care proceedings impacted domestic abuse issues. It was observed that care proceedings were perceived to aggravate domestic abuse through causing additional stress and disruption to parents' lives, increased professional oversight inhibiting disclosure of domestic abuse issues, parental lack of awareness of domestic abuse behaviours and care proceedings increasing risks surrounding separation.

### The stress and disruption of care proceedings

Most participants acknowledged that care proceedings are highly stressful for parents, who face the pressure of changing their behaviour in a short timeframe against the high stakes of losing their child if they are unsuccessful and are subjected to increased oversight from professionals. Care proceedings were thought to increase risks of domestic abuse incidents due to the significant time commitment that was expected from FDAC parents, which could disrupt other aspects of their lives.

“ *So, in terms of care proceedings, it's extremely stressful for families, so we do sometimes see a bit of an increase in emotional or physical abuse. Because of that professional involvement, the court being involved, it feels a bit like a last chance. And the stress really. That, I'd say, is a contributory factor.*

[Practitioner]

### Worries around disclosing domestic abuse issues to professionals

Several practitioners felt that current domestic abuse issues were often not disclosed to the FDAC team and identified a number of reasons for this. Parents were thought to keep domestic abuse issues hidden due to worries that disclosing them would lower their likelihood of reunifying with their children at the end of FDAC. Some practitioners also posited that parents may not disclose domestic abuse issues due to concerns they had around ‘open court disclosure’, whereby victim-survivors may be put at greater risk of experiencing domestic abuse due to perpetrators finding out that they had disclosed domestic abuse to professionals.

“ We don’t see a massive amount of reported domestic abuse incidents. I guess what we get reported is, kind of, like the ongoing behavioural stuff. We don’t get a lot of physical stuff reported to us, but I guess, like I said to you earlier, that’s because people are in care proceedings and they’re concerned about what that will look like.

[Practitioner]

“ There are elements to the FDAC court where I am starkly reminded that processes can escalate risk. For instance, when a victim has told keyworkers information and then the court, where everyone is, is saying, “You need to make that a formal statement to the court, even if not to the police”.

[Practitioner]

### Low awareness of domestic abuse issues and dynamics from parents

Some participants thought that disclosure was inhibited because many parents lacked an awareness of domestic abuse behaviours other than physical abuse and could not recognise signs and behaviours of domestic abuse within their relationships.

“ So I think a lot of the parents’ understanding about abuse in relationships mostly is around the physical element. And that transcends age. I wouldn’t say that is necessarily like an old-fashioned view. I think most parents would talk about the physical abuse as being the most pointed in the abusive behaviour. And the perpetrators as well, they would often say, “Well I have never hit her,” or, “I have never been violent, so how can I be abusive?”

[Practitioner]

### Risks of escalation as a result of proceedings

Several practitioners and judges stated that the process of going through care proceedings could increase the risk of current domestic abuse issues escalating, and some attributed this to the impact of victim-survivor interventions. Victim-survivors often gained awareness of domestic abuse issues and grew in agency during FDAC. This was thought to escalate risks by unsettling perpetrators, who may retaliate or increase domestic abuse behaviours.

“ When a woman feels more empowered and more able to speak on her own behalf, then that can be a trigger as well. That can be very difficult to manage. There are lots of things really that can spark stuff.

[Practitioner]

This could culminate in couples deciding to separate during FDAC, an event which is acknowledged to increase the risk and severity of domestic abuse.<sup>429</sup>

“ Separation as well is a big factor. When you think about the escalation, when we have families who are together at the beginning and then separate during proceedings, we definitely see an increase in domestic abuse.

[Practitioner]

There was also some mention of care proceedings escalating the risk of ex-partner perpetrated domestic abuse, as FDAC often led to separated parents being brought back into the same space and resuming a level of contact with each other.

“ *Of course, the case I have at the moment, where the parents are separated, there have been problems in their relations. That has been a damaging relationship for them. I’m very careful.*

[Judge]

## Summary

The experience of going through care proceedings was also observed to aggravate domestic abuse issues within families in a range of ways, including creating additional stress for families, inhibiting disclosure and increasing risks through parents growing in awareness and agency during FDAC.

## Perceptions of the drivers of domestic abuse perpetration in FDAC

After exploring the nature and prevalence of domestic abuse in the FDAC, participants were asked to describe the factors they considered to be driving domestic abuse perpetration within the caseload. All participants exhibited an awareness that the driving factors of domestic abuse perpetration were complex and varied between individuals. Experiences of trauma were perceived to drive domestic abuse perpetration through their impact on emotional regulation, attachment style and mental health. Substance misuse issues were generally viewed as a short-term aggravating factor to perpetrating domestic abuse and different substances were seen to exert different influences on perpetration behaviour. Like domestic perpetration, many participants perceived the development of substance misuse issues to be rooted in traumatic past experiences. Practitioners and judges also alluded to the roles of factors such as learned behaviours and values, mental health issues, individual risk factors and environmental aggravators in driving domestic abuse perpetration.

There was a high degree of consistency between how practitioners and judges viewed the driving factors of domestic abuse perpetration. Practitioners tended to draw on their experiences working with parents when describing the factors driving domestic abuse perpetration, whereas judges often stated that their views had been informed by FDAC practitioners working directly with parents and the recommendations of staff with clinical expertise. Some judges stated their perceptions had been informed by earlier career experiences representing victim-survivors and perpetrators in criminal or family court.

“ *When I’m not sure I may have the help of [the FDAC] psychologist, who explains to me how these things [drive domestic abuse perpetration], so what is linked to what. I think it’s very, very hard in [the] public law arena when we’re looking at these issues, because I think it goes back to so much that is related to the poor life experiences of the sorts of parents I’m dealing with.*

[Judge]

Practitioners generally exhibited higher awareness of the causal mechanisms between drivers than judges and displayed a more nuanced understanding of some areas, such as the effects that different substances could have on domestic abuse behaviours.

“ *I think there are lots of things that correlate, but establishing causal relationships is not necessarily so simple. So, while there is a correlation between mental health issues, substance misuse issues and domestic abuse issues, it is hard and kind of risky, in a way, to attribute causality, either way, to any of those things... The relationships between all of them is dynamic, to some degree... each will impact on the other and everything is kind of linked within the whole of that person.*

[Practitioner]

## Experiences of trauma

### Trauma as an underlying factor of domestic abuse perpetration

Participants from all sites regarded experiences of trauma as the primary factor underlying domestic abuse perpetration in FDAC: they reported that the vast majority of perpetrators in FDAC disclosed a traumatic experience that practitioners understood to be impacting their present behaviour. Practitioners’ understanding of the concept of trauma was multifaceted. Trauma was perceived to refer to a specific adverse past event, a series of adverse past events, or being in an environment that was chronically

unsafe and traumatic for an extended period of time. Trauma was also perceived to refer to the effects of a past experience on brain development, emotional regulation and subsequent emotional and behavioural responses to triggering situations or events.

“ *I think that when someone’s experienced trauma, the way they process events and situations and thoughts and memories is very, very different to someone who hasn’t experienced trauma and that often when we find ourselves in a situation that feels a bit like something that happened to us before, that’s what we’re responding [to], from a position of fear.*

[Clinical lead]

#### Traumatic experiences as a risk factor for domestic abuse perpetration

Some practitioners and judges regarded traumatic experiences to be more of a ‘risk factor’ than a cause of domestic abuse perpetration, pointing out that not all individuals who experience trauma go on to perpetrate domestic abuse in the future. Participants pointed towards the importance of protective factors and building resilience in relation to traumatic experiences and noted that some individuals had access to resources and an environment which helped them overcome traumatic experiences. Domestic abuse perpetration was seen as more likely to arise in instances where individuals did not have the resources to process or resolve traumas they had experienced. Therefore, ‘unresolved’ or ‘chronic’ trauma was perceived to be the factor driving domestic abuse perpetration as opposed to traumatic experiences in general.

“ *That feeling of not being able to access alternatives, like other people could access alternatives. So, that all has a knock-on effect on their lifestyle. And a poor lifestyle obviously then creates the compounding factors that then maintain unhealthy relationships, and the domestic abuse just continues on. So, I think it all kind of affects each other.*

[Clinical lead]

#### Traumatic experiences altering emotional regulation

Emotional regulation was identified by many practitioners as the mechanism through which traumatic experiences drove domestic abuse perpetration. Judges generally exhibited less awareness of the role of emotional regulation in driving domestic abuse perpetration than practitioners. Experiences of trauma were understood to lead to individuals feeling unsafe and activated and altered the brain’s ‘fight, flight or freeze’ response. This culminated in the individual’s brain becoming hypervigilant to situations in which that individual felt unsafe. Domestic abuse perpetration could manifest as a consequence of their emotional response to feelings of unsafety. Practitioners also stressed these responses happened quickly and at a pre-conscious level, whereby individuals responded to unsafe situations automatically and were not capable of rational thought.

“ *One parent that we are working with at the moment, she is constantly in a fight or flight response. And you can see it in every single situation and every conversation that you have with her.*

[Practitioner]

#### Maladaptive coping responses to traumatic experiences

Many practitioners and judges regarded domestic abuse perpetration behaviours as maladaptive coping strategies formed in response to traumatic experiences. For example, physical aggression may have been an effective and necessary coping strategy to protect an individual from harm as a child but is harmful if it continues into adulthood. Similarly, manipulative and controlling behaviours could also enable an individual to navigate childhood adversity but are harmful if played out in adult relationships.

“ *I’d say a large, large majority of people have got trauma that underlie their behaviours and the way that they’ve learned to problem-solve and manage situations is through abusive behaviours. Whether that’s thought out, I think, is arguable. I don’t think it’s always planned or pre-planned. I think it’s just how they would manage those kinds of situations. So we’ve got trauma and poor problem-solving skills.*

[Team Manager]

### Traumatic experiences increasing risk of developing substance misuse and mental health issues

Practitioners and judges perceived traumatic experiences to drive the development of substance misuse and mental health issues as well as domestic abuse perpetration behaviours and perceived them to be closely interrelated. Mental health issues were perceived by many practitioners to be ‘the knock-on effects of traumatic experiences’, whereby an individual may develop a negative worldview as a result of their experiences or experience high anxiety around triggering situations. Both substance misuse and domestic abuse perpetration could later manifest as strategies used by an individual to manage these mental health issues.

“ I guess again you’d be hard pushed to find somebody with a mental health diagnosis of any sort that hasn’t had some form of trauma, so it’s absolutely, you know, I think you’d be hard pushed. There would be some people, but it will be a minority. And you know the traumas could be chronic, or it could be one off. You know that I think that probably similarly to what I said about drugs and alcohol, you’d be hard pushed to come to find somebody who hadn’t had some form of traumatic experience.

[Team Manager]

### Impact of traumatic childhood experiences

Participants associated specific experiences of trauma with domestic abuse perpetration. Most in the sample thought that the traumatic experiences underlying domestic abuse perpetration usually occurred in childhood and could thus be characterised as ‘developmental traumas’. Traumatic experiences were thought to often relate to attachments with caregivers.

Practitioners and judges pointed to perpetrators having had childhood experiences of neglect, abuse or sexual abuse, which were perceived to drive domestic abuse perpetration through their effects on attachment style. For example, childhood experiences of neglect may create an insecure attachment style which may later lead to that individual being paranoid about their partner leaving them and subsequently attempting to control their partner’s actions through abusive behaviour. Experiences of neglect and abandonment were more strongly associated with male domestic abuse perpetration.

“ I would say it’s driven by exposure to domestic abuse as a child, being in and out of the care system, having no predictable safety as a child, not being able to regulate your emotions as a result of that. And then as you progress into adulthood you have been exposed to trauma repeatedly that you are not able to offer yourself any alternatives around self-soothing.

[Clinical lead]

Some practitioners also mentioned the concept of intergenerational transmission in forming these experiences, whereby an individual’s parents had also experienced unresolved traumatic experiences in childhood which were contributing to parents behaving in ways which increased the likelihood of their children experiencing trauma.

“ So I think what I’ve noticed is quite a lot of loss, abandonment type of trauma for men, which [they are] then not always in touch with. So things like, “My mum walked out when I was six.” And I said, “Well, tell me about that.” “Oh, I can’t remember. She was gone the next day.” Or, “My dad, I never saw him. I never knew him.” “What do you know about him?” “Oh, I don’t know anything about him.” “Does your mum ever talk about him?” those sorts of questions.

[Practitioner]

### Impact of traumatic experiences relating to domestic abuse

Being exposed to or impacted by parental domestic abuse was named specifically as a traumatic experience which underlies domestic abuse perpetration. Witnessing parental domestic abuse was perceived to lead to domestic abuse perpetration through social learning and the individual replicating the behaviours and dynamics they observed in their parents’ relationships.

“ *Many will talk about there being domestic abuse within the household. Yes, no, actually one of the factors within that is, as we know like young boys as they are entering adolescence will often intervene themselves against the perpetrator and step in to protect, often their mum. And often that eventually is quite a successful tactic. And I guess in a way they are learning that by physically interjecting into a dynamic it resolves that issue.*

[Practitioner]

It was also acknowledged by some practitioners that this social learning could happen at a later point than childhood, and that being involved in a formative abusive relationship, usually in adolescence, could also drive domestic abuse perpetration within subsequent relationships. This experience was more strongly linked by practitioners to female domestic abuse perpetration.

“ *In adolescence a lot of the women perpetrators have got into a very serious, and what becomes abusive, relationships at around 17, 18, that sort of age, but sometimes younger.*

[Practitioner]

### Substance misuse

In addition to trauma, practitioners and judges often spontaneously discussed the role of substance misuse in driving domestic abuse perpetration in FDAC. Substance misuse was seen as more of a ‘short term’ driving factor and the onset of substance misuse issues was often traced back to formative experiences of trauma and subsequent mental health issues. Thus, substance misuse and domestic abuse perpetration were considered to be overlapping effects of trauma by some participants. Substance misuse was perceived to aggravate and maintain domestic abuse perpetration through a range of direct and indirect effects. Direct effects of substance misuse referred to specific substance-inducing states of disinhibition and paranoia, which made domestic abuse perpetration more likely. Indirect effects pertained to substance misuse creating family tensions by impacting household finances and leading to changes in mood or behaviour due to physical dependency on a substance.

#### Substance misuse as an aggravating factor of domestic abuse perpetration

Practitioners and judges primarily viewed substance misuse as a factor which aggravated or maintained domestic abuse perpetration. Substance misuse was thought to amplify existing domestic abuse dynamics as opposed to creating them, and was seen by many to transform less severe domestic abuse behaviours into severe forms of physical abuse. There was widespread acknowledgement from practitioners that addressing substance misuse issues was rarely sufficient to resolve domestic abuse entirely; domestic abuse either remained the same or domestic abuse issues would still be present but their presentation might change. For example, instances of physical abuse might cease once substance misuse had been addressed, but there may still be ongoing emotional or financial abuse that needs to be addressed.

“ *What the drug and alcohol use tends to do when combined with domestic abuse is perpetuate it and make it more likely maybe to happen. So if we addressed the drug and alcohol use then that factor comes out of the mix, but if we haven’t addressed some of the underlying belief systems, behaviours, trauma then it’s not going to go away completely. So I think the risk of it happening absolutely reduces, but it doesn’t go away and especially not if we’re not addressing that other side of it.*

[Team Manager]

Domestic abuse perpetration and substance misuse were seen by some practitioners and judges as concurrent issues resulting from earlier experiences of trauma. Thus, some practitioners saw domestic abuse perpetration and substance misuse as being ‘correlated’ maladaptive coping strategies as opposed to perceiving a causal link between them.

“ *I think it’s all maladaptive coping strategies... some of them are more flexible and some of them are more inflexible but almost all of the perpetrators we work with have a history of trauma. Whether you’re talking about domestic abuse or substance misuse or any of these other problematic behaviours that come up, we’re looking underneath.*

[Team Manager]

### Substance misuse as a driving factor of domestic abuse perpetration

A minority of practitioners and some judges asserted that substance misuse could be the main driver of domestic abuse perpetration in certain cases. They discussed examples in FDAC where substance misuse had been addressed and relationship issues had improved. In these instances, practitioners reported that there appeared to be little history of traumatic experiences underlying domestic abuse behaviours or substance misuse. Practitioners viewed substance misuse in these instances as more recreational as opposed to a means of coping with underlying issues.

*" I'm thinking of a parent who came from a very affluent family using substances as part of his intimate relationship, and it got out of hand. When it got out of hand, he got paranoid... When we were working with him and stripping it back, there was no underlying trauma that needed to be resolved. The trauma he experienced was through his anxiety and his paranoia through misusing.*

[Team Manager]

While practitioners only related this to a minority of cases, some judges observed this pattern to be fairly prevalent within FDAC and stated that often domestic abuse would disappear when substance misuse issues had been addressed.

### Substance misuse and coping with traumatic experiences

Practitioners and judges perceived substance misuse to sometimes be a maladaptive coping strategy formed in response to traumatic experiences. Participants reported that many parents within FDAC used substances to self-medicate mental health issues they had developed as a result of traumatic experiences. Substances could fulfil the function of helping parents disassociate from or black out unpleasant emotions and experiences.

Some practitioners also reported that some parents used substances to mitigate feelings of powerlessness and social anxiety, and the pharmacological effects of substances helped parents feel disinhibited and express how they were feeling to others. The function of substance misuse was seen to play more of a role in mutual couple violence or instances where the victim-survivor perpetrates abuse in retaliation towards the primary perpetrator. The perpetrator was thought to use substances in these instances in order to assert themselves.

*" We've got quite a few families who shared needing alcohol to give them a voice, to give them confidence, to be able to share their thoughts and feelings back, but they've had no like, you know, positive role models around healthy communication.*

[Team Manager]

### Pharmacological effects of different substances

Practitioners associated the pharmacological effects of specific substances with domestic abuse perpetration. Physical abuse was primarily associated with consumption of alcohol or consumption of alcohol and cocaine simultaneously. The manifestation of coercive and controlling behaviour was linked to use of cannabis and crack cocaine, which was thought to amplify states of anxiety and paranoia. Stimulant drugs such as crack cocaine were linked to increasing states of irritability and aggression, which were understood to escalate risks of domestic abuse perpetration. Depressant drugs such as alcohol were associated with lowering inhibitions, which were seen to increase the likelihood of domestic abuse occurring. Some practitioners stressed the importance of the mood the user was already in before taking substances and felt that substance misuse tended to magnify how the person was already feeling.

*" Someone who is violent and verbally aggressive has got fairly poor impulse control anyway. But what we know about alcohol being a disinhibitor [is it] will dysregulate you [and] you're going [to] be far less able to manage how a situation is making you feel.*

[Clinical lead]

*" Things like paranoia, instability [may be present when] someone is using a lot of crack cocaine. They may be feeling very on edge, very anxious, very paranoid. They become quite hypervigilant and their ability to control their responses is down as well as those other things being up. So that is going to increase the risk of that kind of abuse.*

[Team Manager]

### Physical dependence on substances aggravating domestic abuse perpetration

Practitioners also acknowledged the impact that physical dependence on substances could have on domestic abuse perpetration. Practitioners stated that the absence of an addictive substance could result in parents experiencing feelings of desperation, paranoia, irritability and low mood which may make instances of domestic abuse perpetration more likely.

*“ It’s not even what the drug causes or how it augments the mood, but the desperate situations it might put you in. So the seriousness of the level of dependence, and, I guess, I am thinking of drugs like heroin, where there is a heightened level of physical dependence, which you could get with alcohol as well. So heroin, alcohol, benzodiazepine-drugs like diazepam, temazepam. All of those you can become physically dependent on and if you take that drug away and then you are left in a state of withdrawal then you need that drug, not to get high, to feel normal. And you might feel in a complete, heightened state, really like your life is going to end [...] But I guess that would then anger you and you need it now and you need to get it, and you go to any lengths to do that. So I guess if you are then in a relationship with someone and it is already volatile, and there is drug and alcohol use within that, domestic abuse is more likely.*

[Practitioner]

### Financial impact of substance misuse aggravating domestic abuse issues

Practitioners and judges widely reported that substance misuse issues could create conflict and tension within families through their impact on the availability of finances and overall living standards. The cost of funding substance misuse habits placed a strain on families, and pressure could erupt as instances of domestic abuse.

*“ I think there is certainly a lot of pressure around finances and previously when we have supported a couple, that has been an issue. There has been a lot of pressure, there has been a lot of debt.*

[Practitioner]

### Substance misuse and co-dependent relationships

Many practitioners perceived substance misuse to perpetuate domestic abuse issues by creating and maintaining co-dependency dynamics within intimate relationships. Several practitioners observed that intimate relationships within FDAC often started on the basis of individuals meeting up to take substances together and consequently substance misuse habits were deeply entrenched in the dynamics of the relationship. Practitioners recounted that the primary perpetrator within the relationship often encouraged their partner to become increasingly physically dependent on substances as a means of ensuring their partner continued to stay in the relationship. This often pertained to the perpetrator controlling their partner’s access to substances and exploiting their partner’s dependency on substances to ensure they stayed in the relationship. A minority of practitioners thought that substance misuse within peer groups played a role in perpetuating domestic abuse perpetration. It was noted that problematic substance misuse and problematic relationships often both started as a result of belonging to a peer group or gang where taking substances together was a normal activity.

*“ It could be about them having met through the use of substances, so in a club or a party, both using. That’s the basis of the relationship [that] has started. As their tolerance levels increase, as they introduce other substances, it then becomes mutually an activity that they are engaged in.*

[Team Manager]

### Role of victim-survivor substance misuse in driving domestic abuse perpetration

Several practitioners observed that perpetrators could take advantage of a victim-survivor’s substance misuse to perpetrate abuse. Victim-survivors may turn to substances increasingly to deal with the distress of being abused, which could in turn increase their vulnerability due to the effects of substances reducing their awareness of the perpetrator’s behaviours and their capacity to stand up for themselves.



“ So the compounding factors of their suffering in an abusive relationship may result in them drinking and using more, because actually, they’d rather be in a state of semi-intoxication to tolerate the terrible stress of this relationship. Also, I’ve noticed that quite a few women have said to me that they drink or use to have sexual activity with their partner because the relationship is that abusive and that bad, but if they’re drunk, they can tolerate the sex.

[Practitioner]

“ The victim may be less able to protect themselves if intoxicated. Their thinking is not going to be so clear and their responses might be larger... If they’re frightened and being attacked in whatever way it is and they’re drunk, your ability to respond or respond calmly may be a little bit impaired.

[Clinical lead]

## Mental health conditions and domestic abuse perpetration

### The relationship between traumatic experiences, mental health conditions and domestic abuse perpetration

The majority of practitioners and judges observed that most domestic abuse perpetrators in FDAC also suffered from mental health issues. Mental health conditions were perceived to develop as a consequence of traumatic experiences and to contribute to domestic abuse perpetration. Some practitioners observed that the relationship between perpetrating domestic abuse and mental health conditions could be bidirectional and difficult to pry apart: domestic abuse perpetration could be driven by poor mental health, and perpetrating domestic abuse could result in parents experiencing worse mental health.

