

Promising Directions for Intimate Partner Violence Prevention: The Case of Northern Ireland

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Summary: Intimate Partner Violence (IPV) is a significant problem in Northern Ireland. Several initiatives have been implemented in recent years to improve preventive efforts. The present article reviews current policy and practice in relation to IPV in Northern Ireland with reference to findings from research conducted with the Probation Board for Northern Ireland (PBNI). The research was conducted as part of a European-funded programme, the Collaborative Network for Training and Excellence in Psychotraumatology (CONTEXT), a research consortium dedicated to the study of aspects of psychological trauma across diverse settings. Current challenges in IPV prevention are outlined and new initiatives based on international data are discussed. Key areas of focus include risk assessment, rehabilitation, victim safety measures and the potential of multi-sectoral collaboration for the enhancement of effectiveness across each of these domains.

Keywords: Domestic violence, intimate partner violence (IPV), family violence, trauma and offending, psychotraumatology, victim safety.

Introduction

The CONTEXT programme

Most research underpinning current knowledge in psychotraumatology (the study of psychological trauma) has been conducted on relatively homogenous samples, resulting in gaps in scientific knowledge about its potentially context-specific aspects (Vallières *et al.*, 2016). The CONTEXT project was developed with the overarching aim of addressing such knowledge gaps, setting out to examine elements of trauma exposure across three priority

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populations: 1) asylum seekers and refugees; 2) emergency service personnel and humanitarian first responders; and 3) survivors and perpetrators of childhood and gender-based violence (Vallières *et al.*, 2017). This research was undertaken by twelve doctoral researchers, two of whom were placed with the Probation Board for Northern Ireland (PBNI). The fellows placed with the PBNI examined trauma as it relates to intimate partner violence (IPV) in the context of Northern Ireland.

Intimate partner violence

The Istanbul Convention defines domestic violence as ‘... all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim’ (Chapter 1, Article 3b, Istanbul Convention, 2014). Domestic violence, therefore, may include violence between intimates as well as other forms of violence such as child abuse or elder abuse. Research conducted by the CONTEXT fellows at the PBNI focused primarily on IPV perpetration, the subtype of domestic violence that takes place between current or former partners or spouses. Although domestic violence can affect anyone, victims are disproportionately women, and it is the most common type of violence experienced by women (Tjaden and Thoennes, 2000; Watts and Zimmerman, 2002; Devries *et al.*, 2013). As such, IPV is considered to be a form of gender-based violence.

IPV is a serious public health and human rights issue, with grave and wide-ranging consequences for victims’ health and wellbeing (e.g. Campbell, 2002). IPV often overlaps and co-occurs with other types of domestic violence. For example, individuals who are violent towards partners are also likely to be violent towards children (Mitchell and Finkelhor, 2001; Osofsky, 2003; Andrews and Bonta, 2010). Additionally, witnessing violence in the home itself constitutes a form of emotional abuse against children, and is associated with multiple negative outcomes (Edleson, 1999; Kitzmann *et al.*, 2003; Andrews and Bonta, 2010). Indeed, many perpetrators of domestic violence have themselves experienced or witnessed violence in the home as children (Rosenbaum and O’Leary, 1981; Hastings and Hamberger, 1988; Widom, 1989; Tolman and Bennett, 1990; Dutton and Hart, 1992; Maxfield and Widom, 1996; White and Widom, 2003; Ehrensaft *et al.*, 2003).

The context of Northern Ireland

In Northern Ireland, domestic violence incidents and crimes have shown a generally upward trend since the PSNI began to collate statistics in 2004 (PSNI, 2018). The latest Northern Ireland Crime Survey (NICS; Department of Justice, 2017) estimated a lifetime prevalence of 15.1% among women aged 16–64 and 8.4% among men, and a three-year prevalence of 5.9% and 2.5% respectively. A 2014 study from Northern Ireland found that, of all the traumatic events analysed, experiencing violence at the hands of a partner was associated with the second highest conditional prevalence of post-traumatic stress disorder (PTSD; Ferry *et al.*, 2014).

