Young Women's Experiences of Intimate Partner Violence in the UK and Voices of Men who Perpetrate it

A Qualitative Study

Executive Summary

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Message from the Commonwealth Secretariat

It is a scourge on our global society that even today, one in three women and girls experience physical or sexual violence in their lifetime. Gender-based violence (GBV) is a crisis that extends beyond national and socio-cultural boundaries, across the globe, and across our Commonwealth member countries alike. It affects people of all ages, genders, ethnicities, and economic backgrounds. It is an urgent, world-wide human rights issue.

Recognising this, national governments, international bodies such as the United Nations (UN) and non-governmental organisations (NGOs), have developed strategies to end violence against women and girls (VAWG). Appropriate national and international laws are a crucial component in safeguarding women's and girls' rights. But alone, they are not enough. From the moment they are born, millions of girls are subjected to multiple forms of violence including rape, female genital mutilation (FGM), sexual exploitation and child marriage. Survivors may experience trauma, drop out of school, suffer from mental health problems, all of which also have significant social and economic costs.

In spite of the progress made over recent decades, the statistics still tell a shocking and unacceptable story, as do the harrowing individual experiences of the survivors of gender-based violence interviewed by the None in Three Research Centre for this report.

Research in the UK has shown that one in five girls aged 14-17 have suffered physical abuse from their boyfriends. More than four in ten have experienced sexual coercion from their boyfriends[1]. Intimate partner violence like this is closely associated with substance misuse, depression and PTSD, eating disorders, suicidal thinking and behaviour in young people[2]. The None in Three UK team aims to prevent such common yet unnecessary violence, and its fall out, by educating young people about healthy and unhealthy relationships, through their research.

Media attention in countries across the globe raises consciousness of the issue in waves, from the Me Too movement, to the reported 'hidden' pandemic behind the 2020 lockdown due to Covid-19 – a surge in domestic abuse. This is not a new phenomenon, but the growing awareness is a catalyst for action to which we must respond. All countries, all societies need to work to eradicate this pandemic that affects 1 in 3 women in their lifetime.

The Commonwealth Secretariat is working alongside partner organisations on measures that will help our 54 member countries to stem the rising tide of gender-based violence, especially school related gender-based violence. Educating to actively promote a gender equal, respectful, non-violent culture with gender aware pedagogy or approaches is key. As a member of the Global Working Group to End School-Related Violence, the Secretariat aims to help practitioners and policy makers in the education sector, apply a gender lens when developing violence prevention, response approaches and safeguarding. School related gender-based violence (SRGBV) affects millions of children and young people, especially girls.

The Ni3 Centre's approach, which we in the Commonwealth subscribe to, is one of prevention through high-quality, gender sensitive education. By engaging young people as adolescents, when attitudes and opinions are forming, we stand the best chance of influencing them for good. The potential for adolescents and young people to act as agents of change and achieve the social transformation necessary to end GBV is tremendous. None in Three's approach includes developing and testing immersive, pro-social computer games, themed around issues of gender-based violence, to help young players build empathy with victims, and to prevent future violence.

We welcome this research and the accompanying three reports (from None in Three in India, Jamaica and Uganda) and the contribution that the innovative approach could make to our work. By listening to the lived experiences of both victims and perpetrators of gender-based violence in four study countries, the global research centre has built up a solid evidence base for each of its culturally appropriate, educational video games. It will therefore provide a new resource to help end GBV including school related gender-based violence.

Through renewed commitment and concerted action, we can end domestic and gender-based violence.

Layne Robinson
Head, Social Policy Development
Commonwealth Secretariat

1 Barter, C., McCarry, M., Berridge, D., and Evans, K. (2009). Partner exploitation and violence in teenage intimate relationships. London: NSPCC.
2 Barter, C., and Stanley, N. (2016). Interpersonal Violence and Abuse in Adolescent Intimate Relationships: Mental Health Impact and Implications for Practice. International Review of Psychiatry, 28, pp. 485-503.

I want to thank the None in Three Project for inviting me to contribute to this rigorous, detailed and timely investigation of Intimate Partner Violence (IPV) in the UK, and I want to begin by highlighting some well-rehearsed but nonetheless alarming statistics. According to the UK Government, IPV claims the lives of two women every week in England and Wales and we are heading very much in the wrong direction: reported domestic abuse related incidents increased by 24% in 2019; and in the first three weeks of the 2020 'lockdown' (due to the Covid-19 pandemic), 16 women were killed by a partner or ex-partner – that's more than five per week.