“ Well, I guess if you’re looking at the... it’s hard, isn’t it, because what came first – the chicken or the egg? Often, the mental health can be a consequence of being a victim of domestic abuse at any stage in life, but it also could be because you’ve had incredible traumas in your childhood. But, also, we know that domestic abuse perpetrators have a much higher rate of depression than non-abusing people of a similar age, experience, etc.

[Practitioner]

### Depression and domestic abuse perpetration

Several practitioners felt that depression in perpetrators was more severe than in the general population and could be characterised more accurately as ‘severe depression’, dysphoria or chronic low mood. Symptoms were perceived to develop as a result of underlying unresolved traumatic experiences, and it was stated that perpetrators often used substances such as alcohol to try to alleviate symptoms. Holding hostile views of other people’s intentions and the world was another feature of depression that was linked to domestic abuse perpetration in FDAC, leading to perpetrators automatically assuming the worst regarding their partner’s behaviour and intentions.

“ So, if somebody’s suffering with depression or maybe an anti-social personality disorder where they see the world as quite hostile and people just leave, and things like that, then they’re going to try and control their environment around them, which may be, “How do I make sure my partner doesn’t leave? I’ll monitor who they’re spending time with. I’ll make sure I know. I’ll make sure they call me every hour” or those kinds of things.

[Practitioner]

### Anxiety and domestic abuse perpetration

Perpetrators in FDAC cases were sometimes described as suffering from high levels of generalised anxiety that was rooted in traumatic childhood experiences. Anxiety was often related to low self-esteem and feeling insecure in intimate relationships, such as fearing abandonment from a partner. Some practitioners explicitly linked high levels of anxiety to experiencing paranoia and perpetrating coercing and controlling behaviour in a relationship.

*“ Well, because he is anxious, he is largely fearful, mistrusting, is hypervigilant, pre-programmed for danger. In terms of his relationship behaviour, that makes him very prone to feelings of jealousy, insecurity, which he manages by trying to manage his partner and her behaviour, or being very accusatory of her, about anything that she does. Because in terms of his mental health issues, that is how he tries to self-soothe really.*

[Practitioner]

### Personality disorders and domestic abuse perpetration

Some practitioners observed that domestic abuse perpetrators in FDAC often exhibited personality disorders. Personality disorders were primarily linked to ‘more severe’ perpetrators who engaged in coercive and controlling behaviours and were seen to suffer from more entrenched psychological issues. Antisocial personality disorder and narcissistic personality disorder were most commonly linked to domestic abuse perpetrators. Some practitioners also believed that depression and anxiety could be linked to an underlying personality disorder. Practitioners largely agreed that these disorders originated and were shaped in response to complex childhood experiences of trauma.

*“ We have a subgroup of people who have got personality disorder diagnoses, I wouldn’t necessarily call that a mental health issue, I think it depends who you talk to about that, doesn’t it? As I very much see, the development of the personality disorder is absolutely embedded in complex developmental trauma. That’s why people have personality difficulties, because of all the crap they had to adapt to and live with all those years.*

[Clinical lead]

### Other drivers

In addition to experiences of trauma and substance misuse, practitioners and judges also perceived other factors to contribute to driving domestic abuse perpetration. Learned values and beliefs, mental health issues, individual risk factors and environmental aggravators were all seen to drive domestic abuse perpetration, alongside experiences of trauma and substance misuse.

### Learned values and beliefs

Several practitioners noted the role of learned beliefs and behaviours in driving domestic abuse perpetration. Practitioners felt that learned patriarchal and derogatory views towards women drove the behaviours of some male perpetrators, who had learned that it was ‘normal’ for males to behave in certain ways towards female partners. This was linked in particular to perpetration of coercive and controlling behaviours. Practitioners thought that these beliefs could be transmitted from the early familial environment as well as from peer groups or from specific geographical areas.

*“ Some of that is traditional and generational, and geographical, I think, because people in certain areas of the UK have different expectations of how people should act – men and women. So, I guess narcissistic traits are prevalent within some of those more... Again, it would be on the controlling end, wouldn’t it, but when it comes to those fundamental attitudes and expectations, I think there are often narcissistic traits there.*

[Practitioner]

Learned behaviours and values were also applied to the development of substance misuse issues. Practitioners observed that many parents had been brought up in environments where substance misuse was a normalised response to coping with stress and traumatic experiences. Subsequently, the development of substance misuse issues could also be explained in terms of parents modelling the coping strategies that their caregivers utilised.

*“ When domestic abuse has been modelled to you then that is normalised – just like addiction and alcohol use or drug use within families. And that is the behaviour that you have been shown and you think is normal and the way. If you haven’t had positive relationships modelled to you then you are not going to have solid foundations, are you?*

[Practitioner]

### Environmental aggravators

Participants and judges also acknowledged the role of circumstantial and environmental factors in aggravating domestic abuse perpetration. Most agreed instances of domestic abuse were more likely to happen when more life stressors were occurring. Stressors referred to issues such as experiencing homelessness or housing issues, debt or unemployment. Several practitioners and judges felt that a ‘chicken and egg problem’ unfolded when examining the relationship between experiences of trauma and ongoing stressors. While most practitioners perceived trauma to be a driving force of domestic abuse perpetration, they also observed that many parents were exposed to pervasively stressful environments, which reduced resilience and led to further trauma exposure.

“ *I think their lives were really, really unstable in many ways. So, not just in terms of drug and alcohol, but there were significant mental health factors. And also housing issues. So, both parents in the different cases were homeless or struggled with hous [ing]. You know, sofa-surfing. So, they had very little stability across the board, there wasn't very much positive support going on for them outside of professional support.*

[Practitioner]

The COVID-19 pandemic was seen to compound the impact of life stressors as well as force couples into prolonged periods of proximity with each other. The stress associated with these experiences could trigger responses to trauma as well as cause or aggravate mental health issues and substance misuse issues, which could make domestic abuse perpetration more likely.

“ *COVID has been massive. I think that the behaviours, any issues, and the problems that were already there for lots of families were magnified over the last two years. And I think that lots of people were stuck with family members and partners that they maybe didn't like very much. But in like a pressure cooker of no money and no work, and drinking too much and taking too many drugs and kids not in school and like if you could, imagine what hell looks like. I think it probably looks a bit like that, doesn't it? Nobody being able to get away from anybody and not being allowed to do anything. And all these things happening that are really scary.*

[Clinical lead]

Some practitioners and judges also reported that male domestic abuse perpetrators were more likely to be care leavers than the general population and have had or have continuing involvement with the criminal justice system. There was also some mention of domestic abuse perpetrators being more likely to have had issues with schooling and educational attainment.

“ *There's a certain link with criminality. Certainly for us, with a lot of our younger parents that are care leavers, they've been children of, I think, just not... I'm not going to make a generalisation, but they've been children who have been looked after themselves, that have not had very clear role models.*

[Team Manager]

“ *Educational attainment and access, and homelessness. They all kind of come into that. You know, if you can't, if you've not learned to solve a problem, or you've not learned to read, or even not learned to fill in a form... You know, you know, these processes are really difficult.*

[Team Manager]

### Individual risk factors

Several judges and practitioners alluded to the role of individual risk factors, such as cognitive difficulties or the presence of a learning difficulty or disability, in driving domestic abuse. Some practitioners also referenced that some parents in FDAC may experience lower levels of self-control than the general population. These issues were perceived to limit the extent to which individuals could regulate and change their behaviour generally. Participants acknowledged that individual factors of this kind played a lesser role in driving domestic abuse perpetration within FDAC compared to other environments, due to the fact that parents with severe learning difficulties are not eligible for the FDAC caseload.

*“ You often have some sort of learning difficulty where there’s abusive behaviour, or basically both parents are borderline learning disabled. You can get real problems where people struggle to manage their behaviours and it’s very easy for arguments to get out of control.*

[Judge]

### **Perspectives of domestic abuse perpetrators on drivers of their behaviour**

In addition to being asked about their own perceptions of the drivers of domestic abuse, practitioners and judges were asked how perpetrators of domestic abuse understood the drivers of their own behaviour and whether their understanding of drivers typically evolved throughout their time in FDAC. Participants recounted that most domestic abuse perpetrators in FDAC did not initially perceive their behaviours as being caused by trauma, and instead were more likely to attribute domestic abuse perpetration to their partner’s behaviour or substance misuse habits. Some practitioners were of the opinion that the majority of perpetrators in FDAC did not see their behaviour as harming the person they loved or did not consciously want to engage in behaviours that harmed their partner. Some observed that when parents realised that their behaviour was harming the people they loved, they became highly motivated to change that behaviour.

*“ Most people don’t want to hurt their family, so kind of finding their motivation to change and then kind of setting things to change and seeing how they implement that through the week and bring it back to the next session.*

[Team Manager]

Practitioners reported that most perpetrators did not perceive there to be any domestic abuse issues in their relationship initially and generally lacked an awareness and understanding that domestic abuse encompassed more than physical abuse. ‘Denial’, ‘justification’ and ‘minimisation’ were mentioned as common strategies that FDAC perpetrators used to explain their behaviour.

*“ Perpetrators would often say, “Well I have never hit her” or, “I have never been violent, so how can I be abusive?” But as a trusting working relationship develops, I think people feel more comfortable talking about the different elements. Because there might be more shame, you know, talking about how they have been abused or exploited, in a non-physical way. So I think that comes out over time.*

[Practitioner]

Some practitioners reported that willingness to talk about traumatic experiences was low among male perpetrators, who either felt a lot of discomfort discussing these issues or were not aware of how their past experiences might be impacting their present circumstances. Practitioners stated that perpetrators’ awareness of the impact of trauma on their current behaviours tended to grow throughout FDAC and that being able to recognise its impact was a key part of achieving behaviour change.

*“ I think it’s interesting that a lot of men that we work with are not connected to that trauma, it tends to be women that will tell you more or are easier to actually unpick that trauma as you continue working with them. Men are often closed to it, and it’s picking up things – because when we’re working in FDAC, we are looking to see what is underneath it, so we’re always looking for those key phrases and keywords. So when I would say something like, “Tell me about your childhood”, “Oh, it’s fine. There is nothing to tell you really” or “I can’t remember anything” or quite dismissive, perhaps avoidant, those sort of things. And you might have to go back to those things.*

[Practitioner]

### **Summary**

Practitioners and judges were aware that the drivers of domestic abuse perpetration are complex and multifaceted and can present differently across cases. Unresolved traumatic experiences were perceived to underlie domestic abuse perpetration, altering emotional regulation, impacting attachment and contributing to mental health conditions. Both domestic abuse and substance misuse issues were perceived to be strategies employed to cope with trauma and its effects. Substance misuse was largely seen to drive domestic abuse perpetration in the short term through pharmacological effects

on behaviour, physical effects of dependency and impacting household finances. Participants also observed that learned beliefs and values, specific mental health conditions, individual risk factors and environmental aggravators factored into driving domestic abuse. Participants recounted that domestic abuse perpetrators in FDAC were often unaware that traumatic experiences were driving their behaviour and initially attributed their perpetration to the effects of substances or victim-survivor behaviour, but practitioners also remarked that perpetrators' perceptions often changed throughout FDAC as they grew in awareness of the impact of trauma on their behaviour.

## How FDAC seeks to address domestic abuse perpetration

Following an exploration of the driving factors of domestic abuse perpetration, practitioners and judges were asked about the activities and strategies employed by the FDAC team to address domestic abuse perpetration. Participants described interventions specifically designed to address domestic abuse, as well as how general interventions and interventions developed to address interrelated issues may also play a role in addressing domestic abuse perpetration. Team Managers tended to discuss the formulation process (planning how and which interventions are delivered to parents) and all interventions delivered by their FDAC, whereas practitioners and judges typically focused on the specific components of FDAC they were responsible for overseeing.

### Cases being admitted into FDAC

Some practitioners reported that it was common for FDAC parents to be experiencing domestic abuse issues that were unknown to services at the start of FDAC and become apparent throughout proceedings. A minority of practitioners reported that perpetrators needed to admit to perpetrating domestic abuse to be deemed eligible for FDAC. This was because it was felt that the FDAC team could not fully address domestic abuse or effectively safety plan in situations where there was a parent perpetrating domestic abuse who was unwilling to discuss it with the team.

*" We had an issue in the past where parents have completely, categorically denied the domestic abuse even though it's being videoed, witnessed, recorded, like served prison sentences for it. And it's been really hard and we've had to decline working with them because the basis of being able to do that work is to actually have somebody ['s] acknowledgement of it and then be able to create an effective safety plan or a realistic safety plan for that person.*

[Team Manager]

Judges at some sites reported that cases where domestic abuse was a significant factor had only recently started being allowed into FDAC within the past year. At some sites, these cases would have previously been 'screened out' due to the difficulty of addressing domestic abuse and substance misuse within a limited time frame. Judges at one site reported that very severe domestic abuse containing elements of physical or sexual abuse was not allowed into FDAC, as it was felt that these issues could not be addressed within the timescales of FDAC.

I don't know what criteria are being applied locally and I know that until relatively recently, they weren't really taking cases where domestic abuse is a significant factor. I don't know precisely what criteria they're applying but my impression is that they're still not currently taking on cases where physical abuse or sexual abuse is an ongoing or factor. It's more emotional or coercive. [Judge]

### Assessment and formulation

The first step in addressing domestic abuse perpetration that FDAC teams described was the assessment and formulation phase. This consisted of the FDAC team collaboratively conducting an in-depth assessment of each case to determine the content and sequencing of interventions. Practitioners drew on first-hand information from parents about issues they were experiencing as well as local authority assessments about the families to inform their approach. The types of interventions selected for families tended to address substance misuse, mental health and traumatic experiences, as well as domestic abuse issues. Many practitioners described numerous instances in which current domestic abuse concerns were unknown at the start of FDAC and were therefore not considered in the initial formulation.

“ Oh, so we do quite an in-depth assessment process. We get information from the [local authority] social worker when they first are put into court, in FDAC. But the information that we get sometimes can be a little bit sketchy, or it might be that we have a mum who is very well known to services already, but dad isn't. So we don't have a lot of information. So we do a very, very in-depth assessment and really, really pull out the issues that are affecting both of the parents and the children. So whether it's, you know, the drugs and alcohol, the mental health, or the domestic abuse, and we find that in a lot of cases, there's an element at least of all three of those things. We've definitely found that in some cases, it's been much more significant and in some cases it's been more like people just don't really know how to manage a healthy relationship. So it's not necessarily domestic abuse in the way that we would think about it in terms of domestic abuse services, but certainly that people don't know how to communicate, don't know how to look after themselves or look after each other. And that, kind of, translates in quite an abusive way.

[Practitioner]

### The sequencing of FDAC interventions

Some practitioners stated that the sequencing of interventions in FDAC was often informed by the urgency of respective issues that needed to be addressed for parents to get to a stable place to engage with further interventions. This often pertained to achieving abstinence or a reduction of substance misuse before addressing traumatic experiences and domestic abuse issues. However, some practitioners said that severe mental health or domestic abuse issues were sometimes prioritised in sequencing if they were preventing parents from engaging with the intervention. Several practitioners observed that often the factors underlying behaviours were addressed at the start of FDAC, followed by attempting to help parents put healthier behaviours in place.

“ I mean sometimes we do things like harm minimisation and safety and stabilisation regarding drug and alcohol use. That would happen first, but safety planning would happen at the same time. So basically safety and stabilisation, including safety planning around domestic abuse should happen first, then we might do the kind of ... longer, maybe four to six weeks of the drug and alcohol intervention to ensure that that person is stable enough to access a domestic abuse intervention, so we would probably do it like that. Sometimes we run them side by side if there's a lot going on. If it's a very complex case and we think actually this person [has] got an awful lot of work to do, we would run the domestic abuse intervention concurrently with a relapse prevention intervention. But we wouldn't do it with somebody who was unstable and using illicitly... you know, we'd want to get on top of that first.

[Team Manager]

Practitioners from one site felt that although sequencing could be helpful, because of the limited timescale of FDAC, it was necessary for all interventions to be delivered concurrently in order for them to be completed within the timescales of FDAC.

“ Often, psychological reports in court will say, “Right, they need to be clear of substances for this amount of time before any of this intervention is going to work”. And I can see the value around that, and that makes perfect sense. But in our model, there isn't time really to do that. So, we would be mindful of different cogs in the system, I guess, and we would try and consider the impact of somebody's substance misuse and what they are starting or what they are stopping or what they are still doing, in relation to risk around perpetration, I guess. But yes, we can't hold off on one thing and then do another thing.

[Clinical lead]

Practitioners from all sites stressed that the formulation and sequencing of interventions was dynamic within FDAC and that each case was constantly being reformulated based on reports of parental progress and emerging disclosures.

“ All these are running in parallel, so we are... As the parents are attending and developing, and we’re reporting back, so every time we go back to a court, we’re offering an analysis of risk and change. Or not change, as the case may be.

[Team Manager]

### Specific interventions for domestic abuse perpetrators

#### Individual key work sessions with a specialist domestic abuse practitioner

All sites provided specialist interventions for FDAC perpetrators that took place alongside general interventions. These interventions were delivered by key workers with expertise and experience in addressing domestic abuse issues in one-to-one settings. Sites also often combined aspects of perpetrator and victim-survivor interventions together into a single intervention for parents that were both experiencing and responsible for abuse in a relationship.

“ So, we’ve got the perpetrator pack and the protective parent pack, if we’re looking at using them consistently with FDAC... also, I’m working with another case which is pre-FDAC and I’ve combined both intervention booklets into an eight-session bespoke intervention.

[Practitioner]

The content of one-to-one perpetrator interventions varied by site. For example, one site offered perpetrators a programme which had been accredited by the organisation ‘Respect’ and one site had formulated its own one-to-one intervention based on elements of the Building Better Relationships group intervention.

“ I mean our perpetrator pack is pretty much based on BBR [Building Better Relationships], having delivered them both, and so that is a specific perpetrator piece of work.

[Practitioner]

Another site had developed its own bespoke one-to-one intervention for perpetrators which drew on a range of existing approaches such as aspects of Duluth, Caring Dads, cognitive behavioural therapy (CBT) and psychodynamic theory and could be delivered flexibly according to the needs of the individual.

“ Our social worker works in lots of the models. He uses bits of the kind of the Duluth stuff, where they bring it all into columns and kind of link the behaviour back, the Caring Dads and having a better life stuff around kind of the mutual respect and understanding.

[Team Manager]

One-to-one perpetrator interventions were based on initially building a successful therapeutic relationship with the parent before starting to address and challenge behaviours in sessions. Most encompassed aspects of psychoeducation around domestic abuse issues, such as increasing awareness of what domestic abuse is, the harms and impacts of domestic abuse, and what might be driving domestic abuse behaviours.

“ So, I think when I go and start working with people, it is really basic kind of stuff. What do they think the problems are? Why do they think someone else is saying that this is a problem? Where is the gap in that? What is it that they would like to do different [ly]? And I think it’s about managing the resistance and the avoidance of shame, is the key thing... So, that involves a couple of sessions at the start, to build rapport, build a therapeutic alliance.

[Practitioner]

Establishing goals and a motivation to change was also identified as an important aspect of these sessions. This could entail exploring with parents what their goals were, what constituted a ‘good life’, and the ideal legacy they would like to leave for their children.

*“ We would start with looking at parenting, what their experiences are of their own parents and how they were brought up. Describing their relationships with their parents, their relationships with each other. And really looking at how they were brought up, I suppose. We look at psycho-educational work, so the exploring and identifying red flags. Safety-planning, if needed, risk assessments, controlling behaviour, gaslighting. Just a really broad educational view of domestic abuse.*

[Practitioner]

### Externally run group interventions

Some sites referred domestic abuse perpetrators into group programmes delivered by external providers alongside their one-to-one interventions in FDAC. Group interventions were typically offered to perpetrators at a later point in proceedings than individual interventions and were usually only offered if it was felt that the perpetrator had made significant progress in other areas, though sometimes perpetrators were referred into groups straightaway.

*“ We need to feel the parent has consolidated the levels of kind of self-care and wellbeing work you would want to invite somebody to do. To make them feel safe enough to really go there in those group sessions.*

[Team Manager]

Sites often referred parents into externally run group interventions such as the Caring Dads, Safer Relationships and Men & Masculinities. Most practitioners felt that a group environment was beneficial for perpetrators going through FDAC, as it facilitated a space where they could hear about the experiences of peers. Some practitioners felt the peer support aspect was impactful as it was useful to hear from parents with similar issues and experiences.

One site did not offer group interventions for perpetrators, stating that they did not feel perpetrators benefitted much from hearing from peers as each person was progressing differently and at a different stage in their understanding of their behaviours and its impacts.

*“ We did look at trying to do a group... and we felt it didn't really work because the people that attend are at very different stages in terms of their insight and understanding around, you know, one was there saying, “Yes, I did this, this and this” and the other one was there saying, “I didn't do any of this and I shouldn't be here”. So we actually felt a one-to-one package of work was much better.*

[Practitioner]

### Couple sessions

Three sites offered couples work towards the end of FDAC to parents who were addressing domestic abuse issues and had already made significant progress. All the sites that offered couples work stated that they were usually only offered to parents experiencing less severe domestic abuse. Couple sessions could be offered to separated parents who had experienced historic abuse as well as parents that were still together. It was felt that separated parents could benefit from couple work as facilitating better communication was thought to improve their ability to co-parent. These sessions were usually facilitated by either the clinical lead or a key worker specialising in domestic abuse and involved bringing together what both parents had been working on in their individual interventions as well as addressing communication issues. Practitioners expressed that these sessions were not delivered using a formal approach but were tailored around what the team had learned about both parents and their issues. Practitioners from one site expressed more reticence around offering couple work, particularly with separated parents, and felt that if not managed well it could escalate the risk of a domestic abuse incident occurring.



“ We sometimes do couples work but I think we have to feel quite confident that the significant issues are or have been addressed. Because we have seen it where the abusive dynamic is, almost, slightly validated within couples work. So we have had it where we have had separated parents and we have tried to do a joint session and they, themselves, had a history of abuse and the victim got anxious and scared about being in that room – even though we did what we could to prepare both for it.

[Practitioner]

### The role of other interventions in addressing domestic abuse perpetration

Most practitioners were of the view that interventions within FDAC that did not specifically address domestic abuse perpetration also played a role in addressing domestic abuse. These pertained to general interventions which aimed to improve general psychoeducation and motivation, and interventions which were designed to specifically address experiences of trauma and substance misuse issues.

#### General psycho-educational interventions

Sites offered interventions to all parents which aimed to improve their psychoeducation in a range of areas spanning mental health literacy, awareness of domestic abuse issues, substance misuse, physical health and parenting. These interventions were delivered one-to-one by key workers or in groups that were stratified by gender. They aimed to empower parents to better recognise and understand these kinds of issues in their lives. Practitioners largely felt these psychoeducational interventions were complementary to other interventions, as parents were able to better understand the types of issues they were addressing in individual sessions and their interrelatedness. Moreover, these interventions equipped parents to better recognise abusive behaviours such as emotional and financial abuse, which may present in their future and current relationships.