Part of the increase in police-recorded domestic violence incidents and crimes in Northern Ireland is likely attributable to increased reporting (Doyle and McWilliams, 2018). However, IPV in Northern Ireland is still a significantly under-reported crime. According to Northern Ireland Crime Survey data, police are unaware of 63.4% of victims' worst incidents (Department of Justice, 2017), and Eurostat (2019) figures suggest that Northern Ireland's rate of domestic homicide is the joint highest in Europe, at 0.43 per 100,000 inhabitants.

International research shows that the occurrence of armed conflict is associated with increased incidence of partner violence. This link has been demonstrated quantitatively in Liberia ($n = 3452$; Kelly *et al.*, 2018) and South Sudan ($n = 527$; Murphy *et al.*, 2019) and qualitatively in countries including Lebanon (Usta, Farver and Zein, 2008), Uganda (Annan and Brier, 2010) and Sri Lanka (Guruge *et al.*, 2017). Important insights into how Northern Ireland's status as a post-conflict setting may influence IPV perpetration have been generated by research conducted by Monica McWilliams and colleagues (e.g. McWilliams and McKiernan, 1993; McWilliams, 1997; McWilliams and Ní Aoláin, 2013; Doyle and McWilliams, 2018, 2019a, 2019b).

McWilliams and colleagues interviewed victims of IPV both during ($n = 56$; McWilliams and McKiernan, 1993) and after ($n = 63$; Doyle and McWilliams, 2018) the civil conflict in Northern Ireland, and identified several ways in which the history of conflict complicates issues relating to domestic violence perpetration and victimisation. For example, some perpetrators' access to weapons was a conflict-related factor that presented a graver risk for victims (McWilliams and McKiernan, 1993). Similarly, perpetrators using real or fabricated paramilitary connections to threaten and instil fear in victims was another factor exacerbating the victimisation experience in some cases (McWilliams and McKiernan, 1993; Doyle and McWilliams, 2018). Such factors

were also found to be compounded by societal effects of the conflict. For example, socially conservative attitudes underpinned by religious identities were reported as contributing to a sense of shame associated with leaving a violent partner, which in turn resulted in more chronic victimisation in some cases (McWilliams and McKiernan, 1993; Doyle and McWilliams, 2018). McWilliams and colleagues therefore propose that Northern Ireland warrants specific policy consideration in relation to IPV, taking such conflict-related factors into account.

The present paper reviews current policy and practice in Northern Ireland, primarily with respect to the prevention of IPV offending and recidivism. Some potential developments based on primary research from Northern Ireland and international evidence are also proposed.

Methods

This paper draws upon the primary and desk-based research from two doctoral research projects conducted as part of the CONTEXT programme in collaboration with the PBNI between 2017 and 2020. Each project comprised a literature review and two empirical studies based on quantitative secondary analysis of case files. The primary research focused on a sample of 405 IPV perpetrators who had enrolled in rehabilitative behavioural intervention programmes with the PBNI. The literature reviews explored international evidence on risk factors for IPV perpetration and principles of effective intervention.

The overarching research question for the body of PBNI-affiliated research was 'How are trauma and related mental health, psychological and developmental factors related to IPV perpetration and reoffending in Northern Ireland?' The literature reviews included analysis of relevant policy and practice in Northern Ireland, including consideration of 'grey literature' sources such as websites, policy documents and news reports. The present paper describes some key findings of the primary research to date, and discusses their implications with reference to policy and practice in IPV prevention in Northern Ireland.

Results and discussion

The results are discussed as they relate to key areas of policy and practice in the prevention of IPV in Northern Ireland. This section is structured in cascade format whereby higher-level broader points in relation to policy and

legislation are discussed first, followed by issues relating to interagency collaboration, and finally factors specific to probation practice and rehabilitation.