International institutions such as UNIFEM and the World Bank have stated that gender-based violence (GBV) is the largest cause of morbidity worldwide in women aged 19-44 - greater than war, malaria, cancer, or death by vehicle accidents. In the UK, almost 80% of IPV victims are women and over half of all homicides against women are committed by a partner or ex-partner. IPV has more repeat victims than any other crime and on average there will have been 50 acts of abuse before a victim calls the police. The costs of GBV to the state are also huge, with the Home Office estimating that violence against women and girls costs almost £66 billion per year through costs to the criminal justice system, health, welfare, social and housing services.

The most recent Crime Survey for England and Wales estimates that 20% of women and 4% of men have experienced sexual assault since the age of 16 and IPV accounts for almost a fifth of all recorded violent crime, although issues of under-reporting and under-recording mean this is a significant under-estimate. In fact, 83% of victims did not report their experience to the police in 2019. The criminal justice system is systematically failing victims of gender-based violence. Conviction rates for rape, for example, are historically, shamefully, and persistently low, but now, in 2020, we have hit a new nadir, reporting the lowest rates of conviction for rape in the UK since records

began. Prosecutions and convictions have halved in the past three years while reported incidents have increased. So, with a 1 in 70 chance of prosecution, and a less than 6% chance of conviction, is it now the case, as Sarah Green, Director of the End Violence Against Women Coalition, has stated, that in the UK rape has "been effectively decriminalised"? (The Guardian, 30 July 2020).

While these statistics should be shocking, they sadly come as no surprise to us. GBV, the broader term within which IPV is situated, is, as this report rightly acknowledges, located along a broad, socio-culturally entrenched continuum of violence against women and girls, men and boys. Indeed, violence is so embedded within our cultural productions of masculinities and femininities that experiencing some form of GBV - whether through sexually objectifying images, sexual harassment, physical or emotional violence - is almost an ordinary life experience for many women, girls, men and boys in our society.

Considering this, it's clear that efforts to address GBV can only be effective and sustainable if that violence is recognised as arising from normative processes of gendering and gender relations in a given socio-cultural context. This report produced by the highly experienced None in Three research team at the University of Huddersfield provides a critically important gender analysis of IPV, enabling a greater understanding of the contexts and experiences of IPV within people's everyday lives, along a continuum of gendered experience and stereotypical norms.

Escaping such violence is extremely difficult because to do so not only involves extricating oneself from the abusive partner, but can also lead to a dismantling of wider familial relations, losing your home, impacting children, grandparents, and friendship networks. The women who participated in and contributed to this research became more aware of the forms of IPV they lived with once they

had managed to flee from the abusive situation. Support, education and reflection enabled them to articulate clearly the impact of the gendered abuse on themselves, their children, the material conditions of their lives, as well as on their sense of self and mental wellbeing. In order to challenge IPV, it is first necessary to recognise, locate and understand it, something which makes this research, and its recommendations around prevention through education, invaluable.

It is important to emphasise that, acknowledging the fact that women and girls experience far higher rates of IPV and sexual violence than men, does not downplay the seriousness of violence against men and boys. The one does not infer the other. We must understand, though, that the gender imbalance in the ratio of perpetrators to victims (or survivors) of violence is not random, it is not some kind of inexplicable and unfortunate accident. As feminist theorists have articulated for decades, GBV is a product of gender regimes and deeply embedded in hegemonic gender constructs that are harmful not only to women and girls, but also to men and boys. Thus, IPV needs to be seen as a fundamental part of gender constructs.

Victims of violence, including children, experience lifelong consequences, most commonly, anxiety disorders, depression and suicidal ideation, posttraumatic stress disorder, lowered self-esteem, body image issues, poorer health, and fear of intimacy. The personal costs are longstanding, complex and immense. The costs to society are also huge. We need to take IPV seriously by implementing effective policy and action, something in which to date we, as a society, have systematically and structurally failed. To redress this dereliction, we must see the recommendations provided in this report widely implemented now.

Professor Suzanne Clisby
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International Advisory Group, None in Three

Foreword

The following individuals and organisations gave invaluable support in a variety of ways to the team undertaking the empirical work behind this report.

Acknowledgements

In this report we use both the term 'victim' and 'survivor' to refer to someone who has been the object of intimate partner violence. There is some debate about which is the better term to use. For example, Jones, Trotman Jemmott, Maharaj, and Da Breo (2014 p.13) suggest that it is more positive to use the term 'survivor' than 'victim'.

'Survivor' is an empowering, active term which implies resilience and strength in the face of adversity. It also suggests that it is possible to overcome the effects of abuse and to move on with one's life. 'Victim' on the other hand is a passive term which seems to 'fix' a person in a state of victimhood and suggests that he or she has little power to change the outcome of their lives and may therefore be vulnerable to further abuse.