“ Our in-person group and the feedback from our parents is really, really positive. It’s what most of them say is ‘the favourite group that I go to’. It’s run by a mental health practitioner and it’s looking at that person as a person. There’s a bit of general work around the ‘good life’ thinking and, you know, most people don’t want to hurt the people that they love.

[Team Manager]

#### Key work sessions

Although the majority of perpetrators were assigned a key worker with a specialism in domestic abuse and addressed domestic abuse issues in key work sessions, practitioners and judges also recounted that key work sessions were designed to be general and integrative in their focus. Key workers worked to synthesise and consolidate the progress parents made in different specialist interventions they were participating in. Subsequently, some participants perceived key workers to play an important role in helping parents to understand the interrelationships between different underlying issues and challenge harmful behaviours.

They have a keyworker, who then makes them consider one thing in one aspect of the behaviour in relation to another aspect of the behaviour, if that makes sense. [Judge]

#### Trauma and mental health interventions

The impact of traumatic experiences is addressed in FDAC through individual sessions with the clinical lead or a practitioner with a specialism in mental health. These sessions aimed to understand what past experiences are underlying present behaviours, emotional responses and coping strategies; what situations might trigger responses to trauma; the impact of traumatic experiences on parents and their families and how to implement new emotional responses and coping strategies in triggering situations. Clinical leads described drawing on a range of therapeutic approaches and underlying theories in these sessions such as cognitive behavioural therapy (CBT), locus of control, social learning theory, mindfulness and mentalisation based approaches. Practitioners noted that feelings of guilt and shame around perpetrating abuse were also addressed in these sessions.

“ Things around shame and guilt, and what those two things mean for people. And for people who have perpetrated domestic abuse, I would hope that a broad kind of discussion of shame and guilt would help lead us to a point of being able to talk about specific instances of domestic abuse. So, if they are choosing to talk about feeling ashamed that they have walked out on their child, or they feel guilty about the way they behaved to their mother, before she sadly passed away, when they were 15, that tends to be where that work will stay, and we will focus on that. But if they are able to talk about their feelings about shame and guilt, and other feelings, in relation to a relationship where there was evidence of them being a perpetrator of domestic abuse, then we will definitely go into that and explore that more.

[Clinical lead]

### Substance misuse interventions

Several practitioners stressed that substance misuse interventions could also bring to light domestic abuse dynamics in relationships and increase understanding of how these dynamics may be linked to use of substances. Substance misuse interventions often entailed exploring who parents used substances with as well how substances were paid for. Interventions could also entail exploring how relationship dynamics related to triggers to using substances.

“ So we will look at the person’s relationships. We will look at who they have got, who they have got around them. We will look at their day-to-day routine, who they bump into. Who, if I asked you to look in your phone at the first 10 contacts there, you know, to give a bit of an insight to actually who they are mixing with. And then look at the impact of whether that person is a healthy person for you, an unhealthy person, what constitutes both of those things. We would look at current drug and alcohol use, how that is being funded, for example. So often the activities that they are doing might give us more detail on whether they are being controlled or, you know, [whether] there is that level of influence in their life.

[Practitioner]

### Non-lawyer reviews

Although rarely mentioned by practitioners, judges discussed the role of non-lawyer reviews in addressing domestic abuse perpetration. Although judges did not feel non-lawyer reviews were of central importance in addressing domestic abuse, they felt they were important for regularly consolidating progress and holding parents to account for their behaviours if a domestic abuse incident had come to light. Judges observed that they were able to build one-to-one relationships with parents in non-lawyer reviews, giving them a chance to explain their own progress and behaviours. Judges also reported the importance of non-lawyer reviews in terms of building trust with parents. Judges reported coming down from the bench and sitting face-to-face with parents. Some judges also talked about the importance of acknowledging the impact of trauma on the perpetrator’s behaviour.

“ The parents I’ve had who are identified as perpetrators, I will say something like, “I’ve read this. I’ve read your history. I don’t think you want to behave like this anymore, do you?” And then they shake their heads. And then I will say something like, “in my experience, most of the parents I see who have abused another parent have usually experienced something fairly horrible in their own childhood” and sometimes they’ll cry. I will then say, “What I would like to [do is] give you the opportunity ... to do some work with somebody away from my court, but where you can do something meaningful”.

[Judge]

Judges felt that participating in regular hearings with parents improved accountability as parents would be required to explain any domestic abuse incident known to the team and judges were able to keep up with a parent’s progress in real time.

I’m the mirror to the perpetrator or the victim, and I reflect back to them. I ask them to reflect to me why they did what they did when they’ve had the work that they’ve had, and ask them to think about what happened and what they would do differently. So, I suppose I’m the motivational one. I have to try and get them to focus on what it is they’re supposed to be doing. [Judge]

### Interventions with victim-survivors

Practitioners who primarily worked with victim-survivors often talked about victim-survivor interventions as a means of addressing domestic abuse and its harms. All sites offered interventions specifically for victim-survivors which, similarly to specialised perpetrator interventions, aimed to build awareness of domestic abuse issues and what was underlying them. Practitioners described that victim-survivor interventions differed from perpetrator interventions in that they focused on helping victim-survivors implement strategies to protect their children from abuse.

These interventions addressed domestic abuse through practitioners supporting victim-survivors to grow in agency and have the confidence to start to challenge and prevent problematic behaviours they might see in their relationships. Practitioners mentioned instances of victim-survivors taking the decision to separate from perpetrators as a result of their one-to-one sessions. Other practitioners also noted that these interventions were important when addressing bidirectional domestic abuse where both parties were experiencing and responsible for domestic abuse issues.

*“ So when I do my work with [victims], which is typically women who have been victims, in my experience, I tend to – I talk to them quite generally, I work in quite a therapeutic way. And I talk to them quite generally about their experiences but also do exercises around what they want in a relationship and then ask them to think about what they’ve had in relationships in the past and whether or not that really fits. We also do like cost-benefit, if you stay [in] the relationship, if you leave the relationship and stuff that, kind of, draws out the feelings about it and what the future might be if things were different.*

[Practitioner]

### Summary

Judges and practitioners thought that the full range of interventions offered in FDAC had a role to play in addressing domestic abuse perpetration either directly or indirectly. FDAC cases were formulated in a way which took into account the interconnectedness of different issues parents were experiencing, and then interventions were selected and sequenced to respond to those issues. Domestic abuse perpetration was directly addressed in one-to-one sessions with a specialist key worker, which was sometimes supplemented by a referral into an externally run group or by couples work in appropriate instances. Practitioners and judges felt that this specialist work was complemented by specific interventions addressing interrelated substance misuse issues and traumatic experiences, as well as by general interventions which aimed to improve psychoeducation and motivation. Victim-survivor interventions, which supported victim-survivors to grow in agency and in some instances take action to separate from perpetrators, were also perceived by some to be a strategy for addressing domestic abuse perpetration.

### Assessing safety when domestic abuse is present

After exploring how FDAC interventions addressed domestic abuse perpetration, we asked practitioners and judges about how the risks of domestic abuse were managed during the FDAC process. This was discussed to better understand the role of safety planning within the FDAC approach and explore if any features of the model created new considerations when managing risk. Practitioners perceived safety planning in FDAC to be a continuous and dynamic process that began as soon as cases were accepted into FDAC. Safety planning was most important when addressing current domestic abuse issues and sites reported devising safety plans for parents experiencing domestic abuse at the start of the process based on their initial assessment of the family. Judges tended to speak less about managing safety in FDAC than practitioners, and if they did examples tended to centre on managing safety while conducting non-lawyer reviews.

### Assessing safety in FDAC

Safety planning initially entailed practitioners collectively discussing domestic abuse risks within a family, considering the likelihood of harm, level of harm and triggers that may lead to escalation. Practitioners stressed that safety plans were continuously revised throughout the FDAC process in light of the progress of parents and new information that may come to light. Practitioners and judges also mentioned managing safety concerns within FDAC, such as by ensuring parents received separate non-lawyer reviews and deciding in some circumstances to omit information from assessments and court reports if there were risks of it escalating domestic abuse issues.

Measuring if and how domestic abuse issues were present was perceived to be central to managing safety. Practitioners discussed a range of indicators they used to assess the presence of domestic abuse behaviours. At the start of FDAC, practitioners often relied on records of police call outs and reports from social services to assess current and historic domestic abuse. Practitioners admitted that a limitation of this was that records often only referred to severe instances of physical abuse and did not typically capture subtler behaviours, such as emotional or financial abuse. Some practitioners also noted that such reports failed to capture relationship dynamics and tended to focus on the behaviour of the individual that perpetrated that incident, thus these accounts might fail to highlight whether or not an incident was perpetrated in response to an earlier instance of domestic abuse perpetrated by the other partner.

Sites also conducted domestic abuse, stalking, harassment and honour based violence (DASH) assessments with incoming parents to assess domestic abuse.<sup>430</sup> However, as explored above, many practitioners observed issues with parents being reluctant to disclose domestic abuse issues at the start of FDAC owing to lack of recognition of domestic abuse behaviours, worries about reprisals following disclosures or concerns that disclosure would make family reunification less likely.

### Individual safety plans for parents

Individual safety plans were developed for each parent and outlined a range of strategies that the parent should put in place to make their family environment safer. Practitioners observed that victim-survivor plans tended to focus on ways in which they could protect themselves and their children from harm if domestic abuse issues escalated. Specific strategies were identified, such as ensuring parents had separate mobile phones so they could contact services separately if necessary.

“ So, it’s always good to maybe at least have a few sessions with the parent, for them to understand the risks and be able to protect themselves and the children in the future.  
[Practitioner]

In contrast, perpetrator plans usually focussed on strategies to manage their own behaviour if there was a risk domestic abuse could escalate, such as taking time to cool down.

### Non-lawyer reviews

Judges commented on the importance of managing safety in non-lawyer review hearings. Whether reviews were delivered to couples currently experiencing domestic abuse together or separately varied depending on the site, family circumstances and the judge overhearing the case. Some judges reported that all parents experiencing domestic abuse issues received non-lawyer hearings separately so that domestic abuse dynamics would not factor into hearings, however, others reported that it was the norm for couples currently experiencing domestic abuse to receive non-lawyer reviews together unless their case was particularly severe. Some judges observed that the timing of in-person non-lawyer reviews also required careful thought so that parents did not receive their reviews successively and end up running into each other at court, which may escalate risks. Some sites reported providing separate waiting areas for parents whose non-lawyer reviews were back-to-back.

“ If the non-lawyer hearings are in person, it’s going to involve a sort of choreography, getting the parents in and out without meeting each other.  
[Judge]

There were mixed views across the sample regarding the extent to which domestic abuse issues were directly addressed in non-lawyer review hearings. Some judges expressed more reticence than others about discussing domestic abuse issues in these hearings, especially in instances where couples were still together or had recently separated. This was because ‘open court disclosure’ of these issues could escalate risk of retaliation for victim-survivors if they were found to have discussed a domestic abuse incident. Additionally, some judges reported not discussing domestic abuse in these hearings because they felt it was not their responsibility or specialism to broach these issues. Judges also pointed to the importance of using careful and neutral language that did not seek to blame or shame one party. This was thought to help mitigate risks of retaliation by not angering or singling out one parent. Judges also recounted that information relating to domestic abuse incidents could be omitted from court reports if they thought that including could significantly escalate risk to one party.

“ In the non-lawyer reviews, the judge may or may not be wanting to do direct work with the parent around that. We have to be very, very careful in FDAC about how we manage domestic abuse, because if you’re working with both parents in a system that is essentially transparent, the risk domestic abuse is raised. In a non-lawyer review, and there is a risk that that information will be shared with the other parent and could place the victim at risk.

[Judge]

Some judges expressed less reluctance around addressing domestic abuse issues in non-lawyer reviews and reported only sometimes avoiding discussing domestic abuse in hearings if a case was very severe. Some judges felt it was difficult to avoid discussing domestic abuse in non-lawyer reviews, given how often domestic abuse incidents were related to lapses and relapses of substance misuse.

Although you and I are having a conversation about separating these things out, I don’t think it really works like that very often. It’s difficult not to discuss domestic abuse... often one of the parents falls off the abstinence wagon and then behaves in a way that’s abusive. And then I’d be saying, “What happened last Wednesday? Do you want to talk to me about that and explain?” Of course, I wouldn’t say, “Don’t tell me about the domestic abuse part of that. Just tell me about you going to the pub and having six whiskies”. [Judge]

### Managing separation

Practitioners observed that safety planning around parents deciding to separate could present unique challenges as domestic abuse issues often escalate after a separation. Safety planning in these instances could entail linking parents up to additional support services and assisting them with finding safe accommodation. Practitioners also relayed that they would involve other services through multi-agency risk assessment conferences (MARACs) when appropriate.<sup>431</sup>

“ We will involve other agencies if necessary, we’ll have MARACs and we may have police involvement depending on what level of risk we’re working with. So there’ll be a lot of safety planning, again that will happen certainly in the early stages.

[Clinical lead]

“ We do support in terms of if a parent comes in and one of them says, “I want to separate from this person.” So, we do a lot of safety-planning work with Women’s Aid, to look at housing options, if there are any refuge spaces. So, in terms of the practical side, we obviously support with that. And in terms of the other, I suppose perpetrator, of that case, we then supported him with his housing options, to support with emotional support as well, and to support with his substance misuse as well, because that did increase after the break.

[Practitioner]

### Differences managing safety for couples, separated and single parents

Several participants reported that they found it easier to safety plan around domestic abuse issues in FDAC when both parents were working with the FDAC team. In these instances, they were able to get a fuller picture of risk and were able to compare their accounts of incidents and identify any discrepancies. Some judges and practitioners felt it was easier to manage safety for separated couples going through FDAC together as in most instances their domestic abuse issues were historic rather than current.

“ Her partner is currently in jail, but only on remand, so he hasn’t been able to be included in the FDAC process. His level of violence, there’s a clear pattern across multiple relationships. Some of it [is] linked to his own mental health issues. And it has been really difficult to manage the risk in that case. Because of course, everything that mum does, in terms of the FDAC process, is part of an open court process. He has access to all of that. And yet he is not within our remit for any form of intervention. So, how do we do that? How do we help mum tread a line, keep her safe, help her be able to really do the work that she needs to do, without that feeding into further difficulties for her in terms of the likely responses from him?

[Practitioner]

Many practitioners stated that it could be difficult to gain a full picture of risk if one parent was unknown to the FDAC team: in the majority of cases, the unknown parent was identified as being the perpetrator.

In such instances, practitioners were reliant on the views of the victim-survivor and public services when assessing risk.

“ So, we may well have lots of questions about things that we’re not clear about. We will often have mothers in particular saying, “I’m not with them anymore”, for example. That’s the most common thing we hear. And we will be thinking, “Really? Really?” And how do we really establish whether you are. And if you are, what does that mean? Or if not with them, are you with someone else? You’re our only stable point of contact, to decide what we think about that, so we need to get you in the DV group” for example.

[Clinical lead]

Some judges and practitioners felt that it was more difficult to manage safety for couples that were still together during FDAC due to the complexity created by the presence of substance misuse issues and co-dependency. It was noted that it could be difficult to get both parents to reduce or abstain from substances simultaneously and that one parent making progress could often upset the other parent, which could escalate risk.

“ I think there are quite dysfunctional couples using substances where [safety] is perhaps a big issue as we’re working through FDAC. I think, for couples who are separated then I think the very fact of their separation often means that it’s less of an issue.

[Judge]

### Safety planning when historic domestic abuse is present

Several practitioners stated that safety planning was also relevant to cases where domestic abuse issues were historic rather than current. In these instances, safety plans would pertain to assessing the likelihood of a parent entering a relationship with domestic abuse issues in the future. Several practitioners differentiated between historic domestic abuse within an ongoing current relationship and historic domestic abuse within a past relationship. Most of these practitioners agreed that historic domestic abuse within a current relationship was a more important concern when safety planning. At some sites, safety planning around historic domestic abuse in a past relationship was viewed as being ‘optional’ and depended on whether the parent expressed a wish to work through past issues.

“ But it’s also about the relationships that they’re going to have in the future, whether it’s intimate ones or friendships. You know, we’re working with families who come round and so many of them come round and round and round and round the services and back. They come again and back. They come again and [it’s] about helping them to try to think about all of the factors that maybe caused them difficulties and helping them to feel that they can make change.

[Clinical lead]

### The impact of the pandemic on managing safety

Several participants felt that the pandemic had created new difficulties in effectively managing risk. Practitioners recounted that it had become hard to assess safety properly due to having to conduct remote assessments. Often victim-survivors and perpetrators were living at the same home, which meant that there was no way professionals could ensure they were alone for their individual sessions. This created risks that a victim-survivor might not fully disclose ongoing abuse or may face reprisals from their partner if they did disclose.

“ I think it has made it much more difficult to work with people to create safety. If you’re doing a virtual assessment of a parent and you know on the court bundle it says it’s an abusive relationship and the perpetrators are in the same house as them... it’s really difficult to extract that – the elements of that – and have an honest conversation about that on Teams, where you’ve got no control over the environment that that individual is in. But also how can you do any meaningful work with the perpetrator or the victim if they’re living in the same property? I think the pandemic has created a lot more anxiety for professionals about how they work with and how they manage domestic abuse.

[Team Manager]

## Summary

FDAC teams employ a range of strategies to manage risks for families throughout proceedings. These strategies include conducting thorough and dynamic risk assessments throughout proceedings, devising individualised safety plans for each parent and managing how non-lawyer review hearings are delivered. A key theme which emerged was that considerations around ensuring safety were often different for single parents, separated parents and couples going through FDAC.

## Decision making in FDAC when domestic abuse is present

We also asked participants about what their main considerations were when deciding whether or not to recommend family reunification for families experiencing domestic abuse. Most participants stated they would be looking for a significant reduction or the complete disappearance of domestic abuse behaviours from a relationship and that often these changes were linked to parental cessation from substance misuse. Judges observed that the necessary changes in domestic abuse behaviours were most often achieved through parents separating throughout FDAC as opposed to through successful perpetrator behaviour change. This was attributed to the fact that some sites had only recently begun to take on more domestic abuse cases and were still refining aspects of their approach. Perpetrator disengagement and attrition from FDAC was also cited as a factor hampering successful perpetrator behaviour change, although the majority of participants felt that this issue was not as significant in FDAC as it was in standard care proceedings.

### Judges' perspectives on recommending family reunification

Some judges felt that the process of making reunification decisions about FDAC families differed to the decision-making process in standard care proceedings. Whereas judges would typically base their final decision on local authority assessments, which described parents' present circumstances, FDAC reports had input from the multidisciplinary team and focused mainly on changes the parent had made during court proceedings. Judges also noted that they had more evidence to base their decision on for FDAC cases compared to those in standard care proceedings.

*" I mean the FDAC reports are huge documents and maybe around sort of 60 or 70 pages up here. I don't know if it's the same as in the rest of the country, but they're very comprehensive.*

[Judge]

Some judges also felt that having the opportunity to meet parents face-to-face in non-lawyer reviews afforded them the opportunity to get to know parents better and directly observe changes in attitudes and behaviours towards domestic abuse perpetration throughout FDAC.

*" Because of the regular hearings I can just have more insight into how a family works in FDAC. By the time parents run through the FDAC process, then probably I don't have decisions to make in quite the same way that I might in a non-FDAC case.*

[Judge]

Judges also reported that parents going through FDAC were less likely to deny information presented in hearings than parents in standard proceedings. This was attributed to parents not feeling they could be honest in front of professionals and having less regular contact with judges in standard care proceedings. A judge also noted that FDAC parents were more likely to accept the outcome of their case regardless of whether it was favourable or not, as they were more likely to feel they had been given a fair and comprehensive opportunity to change in FDAC.

*" They are more likely to accept a negative [FDAC] recommendation and not contest proceedings or only to quite a limited extent, whereas [when] we have a local authority assessment, they're more likely to seek to contest.*

[Judge]

## Identifying changes in domestic abuse in FDAC

Practitioners and judges mentioned a range of indicators that were utilised to assess changes in domestic abuse issues in families and inform decisions around reunification. Practitioners considered a holistic range of indicators when assessing behaviour change in domestic abuse perpetration. Alongside police call outs and reports from public services, the behaviour of parents in one-to-one sessions was identified as a key consideration in assessing behaviour change. Practitioners alluded to looking for changes in perpetrator's perception of their own culpability for domestic abuse behaviour, their honesty and insight when discussing domestic abuse incidents, expressing guilt and shame around incidents and being able to provide examples of implementing new emotional regulation and coping strategies they had learned in FDAC in their own life.

*" I guess it is insight into behaviours. It is how they manage difficult situations, if they would talk about a situation and how they kind of managed it... there is [an] activity which looks at their values and judgements within relationships and their self-talk and their feelings within a relationship and things. And I guess it is about them showing insight about (a) their knowledge of that and their reflection and what has been happened in the past, but (b) how they are doing things differently, moving forward. So it will be that type of thing really.*

[Practitioner]

Several practitioners also discussed looking for changes in how perpetrators interacted with professionals as well as towards their partner or ex-partner in couple sessions and looking at whether manipulation or hostility were present in their behaviours. Getting the perspective of partners and children on perpetrator behaviour change was also identified as a valued source of data, as it allowed practitioners to corroborate changes the perpetrator had been displaying in individual work.

*" It's about how they communicate with their partner or ex-partner. And, obviously, people can put their best foot forward when lots of eyes are on them, but, also, people tend to revert back to ways that they've spoken to someone before if they're frustrated. So, you want to be thinking about how they communicate, has there been an improvement, are we still seeing concerns, is it that they can't communicate but there's a really good middle person that can help with contact and sharing the important information about health, etc.*

[Practitioner]

## Changes in domestic abuse needed for reunification

Practitioners and judges from different sites expressed divergent views around what changes in domestic abuse behaviours were needed for reunification to be achieved. Practitioners from one site stated that all forms of domestic abuse would need to have disappeared from a family for reunification to be recommended. Participants from this site observed that their approach to reunification had become increasingly risk averse in recent years due to previous decisions around domestic abuse not working out in the way intended.

*" Personally I'd like to see domestic abuse disappear and I don't know what it would mean to have a bit of domestic abuse but it still be okay for kids. I don't know what that would look like even.*

[Clinical lead]

*" I think that what we learnt from that is about being robust about the relationship work and not going with surface changes. We're looking for really deep-rooted, sustained changes.*

[Team Manager]

At the other three sites, most practitioners did not think it was feasible for a complete cessation of all domestic abuse within the time frame of FDAC and were looking for parents to have made considerable progress and show insight into their behaviours.



