

**The Assessment of Impulsivity and Aggression and Their  
Contribution to Risk in Domestic Abuse**

**Joanna Elizabeth Victoria Kemplay Adhikari**

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University of Leeds  
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School of Social and Health Sciences  
Department of Psychology

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I confirm that the work submitted is my own and that appropriate credit has been given where reference has been made to the work of others.

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*Dedicated to the memory of my lovely Dad,  
Dennis Kemplay*



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## ABSTRACT

Identifying those at risk of harm is a critical issue in safeguarding victims and their children from domestic abuse. Research shows that aggression and impulsivity relate to domestic abuse perpetration, however there is a gap in the literature in how those constructs could be applied to victim-perception risk assessments. Furthermore, considering the high numbers of children that are present within families experiencing domestic abuse, there is a gap regarding the potential contribution these children could make in risk assessment procedures, particularly to ensure their voices are included. The aim of this project was to provide an original contribution to knowledge by exploring these gaps with a view to informing the risk assessment literature and practice in the UK. Through use of mixed methods, this project conducted three phases of study.

Analysis from the first study revealed a complexity of domestic abuse lived experience via five superordinate themes, within them showing participants could recognise their abusive partners' aggressive and impulsive behaviours, as well as revealing that they could recall an array of risk management techniques they used in order to minimise risk, these recollections were more tangible than recalling their feelings of risk. The second phase of study measured impulsivity using the Barratt Impulsiveness Scale (BIS-11) and aggression levels, using the Buss-Perry Aggression Questionnaire (BPAQ) and the Aggressive Acts Questionnaire (AAQ; Barratt, Stanford, Dowdy, Liebman, & Kent, 1999) in 113 participants' self-reports and their reports on their partners. Important differences were found, with those who experienced domestic abuse measuring their abusers as significantly higher on the BIS-11, the BPAQ and the AAQ, than those who had not experienced domestic abuse. The family case study phase revealed powerful themes regarding a family's shared experience of domestic abuse. The use of sand tray and art-based play with children, aided by rapport building techniques, provided them with the tools they needed to explore their experiences and talk about them in a non-direct and non-intrusive way. This resulted in their disclosures of witnessing abuse between their parents, as well as internalising and externalising behaviours being apparent. Taken together, the findings from the three phases of study expand our knowledge of domestic abuse victims' perceptions of risk, impulsivity and aggression in their abusive partners. It is suggested that victim-perception risk assessments would benefit from the addition of impulsivity and aggression items, as well as rapport building and play techniques being an ideal method for practitioners to elicit important risk assessment information from children.





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List of Abbreviations

AAQ	Aggressive Acts Questionnaire
BIS-11	Barratt Impulsiveness Scale 11th Version
BPAQ	Buss-Perry Aggression Questionnaire
CC	Coercive Control
DA	Domestic Abuse
DASH-RIC	Domestic Abuse, Stalking and 'Honour' Based Violence Risk Identification Tool
IDVA	Independent Domestic Violence Advocate
MARAC	Multi Agency Risk Assessment Conference

## Chapter 1: Literature Review

### 1.1 Introduction

Identifying risk of harm in domestic abuse (DA) has become increasingly important for safeguarding victims and their children in recent years (e.g. Messing & Thaller, 2014; Stanley & Humphreys, 2014). Identifying what these risks are is imperative since the effects of DA can be as severe as hospitalisation or murder in some cases (e.g. Bridger, Strang, Parkinson, & Sherman, 2017); while other effects include depression, eating and sleeping disorders, self-harming behaviours, lowered self-esteem, chronic physical disorders, and sometimes attempting suicide (Follette, Polusny, Bechtle, & Naugle, 1996; Krug, Mercy, Dahlberg, & Zwi, 2002). Children are also commonly affected by DA, as they not only witness abusive acts and threats between caregivers on a regular basis, but are very often harmed as well (Safelives, 2014). Such exposure to DA frequently demonstrates behavioural and psychological symptoms in children (Krug et al., 2002). Increasing evidence indicates that coercive control (CC; such as isolating, degrading, and micro-regulating a victim's everyday life) is equally as damaging to DA victims (Stark, 2007), a core aspect of DA perpetration, and an issue that should also be taken into account when assessing DA risk.

When considering the level of risk posed by a perpetrator of DA, practitioners in the United Kingdom use a structured judgment approach (which is part risk assessment and part professional judgment), with the assistance of the 'Domestic Abuse, Stalking and 'Honour' Based Violence - Risk Identification Tool' (DASH-RIC; designed by Richards, 2009). This is used with victims of DA in order for them to assess the severity of the abusive behaviour. If the outcome is high then the victim will be referred to a 'Multi-Agency Risk Assessment Conference' (MARAC) meeting with numerous agencies, including social workers, police, schools and general practitioners, who use their insights from their own professional perspectives, with a view to protecting the individual victim and their children from a partner assessed as 'high risk' of causing serious injury or potentially murder. They do this by ensuring all information is shared with other agencies, as well as helping to put measures in place to protect the victim and their children.