Legal protections

In recent years, there have been some significant developments in protections for victims of IPV in Northern Ireland. For example, in 2018, legal protections for victims were expanded with the enactment of the Domestic Violence and Abuse Disclosure Scheme (DVADS). The DVADS enables victims to request information about their partners' history of police involvement for domestic abuse.

At the time of writing, the new Domestic Abuse Bill is in the process of being debated. This new legislation is set to criminalise the offence of coercive control in Northern Ireland. Coercive control refers to the systematic domination of perpetrator over victim that is enforced through the threat of physical violence and other manipulation and abuse (Stark, 2007). IPV can be a challenging concept to capture legally, since it is often characterised by repeated low-level acts of aggression and control, which, taken individually, would not necessarily reach the threshold for criminal acts (Walby *et al.*, 2017). For this reason, the criminalisation of coercive control as a specific crime can be an important means of enabling victims of IPV to access justice. The presence of controlling behaviour by perpetrators is also recognised as a significant risk factor for intimate partner homicide (Campbell *et al.*, 2003; Campbell *et al.*, 2007).

The introduction of this legislation closes a gap in victim protection that previously existed in Northern Ireland in comparison with England, Scotland, Wales and the Republic of Ireland. However, the new legislation will not extend to the criminalisation of stalking, which is set to be dealt with separately at a later date. Such a development will be another important protection for victims. Aside from the psychological consequences associated with the experience of stalking itself (e.g. Dreßing, Kuehner and Gass, 2005), research shows that intimate partner homicide is frequently preceded by stalking. One US study of 206 victims of intimate partner homicide or attempted homicide demonstrated that stalking had preceded the attack in 76% of homicide cases and 85% of instances of attempted homicide (McFarlane *et al.*, 1999).

Data availability

As well as providing important protections to victims, legal developments such as the introduction of a coercive control offence are also positive from a data and research perspective. Since at present there is no official IPV offence in Northern Ireland, and types of offences classed as IPV differ cross-nationally, conducting research into its occurrence is challenging. For example, the CONTEXT research conducted with the PBNi was required to focus on a sample based on perpetrators' enrolment in rehabilitative behavioural intervention programmes, which necessarily introduces a degree of bias into the research findings.

Gaps in relation to data availability also hinder efforts to compare prevalence with other jurisdictions. For example, a groundbreaking Europe-wide survey conducted by the European Union Agency for Fundamental Rights (FRA, 2014) put the European prevalence of physical or sexual violence at 22% of ever-partnered women. Unfortunately, the FRA (2014) statistics for the UK are not disaggregated to allow comparisons between England, Scotland, Wales and Northern Ireland, but the overall UK prevalence of lifetime physical or sexual violence by an intimate partner was 28.4%, compared with 14.5% in the Republic of Ireland. Although the Northern Ireland Crime Survey (Department of Justice, 2017) provides information on domestic violence crimes in Northern Ireland, these figures are not comparable with those of the FRA (2014). Nor are they directly comparable with other crime survey statistics, such as those from England and Wales, which use a different age range for respondents and include types of abuse not included in the Northern Ireland survey, such as stalking (Office for National Statistics, 2018). Improving specificity of IPV-related data and aligning data collection practices cross-nationally is necessary to assess prevalence properly and to evaluate fully the success of preventive initiatives and interventions.

Interagency collaboration

It is widely acknowledged in the international literature that effective interagency collaboration is at the heart of effective prevention of domestic violence (e.g. Saunders 2008; Stover, Meadows and Kaufman, 2009). Positive indications in relation to the effectiveness of risk-need-responsivity (RNR) approaches to prevention of partner violent recidivism appear to support this (e.g. Stewart *et al.*, 2014; Scott *et al.*, 2015). The RNR model involves

providing individualised intervention for perpetrators, based on various treatment needs that are criminogenically relevant, and concentrating the most intensive targeting of resources among those assessed as highest risk (Andrews, Bonta and Wormith, 2006; Andrews and Bonta, 2010). From this perspective, it is positive to note that the RNR model is already applied to guide intervention delivery by the PBNI (PBNI, 2019).