“ *I think it’s unrealistic to expect it to completely disappear. If someone’s 35, let’s say... That’s not a particularly old age, but if they’ve been behaving in a certain way for their entire adult life, then being under the spotlight for 18/20/40 weeks isn’t going to have significant changes... the reality is that people need to be able to learn the skills, reflect on past behaviours, reflect on how they want their future relationships to be and why their old relationships haven’t maybe hit that threshold.*

[Practitioner]

### Considering domestic abuse and substance misuse when recommending reunification

Most participants were of the view that domestic abuse issues were equally as important, if not more important, than substance misuse issues when reaching a final recommendation. Some practitioners felt that domestic abuse issues posed a greater risk of harm to children than substance misuse physically and psychologically. Some participants mentioned considering risks of the intergenerational transmission of domestic abuse to children when thinking about domestic abuse issues and whether or not to recommend reunifying families.

“ *You’re thinking about the long-term impact on [the children’s] emotional development, their self-esteem, their mental health, then thinking about the psychological stuff and the emotional stuff is going to have a much greater impact or an equal impact, I suppose, when it comes to domestic abuse and the impact on children, because they are developing and they can only understand the world that is shown to them.*

[Practitioner]

There was also acknowledgment that domestic abuse issues and substance misuse issues were difficult to consider discretely when making decisions due to their interrelatedness and how a relapse into substance misuse may aggravate domestic abuse.

“ *So the ones that do the best make progress in all areas. And I guess we would say that is all kind of linked and is what you should expect. Yes, so I guess it is where we see that equal progress moving forward.*

[Practitioner]

### Reunification outcomes for domestic abuse

All judges observed that it was more common for FDAC families to achieve reunification because couples experiencing domestic abuse had decided to separate as opposed to because the perpetrator had achieved behaviour change in FDAC. While some judges attributed this to the fact that FDAC had only just started taking on cases where domestic abuse was a significant factor, others attributed it to the fact that perpetrators often dropped out of proceedings before achieving meaningful change. Although judges acknowledged it could be difficult to engage perpetrators, most were optimistic about more families achieving reunification due to behaviour change in the future as the FDAC model became more adept at addressing domestic abuse.

“ *Because domestic abuse has really only become something we’ve actively worked on, because of the risks, in the last year or 18 months. So, I haven’t seen any families reunified where I have endorsed them returning to both parents. I’ve seen children returned to single parents.*

[Judge]

### Summary

There was variation among sites regarding what changes in domestic abuse behaviours were sufficient to recommend reunification. Judges reported that the decision process in FDAC was different to standard proceedings because they had access to more information about parents’ progress and could observe changes in the parent personally. Judges felt it was still the norm for reunification to be recommended for families experiencing domestic abuse issues because of a parental separation rather than a perpetrator behaviour change in FDAC but were optimistic about family reunification being increasingly achieved through perpetrator behaviour change as the FDAC approach to addressing domestic abuse underwent further development.

## Perceptions of the effectiveness of FDAC interventions for addressing domestic abuse perpetration

After discussing how FDACs respond to domestic abuse perpetration, participants were asked about how effective they thought the FDAC approach was for addressing domestic abuse perpetration. This was to ascertain what participants perceived to be a successful outcome for families experiencing domestic abuse and to understand what aspects of the model might facilitate domestic abuse perpetration being addressed more effectively than in standard proceedings. Participants were also asked about factors that they thought currently hampered FDAC's response to domestic abuse perpetration.

The majority of participants thought FDAC was a more effective way to address domestic abuse perpetration than standard care proceedings due to its flexible, dynamic, therapeutic and individualised approach to working with parents. Participants also pointed out a range of factors which limited FDAC's impact in addressing domestic abuse perpetration, such as limited timescales, issues engaging perpetrators, a lack of effective domestic abuse interventions to complement FDAC and resourcing issues.

Some participants had experiences with various domestic abuse interventions that were offered in standard care proceedings, but there was not sufficient time to discuss the merits and drawbacks of these in comparison to FDAC at length in the interviews.

### Defining 'effectiveness' in FDAC

The majority of participants felt that FDAC was more effective at addressing domestic abuse perpetration than standard care proceedings. However, all practitioners were aware that their views were based on anecdotal evidence and discussed the paucity of empirical research available on the effectiveness of FDAC for addressing domestic abuse perpetration compared to standard proceedings.

*" We think it's worked with [some parents], and so [me] we think it hasn't. And even then it's really difficult to prove outcomes. Some of it is [a] gut feel [ing] like this person really gets it. Yeah it, it's waiting and seeing ... what happens in the next year or two.*

[Team Manager]

Several practitioners and judges also questioned what 'effectiveness' and 'success' meant within FDAC, particularly in reference to achieving the best outcomes for parents in comparison to the best outcomes for children. It was broadly felt that 'effectiveness' for parents referred to either achieving long-term behaviour change regarding domestic abuse issues or family reunification being achieved at the end of FDAC. Effectiveness in terms of outcomes for children was perceived differently and pertained to the child being placed in the safest setting at the end of proceedings. Participants also acknowledged that domestic abuse issues were addressed in FDAC as part of the goal of creating a safe environment for the child to return rather than being addressed primarily for the purpose of improving the parents' relationship. Subsequently, the best outcome for a child may come into conflict with the best outcome for a parent. Parents may achieve some positive behaviour change in FDAC, yet not be reunified with their child.

*" There's a massive tension, isn't there? You know what's best for the parents and what's best for the kids is often hugely, hugely different. The children quite often, due to their age, need resolution in quite [a] short space of time, whereas if you were going on parents' needs, this work would be years and years and years because it's taken years to manifest. Keeping focussed on the child when you're working with the parent and you feel for the parent, that can be quite a difficulty in the team. And the decisions are always child focussed, but the emotions involved in that ... and how that feels making those decisions can be really tricky.*

[Team Manager]

## Strengths of FDAC for addressing domestic abuse perpetration

### A holistic and multifaceted understanding of what is driving domestic abuse perpetration

All practitioners felt that the drivers of domestic abuse perpetration were understood differently in FDAC in comparison to other interventions and professional environments. Some practitioners stated that they had initially felt hesitant to work with perpetrators but that working in FDAC had changed these views and prompted them to think about perpetrators in more holistic and less stigmatising ways.

*“ I was a little, well, yes, I'd say scared, to be honest. Because I think, when you hear the word – And I don't really like the word 'perpetrator', and when you hear that word, it always is very negative, isn't it? But actually, FDAC has taught me to, yes, be aware of those assumptions, but actually get to know that person, build that relationship up, especially with the perpetrator.*

[Practitioner]

Notably practitioners and judges thought that FDAC adopted a more 'psychological' and 'trauma-informed' approach to domestic abuse perpetration than other interventions. This entailed FDAC teams applying an awareness of trauma to all aspects of their work and looking closely at the experiences that underlie emotional and behavioural responses. In contrast, other interventions were perceived to primarily focus on changing behaviours but not addressing the drivers behind them.

### Greater awareness of the heterogeneity of domestic abuse

Some practitioners reflected that their experience in FDAC had deepened their understanding of the multifaceted ways that domestic abuse could manifest in a relationship. This largely pertained to domestic abuse presenting in ways other than 'physical abuse' and 'male-to-female abuse'.

Practitioners and judges observed the FDAC approach did not assume that the causes of domestic abuse perpetration were the same for each individual and specifically tailored interventions in an individualised way. This also meant that programmes could be devised for parents who were both experiencing and responsible for domestic abuse. Judges and practitioners observed there to be a paucity of programmes which could address perpetration and victimisation issues simultaneously. Other programmes were also perceived to adopt prescriptive and manualised approaches, assuming that the same intervention design could work for all individuals. Furthermore, judges noted externally run group perpetrator programmes often were only open to men and excluded female perpetrators.

*“ In social work, ... a lot of the groups that you'd refer into, a lot of the interventions that would be done would be about models of behaviour change... That's useful, but ... we're not getting to what's underlying it and what need the behaviours are meeting. The difficulty with a lot of the community programmes is they are group based. They've had to be. Obviously, if you're looking at probation side of things that they're rigorously evidence based as well, so you get people doing what is essentially a manualised program, and that can be done very skilfully and individualised, or it can default to a purely manual base.*

[Team Manager]

*“ I know there are lots of different typologies in terms of domestic abuse, but I was probably only aware of male-to-female violence. But actually it has taught me, through working with the cases, there are a lot more, there are different dynamics, there are different types of partner abuse and things like that.*

[Practitioner]

### The dynamic multidisciplinary team

Practitioners and judges largely thought FDAC was more effective at addressing domestic abuse because of the provision of a multidisciplinary team. Practitioners strongly felt that the members of the FDAC team could benefit from each other's specialisms when working with parents and considered a range of different perspectives when making shared decisions about families together. Practitioners and judges felt a further strength was that FDAC practitioners with different specialisms did not work in silos and regularly communicated with each other about the progress of families throughout FDAC.

“ All of the practitioners are supported to work covering all of the different areas. I think it’s really helped them to understand the links. And actually, you know they don’t just work in silos and you don’t just if you work with mental health, it doesn’t mean you’re not able to look at substance misuse or domestic abuse. You know they are all part of the same kind of fundamental issue that’s brought us into proceedings. And so I think that’s definitely helped.

[Team Manager]

Practitioners also noted that FDAC was more dynamic than similar interventions and practitioners were in constant communication with each other about parents’ progress to re-formulate their approach according to changing circumstances.

“ If something starts coming up in an assessment that feels outside of my area of expertise and outside of my skill set, it’s really easy for me to get support ... from a domestic abuse colleague, or for them to be able to have a look or kind of do a bit of the work for me. So I think that when we’re thinking about how to do it and kind of what we do, I think it’s not just the tools, it’s the people. You know, actually our best resource is us.

[Practitioner]

### A whole family approach

Practitioners felt that a distinctive feature of how the FDAC approach conceptualised the drivers of domestic abuse perpetration was its adoption of a whole family view. The fact that both parents in the relationship were, in many cases, going through FDAC simultaneously allowed practitioners in the FDAC team to take into account the perspectives and behaviours of both partners and formulate their treatment approach accordingly.

“ We would always look at it as a whole family approach so we ... would never just intervene with one part of the family. We would always intervene with both or three or sometimes four adults within that family and with the children.

[Team Manager]

### Less stigmatising engagement with parents

Practitioners and judges also felt that FDAC was more effective than other interventions at addressing domestic abuse due to parents’ experience with the FDAC team. Notably, FDAC parents were able to build close and trusting therapeutic relationships with key workers. Some practitioners noted that many parents were able to feel like they had a voice throughout the FDAC process.

“ I think just because the parents feel included, they don’t feel maybe as written-off as they might do in other proceedings. Because they feel part of it and they’re included. And it is made really clear to them what the expectations are, and they have really time-oriented goals, really focused interventions around that, that I think it becomes clear quite early on if they are going to engage with that.

[Practitioner]

Many participants perceived FDAC to be less stigmatising and ‘blaming and shaming’ in its framing of domestic abuse perpetration compared to other interventions, due to the fact that FDAC adopted a whole family approach and looked at a range of different influences on behaviour. Practitioners felt like this approach encouraged perpetrators to be more open about their behaviours than they would be in other environments. Several sites reported using different language around domestic abuse, such as framing issues being addressed as ‘healthy relationships work’ rather than domestic abuse issues.

“ [Domestic abuse is] still probably one of the hardest areas, I think, because of the feelings, sometimes because of the feelings of guilt and shame, that go alongside it for perpetrators. But I think that I now see that there is more point to doing the work, because I think it can result in difference, or change.

[Clinical lead]

Several judges thought that parents being able to develop relationships with the FDAC judge in non-lawyer reviews helped to reduce stigma around domestic abuse issues. This provided parents with the opportunity to have direct interactions with judges and for judges to provide parents with praise and motivation regarding their progress in FDAC.

“ *I come off the bench, I sit at the same level, and it's a very interactive conversation that I have with them... even sometimes in the legal hearings, the parents will still talk to me direct [ly] and bypass their lawyers, which I don't mind that, because it's a very, for want of a better phrase, user-friendly process.*

[Judge]

### A holistic and joined up approach to assessing safety

Most practitioners and judges felt that the approach to managing domestic abuse risks in FDAC was distinctive from other professional environments they had worked in, such as children's social care. It was felt that in FDAC risks were appraised in a holistic way, with practitioners gathering together to share and discuss their views of cases. Some practitioners commented that in other environments, assessing risk was more of a box-ticking exercise and assessments did not draw on a range of perspectives. In contrast, risk assessments in FDAC were multifaceted and took into account the perspectives of different practitioners across the multidisciplinary team, considering the behaviour and history of more than one family member. Practitioners also noted that in other interventions, risk was not continuously monitored and did not take into account emerging developments.

### Limitations of FDAC for addressing domestic abuse perpetration

#### Limited timescales

Several practitioners felt the timescales of care proceedings within which FDAC operates were not sufficient to address domestic abuse perpetration adequately, particularly for more severe domestic abuse cases that encompassed aspects of coercive and controlling behaviour. Practitioners expressed that often the impact of traumatic experiences and domestic abuse dynamics could only be addressed once parents' substance use was stable. This could often take most of the duration of FDAC, leaving limited time for other issues to be adequately addressed.

“ *Because of the court timescales there is a lot of pressure and there are so many other factors involved. Like I have mentioned about the intervention plans building a relationship, a therapeutic relationship. Being able to do the grounding and stabilisation work first. That all eats into your time but unless you do that you can't focus on doing the other things. And actually for you to have really open conversations around topics like domestic abuse and violence. There is a lot of shame, a lot of other feelings involved in that.*

[Practitioner]

#### Perpetrator engagement and attrition

While many practitioners and judges were of the view that perpetrators were more engaged by the FDAC approach than standard care proceedings, several emphasised that there were ongoing challenges engaging perpetrators in FDAC as well as high rates of perpetrators withdrawing from proceedings before meaningful behaviour and attitude change could be achieved.

“ *It's relatively early days in terms of FDAC doing a lot of work with perpetrators, because a lot of perpetrators won't engage. You need somebody who's prepared to be in FDAC. Also, you need to have somebody who's prepared to accept that there's an element of poor behaviour on their part.*

[Judge]

#### Staffing issues

Judges and team managers noted that there had been difficulties resourcing domestic abuse specialists to work in FDAC. These participants perceived there to be a paucity of professionals specialising in domestic abuse issues to draw from and felt that this lack of expertise had hampered the delivery of specialist domestic abuse work in FDAC. The lack of professionals available was attributed to professionals feeling discomfort working with perpetrators and perceived difficulties around perpetrators engaging with professionals.

From a resource point of view, we've struggled to recruit somebody for domestic abuse, to be quite honest the workers seem to be few and far between. It's not easy work, is it? I don't know whether people aren't going into that or it's too difficult. [Judge]

Several also observed that the lack of male professionals working with parents with domestic abuse issues may hamper perpetrator engagement due to male perpetrators not feeling able to discuss behaviours with female practitioners honestly.

*" I think one of the things that just strikes me, now we've been talking about it, is that the FDAC team is entirely female. I don't think they've got any male workers at all. Now, whether that is an issue at all in terms of working with male perpetrators, I don't know.*

[Judge]

Some sites also reported that they had only begun to take on cases with significant domestic abuse issues recently and practitioners in their team were still in the process of refining their approach to addressing domestic abuse perpetration.

### Resourcing issues

Judges were of the view that FDAC sites could vary in terms of the funding and resources available to them. It was observed that certain FDAC teams may not be able to address domestic abuse perpetration as effectively as others due to disparities in resources such as some sites not being able to resolve housing issues for parents promptly.

*" I know some of the FDAC teams, or FDAC courts, the resources that are available to families are significantly greater than the resources that are available here. So, my outcomes have been mixed.*

[Judge]

### Lack of effective perpetrator programs to complement FDAC progress

Some judges felt FDAC's effectiveness for addressing domestic abuse perpetration was hampered by inadequate community perpetrator programmes that should be continuing work with perpetrators to maintain behaviour change after FDAC proceedings had finished. It was reported that some local authorities did not provide an external programme for perpetrators and that the range of programmes offered could differ considerably depending on the local authority overseeing provision. Several practitioners and judges reported that community programmes were usually delivered in a group format but that this was not a format that all parents felt comfortable with. Some judges felt FDAC should be followed by further individualised one-to-one community interventions with perpetrators to consolidate behaviour change achieved in FDAC. Judges also noted that complementary perpetrator programmes often just catered to male perpetrators and could not support female perpetrators or parents that were both affected by and responsible for domestic abuse.

*" One of my authorities has not got a perpetrator programme, although it tells me it's about to get one. It has meant that we've had to get that authority to spot-purchase work from another agency. So I don't think that it's a problem with FDAC. I think it's a problem with external resources. I think there is a need for something that sits outside a court process. I would just like to see that every court had one.*

[Judge]

### Limitations of the whole family approach

A minority of practitioners thought that the whole family approach could sometimes compromise the effectiveness of FDAC for addressing domestic abuse. These practitioners provided examples of FDAC proceedings being utilised in an adversarial way by perpetrators, who attempted to manipulate practitioners by blaming their partner for abuse or trying to convince the FDAC team that their partner is the primary perpetrator. Practitioners reported that it could be difficult to figure out which parent's account to believe in some instances.

“ We have full disclosure of non-lawyer reviews [and notes] are shared with all parties. Sometimes this feeds into the males’, if they are the perpetrators, ability to further manipulate the woman. Or the woman is fearful of being honest about that, because she’s worried about how that’s going to be shared in proceedings, how she may well be perceived. So, you’re managing it on a number of levels, really. That’s a key factor.

[Team Manager]

#### Issues disclosing domestic abuse in care proceedings environment

Practitioners also felt that ‘open court disclosure’ protocol often presented a barrier to victim-survivors being forthcoming about the domestic abuse they were experiencing. This was due to worries that the perpetrator would find out they had spoken out to the FDAC team and punish them for this.

#### Effectiveness for different types of domestic abuse

Some practitioners felt that FDAC was only effective for some types of domestic abuse perpetration. A few practitioners felt FDAC was fairly effective at addressing situational couple violence which was fuelled by substance misuse, but not effective for more entrenched and pre-meditated forms of perpetration such as intimate terrorism, which required a longer intervention that addressed deeper psychological issues driving behaviour.

Cause it’s much more hardwired or entrenched within people. It’s really hard. It’s like telling somebody to change their personality, in effect. For them, that’s just who they are, that’s just how they think and how they relate to people. And that’s really hard, to have someone question your core beliefs. Even if we think they’re faulty, for that person, that’s their security, that’s what they have always done. So, to try and support someone to change that is quite a big thing to try and achieve. [Practitioner]

A minority of practitioners were of the view that FDAC was more effective for parents who came into the intervention with some foundational knowledge of domestic abuse issues from previous interventions; in these cases FDAC was able to build on existing work that had been done. These practitioners expressed that FDAC was not suitable for addressing more entrenched domestic abuse dynamics that had been occurring for a longer period of time.

“ Families who tend to do better, and do better long-term, are people who are probably in an older age bracket. People who’ve, kind of, been through services and maybe had periods of abstinence and then lapsed or relapsed and ended up back in a similar situation or people who’ve had children removed previously. I think they’re more likely to be able to really work on themselves and hopefully make changes long-term than people who are maybe [at their] first ... intervention who think that they can, kind of, do it on their own. They don’t need any support. I think people who have been through services and tried different things and know what works for them already [do better in FDAC].

[Practitioner]

#### Summary

Although many stressed the need for more research into FDAC’s efficacy, the majority of participants were of the view that the FDAC approach was more effective for addressing domestic abuse perpetration than standard care proceedings. FDAC was felt to be more effective due to its joined up, holistic, individualised, therapeutic and whole family approach to addressing domestic abuse perpetration which resulted in parents feeling more engaged and less stigmatised for their behaviour. However, FDAC was not perceived to be a silver bullet for addressing domestic abuse perpetration, and a range of factors which hampered its effectiveness were discussed such as the limited timescales of FDAC, difficulties engaging perpetrators, resourcing issues, and issues around parents disclosing domestic abuse during proceedings. Some also expressed that FDAC might not be able to effectively address all domestic abuse types and behaviours.

# IV. Conclusions: Bridging the literature review and qualitative research

## **1. We need a shift towards integrated substance use, trauma and domestic abuse interventions that are evidence-based and responsive to the needs of perpetrators and families.**

The literature review strongly indicates the need for domestic abuse perpetrator interventions to shift away from the dominant 'one-size-fits-all' group interventions premised on the Duluth or cognitive behavioural therapy (CBT) models, in which engagement is measured by attendance and 'certificates of completion'. FDAC practitioners also vocalised this need for a shift: they perceived current group programmes for perpetrators to be manualised, 'one-size-fits-all' approaches that were not tailored to the needs of individual people and their families. Additionally, several practitioners felt that these programmes did not assess the progress of perpetrators holistically and continuously, and overly focussed on perpetrator attendance as a measure of engagement rather than on indicators of sustainable behaviour change.

Instead, the evidence base demonstrates the need for multidimensional, individualised, trauma-informed integrated substance misuse and domestic abuse interventions that are rigorously evaluated and evidenced. This imperative was also echoed in the views of FDAC practitioners. Many practitioners expressed that current interventions treated domestic abuse issues in isolation from other interrelated behaviours such as substance misuse and overly focussed on addressing behaviours as opposed to the causes underlying those behaviours. They also expressed the need for stronger evidence on effective domestic abuse interventions that they could implement in practice.

## **2. There is significant alignment between FDAC practitioners' understanding of domestic abuse and the findings of our rapid evidence assessment.**

FDAC practitioners spontaneously spoke about many of the key points emerging from the literature in a nuanced way. There were broad areas of agreement covering everything from how practitioners defined domestic abuse and how that definition evolved over time given the changing nature of the field; their general understanding of coercive control vs. bidirectional/situational couple violence as distinct typologies; and an understanding of how substance misuse, trauma and domestic abuse interact complex ways that may manifest differently for each individual within their relationship.

Particularly noteworthy areas of concordance include:

- Practitioners viewed trauma as an important driver of domestic abuse and reported that the vast majority of perpetrators in FDAC disclosed traumatic experiences that were seen as having a role in their present behaviour. They also acknowledged that not all individuals who experience trauma in childhood go on to perpetrate domestic abuse, and that there are other systemic and environmental risk factors that could increase one's risk.
- Practitioners' understanding of the concept of trauma was multifaceted: trauma was perceived to refer to specific adverse events as well as being exposed to chronic adversity over time. The impact of trauma was described as the effects of a past experience on brain development, emotional regulation and subsequent emotional and behavioural responses to triggering situations or events. Consistent with the evidence base, practitioners identified emotional regulation and maladaptive coping responses as key mechanisms by which trauma impacted risk of perpetrating domestic abuse.