Literature on two psychological constructs, impulsivity and aggression, and their connections with DA, reveals there are potential relationships that could contribute to knowledge in the area of DA risk assessment (Arias, Samios, & O'Leary, 1987; Shorey, Brasfield, Febres, & Stuart, 2011; Tweed & Dutton, 1998). Impulsivity is applicable to

many social and individual problems, manifesting itself in a variety of ways, such as in individuals who make hasty decisions, or those who choose immediate gratification, such as in drug abuse for instance (Nagoshi, Walter, Muntaner, & Haertzen, 1992; Winstanley, Theobald, Cardinal, & Robbins, 2004). Most importantly, impulsivity is strongly associated with criminality, including psychopathy (Cleckley, 1976), antisocial behaviour (White et al., 1994), and aggression (Barratt, Monahan, & Steadman, 1994; Smith, Waterman, & Ward, 2006a). What is currently known is that, while two separate constructs, impulsivity and aggression are indirectly linked. Impulsivity is strongly associated with aggression (Barratt et al., 1994; Smith et al., 2006a), and the impulsive type of aggression has been associated with DA (Arias, Samios, & O'Leary, 1987; Shorey, Brasfield, Febres, & Stuart, 2011; Tweed & Dutton, 1998). Prior work on perpetrators of DA has made links between the personality constructs of impulsiveness and impulsive aggression on physical violence (Edwards, Scott, Yarvis, Paizis, & Panizzon, 2003).

Forensic psychology literature outlines guiding principles and risk factors (Whittemore & Kropp, 2002) when considering risk assessing DA, both of which shed light on the current DA risk assessment practice and the gaps within it. In addition, while there is extensive research in the areas of aggression and impulsivity and how they relate to DA, there are specific gaps in knowledge regarding how they inform victim perceptions of risk in DA, and these will be explored in subsequent sections in this chapter.

## 1.2 Domestic Abuse

### 1.2.1 Perspectives

Using psychological knowledge, this thesis aims to inform risk assessments in terms of practitioner-led support with DA survivors. It is important therefore that the predominant political perspective, from feminist research in DA, is firstly acknowledged. In addition to it informing DA public policy in the United Kingdom, it is a perspective that is entrenched within much of the DA research literature. Other perspectives and theories are also offered and will be discussed later in this chapter. Structuralism (e.g. Piaget, 2015) locates the social problem of DA in the real or concrete world and within its structures; these are the social, political, cultural, and ideological. Examining DA in this way provides explanations beyond the individual, with the site of change being within society. A classic example of this is the feminist paradigm. One of the central feminist theories asserts that violence is socially produced and it is often legitimated culturally, that violence towards women stems from patriarchal beliefs (Smith, 1990; Yllo & Straus,

1990), and structures where males aim to control and dominate female partners with the use of physical aggression and male power. Dobash and Dobash (2004) argue that "intimate partner violence is primarily an asymmetrical problem of men's violence to women, and women's violence does not equate to men's in terms of frequency, severity, consequences and the victim's sense of safety and well-being" (p. 324). This male power is located in major structural institutions and ideologies, such ideologies stem from history. For example a husband was legally responsible for a woman's legal rights and obligations in the Law of Coverture in mid-1800s in England, this law provided him with the right to "chastise his wife to contain her behaviour" (Stedman, 1917). The feminist perspective insists that DA is not a 'natural' expression of biological drives, or deriving from innate male characteristics, but that it is constructed by society and learned (and rewarded) behaviour. Feminist researchers believe that men are the cause of violence in the family, in order to enforce their control and dominance, and that women only use violence in self-defence (Barnett, Lee, & Thelen, 1997; Cascardi & Vivian, 1995; Kellerman & Mercy, 1992)