However, it was very clear from our engagement with the women in this study that many considered themselves to be victims of intimate partner violence, not survivors. For some this was because they were still in relationships within which they were being victimised, but for others the effects of the violence to which they had been subjected over their lifetime meant that they were vulnerable to being re-victimised and did not regard themselves as having come through. In other words, 'survivor' seemed to suggest a destination point at which women had not arrived. In recognition of the ongoing states of victimhood that domestic violence can generate, we therefore use both survivor and victim in this report.

Where possible we do not use the term 'abuser' and instead prefer the term 'perpetrator'. Perpetrator refers to someone who has perpetrated violence against women and implicit here is the exercise of choice and agency in committing acts of harm. This is important for two reasons. First, it firmly places the responsibility for the behaviour in the hands of the person committing it and negates the idea that violence is somehow intrinsic to masculinity and that the man has little choice over his actions. Second, it questions the notion that violence is inevitable. In line with the Ni3 message, if someone chooses to act in violent ways then, equally, they can choose not to do so. For this reason, our design specifically sought to include men who had been exposed to violence in the home themselves but who reject the idea that violence is acceptable, or normal, and who choose non-violence in their interactions with their partners. However, in line with the usage of our respondents, we have at times used a variety of other terms to refer to those who have been violent in intimate partner relationships. These include ex-partner, abuser, and abusing partner as well as perpetrator. Although this makes for better readability, we do not intend that their use should undermine the insight that responsibility and choice are involved.

Terminology

Intimate partner violence is one of the most common forms of *violence against women* and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner.[3]

Executive Summary

Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming *global burden of IPV is borne by women*.

3 *WHO World Health Organization 2013*

Overview

This report is based on research conducted in the UK from 2018 to 2019 which involved qualitative research based on

interviews and focus groups with 74 participants (52 female survivors of gender-based violence, 19 male perpetrators and 3 male survivors of IPV).

This was part of a global None in Three research project funded by the Global Challenges Research Fund (GCRF) through UK Research and Innovation (UKRI) and by the University of Huddersfield.

Context

Intimate partner violence (IPV) is a major global public health problem. Although men can be affected by IPV, this is an issue that disproportionately affects women (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013; Reed, Raj, Miller, & Silverman, 2010; WHO, 2012), and international studies estimate lifetime prevalence of IPV between 10% and 69% among women (Krug, Dahlberg, Mercy, Zwi, & Lozano 2002). Female homicide victims are more likely to be killed by intimate partners or family members and have been estimated to make up 70% of IPV-related fatality incidents. The impacts of IPV are broad, with devastating long-term effects on the survivor's physical and psychological health. IPV also has a negative impact upon children and families, and the social and economic fallout can be significant.
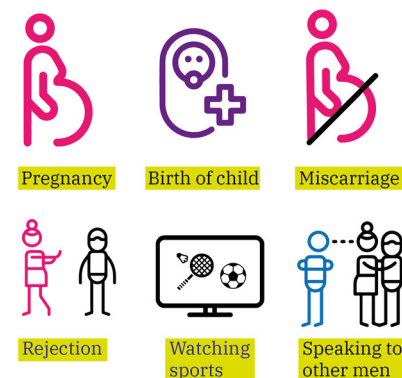
Our research focus is on young people's intimate partner violence and abuse - sometimes referred to in the literature as young people's dating violence. Those aged between 16 and 24 experience the highest rates of IPV of any age group. Young people face specific and unique challenges in their intimate relationships due to a lack of education and prior experience. They are influenced heavily by peers who share similar notions of what a healthy relationship is and have to manage advanced technologies which make controlling victims easier (Murray, King, & Crowe, 2016).

Methods

Decisions regarding recruitment and interviews/focus groups were guided by a comprehensive ethics protocol which ensured a duty of care to participants and the minimisation of risk to both participants and staff.

Data collection with survivors of IPV explored their understandings of it, the types of violence they experienced, the role of technology and social media, their childhood experiences, disclosure, their experiences of IPV and its impact on both themselves and their families (not an exhaustive list). Similar themes were also explored with perpetrators.

Women's perceptions of why IPV increased

| Pregnancy | Birth of child | Miscarriage |

| Rejection | Watching sports | Speaking to other men |

IPV often increased once the survivor fell pregnant – when she was at her most vulnerable – as well as shortly after the child was born. It appears that perpetrators may feel jealous of anyone (another man, newborn baby) or anything which, they feel, threatens the status quo of the relationship and, ultimately, the amount of attention that they are paid by their partners.

ABUSE TAKES MULTIPLE FORMS

Women are rarely subjected to one form of abuse in isolation but rather IPV involved a continuum of abusive behaviours, involving combinations of multiple forms of abuse which included physical, psychological, verbal, sexual and economic abuse.