There are also some formal structures in place to enable interagency collaboration for the prevention of IPV in Northern Ireland. The 2008 Criminal Justice (NI) Order provided for the Public Protection Arrangements Northern Ireland (PPANI). Managed through Local Area Public Protection Panels (LAPPP), PPANI is a structure for monitoring high-risk perpetrators. This enables several agencies, including Probation, police and other relevant parties, to collaborate in assessing and managing risk of offenders deemed to pose serious harm, including IPV offenders (Department of Health, 2016).

Domestic Violence Partnerships (DVPs) provide a forum for victim-focused collaboration between state agencies, organisations and individuals in Northern Ireland. These partnerships promote integrated service provision for victims of IPV and address issues relating to intervention and risk management, as well as monitoring relevant legislation and policy in areas such as victim protection and perpetrator accountability (Department of Health, 2016). Multi Agency Risk Assessment Conferences (MARAC) are interagency meetings focusing on victims deemed to be at risk of significant harm from domestic violence. DVPs play a role in supporting the work of MARAC, by contributing to policy and protocols and identifying training needs of personnel. For a perpetrator to be referred to PPANI, the LAPPP is provided with a case summary, which includes information about whether the victim in question has previously been subject to a MARAC (PPANI, 2016).

The existence of these multi-agency structures enhances capacity to monitor high-risk perpetrators and improve victim safety. However, the field of IPV prevention and risk management has developed significantly in recent years and several new actuarial risk assessments and structured clinical judgement tools designed specifically for use with partner-violent individuals are now available. Instruments such as the Danger Assessment (Campbell, Webster and Glass, 2009), for example, could have potential to support and enhance the risk assessment work of such interagency structures in cases where there may be a risk of lethal or near-lethal IPV. The Danger Assessment was specifically designed to assess empirically derived risk factors for intimate partner homicide. Such risk factors differ from risk of other types of violence

(Campbell, Sharps and Glass, 2001), and so it may be beneficial for multi-agency structures under the jurisdiction of Her Majesty's Prison and Probation Service to consider adopting such a specific assessment of potential for lethality in IPV cases.

Probation practice

A key finding of the primary CONTEXT research based with PBNI was that cumulative trauma experienced by the perpetrator significantly increases the likelihood of perpetrating some particularly severe forms of IPV (Travers *et al.* 2020). This finding may partially explain the increased prevalence of IPV in post-conflict settings. The study by Travers *et al.* (2020) was based on secondary data analysis, examining the case files of 405 individuals who had perpetrated IPV and been referred to a PBNI behavioural rehabilitation programme. A series of logistic regression analyses were used to explore the associations between trauma, mental health problems and five indicators of offending severity (causing injury, use of a weapon, breach of non-molestation order, sexual violence, and previous police involvement for domestic crimes). That study found that each additional type of trauma increased the likelihood of perpetrating injurious violence and sexual violence by 24% and 28% respectively, with childhood maltreatment acting as a particularly potent risk factor. However, there was no significant relationship between trauma exposure and the other three severity indicators.

Substance abuse was also highly prevalent in the sample, with 87.7% of files recording a present or past issue with alcohol or drugs. Substance abuse emerged as another strong risk factor in the study, showing associations with three of the severity outcomes. Having a history of abusing alcohol or drugs was associated with increased likelihood of perpetrating injurious IPV, using a weapon in a domestic context, and with having a history of police involvement for domestic crimes, when controlling for the other variables in the model, such as trauma and mental health problems. This risk factor is another way in which the post-conflict setting may contribute to increased prevalence of IPV; experience of armed conflict is associated with increased alcohol abuse, which in turn increases the risk of IPV perpetration (e.g. Kelly *et al.*, 2018).