Feminist theories have been highly criticised. Methodologically, feminist research has been accused of lacking in rigour as its victimisation studies almost exclusively use data from women's shelters (Dobash & Dobash, 1979; Martin, 1976; Stark & Flitcraft, 1996). This will oftentimes skew the data and not be representative of the general population. Numerous studies have also provided data that demonstrate that both males and females engage in aggression in their relationships (Kessler, Molnar, Feurer, & Appelbaum, 2001; Nicholls & Dutton, 2001; Stets & Straus, 1992a; Stets & Straus, 1992b), contradicting the feminist stance that males are always the perpetrators of abuse. Dutton and Nicholls (2005) state that feminists tend to generalise about violent men and about men in general, ignoring female pathology. This perspective focuses on how males use their position to re-assert their power and control over women (Dobash & Dobash, 1979; Steinmetz, 1987; Yllo & Straus, 1990). Stemming from this perspective is the Duluth Power and Control Wheel (Pence & Paymar, 1993) a model that is used extensively in domestic abuser intervention programmes, and used to inform practice in many Western societies. It is commonly used to challenge men's negative views about women, which includes their belief in the right to control their female partner. The Wheel is used in counselling and education groups for men who abuse to help group participants identify the tactics they use. By seeing that their behaviour is not atypical for men, there is an impetus (for those who are motivated to change) to explore the beliefs that contribute to their behaviour. However, according to a review by Rizza (2009) the Duluth Model

has dropout rates as high as 40% to 60%, and is based on ideology not supported by scientific and empirical evidence, and its focus is on male violence towards women only. Since the original Duluth Model was introduced, further amendments have been made and it is now blended with psycho-educational and cognitive behavioural therapy (CBT) methods (Stover & Carlson, 2017). A more positive viewpoint of this model is that it has introduced multi-agency support practices for DA, which include all levels of the community (Rizza, 2009).

Another common perspective of DA is what Johnson (1995) coined as “family violence” research, where the focus is on patterns of interactions between couples and within families. Typical terminology refers to ‘abusive couples’, ‘family violence’, or ‘dysfunctional relationships’ and the site of change is between couples and/or families, because both partners play a role in ‘family violence’. According to the family violence perspective gender is not a risk factor for DA, rather men and women are equally likely to use DA, and that patriarchy, talked of in feminist research, is just one variable in a complex constellation of causes (Gelles, 1993; Straus, Gelles, & Steinmetz, 1980). Straus also goes on to assert that “over 200 studies have found about the same percentage of women as men physically assault partners, and that the risk factors and motivations are mostly the same as for men” (Straus, 2009, p. 552). Family violence researchers use data from large scale government studies and find relationships such as those between domestic violence and age, cohabiting status, unemployment, and socioeconomic status that suggest that other characteristics of the social structure may form the basis of partner violence (DeKeseredy, 1995; Smith, 1990; Stets, 1991; Straus et al., 1980).

However, according to Johnson (1995) because there are major differences in sampling in the studies by feminist (women’s shelter populations) and family violence researchers (large scale government studies) this leads to an asymmetry, whereby they are measuring completely different types of DA. This is demonstrated by how common couple violence, detailed by family violence researchers, involves men or women’s intermittent responses to the infrequent conflicts motivated by a need to control the other person in only that specific situation (Milardo & Klein, 1992), but yet they lack a more general need to be in charge of the relationship. In contrast in feminist research, the women controlled and abused by males are subject to, according to Johnson (1995) “the causal dynamic of patriarchal terrorism... rooted in patriarchal traditions, adopted with a vengeance by men who feel that they must control "their" women by any means necessary” (page 286).

The differing viewpoints detailed above illustrate the complexities in DA research and how it is important to understand the perspective from which the research originates, and how it affects the synthesis of literature on DA in the rest of this chapter. Multifactorial approaches will be explored later in the chapter and are an attempt at understanding DA as a series of levels, ranging from the macro levels of the societal influences to family and individual levels.

### 1.2.2 Legislation and Prevalence

DA was not recognised by UK law until the 1970s, when the introduction of the Domestic Violence and Matrimonial Proceedings Act (1977) offered civil protection orders (injunctions) for those at DA risk. Since then several other laws came into place to help protect victims, including those concerning marital rape, giving police automatic powers of arrest, and giving rights to women for state-funded accommodation. More recently the Domestic Violence Disclosure Scheme (also called Clare's Law) was introduced in England and Wales in 2014 to give people the right to ask the police about a partner's history of DA, and at the end of 2015 a new DA law was introduced that criminalises patterns of coercive, controlling and psychological abuse. It has recently been announced that there will be new legislation for DA, this is currently being developed and will be called the Domestic Violence and Abuse Act. The government hope this new act will address the inconsistencies in clarity in current law and work better for victims (Prime Minister's Office, 2017).

The term DA is used as the overarching description of all abusive behaviours within a household, including towards both adult and child victims; the abuse is inclusive of coercive control (CC), emotional abuse and physical violence. The current cross-government definition of DA is:

“any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional.” (Home Office, 2013)

This definition was updated in 2013 to lower the age to include 16 and 17 year olds, reflecting the risk posed to young people, and to also include CC as an ongoing pattern, as DA was previously defined as a single act or incident (Home Office, 2012).