- Practitioners perceived traumatic experiences to be a potential common underlying factor for substance misuse, mental health issues and domestic abuse issues, but also recognised that each of these issues might interact with each other in a complex way in different cases.
- Most practitioners perceived substance misuse as an aggravating factor to domestic abuse perpetration rather than the underlying cause, although some thought substance misuse could be the main driver of perpetration. This is consistent with the debate in the literature on whether substance misuse should be viewed as a ‘cause’ of domestic abuse or a ‘contributing factor,’ but the consensus that the relationship between substance misuse and domestic abuse is important for treatment purposes regardless.
- Practitioners spoke of the range of impacts that substances could have upon domestic abuse, including the specific pharmacological effects of particular substances, as well as the impacts of dependency and withdrawal. Reflecting many of the themes discussed in Gilchrist et al. (2019), they also spoke about the complex ways substance misuse issues could manifest within a relationship in which one or both partners were dependent on substances, such as by creating co-dependency between partners, straining household finances, or controlling one’s partner’s access to substances.
- Consistent with the evidence base on personality disorders and domestic abuse perpetration and the Holtzworth-Munroe and Stuart typology, practitioners linked personality disorders to ‘more severe’ perpetrators who engaged in coercive control and experienced more entrenched psychological issues.
- Consistent with the evidence base, most practitioners felt that interventions that did not specifically address domestic abuse perpetration – including general trauma/mental health and substance misuse interventions – still played an important role in reducing domestic abuse.
- The practitioners drew on mainstream models of perpetrator intervention such as Duluth and cognitive behavioural therapy (CBT), but also stressed the importance of working on underlying emotional drivers and some offered couple work. Practitioners and judges expressed reservations about prescriptive and one-size-fits-all approaches and felt a strength of FDAC was the ability to coordinate suitable resources for each family.

### **3. The integrated, trauma-informed, multidimensional approach of FDAC is in line with the evidence regarding the complex drivers of domestic abuse perpetration.**

There are several key components of FDAC that are consistent with recommendations made in the literature for flexible, integrated and multidimensional approaches to perpetrator intervention. Moreover, the literature supports the importance of substance misuse and trauma as key drivers of domestic abuse, both of which are core aspects of FDAC’s approach to working with families. Most FDAC practitioners felt that in comparison to other perpetrator interventions, FDAC worked more effectively with families due to these key components:

- **Multidimensional understanding of domestic abuse issues:** The evidence base supports the need for integrated treatment of substance misuse, mental health/trauma-related issues and domestic abuse both because they share common drivers and because issues in one area could undermine one’s ability to engage in and benefit from treatment. In accordance with this, FDAC does not address domestic abuse perpetration in isolation from other issues. Work with parents is based on the understanding that the factors underlying domestic abuse perpetration are complex and multifaceted. FDAC attempts to understand what factors are driving parents’ behaviours and how they are interrelated to each other and intervention plans are designed to address the impact of traumatic experiences, substance misuse, parenting and mental health issues alongside domestic abuse issues.
- **Developing therapeutic relationships with key workers:** The evidence base highlights that a positive therapeutic relationship may be important for perpetrators to overcome feelings of shame and denial, and that confrontational approaches may deepen trauma-related resentments and reinforce unhelpful beliefs about power.<sup>432</sup> Practitioners expressed that building a therapeutic alliance between parents and their key workers underpinned the effectiveness of FDAC, as it allowed parents to feel understood

holistically and respected by the FDAC team. Practitioners stressed the importance of building a successful therapeutic relationship with the parent *before* addressing and challenging behaviours in sessions by establishing a parent's motivation to change – including what their goals were, what constituted a 'good life' and what legacy they would like to leave for their children. They spoke about the importance of parents feeling "included" and not "written-off as they might... in other proceedings" and building trust so that parents felt "able to talk about really difficult things without being shamed or blamed". This was seen to result in improved engagement from parents and perpetrators feeling less stigmatised for their behaviour from professionals.

- **Trauma-informed approach:** Given the high prevalence of trauma exposure, trauma-related disorders and attachment issues among perpetrators of domestic abuse, the literature review indicates the need for any perpetrator intervention programme to be trauma-informed. All members of the FDAC team, regardless of their role or specialism, bring an understanding of traumatic experiences and their impact to their work with perpetrators. This understanding appeared to inform a number of aspects of practice from initial relationship building, to formulating an understanding of behaviours, to offering direct treatment for trauma-related issues.
- **Joined up, multidisciplinary working:** The evidence base stresses the need for multi-agency collaboration between children's social care and health care/mental health care agencies in addressing domestic abuse. Bennett (2008) suggests the court system is a 'natural link' between substance abuse and partner violence treatment.<sup>433</sup> In FDAC, the team includes mental health professionals, social workers, and specialists with a range of expertise in substance use, domestic abuse and clinical issues who have shared input and responsibility for assessments, formulations and making decisions about families. Practitioners thought a unique element of FDAC was that staff could consult with each other and benefit from the rich knowledge and expertise of the FDAC team. FDAC also draws in relevant community services, coordinating input and ensuring a joined-up approach. As such, FDAC provides a consistent and cohesive framework for assessing need and risk, while flexing to tailor the intervention package to the specific needs of the perpetrator.
- **Whole family approach:** The evidence base supports the need for services addressing domestic abuse to consider the family unit as a whole, which includes assessing risk from the perspectives of different family members. This approach allows for effective risk management, collaboration and consideration of viable treatment options in the context of the needs and wishes of the family as a whole. FDAC practitioners thought they were able to gain a more holistic and accurate view of domestic abuse issues due to the fact that often both parents went through FDAC simultaneously. A key benefit of this was that practitioners were able to understand domestic abuse dynamics from both parents' perspectives and could sometimes address communication issues between parents in couple sessions.
- **Individualised formulations and safety planning:** Given the heterogeneity of those who perpetrate domestic abuse, the literature review supports the need for interventions to be tailored to the type of abusive behaviours present in the relationship, as well as the individual and couple's characteristics and needs. Many practitioners felt a distinctive feature of the FDAC approach was its flexibility, which enabled the approach to be tailored to the individual parent and family. Every parent's case was formulated by the FDAC team and the sequencing, safety planning and range of interventions offered by the team varied for each individual parent. This allowed the FDAC team to formulate differently in response to different manifestations of domestic abuse perpetration and different needs.
- **Range of interventions targeting underlying and maintaining factors:** FDAC delivers and brokers access to a range of therapeutic interventions tailored to the needs of the parent. These interventions include domestic abuse specific interventions based upon traditional models. But FDAC also utilises substance misuse interventions, mental health support, parenting and emotional regulation skills.
- **Dynamic approach to intervention delivery and safety planning:** Practitioners thought another key facet of FDAC's flexible approach was that the delivery of interventions and safety planning were continuously appraised and revised in light of emerging information and the progress made by families throughout FDAC. This allowed FDAC teams to respond to parents' needs throughout the intervention and also appraise risks and progress more holistically and qualitatively than other interventions

throughout proceedings. This aligns with a recommendation for dynamic assessment of substance misuse for perpetrators in treatment,<sup>434</sup> as well as work by Barlow and Walklate (2021) which highlights the limitations of an incident-led approach to domestic abuse, which does not capture patterns of risk and harm over time.<sup>435</sup>

## Gaps and considerations for future research

The rapid evidence review revealed a rich evidence base around domestic abuse typologies, risk factors and treatment recommendations. However, there is a need for this to be translated to accessible guidance for practitioners working with perpetrators on the ground. Moreover, this review was specifically focussed upon evaluating the evidence regarding substance misuse and trauma as risk factors for perpetration. A much broader picture was obtained; however, there are further areas for detailed exploration such as the experience of domestic abuse within same-sex and ethnic minority populations, and the impact of social, economic, cultural and community factors. Moreover, while there were a number of references to treatment evaluations, these were not the focus of the review, and there may be more recent studies and innovations in treatment that are not captured here.

While FDAC offers promise as an intervention for domestic abuse, practitioners also acknowledged the current shortfalls of employing the FDAC approach to address domestic abuse perpetration. There is currently a lack of evidence on whether FDAC is an effective intervention for addressing domestic abuse, and practitioners raised potential limitations to FDAC such as short timescales, barriers experienced by parents around disclosing domestic abuse in the context of care proceedings, and the fact that it may not be an effective intervention for addressing domestic abuse perpetration where substance misuse is not a significant aggravating factor. Many FDAC practitioners stressed the need for more research into FDAC's efficacy as an intervention for addressing domestic abuse. Based on our findings we conclude that the priority research areas that need to be explored are:

1. Is FDAC more effective for addressing the risks associated with parental domestic abuse perpetration than standard care proceedings in the short- and long-term?
2. What existing areas of best practice with UK perpetrator provision should FDAC be drawing on and brokering for parents?
3. What is FDAC's role in ensuring effective joined-up working with perpetrators? What aspects of domestic abuse perpetrator interventions should FDAC provide in-house or through referral?
4. Understanding how and by what criteria cases with elements of domestic abuse are referred into FDAC and if this varies between sites.
5. Quantifying the prevalence of distinct domestic abuse behaviours and typologies within the FDAC caseload.
6. Determining whether FDAC is more effective for certain families and circumstances involving domestic abuse than others.
7. How behaviour change achieved in FDAC substance misuse interventions is related to achieving behaviour change interventions addressing domestic abuse issues.
8. Understanding parental attrition from FDAC, which could pertain to understanding who is more likely to withdraw from FDAC when domestic abuse is being addressed in FDAC and why.
9. Quantifying the prevalence of different success outcomes related to domestic abuse in FDAC such as (i) achieving safe separation and family reunification, (ii) achieving family reunification through perpetrator behaviour change, (iii) historic domestic abuse issues being addressed in FDAC, and (iv) instances where there has been behaviour change in domestic abuse but family reunification had not been recommended at the end of proceedings.

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# Appendix A: A note on Dr William Fals-Stewart

Dr William Fals-Stewart was a prominent researcher in the field of intimate partner violence (IPV) among substance-using couples and an expert in Behavioural Couple Therapy (BCT). During his career, he wrote 155 research publications and has been cited more than 11,400 times.<sup>436</sup> However, he was accused of falsifying data and was charged in 2010 with multiple felonies, including grand larceny, perjury, identity theft, offering a false instrument and falsifying business records.<sup>437</sup> Concerningly, none of his articles have since been retracted, and many recent systematic reviews and meta-analyses still include works by Fals-Stewart with no indication that there is reason to question the validity of his research; this rapid evidence assessment only identified one systematic review that intentionally excluded Fals-Stewart.<sup>438</sup> As Golden, Mazzotta and Zittel-Barr remark in their case study on Fals-Stewart, “*The persistence of Fals-Stewart’s impact on BCT research cannot be overstated, as his work has often been featured, sometimes disproportionately, in meta-analyses and systematic reviews of couples treatments for IPV and with other populations*”.<sup>439</sup> While we have excluded articles in which Fals-Stewart is the first author, many of the systematic reviews we rely on have not and many articles are co-authored with other researchers whose practice has not been questioned. Areas relying heavily solely upon his research need to be considered in this context.

# Appendix B: Literature review Search terms

Five domains of search terms were derived, each representing a key dimension of the aims of the review:

## 1. Perpetration

Perpetrat#, abuser, offend#, batter#

## 2. Domestic Abuse

Domestic abuse, domestic violence, intimate partner abuse, intimate partner violence, IPV, DV, spousal abuse, spouse abuse, wife abuse, relationship violence, couples violence, coercive control, power & control, family violence, domestic homicide

## 3. Substance Misuse

Substance misuse, substance abuse, substance use, drug misuse, drug abuse, drug use, alcohol misuse, alcohol abuse, alcohol use, alcoholic

## 4. Trauma

Childhood trauma, sexual abuse, physical abuse, neglect, emotional abuse, adverse childhood experiences, aces, child trauma, attachment, psychological trauma, combat trauma, adult trauma, traumatic experiences, traumatised, traumatized, PTSD, post-traumatic stress disorder, post traumatic stress disorder, complex trauma, complex PTSD

## 5. Risk factors

risk factor#, correlat#, relationship, predictor#, characteristic#, typolog#, longitudinal#, determinant#, cohort, risk marker#, pathway#, driver

Wildcards (#) were used to capture variants of key terms. The following search terms were excluded as they yielded a large number of articles which were not relevant due to their use in multiple research domains: intergenerational, early experiences, child# trauma, trauma, and abuse. Searches were cross-checked by both researchers for accuracy of terms entered and consistency of results yielded.

Boolean operators were used to construct the five domains of search terms, and then combine these domains to target the most relevant domains of literature. Some of the combined searches resulted in very high numbers of articles (e.g. >3000). Due to the limits on the scope of this review, the search was streamlined and prioritised by reviewing the number of articles, as well as the specificity and relevance of each of the search combinations. Prioritisation strategies involved excluding search combinations that were too broad (e.g. 'Perpetrator' AND 'Risk factors') or that yielded too many articles (e.g. >1000 articles). For broad, but relevant combinations (e.g. 'Domestic Abuse' AND 'Substance Misuse') a narrower date limit was applied (Jan 2011 to Jan 2022) to capture the most recent studies. For broader combinations (e.g. 'Perpetrator' AND 'Domestic Abuse'), only Title Searches were reviewed. For more focussed combinations (e.g. 'Perpetrator' AND 'Domestic Abuse' AND 'Substance Misuse'), both Title and Abstract Searches were reviewed.

The final search combinations were reviewed as follows:

**Perpetration AND Substance Misuse** (titles only; EBSCO only)

**Perpetration AND Trauma** (titles only; EBSCO only)

**Perpetration AND Substance Misuse AND Trauma** (titles and abstracts; EBSCO only)

**Perpetration AND Domestic Abuse AND Risk Factors** (titles and abstracts EBSCO; titles only Pubmed)

**Perpetration AND Domestic Abuse** (titles only; EBSCO only)

**Perpetration AND Domestic Abuse AND Substance Misuse** (titles and abstracts; EBSCO & Pubmed)

**Perpetration AND Domestic Abuse AND Trauma** (titles and abstracts; EBSCO & Pubmed)

**Domestic Abuse AND Substance Misuse** (titles only; further date limit; EBSCO & Pubmed)

**Domestic Abuse AND Trauma** (titles only; further date limit; EBSCO & Pubmed)

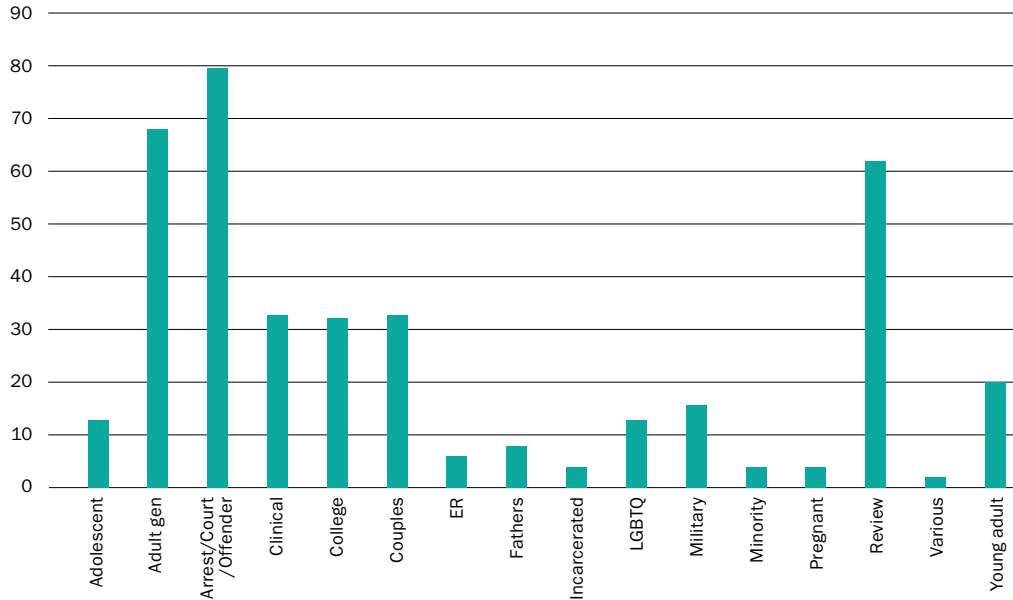
# Appendix C: Exclusion Criteria

**Title screen:** Exclusion was on the basis of non-English language, non-Common Law countries, did not include perpetrators, population not generalisable, not relating to risk factors (i.e. substance use and trauma), low relevance, too generic, or not related to abuse between intimate partners. Titles were not deemed relevant if they focussed more on epidemiology, describing IPV/prevalence of IPV, evaluating treatment (unless looking at moderators of outcome) or were focussed on service-related or legal frameworks. Because of the potential importance of cultural and familial influences upon domestic abuse, the search was focussed on Common Law countries with analogous social, cultural and legal contexts to the UK. Cross-cultural factors are likely to be of importance but were beyond the scope of this review.

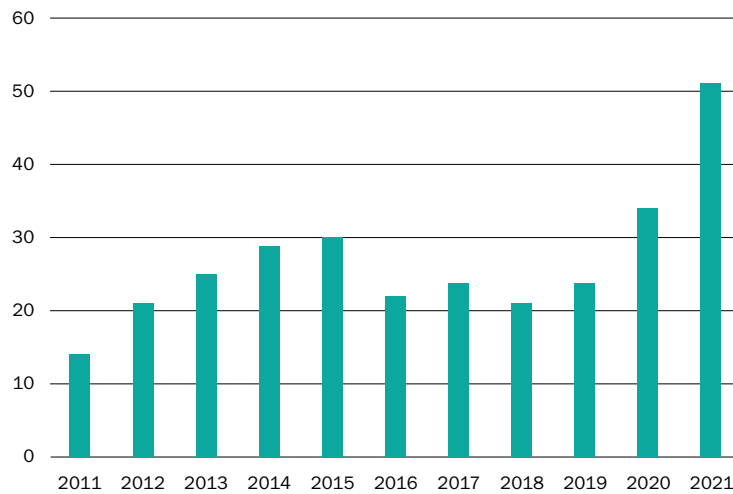
**Abstract screen:** Exclusion was on the basis of duplicate, non-English, non-Common Law country, case study, methodological limitations, relevance, or not related to abuse between intimate partners. Articles that were deemed too specialised, e.g. measuring a very specific psychophysiological mechanism in a laboratory context, or too generic, e.g. general advice to GPs regarding screening for domestic abuse, were also excluded. Treatment trials were excluded unless they addressed the moderating influence of substance misuse, domestic abuse or trauma.

# Appendix D: Graphs and charts

**Fig.1 Articles by population/type**



**Fig.2 Articles of year of distribution**



**Fig. 3: Number of abstracts selected by source\***

APA PsycInfo	68
CINAHL	61
Hand Search	47
MEDLINE	17
Pubmed	195
SocINDEX	10

\*In addition, 17 articles were identified via citation chaining.

# Endnotes

1. Research in Practice. (2021). *Domestic abuse and child protection: Changing the conversation for children and families*. Retrieved from <https://www.researchinpractice.org.uk/all/content-pages/change-project-dva/> (domestic violence and abuse is the most common factor identified in assessments of children in need under Section 17 of the *Children Act 1989*). We were unable to access new data on the prevalence of domestic abuse in care proceedings for this project.
2. Jessica Wild, Research in Practice (2021). *Working with people who perpetrate domestic violence and abuse in families: Summary Report*. Available at: [https://www.researchinpractice.org.uk/media/57110/domestic\\_violence\\_er\\_web.pdf](https://www.researchinpractice.org.uk/media/57110/domestic_violence_er_web.pdf)
- Ibid.; Jasmin Isobe, Lucy Healey, and Cathy Humphreys, "A critical interpretive synthesis of the intersection of domestic violence with parental issues of mental health and substance misuse," *Health and Social Care in the Community* 28(5) (2020).
4. Carla Smith Stover, "Fathers for Change: A new approach to working with fathers who perpetrate intimate partner violence," *The Journal of the American Academy of Psychiatry and the Law* (2013), 65-71.
5. Wild, *Summary Report*.
6. See Danielle Stephens-Lewis et al., "Interventions to reduce intimate partner violence perpetration by men who use substances: A systematic review and meta-analysis of efficacy," *Trauma, Violence, & Abuse* (2021) (describing that current perpetrator programmes adhere largely to the Duluth or CBT approach, both of which have poor results); Kenneth Corvo, "Early life risk for domestic violence perpetration: Implications for practice and policy," *Infant Mental Health Journal* (2019) (most intervention programmes are premised on domestic violence being a product of the patriarchy, with little empirical support); Günnur Karakurt et al., "Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence," *Neuroscience & Biobehavioral Reviews* (2019) (most interventions based on Duluth model, but research findings indicate efficacy of these programmes are inconsistent and most have high dropout rates); Evan Stark, *Coercive Control: How Men Entrap Women in Personal Life* (Oxford University Press, 2007), p. 7 (batterer intervention programs are "little more effective than doing nothing at all"); Judith P. Siegel, "An Expanded Approach to Batterer Intervention Programs Incorporating Neuroscience Research," *Trauma, Violence, & Abuse* (2013), p. 295 ("Concerns regarding the efficacy of existing approaches to Batterer Intervention Programs (BIPs) have been eloquently and repeatedly stated. The great majority of existing programs have demonstrated poor outcome, resistance to change, and a high drop-out rate") (citations omitted); Carla Smith Stover, Amy Lynn Meadows, and Joan Kaufman, "Interventions for Intimate Partner Violence: Review and Implications for Evidence-Based Practice," *Professional Psychology: Research and Practice* (2009), p. 232 ("Extant interventions have limited effect on repeat violence, with most treatments reporting minimal benefit above arrest alone").
7. Wild, *Summary Report*.
8. Ibid.
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10. Nicole Renehan, "Building Better Relationships? Interrogating the 'Black Box' of a Statutory Domestic Violence Perpetrator Programme" (PhD thesis, University of Manchester, 2020), available at [https://www.research.manchester.ac.uk/portal/files/188959394/FULL\\_TEXT.PDF](https://www.research.manchester.ac.uk/portal/files/188959394/FULL_TEXT.PDF)
11. Wild, *Summary Report*.
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13. Ibid.; Respect (2017). *Third Edition 2017: The Respect Standard*. Available at: [https://hubble-live-assets.s3.amazonaws.com/respect/redactor2\\_assets/files/105/Respect\\_Standard\\_FINAL.pdf](https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/105/Respect_Standard_FINAL.pdf)
14. Wild, *Summary Report*.
15. Ibid.
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17. Drive Project, (2020). *A Domestic Abuse Perpetrator Strategy for England and Wales*. Available at: <http://driveproject.org.uk/wp-content/uploads/2020/01/Call-to-Action-Final.pdf>; Liz Kelly and Nicole Westmarland, (2015). *Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report*. Available at: <https://projectmirabal.co.uk/wp-content/uploads/2020/06/ProjectMirabalfinalreport.pdf>
18. National Institute for Health and Care Excellence, *Domestic violence and abuse: multi-agency working* (2014). Available at: <https://www.nice.org.uk/guidance/ph50/chapter/10-The-evidence>
19. Home Office, *Tackling Domestic Abuse* (2022), p. 56. Available at: <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>
20. Home Office, *Tackling Domestic Abuse*.
21. See, e.g., Karakurt et al., "Meta-analysis."
22. Parveen Azam Ali and Paul B. Naylor, "Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation," *Aggression and Violent Behavior* (2013).
23. Ministry of Justice, *Domestic Abuse Act 2021*.
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25. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.); World Health Organization (2019). *International Statistical Classification of Diseases and Related Health Problems* (11th ed.).
26. George A. Bonanno, "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?" *American Psychologist* (2004).
27. Corvo, K. (2018). Early life risk for domestic violence perpetration: Implications for practice and policy. *Infant Mental Health Journal* 40(1), 152-164."; Caroline J. Easton and Cory A. Crane, "Interventions to reduce intimate partner violence perpetration among people with substance use disorders," *International Review of Psychiatry* (2016), p. 534 (there is considerable variability among 'Duluth derivatives' in the US as "few programmes strictly adhere to the original Duluth Model") (citations omitted). Yakeley, J. (2022). The search for tailored treatments: Discussion of five interventions for perpetrators of intimate partner violence. *Journal of Clinical Psychology*, 78, 80-98 Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L. M., & Gadd, D. (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. *The International Journal on Drug Policy*, 65, 8-23.; Voith, L. A., Logan-Greene, P., Strodthoff, T., & Bender, A. E. (2020). A Paradigm Shift in Batterer Intervention Programming: A Need to Address Unresolved Trauma. *Trauma, Violence, & Abuse*, 21(4), 691-705..
28. This is the assertion consistently made in the literature, however it is recognised that there are several emerging programmes that may well not be captured by the literature reviewed and which may provide more tailored and comprehensive approaches, such as For Baby's Sake and The