YOUNG PEOPLE ARE PARTICULARLY VULNERABLE

Young people are particularly vulnerable to IPV given their inexperience of relationships. It was common within the women's accounts for young women to have older boyfriends. The women interviewed spoke of being young and inexperienced and, as a result, did not have a benchmark for what a healthy relationship should look like. In addition, some participants described a tendency of their peers to downplay the sexual violence that was enacted within these early and formative relationships, leading survivors to further normalise, and endure, the abuse.

GROOMING

Patterns of grooming were identifiable across the survivors' narratives. Relationships often began intensely, with abusers entrapping future victims with intense romance and charm ('love-bombing') (SafeLives, 2019b), in order to create a deep emotional connection, which victims viewed as love and care. Abusers bombarded women with texts and calls before isolating them from their friends and families which, in turn, made survivors more vulnerable. Subtle controlling behaviour was employed, often relating to the victim's appearance and who they were allowed contact with. The relationship quickly escalated, with the couple moving in together. The romantic gestures present in the beginning of the relationship became replaced by intimidation, and abuse escalated to include other forms such as physical, sexual and financial abuse. The perpetrator's behaviour was blamed on the victim who believed that she was at fault. The victim's self-esteem, self-worth, self-confidence and any sense of agency was removed through the abuse, thus making it difficult for them to leave, having become dependent upon the abuser.

> "
All abusive men have grown up in abusive families
"

FACT *Whilst growing up in a violent home is a risk factor, violence nonetheless remains a choice. Many men who have grown up in violent homes do not go on to perpetrate. Likewise, many perpetrators have not grown up in violent homes. If a man blames his childhood for his violence, he is not taking responsibility for his actions.*

SEXUAL ABUSE: UNDERSTANDING OF RAPE

Many women experienced sexual abuse with several experiencing systematic rape on a regular basis, which had a negative and enduring traumatic impact. However, it was rare for women when describing rape to label it as such. One of the reasons for this may relate to stranger rape as the pervasive myth most commonly linked with the term 'rape'. Women also noted that although they had not consented to sexual activity, the fact that there was no physical coercion or violence involved meant they were hesitant to label their experiences as rape. Interestingly, one participant noted that further to her experience of rape (which she had not labelled as such), a sexual health information session in school led her to acknowledge her experience as such, highlighting the necessity of education in schools around healthy relationships and consent.

TRAUMA

It is clear from the women's lived experiences that the impact of living with abuse and violence is traumatic, terrifying and life changing. The often daily control, manipulation and abuse faced by women inflicts continuous traumatic stress and has been compared to Stockholm Syndrome (Stark, 2007).

ROLE OF TECHNOLOGY

Technology played a huge role within young people's abusive relationships but was often difficult for victims to recognise, given the integral role of technology within young people's lives. Mobile phones provided abusers with additional ways to control, harass and intimidate their victims, thus influencing the dynamics of dating violence. The use of technology was inextricably intertwined with face-to-face abuse, forming part of the women's multi-layered experiences of IPV.

IMPACTS ON MENTAL HEALTH

Many women experienced significant mental health issues, often as a result of or exacerbated by their abusive relationship/s.

Diagnoses of depression and/or anxiety, bipolar, borderline personality disorder and PTSD were common. Several women had self-harmed, had suicidal ideation or had attempted suicide. Sleep deprivation induced by the abuser was common and also impacted negatively on mental health. Mental health diagnoses were then used by the abuser as a weapon in further abuse (gaslighting), to confuse and undermine their victim. The 'hidden' cause of the mental illness can mean that women are wrongly diagnosed (Jones, Hughes, & Unterstaller, 2001) and that Post-Traumatic Stress Disorder (PTSD) is overlooked, leading to a potential mismatch of treatment which might not only be ineffective but may also make the situation worse.

LEAVING

Leaving should be viewed as a process rather than an event (Lempert, 1996). Our data highlighted the difficulties involved in exiting an abusive relationship and the barriers to help-seeking which women in such circumstances faced. The journey from recognising abuse to leaving involved interactions with many people and agencies, and often involved several attempts to leave (separating and then reuniting).

Abuse does not end when the woman leaves. Our findings illustrate the opposite, with the majority of women recounting a continued campaign of harassment, intimidation and stalking which resulted in relentless stress for periods of up to 4-5 years post-separation. Technology played a huge role in this harassment, and enabled the abuser to bombard women with texts, phone calls and photographs. This activity extended the fear felt by women long after the relationship had ended and ensured that previous physical entrapment became virtual. This, in turn, hindered women's ability to rebuild their lives and construct a new identity as a 'survivor' rather than a 'victim'.