Such information may be useful for practitioners to consider when completing periodic risk assessments in probation settings. At the level of the PBNI's work with partner-violent individuals, the risk assessment in use is the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER; Kropp and Hart, 2004). Trauma exposure is not included in the B-SAFER as a specific risk

factor, although the instrument does invite consideration of mental health and other psychosocial factors that may be relevant to offending. Additionally, individuals on probation in Northern Ireland are routinely asked about significant or traumatic life events in their periodic assessments by Probation Officers using an adapted version of the Assessment, Case Management and Evaluation form (ACE; Gibbs, 1998). The findings of the CONTEXT research highlight the particularly nefarious effects of the occurrence of multiple trauma or polyvictimisation, and propose that this finding may be useful for probation professionals to document and bear in mind when completing the B-SAFER and ACE assessments.

Rehabilitation

Behavioural intervention programmes for perpetrators, usually delivered in groups, are a widely used component of criminal justice responses to IPV globally. In England and Wales, the Integrated Domestic Abuse Programme (IDAP), a group-based programme informed by the Duluth/CBT treatment model, was introduced into the probation services in 2005 (Phillips, Kelly and Westmarland, 2013). The IDAP was adopted by the PBNI in 2009, as the state-accredited intervention for partner violent men (Crawford, 2017). The IDAP was then replaced in 2013 in England and Wales (Phillips, Kelly and Westmarland, 2013) and 2015 in Northern Ireland (Crawford, 2017) by another programme, entitled 'Building Better Relationships' (BBR).

The BBR programme draws on the theoretical framework of the General Aggression Model developed by Anderson and Bushman (2002) and moves away from the gendered focus of its predecessor (Phillips, Kelly and Westmarland, 2013; Hughes, 2017). The General Aggression Model draws on elements of social learning and cognitive theories to form a comprehensive model of aggressive behaviour (Anderson and Bushman, 2002). The BBR includes activities such as the creation of 'identity maps' where perpetrators contemplate aspects of themselves in relation to other people (Hughes, 2017). Other new aspects of the BBR include a less confrontational style of delivery, more emphasis on participant engagement, a more individualised focus, and inclusion of methods to target offender engagement (Hughes, 2017). To promote engagement, the BBR contains a motivational component and some individual sessions focusing on perpetrators' motivation to change (Crawford, 2017). Victim engagement is also included as a component of the PBNI's delivery of rehabilitative intervention for IPV perpetrators, and partners of all participants in the IPV interventions are provided with the

opportunity to engage with a partner support worker. Information generated from group participation, such as whether the perpetrator is still denying or minimising the offending behaviour, can be useful information for victims in assessing the potentially continued risk to their safety.

In terms of programme effectiveness, a study of the effectiveness of the IDAP programme was published in 2015 (Bloomfield and Dixon, 2015) and found that the programme demonstrated a small but significant effect on two-year recidivism. However, no empirical test of the effectiveness of the BBR programme has been published to date. It is suggested that this is an important priority for future research and an important contribution towards efforts to enhance the evidence base for IPV prevention in Northern Ireland and the UK.

Conclusions

Several positive practices have been implemented in recent years in Northern Ireland in relation to the prevention of IPV and protection of victims. However, further improvements in key areas have the potential to strengthen protections and supports. One key area for future development is the improvement of legislative protections, particularly in relation to stalking. Existing multi-sectoral collaboration structures for supervision of high-risk perpetrators may be enhanced through the use of IPV-specific risk assessment tools drawn from the growing body of evidence on risk factors for IPV and intimate partner homicide. CONTEXT primary research results point to the importance of early intervention to interrupt the accumulation of multiple adverse life experiences, which have potential to increase risk of serious forms of IPV perpetration later in life. The presence of such risk factors may be useful for probation personnel to consider in the context of risk assessment and treatment needs within the RNR model. Trauma-informed intervention as a component of rehabilitative programmes in the probation context may also be beneficial. In terms of future research in relation to trauma and its relationship to offending, research that better elucidates the specific mechanisms of the relationship between trauma and IPV, such as how the risk conferred by trauma is affected by the presence of substance abuse, would be useful. Also in relation to future research, we suggest that development of the evidence base for the BBR intervention programme is an important priority.

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