- Journey Project/Caring Dads Programme.
29. Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift," p. 699, comment that "[d]ue to the immense effort and sacrifice required to recognise violence against women legally and culturally, new discoveries that may advance the field have been cautiously adopted, if at all."
  30. Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift"; Yakeley, "The search for tailored treatments."
  31. Yakeley, "The search for tailored treatments."
  32. Love, H. A., Spencer, C. M., May, S. A., Mendez, M., & Stith, S. M. (2020). Perpetrator Risk Markers for Intimate Terrorism and Situational Couple Violence: A Meta-Analysis. *Trauma, Violence, & Abuse*, 21(5), 922–931.
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  - Stark, E., & Hester, M. (2019). Coercive Control: Update and Review. *Violence Against Women*, 25(1), 81–104.
  - David Morran, "Desisting from domestic abuse: influences, patterns and processes in the lives of formerly abusive men," *The Howard Journal of Criminal Justice* (2013).
  33. Javaid, A. (2015). The Role of Alcohol in Intimate Partner Violence: Causal Behaviour or Excusing Behaviour? *British Journal of Community Justice*, 13(1), 75-92.
  - Pinto, L. A., Sullivan, E. L., Rosenbaum, A., Wyngarden, N., Umhau, J. C., Miller, M. W., & Taft, C. T. (2010). Biological Correlates of Intimate Partner Violence Perpetration. *Aggression and Violent Behavior*, 15(5), 387–398.
  34. Yakeley, "The search for tailored treatments"; Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift."
  35. Easton and Crane, "Interventions," p. 533.
  36. Home Office, *Tackling Violence Against Women and Girls* (2021), p. 65. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1033934/Tackling\\_Violence\\_Against\\_Women\\_and\\_Girls\\_Strategy\\_-\\_July\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033934/Tackling_Violence_Against_Women_and_Girls_Strategy_-_July_2021.pdf)
  37. Stark, E. (2007). *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press., p. 235 ("intervention efforts are confounded if authorities cannot distinguish fights from genuine abuse"); Johnson, M. P. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Northeastern University Press.; Taft, C.T., Murphy, C.M., & Creech, S.K. (2016). *Trauma-Informed Treatment and Prevention of Intimate Partner Violence*. Washington DC: American Psychological Association.; Easton and Crane, "Interventions"; Yakeley, "The search for tailored treatments."
  38. Corvo, "Early-life risk" (research shows promise of couple counselling due to dyadic risk elements in IPV, but it is rarely implemented and forbidden by 'batterer' treatment standards in many states); Slootmaeckers, J., & Migerode, L. (2020). EFT and intimate partner violence: a roadmap to de escalating violent patterns. *Family Process* 59(2), 1–18. (describing the potential of Emotionally Focussed Couple Therapy to treat situational couple violence, noting that many couples in therapy report violence).
  39. Johnson, *Typology* points out that if those perpetrating situational couple violence attend groups focussed on coercive control, they may disregard the intervention as not relevant to them.
  40. Kelly and Johnson, "Research update."
  41. See, e.g., Wild, J. (2021). *Working with people who perpetrate domestic violence and abuse in families: Summary Report*. Retrieved from [https://www.researchinpractice.org.uk/media/5710/domestic\\_violence\\_er\\_web.pdf](https://www.researchinpractice.org.uk/media/5710/domestic_violence_er_web.pdf), p. 22 (some argue that "cultural competency in services for minoritised populations may improve perpetrator programme efficacy").
  42. Swan, S. C., Gambone, L. J., Caldwell, J. E., Sullivan, T. P., & Snow, D. L. (2008). A review of research on women's use of violence with male intimate partners. *Violence and Victims*, 23(3), 301–314.
  43. Wild, *Summary Report* (referring to a diversity gap in perpetrator research and need for further research in UK context).
  44. Catherine Donovan and Rebecca Barnes, "Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships," *Sexualities* (2017).
  45. Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift"; Taft, Murphy and Creech, *Trauma-Informed Treatment*; Pinto et al., "Biological correlates"; Spencer, Stith and Cafferky, "A Meta-Analysis."
  46. Walby and Towers, "Theorizing domestic violent crime; Barlow and Walklate, *Coercive control*.
  47. Stark, E., & Hester, M. (2019). Coercive Control: Update and Review. *Violence Against Women*, 25(1), 81–104.
  48. Spencer, C.M., Stith, S.M., & Cafferky, B. What Puts Individuals at Risk for Physical Intimate Partner Violence Perpetration? (2022). A Meta-Analysis Examining Risk Markers for Men and Women. *Trauma, Violence, & Abuse*, 23(1), 36-51.
  49. Bennett, "Substance Abuse by Men."
  50. Holtzworth-Munroe and Stuart, "Typologies of Male Battersers"; see also Yakeley, "The search for tailored treatments" (suggesting that for generally violent offenders, substance misuse treatment may need to be a precursor for domestic abuse treatment).
  51. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review."
  52. Bennett, L. (2008). Substance Abuse by Men in Partner Abuse Intervention Programs: Current Issues and Promising Trends. *Violence and Victims*, 23(2), 236-248.
  53. Marisol Lila, Enrique Gracia and Alba Catala-Minana, "More likely to dropout, but what if they don't? Partner violence offenders with alcohol abuse problems completing batterer intervention programmes," *Journal of Interpersonal Violence* (2020).
  54. Ibid.; Lisa M. Jewell and J. Stephen Wormith, "Variables associated with attrition from domestic violence treatment programs targeting male batterers: A meta-analysis," *Criminal Justice and Behavior* (2010).
  55. Spencer, C.M., Stith, S.M., & Cafferky, B. What Puts Individuals at Risk for Physical Intimate Partner Violence Perpetration? (2022). A Meta-Analysis Examining Risk Markers for Men and Women. *Trauma, Violence, & Abuse*, 23(1), 36-51.; Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review"; Dowling and Morgan, "Is methamphetamine use associated with domestic violence?"; Costa et al., "A systematic review."
  56. de Bruijn, D. M., & de Graaf, I. M. (2016). The role of substance use in same-day intimate partner violence: A review of the literature. *Aggression and Violent Behavior*, 27, 142–151.
  57. Bennett, "Substance Abuse by Men"; *ibid*.
  58. Bennett, "Substance Abuse by Men"; Easton and Crane, "Interventions"; de Bruijn and de Graaf, "A review of the literature"; Gilchrist, G., & Hegarty, K. (2017). Tailored integrated interventions for intimate partner violence and substance use are urgently needed. *Drug and Alcohol*

- Review, 36(1), 3-6.”; Corvo, “Early life risk Karakurt, G., Koç, E., Çetinsaya, E. E., Ayluçtarhan, Z., & Bolen, S. (2019). Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence. *Neuroscience and Biobehavioral Reviews*, 105, 220–230.; Alcohol Change UK, (2019). Rapid Evidence Review: The role of alcohol in contributing to violence in intimate partner relationships. Retrieved from <https://www.drugsandalcohol.ie/30894/1/The-role-of-alcohol-in-contributing-to-violence-in-intimate-relationships-Final.pdf>
59. Deborah Capaldi, Naomi Knoble, Joann Shortt, and Hyoun Kim, “A Systematic Review of Risk Factors for Intimate Partner Violence,” *Partner Abuse* (2012) (describing the need for more research on couples using a dyadic or interactive conceptual model).”; Beth Costa et al., “Longitudinal predictors of domestic violence perpetration and victimization: A systematic review,” *Aggression and Violent Behavior* (2015), p. 262; Natacha Godbout et al., “Intimate Partner Violence in Male Survivors of Child Maltreatment: A Meta-Analysis,” *Trauma, Violence, & Abuse* (2019), “A Meta-Analysis”; Spencer, Stith and Cafferky, “A Meta-Analysis.”
  60. Emily Maguire et al., “Examining Trauma and Posttraumatic Stress Disorder Symptoms in Court-Mandated Intimate Partner Violence,” *Psychological Trauma: Theory, Research, Practice, and Policy* (2015); Aine Travers et al., “Adverse experiences and mental health problems in perpetrators of intimate partner violence in Northern Ireland: A latent class analysis,” *Child Abuse & Neglect* (2022).; Malhi, Oliffe, Bungay and Kelly, “A Scoping Review.”
  61. Anda et al., “The enduring effects of abuse.”
  62. Yakeley, “The search for tailored treatments.”
  63. Velotti et al., “A Meta-Analysis about Perpetrators”; Spencer, Stith and Cafferky, “A Meta-Analysis.”
  64. Taft, Murphy and Creech, *Trauma-Informed Treatment*; Voith, Topitzes and Berg, “The transmission of violence and trauma”; Cascardi and Jouriles, “A Study Space Analysis.”
  65. Taft, Murphy and Creech, *Trauma-Informed Treatment*; Voith, Topitzes and Berg, “The transmission of violence and trauma”; Siegel, “An Expanded Approach to Batterer Intervention.”
  66. For example, Gilchrist et al., “A meta-ethnography” describes how perpetrators sometimes self-medicate with substances from an early age to cope with childhood trauma.
  67. Taft, Murphy and Creech, *Trauma-Informed Treatment*.
  68. Voith, Topitzes and Berg, “The transmission of violence and trauma.”
  69. Velotti et al., “A Meta-Analysis about Perpetrators,” p. 197.
  70. Spencer, Stith and Cafferky, “A Meta-Analysis,” among many others, have suggested using Dutton’s (1995) ‘nested ecological framework’ which takes into account factors at the individual, systemic, community and societal levels.
  71. Gadd et al., “The dynamics of domestic abuse” and Gilchrist et al., “A meta-ethnography” both describe how a qualitative understanding of domestic abuse perpetration in specific couples reveals complex and dynamic interactions between substance misuse, trauma and domestic abuse.
  72. Najavits, *Seeking Safety*.
  73. See, e.g., Anda et al., “The enduring effects of abuse.”
  74. Corvo, “Early life risk,” p. 162 (pointing out “the ubiquity of substance abuse and dependence among perpetrators” and the need for integrated treatment approaches). Voith, Topitzes and Berg, “The transmission of violence and trauma” and Taft, Murphy and Creech, *Trauma-Informed Treatment* both review evidence of overlap between trauma and domestic abuse. Shora, Stone and Fletcher, “Substance use disorders and psychological trauma” and others note the link between trauma and substance misuse.
  75. Bennett, “Substance Abuse by Men”; Gilchrist and Hegarty, “Tailored integrated interventions”; Corvo, “Early life risk”; Karakurt et al., “Meta-analysis”; Stephens-Lewis et al., “A systematic review”; Tarzia et al., “Interventions in Health Settings”; Stover, Meadows and Kaufman, “Interventions for Intimate Partner Violence.”
  76. Wild, *Summary Report*.
  77. Taft, Murphy and Creech, *Trauma-Informed Treatment* (noting that interactions which induce shame will be difficult for trauma-experienced perpetrators to tolerate); Bennett, “Substance Abuse by Men” (stressing the importance of motivational enhancement); Voith, Logan-Greene, Strodthoff, and Bender, “A Paradigm Shift” (due to issues around safety and trust, practitioners must bridge trust via compassion and ‘authentic partnership’); Yakeley, “The search for tailored treatments” (highlighting need for practitioners to establish a safe and positive therapeutic relationship to engage with the feelings of shame and vulnerability that may underlie violent behaviour).
  78. Easton and Crane, “Interventions”; Taft, Murphy and Creech, *Trauma-Informed Treatment*.
  79. The Duluth Programme responds to this criticism by stating that their training “strongly discourages facilitators and counsellors from using confrontation in a shaming way” but that it instead “instils facilitation skills that encourage critical thinking.” See Michael Paymar and Graham Barnes, “Countering confusion about the Duluth Model,” accessed April 21, 2022, <https://www.theduluthmodel.org/wp-content/uploads/2017/03/CounteringConfusion.pdf>.
  80. Siegel, “An Expanded Approach to Batterer Intervention,” p. 300.
  81. Voith, Logan-Greene, Strodthoff, and Bender, “A Paradigm Shift”; Javaid, “The role of alcohol”; Roger A. Roffman et al., “The Men’s Domestic Abuse Check-Up: A Protocol for Reaching the Nonadjudicated and Untreated Man Who Batters and Who Abuses Substances,” *Violence Against Women* (2008); Langhinrichsen-Rohling, J. (2005). Top 10 Greatest “Hits”: Important Findings and Future Directions for Intimate Partner Violence Research. *Journal of Interpersonal Violence*, 20(1), 108–118.; Stover, Meadows and Kaufman, “Interventions for Intimate Partner Violence.”
  82. Roffman et al., “The Men’s Domestic Abuse Check-Up.”
  83. Taft, Murphy and Creech, *Trauma-Informed Treatment*; Voith, Topitzes and Berg, “The transmission of violence and trauma”; Cascardi and Jouriles, “A Study Space Analysis”; Noreen K. Malhi, John L. Oliffe, Vicky Bungay, and Mary T. Kelly, “Male Perpetration of Adolescent Dating Violence: A Scoping Review,” *American Journal of Men’s Health* (2020); Gilchrist et al., “A meta-ethnography”; Siegel, “An Expanded Approach to Batterer Intervention”; Stover, Meadows and Kaufman, “Interventions for Intimate Partner Violence.”
  84. Susan J. Ko et al., “Creating trauma-informed systems: Child Welfare, Education, First Responders, Health Care, Juvenile Justice.” *Professional Psychology: Research and Practice* (2008); Jill Levenson, “Trauma-informed social work practice,” *Social Work* (2017); Nicole Racine, Teresa Killam, and Sheri Madigan, “Trauma-informed care as a universal precaution: Beyond the Adverse Childhood Experiences Questionnaire.” *Journal of the American Academy of Pediatrics* (2020).
  85. Cris M. Sullivan et al., “Evaluation of the Effects of Receiving Trauma-Informed Practices on Domestic Violence Shelter Residents,” *American Journal of Orthopsychiatry* (2018); Dawn M. Johnson and Caron Zlotnick, “HOPE for battered women with PTSD in domestic violence shelters,” *Professional Psychology: Research and Practice* (2009); Karen Bailey, Kylee Trevillion, and Gail Gilchrist, “‘We have to put the fire out first before we start rebuilding the house’: practitioners’ experiences of supporting women with histories of substance use, interpersonal abuse and symptoms of post-traumatic stress disorder,” *Addiction Research & Therapy* (2020).
  86. SAMHSA’s Trauma and Justice Strategic Initiative (2014). *Substance Abuse and Mental Health Services Administration (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach*. Available at: [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)
  87. Angela Sweeney and Danny Taggart, “(Mis)understanding

- trauma-informed approaches in mental health," *Journal of Mental Health* (2018).
88. See, e.g., Claudia Powell et al., "Outcomes of a Trauma-Informed Arizona Family Drug Court," *Journal of Social Work Practice in the Addictions* (2012). The UK's Family Drug and Alcohol Courts will be discussed in the qualitative research section below.
  89. Taft, Murphy and Creech, *Trauma-Informed Treatment*.
  90. Karakurt et al., "Meta-analysis."
  91. See, e.g. Christopher I. Eckhardt et al., "The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence," *Partner Abuse* (2013); Julia C. Babcock, Charles E. Green, and Chet Robie, "Does batterers' treatment work? A meta-analytic review of domestic violence treatment," *Clinical Psychology Review* (2004).
  92. Morran, "Desisting from domestic abuse."
  93. Dobash and Dobash, *Violence against Wives*.
  94. Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift," p. 697.
  95. Morran, "Desisting from domestic abuse."
  96. Yakeley, "The search for tailored treatments."
  97. Patrizia Velotti, Sara Beomonte Zobel, Guyonne Rogier and Renata Tambelli, "Exploring Relationships: A Systematic Review on Intimate Partner Violence and Attachment," *Frontiers in Psychology* (2018)."; Chelsea M. Spencer, Brooke M. Keilholtz, and Sandra M. Stith, "The Association between Attachment Styles and Physical Intimate Partner Violence Perpetration and Victimization: A Meta-Analysis," *Family Process* (2021).
  98. Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift."
  99. Eye-Movement Desensitisation and Reprocessing Therapy is an evidence-based treatment for trauma and other psychological conditions.
  100. Voith, Logan-Greene, Strodthoff, and Bender, "A Paradigm Shift."
  101. Thomas J. Farrer, R. Brock Frost, and Dawson W. Hedges, "Prevalence of Traumatic Brain Injury in Intimate Partner Violence Offenders Compared to the General Population: A Meta-Analysis," *Trauma, Violence & Abuse* (2012)
  102. Spencer, Stith and Cafferky, "A Meta-Analysis" note several risk markers for IPV perpetration related to mental health and suggest that these could be addressed preventively by mental health professionals.
  103. Michelle A. Jackson et al., "Borderline personality disorder and related constructs as risk factors for intimate partner violence perpetration," *Aggression and Violent Behavior* (2015).
  104. Easton and Crane, "Interventions" recommend increased psychiatric and addiction screening and that some interventions be delivered by qualified clinicians.
  105. Carla Smith Stover, "Fathers for Change for Substance Use and Intimate Partner Violence: Initial Community Pilot," *Family Process* (2015), p. 600.
  106. Wild, *Summary Report*, p. 25.
  107. Isobe, Healey and Humphreys, "A critical interpretive synthesis."
  108. Interventions Alliance, *The Complex Pathways*; Brid Featherstone and Clare Fraser, "Working with fathers around domestic violence: contemporary debates," *Child Abuse Review* (2012); Stover, C. S. (2013). Fathers for Change: A new approach to working with fathers who perpetrate intimate partner violence. *The Journal of the American Academy of Psychiatry and the Law*, 41(1), 65-71. Stover, Meadows and Kaufman, "Interventions for Intimate Partner Violence"; Wild, *Summary Report*.
  109. Siegel, "An Expanded Approach to Batterer Intervention" (citing other research).
  110. Wild, *Summary Report*.
  111. Nicola McConnell, Matt Barnard and Julie Taylor, "Caring Dads Safer Children: Families' perspectives on an intervention for maltreating fathers," *Psychology of Violence* (2017); Stover, "Fathers for Change for Substance Use and Intimate Partner Violence."
  112. Stover C. S. (2015). Fathers for Change for Substance Use and Intimate Partner Violence: Initial Community Pilot. *Family Process*, 54(4), 600–609
  113. McConnell, Barnard and Taylor, "Caring Dads Safer Children."
  114. Isobe, Healey and Humphreys, "A critical interpretive synthesis"; Wild, *Summary Report*; Stover, "Fathers for Change: A New Approach"; Stover, "Fathers for Change for Substance Use and Intimate Partner Violence."
  115. Wild, *Summary Report*.
  116. *Ibid.*, p. 27.
  117. Stover, "Fathers for Change for Substance Use and Intimate Partner Violence."
  118. Stover, Meadows and Kaufman, "Interventions for Intimate Partner Violence."
  119. Spencer, Keilholtz, and Stith, "A Meta-Analysis."
  120. Taft, Murphy and Creech, *Trauma-Informed Treatment*.
  121. Stark and Hester, "Coercive Control: Update and Review.;" Johnson, *Typology*.
  122. Isobe, Healey and Humphreys, "A critical interpretive synthesis."
  123. Our research advisory board includes Dr. Charlotte Barlow (Reader in Criminal Justice and Policing, Senior Lecturer specialising in domestic abuse at University of Central Lancashire), Tom McNeil (Deputy Police and Crime Commissioner, West Midlands), and the Honourable Mrs Justice Gwynneth Knowles (Lead Judge for FDAC and Deputy Lead Judge for Domestic Abuse in England and Wales).
  124. Chelsea M. Spencer, Sandra M. Stith, and Bryan Cafferky, "What Puts Individuals at Risk for Physical Intimate Partner Violence Perpetration? A Meta-Analysis Examining Risk Markers for Men and Women," *Trauma, Violence, & Abuse* (2022).
  125. See Bryan Cafferky, Marcos Mendez, Jared Anderson and Sandra M. Stith, "Substance Use and Intimate Partner Violence: A Meta-Analytic Review," *Psychology of Violence* (2018), p. 110, ("If we are to effectively intervene in the lives of those who experience IPV, a clearer understanding of the link between the use of substances and IPV warrants attention[.]"); Karakurt et al., "Meta-analysis," p. 3. ("Given the deleterious effects of IPV on the wellness of families and society, there is an increasing need to understand what is effective in treatment and preventing intimate partner violence based on good-quality evidence.")
  126. For example, Spencer, Stith, and Cafferky, "Meta-Analysis," p. 13 note their exclusion of "potentially useful databases" including PubMed.
  127. Patrizia Velotti et al., "The Relation of Anxiety and Avoidance Dimensions of Attachment to Intimate Partner Violence: A Meta-Analysis about Perpetrators," *Trauma, Violence, & Abuse* (2022); Spencer, "Meta-Analysis."
  128. One review notes that missing effect sizes may decrease power and increase sampling error, and are the most prevalent limitation in meta-analyses. See Bryan Cafferky, Marcos Mendez, Jared Anderson, and Sandra Stith, "Substance Use and Intimate Partner Violence: A Meta-Analytic Review," *Psychology of Violence* (2018).
  129. Melissa Kimber et al., "The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood– A systematic review," *Child Abuse & Neglect* (2018).
  130. Michele Cascardi and Ernest Jouriles, "A Study Space Analysis and Narrative Review of Trauma-Informed Mediators of Dating Violence," *Trauma, Violence, & Abuse* (2018).