IMPACTS ON CHILDREN

The severe negative impact of children witnessing or experiencing abuse was clear from our findings. The women's narratives included accounts of children attempting to rescue their mothers from violence at the hands of their

fathers. Living in an abusive environment normalised violence for children who were often left fearful of their fathers, resulting in reduced confidence and behavioural issues. Some male children imitated their fathers' behaviour and, as they grew older, behaved disrespectfully towards their mothers, creating concerns for mothers that their sons would also become abusive. Mothers also expressed concerns that their female children would become susceptible to victimisation within intimate relationships as they grew older given that they had witnessed their mothers' experiences.

REVICTIMISATION, MASCULINITY AND THE NORMALISATION OF VIOLENCE

Revictimisation was a common feature of victims' accounts. The normalisation of violence resulting from parental IPV and/or childhood abuse served as a key factor for one in three women for IPV victimisation. Furthermore, once subjected to an abusive relationship, women were likely to experience a further abusive relationship. The impact of IPV on women's mental health was severe, and the significant health issues created by these relationships left women lacking in self-esteem, self-worth and self-confidence, enhancing their vulnerability to further abuse.

According to both survivors and perpetrators, the normalisation of violence and, linked to this, rigid understandings of masculinity were the two main contributing factors behind men committing violence within intimate partner relationships. However, it is important to point out that whilst not all men who have been exposed to domestic violence as a child will go on to commit IPV, childhood exposure to IPV does increase the risk of potential perpetration in adulthood (Browne, 2007).

The majority of male perpetrators in this study had witnessed IPV and/or had experienced abuse during their formative years. In nearly all cases, the violence was enacted by another male (father, uncle, school teacher). Such early experiences formed a blueprint for subsequent behaviour in the relationships of both perpetrators and survivors –behaviours which went unchallenged, with devastating effects.

4 *The Freedom Programme,and others such as The Power to Change and The Gateway Programme, empower women, and help with confidence skills and recognising abusive behaviours. The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors.The aim is to help them to make sense of and understand what has happened to them.*

Education around healthy relationships, abusive behaviours and consent

Young people are particularly vulnerable to IPV given their lack of understanding and experience around what healthy relationships look like. Both survivors and perpetrators would benefit from education around healthy relationships, abusive behaviours and consent. This may in turn allow young women and some young men to identify issues earlier, potentially allowing them to exit relationships sooner, re-evaluate their own behaviour, and provide them with greater insight around healthy behaviour within relationships. These issues could be addressed by the prosocial computer game currently in development within the UK Ni3 centre.

Action: Evidence-based education on young people's dating relationships must be mandatory for all secondary school children.

Programmes to support a shift from 'victim' to 'survivor' to 'thriver'

Whilst there has been a shift from 'victim' to 'survivor', language nonetheless serves to define and categorise according to the abuse, potentially preventing individuals from moving on from their experiences. Programmes should create space for women to transition from being 'survivors' to 'thrivers' in order to help women manage their experiences with more positive outcomes. The women in our study found programmes such as the Freedom Programme[4] to be invaluable in teaching them about how abusers initially present themselves and the tactics used to gain power and control. This type of programme should be routinely offered to survivors. The widespread use of such programmes may assist in enhancing survivors' self-esteem and preventing re-victimisation whilst also allowing them to move towards 'thriving'.

Action: Post-separation interventions need to be available to all abused women, not just a few, to prevent re-victimisation and build resilience and self-esteem.

Effective, forward-looking rehabilitation of perpetrators

Similarly, the use of the term 'perpetrator' is problematic, defining men by their past actions rather than allowing them the opportunity to develop a more positive, non-offending sense of self. Although the men we spoke to claimed that perpetrator programmes were invaluable, there needs to be caution about the success of such programmes, as there was some evidence of the men minimising the extent of their behaviour. They seemed to have learned 'the right thing to say' as a result of Domestic Violence Perpetrator Programmes without learning the intended lessons.

An increasing number of offender rehabilitation programmes are underpinned by The Good Lives Model (GLM) theoretical framework, which adopts a holistic approach to change (Ward, Mann, & Gannon, 2007). This model is popular in sex offender treatment and recognises that traditional approaches to treatment which encourage individuals to look back at their criminal behaviour, serve to hinder and keep men in the role and mentality of the perpetrator which may prevent moving on and enacting genuine change. GLM-based programmes provide men with the tools to focus on in the future, guiding them towards what they can achieve rather than what they should avoid, and may prove valuable in treatment approaches to IPV offenders.

Action: Stopping offending behaviour must be a priority. More funding and research are required to develop and evaluate programmes for those who perpetrate violence and abuse.

