

# Breaking the Cycle of Domestic Violence: Better Addressing Perpetrator Early Childhood Experience

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**Current responses to tackling domestic abuse**



# Responding To Domestic Abuse: Service Provision

## **Project Brief:**

Aim to explore what was working, what could be improved and what gaps there were in service provision for **perpetrators of DV in order to more effectively tackle offending behaviour**

# Research Process

Research Funding Bid for the Sociology of Health

Partnership Discussion with Public Health & Safer City Partnership lead

Identify Research & Practice Issue

Agree Research Team: Staffordshire University Crime & Society Group

Ethical Approvals via Staffordshire University & NOMS

Participant Recruitment via Opportunity & Snowball Sampling

Research Method of Recorded In-depth Interviews with 16 Participants

Themed Analysis

Report to Public Health via Safer City Partnership lead

Findings Presented via Forum Theatre to Stakeholders

Report to NOMS

***Further Research: Dr Em Temple-Malt World Café research on Healthy Relationships & also on using Forum Theatre for Data Presentation and Consultation***



# Reasons For Perpetrating Abuse

Professional: *“The reasons vary, I don’t think there’s anything I haven’t heard over the fifteen years in Stoke justifying what had happened. From him teaching her a lesson and the typical control stuff, but also emerging more recently, is a lack of understanding really of respectful roles and ‘well I didn’t know how else to manage the situation, so I hit her”*



# Unresolved Child Abuse Trauma & Living In A Dysfunctional Violent Household

Unresolved child abuse trauma or the trauma from living in a dysfunctional and domestically violent household had influenced their offending behaviour (see also Broad and Gadd 2014: 4, Gadd et al 2013: 2)

Professional: *“from my experience you see that pattern of behaviour within families where violence is normalised and unfortunately it’s very, very difficult to break that cycle”*



# Early Childhood Experience: Learnt Behaviour

Professional: *“a lot of the men that come to group will not have seen a positive relationship role model around them at all. They will have grown up with parents who argued and fought and Dads been very violent and in communities where that was probably fairly common and in kind of their friends’ houses, and the Friday night scrap down the pub would have been something that happened. Some of them have grandparents who they can recognise have relationships that have been abusive as well. So for a lot of them, but not all of them by any stretch of the imagination, but for a significant percentage of them they don’t understand what a healthy relationship actually is, so then they haven’t got the skills to have one at all”*

Professional: *“so in some cases you actually know about some of the family arrangements that they come from... there a lot of dysfunctional family set-up... and you do hear, you know, was hit by the father... sexual abuse, domestic violence, you know dysfunctional, fragmented families, there’s is a lot of that... not always though”*

Professional: *“I couldn’t put my finger on any single reason but for the most of the offenders we see, its learnt behaviour, its behaviour they’ve seen in their childhood either displayed by within their family environment”*



## Case Study: Perpetrator

**Perpetrator:** Brought up in the mining community and father worked long hours. Father was emotionally detached and struggled to show affection to the children. Recalls hearing arguments between parents regularly when he was upstairs in his bedroom at night time. One night he came downstairs to see his father hitting his mum and blood everywhere. He was told to go back to bed. He grew up thinking this was a normal married relationship.



# Looked After Care

Some children growing up in dysfunctional families will not see a positive role model of relationships and LAC does not always offer the opportunity to observe healthy families in operation. Therefore they don't learn the skills to have a healthy relationship (Broad and Gadd 2014).





# Mental Health Issues

Significant factors behind abusing partners were mental health issues:

Depression

Personality Disorders

Anxiety



# Barriers: Accessing psychological services

1. Attention to how counselling services are 'packaged' to perpetrators (see also Gadd et al. 2013: 3)
2. Perpetrator with unspent convictions difficult to get on a referral list
3. Conflict of interest services that are being used by victims of perpetrators
4. Sentences expire and men will not see a specialist



# Psychological Services For Offenders



Perpetrator: *“The CBT part is really good...changing yer beliefs and the way you think and the way you look at things, the way you learn to ... you’ve got choices... you see different roads to go down, if somethings not working you verbalise it. You’ve done what you can do and then walk away”*

# Reducing Barriers To Participation

- Group programmes predominant and heteronormativity
- Language and cultural barriers: the role of interpreters
- Collusion with perpetrator: “go and speak to his wife and get her to drop all the charges” ...
- One Stop Shop approach could be beneficial



# Promoting Healthy Relationships In Schools



This is Abuse: Government Media: Abuse in Relationships:  
Can you see it?

The need for healthy relationship education in schools was emphasised as key to prevent and reducing domestic abuse

Media and Marketing campaigns could raise awareness and get information out there that domestic abuse is unacceptable and to communicate what services are available

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