131. See Beth Costa et al., "Longitudinal predictors of domestic violence perpetration and victimization: A systematic review," *Aggression and Violent Behavior* (2015), p. 262 ("Studies that rely on retrospective reports of childhood adversity make it difficult to draw valid conclusions regarding early life influences of DV experienced in adulthood owing to the well-recognized biases and fallibility of human memory"); Natacha Godbout et al., "Intimate Partner Violence in Male Survivors of Child Maltreatment: A Meta-Analysis," *Trauma, Violence, & Abuse* (2019) (child maltreatment is distal risk factor and difficult to accurately assess by retrospective report); Erika Smith-Marek et al., "Effects of Childhood Experiences of Family Violence on Adult Partner Violence: A Meta-Analytic Review," *Journal of Family Theory & Review* (2015) (in a meta-analysis on childhood experiences of family violence and adult intimate partner violence, noting limitation that all studies were based on retrospective report of family-of-origin violence).
132. Cascardi and Jouriles, "A Study Space Analysis"; Diana Gil-Gonzalez et al., "Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review," *Journal of Public Health*, (2008).
133. Kerry A. Lee, Paul Sacco, and Charlotte Lyn Bright, "Adverse childhood experiences (ACEs), excessive alcohol use and intimate partner violence (IPV) perpetration among Black men: A latent class analysis," *Child Abuse & Neglect* (2021) (discussing lack of research on black men); Wild, *Summary Report* (discussing that most research has focussed on heterosexual, cisgender men). For a meta-analysis of research on intimate partner violence within same-sex relationships, see Jonathan Kimmes, et al., "A Meta-Analysis of Risk Markers for Intimate Partner Violence in Same-Sex Relationships," *Trauma, Violence, & Abuse* (2019).
134. Velotti et al., "Meta-Analysis," notes that attachment theory's cross cultural application has been questioned. Ali and Naylor, "A narrative review," also notes the criticisms of feminist theory as being ethnocentric.
135. See, e.g., Cascardi and Jouriles, "A Study Space Analysis" (discussing the lack of multiple-mediator models in the literature).
136. Karakurt et al., "Meta-analysis."
137. Tarzia et al., "Interventions in Health Settings for Male Perpetrators or Victims of Intimate Partner Violence," *Trauma, Violence, & Abuse* (2017).
138. Wild, *Summary Report*, p. 31.
139. Costa et al., "A systematic review."
140. Costa et al., "A systematic review."
141. Barlow & Walklate (2022) describe a debate between those who favour the Conflict Tactics Scale to measure abuse and those who favour more feminist informed approaches. See Charlotte Barlow and Sandra Walklate, *Coercive Control* (London and New York: Routledge, 2022), p. 3.
142. Tarzia et al., "Interventions in Health Settings," p. 134.
143. See Godbout et al., "A Meta-Analysis," (describing that socially mediated nondisclosure of violence and victimisation may impact results).
144. Kimber et al., "A systematic review."
145. Kimber et al., "A systematic review."
146. Gil-Gonzalez et al., "A systematic review."
147. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review."
148. See Karakurt et al., "Meta-analysis," (of 13 studies, majority were from US and none from UK); Kimber et al., "A systematic review" (of 19 studies, 14 from the US and none from the UK); Costa et al., "A systematic review" (of 25 studies that met inclusion criteria, 18 were in the US and only 2 from the UK); Dorien Maria de Bruijn and Ireen Maria de Graaf, "The role of substance use in same-day intimate partner violence: A review of the literature," *Aggression and Violent Behavior* (2016) (almost all 17 studies were executed in the US, and unspecified whether any were in the UK).
149. See Karakurt et al., "Meta-analysis," (of 13 studies, majority were from US and none from UK); Kimber et al., "A systematic review" (of 19 studies, 14 from the US and none from the UK); Costa et al., "A systematic review" (of 25 studies that met inclusion criteria, 18 were in the US and only 2 from the UK); Dorien Maria de Bruijn and Ireen Maria de Graaf, "The role of substance use in same-day intimate partner violence: A review of the literature," *Aggression and Violent Behavior* (2016) (almost all studies were executed in the US, and unspecified whether any were in the UK).
150. Kelly and Westmarland, *Project Mirabal Final Report*, p. 5.
151. Research in Practice, *Changing the conversation*.
152. Cascardi and Jouriles, "A Study Space Analysis," p. 278.
153. See, e.g., Gail Gilchrist et al., "The interplay between substance use and intimate partner violence perpetration: A meta-ethnography," *International Journal of Drug Policy* (2019) (highlighting the need for dyadic research with both partners).
154. Deborah Capaldi, Naomi Knoble, Joann Shortt, and Hyoun Kim, "A Systematic Review of Risk Factors for Intimate Partner Violence," *Partner Abuse* (2012) (describing the need for more research on couples using a dyadic or interactive conceptual model).
155. Michael P. Johnson, *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence* (Boston: Northeastern University Press, 2008); Casey T. Taft, Christopher M. Murphy, and Suzannah K. Creech, *Trauma-Informed Treatment and Prevention of Intimate Partner Violence* (Washington DC: American Psychological Association, 2016); Jef Slootmaeckers and Lieven Migerode, "EFT and Intimate Partner Violence: A roadmap to de-escalating violent patterns," *Family Process* (2020).
156. Gilchrist et al., "A meta-ethnography," (quoting Lori Heise, "Violence Against Women: An integrated, ecological framework," *Violence Against Women* (1998), p. 262).
157. Stark, *Coercive Control*, p. 5.
158. Ibid.
159. Ibid.
160. Ibid., p. 15.
161. Joan B. Kelly and Michael P. Johnson, "Differentiation among types of intimate partner violence: Research update and implications for interventions," *Family Court Review* (2008).
162. Johnson's categories of couple violence are: intimate terrorism, violent resistance, situational couple violence, separation-instigated violence, and mutual violent control.
163. Wild, *Summary Report*, p. 7 ("Johnson's five typologies are arguably the most well known, particularly within social work discourse").
164. Johnson does suggest a category of 'mutual violent resistance' when both partners in a couple are violent and controlling, which seems to be the least common form of domestic abuse. Whilst Johnson agrees that coercive control is predominantly perpetrated by men, he does not suggest this is entirely exclusive to men.
165. Johnson, *Typology*, p. 70.
166. Ibid., p. 117.
167. Ibid.
168. See, e.g., R. Emerson Dobash and Russell P. Dobash, *Women, Violence and Social Change* (London and New York: Routledge, 1992); Sylvia Walby and Jude Towers, "Untangling the concept of coercive control: Theorizing domestic violent crime," *Criminology & Criminal Justice* (2018); Stark, *Coercive Control*; Barlow and Walklate, *Coercive control*.
169. See, e.g. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review" (finding that men and women are relatively equally likely to perpetrate IPV). Hundreds of studies with data on both men and women have found similar rates of men and women who physically assault a partner. See Murray A. Straus,

- "Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications," *Aggression and Violent Behavior* (2011); John Archer, "Sex differences in aggression between heterosexual partners," *Psychological Bulletin* (2000); Murray A. Straus, "Measuring intra family conflict and violence," *Journal of Marriage and the Family* 41(1) (1979). The views of Archer and Straus are summarised in Walby and Towers, "Theorizing domestic violent crime."
170. Johnson, *Typology*.
  171. For a full exploration of this debate, see Barlow and Walklate, *Coercive Control*; Walby and Towers, "Theorizing domestic violent crime."
  172. Walby and Towers, "Theorizing domestic violent crime."
  173. Sylvia Walby, Jude Towers, and Brian Francis, "Mainstreaming domestic and gender-based violence into sociology and the criminology of violence," *The Sociological Review* (2014); Sylvia Walby, Jude Towers, and Brian Francis, "Is violent crime increasing or decreasing? A new methodology to measure repeat attacks making visible the significance of gender and domestic relations," *British Journal of Criminology* (2016).
  174. Catherine Donovan and Rebecca Barnes, "Retangling the concept of coercive control: A view from the margins and a response to Walby and Towers (2018)," *Criminology and Criminal Justice* (2019) cited by Barlow and Walklate, *Coercive Control*.
  175. Evan Stark and Marianne Hester, "Coercive Control: Update and Review," *Violence Against Women* (2019) (citing Hassouneh & Glass, 2008).
  176. Amy Holtzworth-Munroe and Gregory L. Stuart, "Typologies of Male Batters: Three Subtypes and the Differences Among Them," *Psychological Bulletin* (1994).
  177. For a summary of personality based typologies, see Jessica Yakeley, "The search for tailored treatments: Discussion of five interventions for perpetrators of intimate partner violence," *Journal of Clinical Psychology* (2022) pp. 82-83.
  178. For a summary of the distinction between proactive and reactive violence, see Yakeley, "The search for tailored treatments," pp. 83-84.
  179. Yakeley, "The search for tailored treatments."
  180. Johnson, *Typology*.
  181. For a summary of this view, see Wild, *Summary Report*, p. 6.
  182. Stark, *Coercive Control*, p. 69 ("In my experience, this incentive [to care and respect one's partner] works with men whose abuse is limited to violence; who use violence primarily to resolve conflicts rather than to extract material, sexual, or other tangible benefits").
  183. Johnson, *Typology* (citing a study by Eckhardt et al., 2003 finding a 9% completion rate for antisocial intimate terrorists, 38% for dependent intimate terrorists and 77% for situational couple violence).
  184. Kelly and Westmarland, *Project Mirabal Final Report*, p. 18 ("The everyday diminishment that have been documented as part of coercive control - intimidation, belittling and humiliation, insults - were both more common at base line and more likely to persist.")
  185. Walby and Towers, "Theorizing domestic violent crime;" David Gadd and Mary-Louise Corr, "Beyond Typologies: Foregrounding Meaning and Motive in Domestic Violence Perpetration," *Deviant Behavior* (2017).
  186. Love et al., "Perpetrator Risk Markers for Intimate Terrorism and Situational Couple Violence: A Meta-Analysis," *Trauma, Violence, & Abuse* (2020). This meta-analysis of risk markers for intimate terrorism and situational couple violence found that risk markers that characterised intimate terrorism were stronger predictors of intimate partner violence in clinical samples than non-clinical samples; however, all risk markers were associated with both groups, suggesting that Johnson's typology is a continuum rather than a description of discrete categories.
  187. Walby and Towers, "Theorizing domestic violent crime."
  188. For a summary of this critique, see Wild, *Summary Report*, p. 7. See also Alcohol Change UK, 2019 ("In the context of substance use-related IPV, Gilchrist et al., "A meta-ethnography," challenged the use of discrete categories and types to classify IPV or the men who perpetrate it. They point instead to the importance of contextual factors such as "intoxication, withdrawal and addiction, concomitant impact on the relationship, such as 'overburden' and 'hypervigilance', together with the gendered dynamics of power, control and psychological vulnerabilities that substance use coalesces with").
  189. Gadd and Corr, "Beyond Typologies," note the potential dangers of misapplying categories with potentially lethal results (citing Kelly and Johnson), and argue that some subtypes might not fit into any of the categories or be in the middle of a developmental shift between one category and another.
  190. Yakeley, "The search for tailored treatments," p. 86.
  191. Wild, *Summary Report*, p. 7 ("Examples of programmes where Johnson's typologies have been incorporated include the HELP healthy relationships (non-accredited) programme for people on probation (Woolford & Wardhaugh, 2019), Newham's NewDay programme (Langdon-Shreeve et al., 2020) and Doncaster's Growing Futures model (Boxford, King, et al., 2020)... Independent evaluation of programmes such as these has emphasised the value of ensuring that any new or enhanced intervention reflects different typologies of domestic abuse (Boxford, Nickson, et al., 2020)").
  192. Yakeley, "The search for tailored treatments" summarises a range of findings regarding personality, attachment, psychopathology and types of domestic abuse offending.
  193. See, e.g., R. Emerson Dobash and Russell P. Dobash, *Violence against Wives: A Case against the Patriarchy* (New York: Free Press, 1979).
  194. Stark, *Coercive Control* (describing coercive control as inherently gendered).
  195. For a review of feminist theories, see Ali and Naylor, "A narrative review."
  196. See, e.g., Natalie J. Sokoloff and Ida Dupont, "Domestic Violence at the Intersections of Race, Class, and Gender: Challenges and Contributions to Understanding Violence Against Marginalized Women in Diverse Communities," *Violence Against Women* (2005).
  197. Gender based belief systems as a risk factor for perpetrating domestic abuse will be discussed below in "Risk factors and predictors of domestic abuse- Gender."
  198. Ali & Naylor, "A narrative review"; Laura A. Voith, Patricia Logan-Greene, Terri Strodthoff, and Anna E. Bender, "A Paradigm Shift in Batterer Intervention Programming: A Need to Address Unresolved Trauma," *Trauma, Violence, & Abuse* (2018); Yakeley, "The search for tailored treatments"; Donovan and Barnes, "Retangling the concept of coercive control."
  199. See, e.g., Terrie E. Moffitt, Avshalom Caspi, Michael Rutter, and Phil A. Silva, *Sex Differences in Antisocial Behaviour: Conduct Disorder, Delinquency, and Violence in the Dunedin Longitudinal Study* (Cambridge: Cambridge University Press, 2001).
  200. See, e.g. Carolyn Zahn-Waxler, Elizabeth A. Shirtcliff, and Kristine Marceau, "Disorders of children and adolescence: gender and psychopathology," *Annual Review of Clinical Psychology* (2008); Katherine Auty, David Farrington and Jeremy W. Coid, "The intergenerational transmission of criminal offending: Exploring gender specific mechanisms," *British Journal of Criminology* (2015).
  201. Corvo, "Early life risk."
  202. Karakurt et al., "Meta-analysis" (describing that Duluth programs have small average effect sizes and high dropout rates); Stephens-Lewis et al., "A systematic review" (psychoeducational feminist programs like Duluth have low effect sizes on recidivism); Gregory L. Stuart, "Improving violence intervention outcomes by integrating alcohol

- treatment," *Journal of Interpersonal Violence* (2005) (describing that findings of low efficacy of batterer treatment, including Duluth, are particularly alarming because "whether a batterer has received counseling is an influential predictor of whether his partner will return to him after leaving a battered women's shelter"); Corvo, "Early life risk."
203. Easton and Crane, "Interventions" p. 534 (there is considerable variability among 'Duluth derivatives' in the US as "few programmes strictly adhere to the original Duluth Model") (citations omitted).
  204. "What is the Duluth Model?" Domestic abuse intervention programs: Home of the Duluth model, accessed April 11, 2022, <https://www.theduluthmodel.org/>.
  205. Corvo, "Early-life risk," describes that in many states, Duluth is mandated as the domestic violence treatment intervention by state standards.
  206. A 2017 survey of UK providers found that although only 19% identified their programme as primarily feminist in orientation, more than half incorporated work around power and control. See Yakeley, "The search for tailored treatments," p. 94 (citing research by Bates et al., 2017).
  207. Albert Bandura, *Social Learning Theory* (Englewood Cliffs, NJ: Prentice Hall, 1977).
  208. Albert Bandura, *Social foundations of thought and action: A social cognitive theory* (Prentice Hall, Inc.: 1986).
  209. See, e.g., Smith-Marek et al., "A Meta-Analytic Review."
  210. Nicki R. Crick and Kenneth A. Dodge, "A review and reformulation of social information-processing mechanisms in children's social adjustment." *Psychological Bulletin* (1994).
  211. Kenneth A. Dodge, Gregory S. Pettit, John E. Bates and Ernest Valente, "Social information-processing patterns partially mediate the effect of early physical abuse on later conduct problems." *Journal of Abnormal Psychology* (1995).
  212. Christopher Eckhardt, Krista A. Barbour, and Gerald C. Davison, "Articulated thoughts of maritally violent and nonviolent men during anger arousal." *Journal of Consulting and Clinical Psychology* (1998); Amy Holtzworth-Munroe and Glenn Hutchinson, "Attributing negative intent to wife behaviour: The attributions of maritally violent versus nonviolent men." *Journal of Abnormal Psychology* (1993).
  213. Taft, Murphy and Creech, *Trauma-Informed Treatment* (citing Constans, 2005).
  214. For a description of the relevance of social learning, social cognitive theory and social information processing in current thinking around IPV, see Taft, Murphy and Creech, *Trauma-Informed Treatment*, chapter 1.
  215. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review" (using a dynamic developmental systems perspective); Miriam K. Ehrensaft et al., "Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study," *Journal of Consulting and Clinical Psychology* (2003) (using a developmental model), Kimber et al., "A systematic review" (describing the stress process model and bio-developmental framework).
  216. See Donald G. Dutton, *The batterer: A psychological profile* (New York: Basic Books, 1995) (outlining a nested ecological theory framework of intimate partner violence); DJ Whitaker, DM Hall and AL Coker, "Primary prevention of intimate partner violence: Toward a developmental, social-ecological model," in *Intimate partner violence: A health-based perspective*, eds. Connie Mitchell and Deirdre Anglin (New York, NY: Oxford University Press, 2009), pp. 289–306; Carol B. Cunradi, Christina Mair, and Michael Todd, "Alcohol outlet density, drinking contexts and intimate partner violence: A review of environmental risk factors," *Journal of Drug Education* (2014) (building on developmental, social-ecological conceptual framework proposed by Whitaker, Hall and Coker); Alcohol Change UK, (2019). *Rapid Evidence Review: The role of alcohol in contributing to violence in intimate partner relationships*. Available at: <https://www.drugsandalcohol.ie/30894/1/The-role-of-alcohol-in-contributing-to-violence-in-intimate-relationships-Final.pdf>.
  217. "The VPA Approach," World Health Organization, accessed April 11, 2022, <https://www.who.int/groups/violence-prevention-alliance/approach>; "The Social-Ecological Model: A Framework for Prevention," Centers for Disease Control and Prevention, accessed April 11, 2022, <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>.
  218. Two meta-analyses included in this review found that the strongest risk markers were at the individual and relationship levels (i.e. 'the microsystem'), with community markers being largely protective and a lack of data regarding societal markers. See Sandra M. Stith, et al., "Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review," *Aggression and Violent Behavior* 10(1) (2004); Spencer, Stith and Cafferky, "A Meta-Analysis."
  219. Alex R. Piquero, Delphine, Theobald, and David P. Farrington, "The overlap between offending trajectories, criminal violence, and intimate partner violence," *International Journal of Offender Therapy and Comparative Criminology* (2014); Jana Verbruggen, Arjan A.J. Blokland, Amanda L. Robinson, and Christopher D. Maxwell, "General offending and intimate partner violence perpetration in young adulthood: A Dutch longitudinal study," *International Journal of Offender Therapy and Comparative Criminology* (2021).
  220. Corvo, "Early life risk," p. 158.
  221. Christopher Dowling, Hayley Boxall, and Anthony Morgan, "The criminal career trajectories of domestic violence offenders," *Trends & Issues in Crime and Criminal Justice* (2021).
  222. Barlow and Walklate, *Coercive control*; Walby and Towers, "Theorizing domestic violent crime."
  223. Christine Schneider and Andrew S. Brimhall, "From scared to repaired: using an attachment-based perspective to understand situational couple violence," *Journal of Marital and Family Therapy* (2014).
  224. Taft, Murphy and Creech, *Trauma-Informed Treatment* cites Guathier & Levendosky (1996) on this point, noting that a focus on dyadic interaction could mean perpetrators are not held accountable for their behaviour.
  225. Spencer, Stith and Cafferky, "A Meta-Analysis."
  226. See, e.g., Jennifer Langhinrichsen-Rohling, "Top 10 greatest 'hits': Important findings and future directions for intimate partner violence research," *Journal of Interpersonal Violence* (2005) (describing institutional reluctance to study intimate partner violence dyadically).
  227. Spencer, Stith and Cafferky, "A Meta-Analysis"; Schneider and Brimhall, "From scared to repaired"; Taft, Murphy and Creech, *Trauma-Informed Treatment*.
  228. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review"; Easton and Crane, "Interventions."
  229. See, e.g., Capaldi, Knoble, Shortt, and Kim, "A Systematic Review."
  230. Cascardi and Jouriles, "A Study Space Analysis"; Noreen K. Malhi, John L. Oliffe, Vicky Bungay, and Mary T. Kelly, "Male Perpetration of Adolescent Dating Violence: A Scoping Review," *American Journal of Men's Health* (2020).
  231. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review"; Spencer, Stith and Cafferky, "A Meta-Analysis"; Costa et al., "A systematic review."
  232. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review."
  233. Kerry A. Lee, Charlotte Lyn Bright, Paul Sacco and Melissa E. Smith, "The Influence of Adverse Childhood Experiences on Perpetration of Intimate Partner Violence Among Black Men: The Moderating Role of Alcohol Use," *Journal of Interpersonal Violence* (2021).
  234. Wild, *Summary Report*, p. 21.
  235. Dana J. Conzemius, Meagan J. Brem, Kara B. Wettersten, and Gregory L. Stuart, "Traditional Gender Roles and Emotion Dysregulation as Risk Factors for Intimate Partner Violence Perpetration Among College Men," *Partner Abuse* (2021); Spencer, Stith and Cafferky, "A Meta-Analysis."