Change in terminology

The women's narratives highlight that the impact of living with abuse and violence is traumatic, terrifying and life changing. Terminology such

as 'domestic abuse', it is argued, diminishes its serious nature, allowing society to categorise experiences as 'one-off incidents' rather than a long-term pattern of unacceptable abusive behaviour within a couple's private space (Pence & Sadusky, 2009). It is argued that the term 'intimate terrorism' (Johnson, 2008; Pain, 2014) encapsulates the experiences of the women in our study. Such a change in terminology would more adequately describe the often daily control, manipulation and abuse experienced and move IPV out of the private arena into the public one to enable the experiences of women to be better understood and responded to (Pain & Scottish Women's Aid, 2012).

Action: A change in terminology is required to ensure that systematic violence and abuse moves from the private domain into the public arena. It is a public health and child welfare issue.

Research and medical interventions to inform accurate diagnosis of symptoms

Further research and medical interventions should be considered to treat the symptoms which are not PTSD, which arises from past experiences, but rather come from a victim's current, contemporary experience of living with a violent perpetrator. Such women are suffering from Continuous Traumatic Stress (CTS) (Eagle & Kaminer, 2013). Diagnosing this is understandably difficult as women struggle to disclose, but a move away from terms like 'domestic abuse' and anxiety/depression to 'intimate terrorism' for women diagnosed with CTS highlights the nature and severity of the abuse.

Action: Systematic and thorough training of health professionals is essential to ensure that the impact of domestic abuse on victims is recognised, and thus, assist in the development of trauma-based interventions.

Education on consent

Significant sexual violence featured within women's accounts of IPV, however, women were cautious about labelling their experiences as such. Issues of informed and enthusiastic consent should be incorporated within the educational curriculum in attempts to prevent sexual violence, as our findings indicate that this carries significant psychological impacts. The prosocial computer game currently in development in the Ni3 UK centre will provide education to young people around healthy and unhealthy relationships and issues of consent.

Action: Teaching of consent needs to be mandatory within the educational curriculum; teachers should be trained and confident to deliver.

Routine enquiry about sexual violence

Linking with this issue, we know that the impact of rape may result in PTSD which requires specialist intervention (McFarlane, 2007), thus specialist services should routinely enquire about sexual violence in women presenting with IPV, to ensure they receive the appropriate intervention.

Action: Government funding is needed to provide more specialist training and services to deal with the high propensity of rape within domestic abuse and the consequent trauma.

Professionals: ask women directly about IPV

Women presenting to health care professionals with both physical and mental health issues were rarely questioned further as to the root of their issues. The women's narratives indicated that directly asking about IPV may assist with disclosure. Initiatives such as the Identification and Referral to Improve Safety (IRISi) social enterprise, which aims to improve the healthcare response to gender-based violence through the provision of specialist training for doctors in London and Bristol should be rolled out nationwide in order to identify victims of IPV and ensure the required support is provided.

All services/organisations coming into contact with victims of IPV should directly enquire about abuse (including schools, colleges, universities, employers and social services). It is necessary to provide training for such organisations to look out for the early indicative signs of IPV. Women need professionals to be forthright and brave in their questioning, in order to reassure them that they will be understood and supported.

Action: It should be a requirement for all related professionals to enquire about domestic abuse to ensure potential victims (who should be seen alone) and their children are safeguarded. IRISi should not be a postcode lottery and needs to be rolled out nationally.

Support women post-separation

Leaving the abusive relationship was clearly a process, rather than an event, often involving many attempts before being successful. However, rarely did the abuse end with the relationship. Most women experienced continued stalking, harassment, abuse and attempts at continued control for lengthy periods post-separation. It was not uncommon for women to be left with financial difficulties post-separation, often with debt created by the perpetrator. It is important that services recognise that women need support not only during the relationship, but afterwards, with practical as well as emotional issues. A number of women cited the importance of assistance with housing, finance and education. Debt advice services should be offered to women post-separation in order to help them to move on and become financially independent.

Action: Training must be delivered to ensure all professionals understand the long and dangerous process that is separation. Government funding is required to ensure services are available to support all aspects of a woman's life to enable sustainable recovery.

Provide more sustainable support services, including more refuge spaces

Women stated that it was not always safe for them to remain in the home post-separation for fear of further assault or potential death. There is an urgent need for the government to recognise this and provide more sustainable support services. It needs to be much easier for women to make a homeless application instead of being seen as making themselves 'intentionally' homeless whilst suffering violence and abuse. The government must enforce local authorities to provide housing to local councils for women escaping IPV. Linking with this, more refuges are urgently required, highlighted by a Women's Aid survey which found that only one in five women escaping abuse is secured a refuge space, with nearly one in ten giving up their search and returning to the perpetrator (Miles & Smith, 2018).

Action: Government must enforce local authorities' provision of safe and appropriate housing for victims and their children fleeing IPV. More refuges need to be government funded to ensure no women seeking help are turned away.

Invest in prosecutions and monitoring of perpetrators

A thorough package of government investment is urgently needed, as current court orders for perpetrators, including non-molestation and non-stalking orders, fail in their ability to protect, with perpetrators seemingly ignoring the requirements of the orders with little or no deterrent. More prosecutions, incarcerations and post-release monitoring is necessary for perpetrators, thus promoting a clear message that such behaviour is unacceptable.

Action: Systematic and effective deterrents are needed for perpetrators. The law must be enforceable, and women protected.

RECOMMENDATIONS

Promote awareness and greater use of Clare's Law

The efficacy of Clare's Law (The Domestic Violence Disclosure Scheme in England and Wales) is questioned as a result of the women's experiences. Most of the women were unaware of its existence. Given that few women reported positive experiences when seeking police assistance, noting a lack of emotional assistance and signposting to specialist services, we would argue that Clare's Law needs revision or more robust application, and to ensure this specialist trained police officers are needed.

Action: Specialist domestic abuse police officers are needed to deal sensitively and effectively with this endemic problem. Perpetrators need removing from the family home and powers to prevent them returning require implementation.

Promote bystander intervention

Several women noted the lack of bystander intervention during their abusive experiences. One woman described a lack of public intervention when she was severely physically abused in a public place, whilst another recalled a lack of neighbourhood reporting when abuse could be heard in adjoining dwellings. This is a symptom of wider society that sees IPV as a private matter and one in which the victim is often blamed, rather than the perpetrator. Public education is required through a government campaign including TV advertising, to insist that this is a public issue and therefore everyone's business. Bystander Intervention courses within schools, colleges and universities would enable young people to feel more confident about recognising the signs and about intervening when safe to do so (Coker et al., 2016; Pfetsch, Steffgen, Gollwitzer, & Ittel, 2011).

Action: Government awareness campaign to highlight that domestic abuse is everybody's business is crucial. National programmes to encourage bystander intervention, within educational institutions are needed to build knowledge and confidence in young people.

Joined-up approach to re-think and address ideas of masculinity

Unhealthy and toxic ideas about masculinity were found to be contributory factors to male perpetrated IPV. Programmes should engage with men in order to challenge such ideas about masculinity and explore alternative ways of 'doing manhood' and being a man, which embrace empathy, compassion and kindness. The chaotic lives of violent men and the contradictory nature of violent masculinities are also problematic and do not seem to be addressed within perpetrator programmes. Programmes should recognise that these do not work in isolation within men's lives but must be connected to the wider networks which underpin men's lives. As part of this, work around forming emotional attachments and connections with others is crucial. Male perpetrated IPV should be addressed through a joined-up approach across the realms of social work, criminal justice, child protection and health/social care. This should apply across the continuum of early intervention through to repeat offenders.

Action: A multi-agency approach to male violence is important. Perpetrator programmes and indeed learning within schools need to incorporate what it means to be a 'man', including empathy, compassion and kindness.

Address legal bias towards perpetrators

Professionals are manipulated/influenced, as are friends and family, enabling the perpetrator to appear as the victim being prevented from seeing his children, often using the court in an attempt to gain custody or contact. The rights of the abusive parent seem to have overshadowed the rights of the child to be protected from abuse. The full scale of the abuse on both the mother and children does not appear to be fully acknowledged or understood. Professionals, particularly CAFCASS, need to recognise the full extent of the impact on women subject to everyday terrorism and how perpetrators are unconcerned about the harm this inflicts on their children. The court becomes another powerful weapon to gain ultimate control and to cause as much pain as possible to their victim.

Action: Professionals within family courts need to be trained in domestic abuse and the behaviours of perpetrators. Children are victims, not observers and protecting them from perpetrators is paramount.

Develop tech to help prevent, rather than enable, abuse

Our findings highlight that perpetrators' abusive behaviour was often enabled by the use of technology, which allowed them to harass, stalk and surveil their victims, blackmail them through the use of sexual images, and derogate via social media. Women told us that perpetrators had enabled tracking on their phones without their knowledge. Technology companies should have a bigger role in responding to abuse through apps/forums/software, to tackle IPV and revenge porn. The prosocial game currently in development by the UK Ni3 centre will highlight to schoolchildren the negative impact that technology can have within IPV.

Action: Technology companies need to ensure that when apps are activated on phones, a private alert to the user is provided, with information on how to disable. Apps to secretly report and evidence abuse need to be developed.