236. Gilchrist et al., "A meta-ethnography,"; Malhi, Oliffe, Bungay and Kelly, "A Scoping Review."
237. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review."
238. Malhi, Oliffe, Bungay and Kelly, "A Scoping Review."
239. H. Luz McNaughton Reyes, et al. "Gender Role Attitudes and Male Adolescent Dating Violence Perpetration: Normative Beliefs as Moderators," *Journal of Youth and Adolescence* (2016).
240. Spencer, Stith and Cafferky, "A Meta-Analysis" (finding approval of violence was a significant risk factor of physical IPV perpetration for men, but not for women).
241. Spencer, Stith and Cafferky, "A Meta-Analysis."
242. Costa et al., "A systematic review."
243. Katherine L. Collison and Donald R. Lynam, "Personality disorders as predictors of intimate partner violence: A meta-analysis," *Clinical Psychology Review* (2021).
244. Liria Fernández-González, Esther Calvete, Izaskun Orue, and Ainara Echezarraga, "The role of emotional intelligence in the maintenance of adolescent dating violence perpetration," *Personality and Individual Differences* (2018).
245. Cascardi and Jouriles, "A Study Space Analysis" discuss a number of studies examining the role of emotional regulation.
246. Spencer, Stith and Cafferky, "A Meta-Analysis" identify both impulsivity and external locus of control as risk factors. The latter refers to one's tendency to attribute outcomes to external factors rather than their own actions.
247. Stith et al., "A meta-analytic review" (finding moderate effect sizes for anger/hostility).
248. See also Eckhardt, Barbour and Davison, "Articulated thoughts of maritally violent and nonviolent men"; Christopher Eckhardt and T. Rene Jamison, "Articulated Thoughts of Male Dating Violence Perpetrators During Anger Arousal," *Cognitive Therapy and Research* (2002). Both articles are cited in Taft, Murphy and Creech, *Trauma-Informed Treatment*.
249. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review," p. 19 ("Overall, findings from the limited number of studies indicated that there is some evidence of an association between low self-esteem and IPV perpetration in women but little evidence for men").
250. Spencer, Stith and Cafferky, "A Meta-Analysis."
251. Aine Travers et al., "Adverse experiences and mental health problems in perpetrators of intimate partner violence in Northern Ireland: A latent class analysis," *Child Abuse & Neglect* (2022).
252. Rongqin Yu et al., "Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study," *PLOS Medicine* (2019).
253. Katherine R.K. Saunders et al., "Past-year intimate partner violence perpetration among people with and without depression: an individual participant data (IPD) meta-mediation analysis," *Social Psychiatry and Psychiatric Epidemiology* (2021).
254. Suzanne C. Swan et al., "A Review of Research on Women's Use of Violence with Male Partners," *Violence and Victims* (2008).
255. Cory A. Crane and Caroline J. Easton, "Physical Health Conditions and Intimate Partner Violence Perpetration among Offenders with Alcohol Use Diagnoses," *Journal of Interpersonal Violence* (2017). Of their sample of court-ordered perpetrators with alcohol use disorders, the odds of perpetrating IPV in the past year was 2.29 times greater for those with health conditions than those without.
256. Thomas J. Farrer, R. Brock Frost, and Dawson W. Hedges, "Prevalence of Traumatic Brain Injury in Intimate Partner Violence Offenders Compared to the General Population: A Meta-Analysis," *Trauma, Violence & Abuse* (2012) (providing a review of evidence demonstrating that TBI is associated with increases in aggression, violence and criminal behaviour).
257. Ibid. (identifying alcohol use as a potential confounding factor).
258. Lavinia A. Pinto et al., "Biological correlates of intimate partner violence perpetration," *Aggression and Violent Behavior* (2010) (describing evidence for a high prevalence of neuropsychological deficits such as verbal, executive, impulse control and attention deficits amongst perpetrators of IPV and evidence that neurochemicals such as testosterone and serotonin play a role in IPV).
259. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review."
260. Johnson, *A Typology of Domestic Violence*, p. 63.
261. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review."
262. Jennifer Langhinrichsen-Rohling, Adrianna McCullars, and Tiffany A. Misra, "Motivations for Men and Women's Intimate Partner Violence Perpetration: A Comprehensive Review," *Partner Abuse* (2012).
263. Cory A. Crane et al., "Relationship Status Acceptance, Alcohol Use, and the Perpetration of Verbal Aggression Among Males Mandated to Treatment for Intimate Partner Violence," *Journal of Interpersonal Violence* 28(13) (2013).
264. Jessica B. Lewis, et al., "Psychological and Relational Correlates of Intimate Partner Violence Profiles Among Pregnant Adolescent Couples," *Aggressive Behavior* (2017) (describing that perceived partner infidelity has been consistently associated with physical IPV and IPV severity); see also Meagan J. Brem, et al., "Dispositional Mindfulness as a Moderator of the Relationship Between Perceived Partner Infidelity and Women's Dating Violence Perpetration," *Journal of Interpersonal Violence* (2018) (finding that perceived partner infidelity was positively related with perpetrating dating violence among a sample of college women with low dispositional mindfulness, but not for women with high dispositional mindfulness).
265. Spencer, Stith and Cafferky, "A Meta-Analysis,"; Langhinrichsen-Rohlin, McCullars and Misra, "A Comprehensive Review."
266. Spencer, Stith and Cafferky, "A Meta-Analysis."
267. de Brujin and de Graaf, "A review of the literature" (IPV and substance use co-occur at rates of 25% to 80% and are closely linked in clinical settings); Gilchrist et al., "A meta-ethnography" (global estimates suggest 23-63% of IPV incidents involve alcohol as contributory factor); Carla Smith Stover, Amy Lynn Meadows and Joan Kaufman, "Interventions for Intimate Partner Violence: Review and Implications for Evidence-Based Practice," *Professional Psychology: Research and Practice* (2009) (co-occurrence of substance abuse problems is high, with rates ranging from 40% to 92% across studies); Larry W. Bennett, "Substance Abuse by Men in Partner Abuse Intervention Programs: Current Issues and Promising Trends," *Violence and Victims* (2008) (describing high prevalence of substance misuse problems in those attending IPV treatment programmes).
268. Stephens-Lewis et al., "A systematic review" (summarising evidence base); Ingrid M. Wilson, Kathryn Graham, and Angela Taft, "Alcohol interventions, alcohol policy and intimate partner violence: a systematic review," *BMC Public Health* (2014) (describing consistent evidence that alcohol use by one or both partners contributes to the risk and severity of intimate partner violence); Spencer, Stith and Cafferky, "A Meta-Analysis" (substance use significantly associated with perpetration); Gilchrist et al., "A meta-ethnography" (describing physical harm as more likely and more severe when the perpetrator has consumed alcohol).
269. For example, Gilchrist et al., "A meta-ethnography" describes a "complex interplay" between substance use and domestic abuse in the contexts of intoxication and withdrawal/addiction, as well as relationship-specific impacts when one or both partners in a couple are misusing substances.
270. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review," p. 120 (describing that the link between substance use and IPV "can be significantly moderated by a number of factors, such as substance type, measurement of substance use, gender, and direction of violence"). Some evidence

- suggests that substance use and dependence are stronger correlates of domestic abuse perpetration for men than for women.
271. Nora K. Kline, Korine B. Cabrera, and Kathleen M. Palm Reed, "Predicting Different Types of Intimate Partner Aggression Perpetration: The Roles of Problem Alcohol Use and Distress Tolerance," *Journal of Interpersonal Violence* (2021), p. 3 ("Alcohol use is one of the most robust predictors of violence perpetration in intimate relationships"); Cunradi, Mair, and Todd "A review of environmental risk factors"; Kenneth E. Leonard and Brian M. Quigley, "Thirty years of research show alcohol to be a cause of intimate partner violence: Future research needs to identify who to treat and how to treat them," *Drug and Alcohol Review* (2017) ("The cross-sectional relationship [between excessive drinking and partner violence] has been demonstrated on every continent. It has been reported in health-care settings, alcoholism treatment samples, and batterer samples") (citations omitted); Alcohol Change UK, *Rapid Evidence Review*, p. 15 ("Meta-analyses published in the last 10 years have consistently demonstrated that overall there is a statistically significant association between alcohol use and IPV perpetration and victimisation.")
  272. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review" (describing that the mean effect size across studies is small but significant and comparable to those for witnessing or experiencing abuse in childhood).
  273. de Bruijn and de Graaf, "A review of the literature"; Alcohol Change UK, *Executive Summary- Rapid Evidence Review: The role of alcohol in contributing to violence in intimate partner relationships*. Available at: <https://alcoholchange.org.uk/publication/rapid-evidence-review-the-role-of-alcohol-in-contributing-to-violence-in-intimate-partner-relationships> ("Women appear to be at a higher risk of having physical IPV perpetrated against them by a male partner who has been drinking than vice versa"); Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review," p. 114 (findings suggest that substance use is a significantly stronger correlate for male perpetrators of IPV than females); Spencer, Stith and Cafferky, "A Meta-Analysis," p. 12 ("substance use, which was characterised by a mix of alcohol and drug use, was also a significantly stronger risk marker for physical IPV perpetration for men than it was for women").
  274. Alcohol Change UK, *Rapid Evidence Review*.
  275. de Bruijn and de Graaf, "A review of the literature." In this systematic review of 17 articles, Fals-Stewart was the first author on three, so results should be interpreted with caution (see Appendix A- A note of caution on Fals-Stewart).
  276. Alcohol Change UK, *Rapid Evidence Review*.
  277. See Wilson, Graham, and Taft, "A systematic review" ("the extent to which alcohol's role in IPV is causal, is complex and contested"); Aliraza Javadi, "The role of alcohol in intimate partner violence: causal behaviour or excusing behaviour?" *British Journal of Community Justice* (2015) (alcohol is a facilitator rather than instigator or direct cause of intimate partner violence); Leonard and Quigley, "Thirty years of research," ("Research over the past 30 years has demonstrated that excessive alcohol use meets all of the epidemiological criteria for causality"); Gilchrist et al., "A meta-ethnography" (arguing that qualitative studies offer insight into the statistical correlations between substance use and IPV perpetration); Alcohol Change UK, *Rapid Evidence Review*, p. 1 ("Whether alcohol use plays a causal, contributory or other role in IPV remains an area of debate").
  278. See, e.g., Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review"; Alcohol Change UK, *Rapid Evidence Review*.
  279. Leonard and Quigley, "Thirty years of research."
  280. See Alcohol Change UK, *Rapid Evidence Review* (summarising evidence base).
  281. Gail Gilchrist et al., "The prevalence and factors associated with ever perpetrating intimate partner violence by men receiving substance use treatment in Brazil and England: A cross-cultural comparison," *Drug and Alcohol Review* (2017).
  282. Gail Gilchrist and Kelsey Hegarty, "Tailored integrated interventions for intimate partner violence and substance use are urgently needed," *Drug and Alcohol Review* (2017) (citing others). Bennett, "Substance Abuse by Men," also suggests that substance abuse addictions treatment impacts IPV, citing the work of O'Farrell and colleagues on Behavioural Couples Therapy: those completing BCT who did not relapse showed reductions in IPV perpetration.
  283. Wilson, Graham, and Taft, "A systematic review."
  284. Alcohol Change UK, *Rapid Evidence Review*.
  285. See Wilson, Graham and Taft, "A systematic review" (summarising research on alcohol and aggression).
  286. Easton and Crane, "Interventions."
  287. Wilson, Graham and Taft, "A systematic review."
  288. Kathryn Graham, Ingrid Wilson and Angela Taft, "The broader context of preventing alcohol-related intimate partner violence," *Drug and Alcohol Review* (2017), p. 12 ("it may be that the perpetrator's loss of inhibitory control when drinking is more important for situational violence than for intimate terrorism").
  289. In addition to the theories highlighted, other theories include the "multiple thresholds model" and "responsible disinhibition." See Alcohol Change UK, *Rapid Evidence Review*.
  290. Kline, Cabrera, and Reed, "Predicting Different Types of Intimate Partner Aggression," p. 3 (describing this theory proposed by Steele & Josephs, 1990 as "one of the best-accepted theories detailing the effects of alcohol on behavior").
  291. Ibid.; Leonard and Quigley, "Thirty years of research."
  292. Kline, Cabrera, and Reed, "Predicting Different Types of Intimate Partner Aggression,"; Alcohol Change UK, *Rapid Evidence Review*.
  293. Kline, Cabrera, and Reed, "Predicting Different Types of Intimate Partner Aggression."
  294. Christopher I. Eckhardt, Daniel W. Oesterle and Molly A. Maloney, "The instigating effects of isolation on substance-related intimate partner violence: A review," *Current Opinion in Psychology* (2022).
  295. Graham, Wilson and Taft, "The broader context."
  296. Bennett, "Substance Abuse by Men."
  297. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review," p. 118 (discussing integrated theoretical models, including the tripartite conceptual framework and biopsychosocial model).
  298. See, e.g., Amber M. Jarnecke, Ruschelle M. Leone, Charli Kirby, and Julianna C. Flanagan, "Intimate partner violence and couple conflict behaviours: The moderating effect of drug use problem severity," *Journal of Interpersonal Violence* (2022), p. 3 ("most research examining how intoxication impacts IPV has focused on alcohol intoxication").
  299. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review."
  300. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review."
  301. Gilchrist et al., "A meta-ethnography."
  302. de Bruijn and de Graaf, "A review of the literature" found some evidence that men and women's cocaine use increases a women's risk of being a victim of same-day IPV, suggesting a temporal relationship between cocaine use and IPV.
  303. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review," p. 111 ("Compared with other drugs, cocaine seems to have the strongest link to the perpetration of IPV, but part of this consensus may be due to the variability in findings associated with other drugs") (citations omitted); de Bruijn and de Graaf, "A review of the literature."
  304. Gilchrist and Hegarty, "Tailored integrated interventions," p. 4 ("Alcohol, cocaine and methamphetamine use are implicated in IPV perpetration"); Christopher Dowling and Anthony



- Morgan, "Is methamphetamine use associated with domestic violence?" *Trends and Issues in Crime and Criminal Justice* (2018).
305. Gilchrist et al., "A meta-ethnography."
306. Dowling and Morgan, "Is methamphetamine use associated with domestic violence?"
307. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review," p. 118; see also Gilchrist et al., "A meta-ethnography," p. 9 ("marijuana withdrawal symptoms have been linked with irritability, anger and aggression which could account for the association with marijuana use and IPV perpetration").
308. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review," p. 119.
309. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review."
310. Gilchrist et al., "A meta-ethnography."
311. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review."
312. Jarnecke, Leone, Kirby and Flanagan, "The moderating effect of drug use problem severity."
313. Cafferky, Mendez, Anderson and Stith, "A Meta-Analytic Review."
314. Gilchrist et al., "A meta-ethnography."
315. Christopher I. Eckhardt, Dominic J. Parrott, and Cory A. Crane, "Alcohol, conflict, and aggression in intimate relationships: A dyadic approach," *Journal of Social and Personal Relationships* (2019).
316. Gilchrist et al., "A meta-ethnography."
317. Gilchrist et al., "A meta-ethnography."
318. Maria Testa et al., "Husband and wife alcohol use as independent or interactive predictors of intimate partner violence," *Journal of Studies on Alcohol and Drugs* (2012).
319. Ibid.
320. Ibid. (describing that in other studies, discrepant drinking was associated with physical aggression and with declines in marital satisfaction).
321. Javaid, "The role of alcohol."
322. Ibid.
323. Interventions Alliance, (2021). *The Complex Pathways to Violence in the Home: Better understanding male domestic abuse perpetration*. Available at: <https://interventionsalliance.com/wp-content/uploads/sites/4/2022/01/The-Complex-Pathways-to-Violence-in-the-Home.pdf>, p. 50.
324. Gilchrist et al., "A meta-ethnography."
325. Graham, Wilson and Taft, "The broader context."
326. Gilchrist et al., "A meta-ethnography," p. 20.
327. Alcohol Change UK, *Rapid Evidence Review*, p. 11 (quoting Devries et al., 2014).
328. Gilchrist et al., "A meta-ethnography," p. 21.
329. See American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.); World Health Organization (2019). *International Statistical Classification of Diseases and Related Health Problems* (11th ed.).
330. See, e.g., Vincent J. Felitti et al., "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* (1998).
331. Ibid.
332. For a recent review of the definition of ACEs, see John Devaney, John Frederick and Trevor Spratt, "Opening the Time Capsule of ACEs: Reflections on How we Conceptualise Children's Experiences of Adversity and the Issue of Temporality," *British Journal of Social Work* (2021).
333. Vincent J. Felitti, "Adverse Childhood Experiences and Adult Health," *Academic Pediatrics* (2009); Valerie J. Edwards, George W. Holden, Vincent J. Felitti, and Robert F. Anda, "Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study," *American Journal of Psychiatry* (2003); Robert F. Anda et al., "Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression," *Psychiatric Services* (2002).
334. See e.g., Joseph Spinazzola, Bessel van der Kolk and Julian D. Ford, "When nowhere is safe: interpersonal trauma and attachment adversity as antecedents of posttraumatic stress disorder and developmental trauma disorder," *Journal of Traumatic Stress* (2018).
335. Bessel A. van der Kolk et al., "Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma," *Journal of Traumatic Stress* (2005).
336. Cascardi and Jouriles, "A Study Space Analysis," p. 267 (complex trauma describes "both the myriad adverse consequences of child maltreatment and its repetitive, ongoing quality").
337. Albert Bandura, "Social learning theory of aggression," in *Control of aggression: Implications from basic research*, ed. J. F. Knutson (Chicago: Aldine-Atherton, 1971), pp. 201–250.
338. Sandra M. Stith et al., "The intergenerational transmission of spouse abuse: A meta-analysis," *Journal of Marriage and Family* (2000); Smith-Marek et al., "A Meta-Analytic Review,"; Kimber et al., "A systematic review"; Gil-Gonzalez et al., "A systematic review"; Spencer, Stith and Cafferky, "A Meta-Analysis."
339. Kimber et al., "A systematic review."
340. Alytia A. Levendosky, "Drawing Conclusions: An Intergenerational Transmission of Violence Perspective," *Psychodynamic Psychiatry* (2013) (citing Widom, 1989).
341. Godbout et al., "A Meta-Analysis."
342. Capaldi, Knoble, Shortt, and Kim, "A Systematic Review" (finding evidence of a low to moderate significant association between exposure to violence between parents in the family of origin or experience of child abuse and later IPV perpetration); Costa et al., "A systematic review"; Godbout et al., "A Meta-Analysis"; Spencer, Stith and Cafferky, "A Meta-Analysis."
343. Smith-Marek et al., "A Meta-Analytic Review,"; Spencer, Stith and Cafferky, "A Meta-Analysis"; Godbout et al., "A Meta-Analysis."
344. Godbout et al., "A Meta-Analysis."
345. Costa et al., "A systematic review."
346. Emily Maguire et al., "Examining Trauma and Posttraumatic Stress Disorder Symptoms in Court-Mandated Intimate Partner Violence," *Psychological Trauma: Theory, Research, Practice, and Policy* (2015) (in a study of 217 men in a court mandated IPV perpetrator program, nearly 60% reported experiencing child abuse).
347. Laura A. Voith, RaeAnn E. Anderson, and Shawn P. Cahill, "Extending the ACEs framework: Examining the relations between childhood abuse and later victimization and perpetration with college men," *Journal of Interpersonal Violence* (2020); Lee, Sacco, and Bright, "A latent class analysis"; Monique J. Brown et al., "Adverse childhood experiences and intimate partner aggression in the US: Sex differences and similarities in psychosocial mediation," *Social Science & Medicine* (2015).
348. Kelly Cue Davis et al., "How Childhood Maltreatment Profiles of Male Victims Predict Adult Perpetration and Psychosocial Functioning," *Journal of Interpersonal Violence* (2018) (in a community sample, those exposed to emotional and physical maltreatment as children exhibited higher rates of IPV perpetration).
349. Spencer, Stith and Cafferky, "A Meta-Analysis"; Costa et al., "A systematic review"; Swan et al., "A Review of Research."
350. Swan et al., "A Review of Research."
351. Costa et al., "A systematic review"

352. Smith-Marek et al., "A Meta-Analytic Review,"; Stith et al., "A meta-analysis."
353. Sania Shakoor, Delphine Theobald, and David P. Farrington, "Intergenerational Continuity of Intimate Partner Violence Perpetration: An Investigation of Possible Mechanisms," *Journal of Interpersonal Violence* (2020) (having a father who perpetrated IPV significantly increased the odds of daughters, but not sons, being perpetrators of IPV in adulthood).
354. Smith-Marek et al., "A Meta-Analytic Review"; Spencer, Stith and Cafferky, "A Meta-Analysis" (noting that there are more similarities than differences in the data available for men and women, except that childhood maltreatment was significantly more associated with IPV perpetration in men than in women).
355. Kimber et al., "A systematic review," p. 283.
356. Godbout et al., "A Meta-Analysis."
357. Kimber et al., "A systematic review."
358. Gilchrist and Hegarty, "Tailored integrated interventions," (describing a study by Madrugá et al.).
359. Substance misuse, depression, suicidality and teen pregnancy, among other outcomes, have all been demonstrated to have a dose response relationship to ACEs. For a comprehensive list of ACEs studies, see "Adverse Childhood Experiences (ACEs)," Centers for Disease Control and Prevention (CDC), last modified April 2, 2021, <https://www.cdc.gov/violenceprevention/aces/index.html>.
360. Robert F. Anda et al., "The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology," *European Archives of Psychiatry and Clinical Neuroscience* (2006) (finding that those with 4 or more ACEs are over 5 times as likely to perpetrate domestic abuse than those with none).
361. Costa et al., "A systematic review."
362. Shakoor, Theobald and Farrington, "An Investigation,"; Constance L. Chapple, "Examining Intergenerational Violence: Violent Role Modeling or Weak Parental Controls?" *Violence and Victims* (2003).
363. Malhi, Oliffe, Bungay and Kelly, "A Scoping Review."
364. For a recent systematic analysis and meta-analysis on this evidence base, see Jamie Kwan et al., "Prevalence of intimate partner violence perpetration among military populations: A systematic review and meta-analysis," *Aggression and Violent Behavior* (2020).
365. Taft, Murphy and Creech, *Trauma-Informed Treatment* note that the military literature focuses more on adult trauma and trauma-related psychopathology, whereas in the civilian literature, a focus on childhood trauma is more prevalent.
366. Maguire et al., "Examining Trauma," found that in a group of males participating in an IPV programme, 94% reported at least 1 lifetime trauma, and 56.6% reported adult physical assault. The greater number of traumas was associated with increased risk for perpetrating physical and psychological IPV.
367. Joshua Semiatin et al., "Trauma Exposure, PTSD Symptoms, and Presenting Clinical Problems Among Male Perpetrators of Intimate Partner Violence," *Psychology of Violence* (2017).
368. Travers et al., "A latent class analysis."
369. Stith et al., "Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review,"; Spencer, Stith and Cafferky, "A Meta-Analysis."
370. Swan et al., "A Review of Research."
371. Ibid.
372. See, e.g., P. Turton, P. Hughes, C.D.H. Evans and D. Fainman, "Incidence, correlates and predictors of post-traumatic stress disorder in pregnancy after stillbirth," *British Journal of Psychiatry* (2001); Arlene T. Gordon-Hollingsworth et al., "Understanding the impact of natural disasters on psychological outcomes in youth from mainland China: a meta-analysis of risk and protective factors for post-traumatic stress disorder symptoms," *Journal of Child & Adolescent Trauma* (2018).
373. Bonanno, "Loss, trauma and human resilience."
374. R. Yehuda et al., "Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors," *American Journal of Psychiatry* (1998).
375. Bridget Klest, "Childhood Trauma, Poverty, and Adult Victimization," *Psychological Trauma: Theory, Research, Practice, and Policy* (2012).
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430. DASH assessments refer to the 'Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment Tool.' DASH, which consists of 24 assessment questions, is a common tool utilised by both police and non-police agencies when identifying and assessing victims of domestic abuse, stalking, harassment and honour based violence.
431. MARACs are multi-agency conferences that are attended by the police as well as statutory and voluntary agency representatives. They are brought together to share information in order to gain a clearer understanding of a victim-survivor's situation. Victim-survivors considered to be at serious risk of domestic abuse are referred to MARACs.
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## About the Centre for Justice Innovation

The Centre for Justice Innovation seek to build a justice system which all of its citizens believe is fair and effective. We champion practice innovation and evidence-led policy reform in the UK's justice systems. We are a registered UK charity.

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