Proactively monitor children for effects of abuse

Given the negative effects on children of witnessing or suffering abuse, social services should monitor such children to identify risk factors which may be addressed and treated before they become victims or perpetrators.

Action: Extensive training on the complexities and impact of domestic abuse is required on all qualifying social work courses. Children need to be seen and understood as victims of domestic abuse, NOT observers.

Browne, K. D., Hamilton-Giachritis, C.E. and Vettor, S. (2007). The cycles of violence: the relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence. Policy Briefing. Copenhagen: World Health Organisation, Violence and Injury Prevention Programme, 13. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0008/98783/E90619.pdf

Coker, A. L., Bush, H. M., Fisher, B. S., Swan, S. C., Williams, C. M., Clear, E. R., & DeGue, S.(2016). Multi-college bystander intervention evaluation for violence prevention. American Journal of Preventive Medicine, 50(3), 295-302.

Eagle, G., & Kaminer, D. (2013). Continuous traumatic stress: Expanding the lexicon of traumatic stress. Peace and Conflict: Journal of Peace Psychology, 19(2), 85.

Fitz-Gibbons, K., & Walklate, S. (2017). The efficacy of Clare's Law in domestic violence law reform in England and Wales. Criminology and Criminal Justice, 17(3), 284-300.

IRISi interventions. (2020). IRISi is a social enterprise established to promote and improve the healthcare response to gender based violence. Retrieved from https://irisi.org

Johnson, M. P. (2008). A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence. Boston: Northeastern University Press.

Jones, A., Trotman Jemmott, E., Maharaj, P. E., & Da Breo, H. (2014). An Integrated Systems Model for Preventing Child Sexual Abuse. Basingstoke: Palgrave Macmillan.

Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-Traumatic Stress Disorder (PTSD) in Victims of Domestic Violence: A Review of the Research. Trauma, Violence, & Abuse, 2(2), 99-119. doi:10.1177/1524838001002002001

Khalifeh, H., Hargreaves, J., Howard, L. M., & Birdthistle, I. (2013). Intimate partner violence and socioeconomic deprivation in England: findings from a national cross-sectional survey. American Journal of Public Health, 103(3), 462-472.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano , R. (Eds.). (2002). World Report on Violence and Health. Geneva, World Health Organization.

Lempert, L. (1996). Women's strategies for survival: Developing agency in abusive relationships. Journal of Family Violence, 11(3), 269-289.

McFarlane, J. (2007). Pregnancy following partner rape: What we know and what we need to know. Trauma, Violence and Abuse, 8(2), 127-134.

Retrieved from https://journals.sagepub.com/doi/abs/10.1177/1524838007301222

Miles, C., & Smith, K. (2018). Nowhere to Turn: Findings from the second year of the No Woman Turned Away project. . Retrieved from https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2019/12/NWTA-2018-FINAL.pdf

Murray, C., King, K., & Crowe, A. (2016). Understanding and addressing teen dating violence: Implications for family counselors. The Family Journal, 24(1), 52-59.

Pain, R. (2014). Everyday terrorism: Connecting domestic violence and global terrorism. Progress in Human Geography, 38(4), 531-550.

Pain, R., & Scottish Women's Aid. (2012). Everyday terrorism: How fear works in domestic abuse: Centre for Social Justice and Community Action Durham.

Pence, E., & Sadusky, J. (2009). Engage to protect. Foundations for supervised visitation and exchange: Recognising and understanding battering. Retrieved from Minnesota: https://static1.squarespace.com/static/5665d0a8b204d5e193b65ef4/t/589877fa37c58185b5ee69f3/1486387249708/Engage+to+Protect+-+Recognizing+and+Understanding+Battering+Paper.pdf

Pfetsch, J., Steffgen, G., Gollwitzer, M., & Ittel, A. (2011). Prevention of aggression in schools through a bystander intervention training. International Journal of Developmental Science, 5(1-2), 139-149.

Reed, E., Raj, A., Miller, E., & Silverman, J. G. (2010). Losing the "gender" in gender-based violence: The missteps of research on dating and intimate partner violence. Violence Against Women, 16(3), 348-354.

SafeLives. (2019b). Psychological Violence Executive summary. Retrieved from http://www.safelives.org.uk/sites/default/files/resources/Psychological%20Violence%20-%20Executive%20Summary%20%284%29_0.pdf

Stark, E. (2007). Coercive Control: How men entrap women in personal life. Oxford: Oxford University Press.

Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. Aggression and Violent Behavior, 12, 87-107. doi:10.1016/j.avb.2006.03.004

WHO. (2012). Understanding and addressing violence against women. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=621B22583B6324C50F4490249D4A9B52?sequence=1

References

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