Such a recent change to the definition highlights the ongoing cultural shift in British attitudes from the once private issue of DA, with a move towards improving victim protection. However, given the growing body of literature documenting the ongoing nature of CC (Stark, 2007, detailed further in Section 1.2.2) in domestically abusive relationships, there is some criticism of the language used in the definition which still currently implies that DA is an incident, or several incidents (Kelly & Westmarland, 2016).

The criminal justice system has only just begun to collect data on DA, with current figures being said to represent the “tip of the iceberg” (Dar, 2013). What is known is that the gravity of DA is reflected by the fairly stable figure of two women in the UK being murdered every week by their current or ex-partner (Women's Aid Federation of England, 2015). There was an estimated 1.2 million females who experienced DA within the year from 2016 to 2017 according to the 2017 Crime Survey for England and Wales (CSEW; ONS, 2017). It is estimated that 94% of people at high risk of murder or serious injury in England and Wales are women (Safelives, 2015), and that when coercive and controlling behaviour is present then women are at a much higher risk than men (ONS, 2017). However, DA is an issue for other groups as well. In 2017 there were 713,000 male victims of DA within the year from 2016 to 2017 (ONS, 2017). Moreover, in same-sex couples, half of gay and bisexual men and one in four lesbian and bisexual women have experienced DA (Stonewall Equality Limited, 2012). Due to the scope of this thesis the DA affecting women, and subsequently their children, will be the main focus; however this does not limit the findings that may also be applicable to male and same-sex victims.

### 1.2.3 Coercive Control

Whilst physical violence is a genuine threat for many victims of DA, it is the unspoken threat of violence, such as isolating, degrading, and micro-regulating a victim's everyday life that can be equally painful and enduring in an abusive relationship, this kind of abuse is known as coercive control (Stark, 2007). Through his feminist theoretical model of CC, Stark (2007) asserts that it is gendered based upon sexual inequality, and that it is becoming increasingly accepted that 'incidents' of DA should no longer be the main focus, but rather to understand how domination and the psychological factors 'imprison' the victim. Stark states that this makes it impossible for women to leave their abuser. In support of this, there is evidence that shows CC is linked with extreme violence, it has been found that in couples where highly controlling behaviour is present in the perpetrator, fatalities can be predicted more so than examining the frequency or the



severity of physical violence in a relationship (Glass, Manganello, & Campbell, 2004; Stark, 2012).

Because CC as a theory is based with the feminist perspective there are few studies exploring its use by female perpetrators towards males. However, other terminology explored within the psychology literature bears similarities, intimate terrorism for example represents a typology (Johnson, 1995, 2006) which is described as general control and ownership over a partner, compared to the other typology of common couple violence. A study by Hines and Douglas (2010) explored intimate terrorism by female perpetrators towards male partners and found evidence within their sample that the majority of males suffered quite severe DA that was both mentally and physically damaging, this suggests the applicability of CC within other types of couples, and not simply from males towards females.

CC presents a further set of problems for law enforcement, as the unspoken control of the victim endures over months and years within the abusive relationship, affecting evidence collection. The police are not able to take into account the full picture of the DA due to the absence of the historical context within a reported incident. Furthermore, law enforcement perceptions of DA have historically been to treat it as a private matter not to be intervened upon by police (Ford, 1983). Police also perceive calls to DA incidents as extremely frustrating due to the many uncertainties surrounding the events (Sinden & Stephens, 1999). This uncertainty can be compounded by CC in police settings, particularly if they lack the understanding of how victims' responses can be controlled by their abusive partner. Indeed the victim themselves, after months or years of such control, may not be aware they are victim of it.

Stark's (2007) book reveals the many nuances of CC as gendered and gives detailed accounts of male perpetration of abuse towards women and its effects. It has introduced the notion of CC into public policy, whereby UK legislation now includes CC as a crime. However, it is from a forensic psychological perspective that the intrapsychic determinants of CC can be further explored. Dutton and Goodman (Dutton & Goodman, 2005) based their conceptualisation upon social aspects of power (French & Raven, 1959; Molm, 1997) regarding an agent's capability of influencing a target through differing bases of power. Those most crucial to partner abuse are coercive power, the agent's imposing of unwanted things on to the target or taking away wanted things. Reward power consists of the agent giving wanted things to the target or taking away unwanted things, therefore if the target complies with the agent they will be rewarded (with non-punishment for example). Building on this Dutton and Goodman (2005) developed a

Model of Coercion, which they describe as systemic and circular by design. They place coercion as being central to control, where a demand with a threat must be present for CC to take place. The model reflects how the process of power used in abusive relationships leads to both control and compliance. Dutton and Goodman emphasised how each relationship context needs to be taken into consideration, this is through the social ecology of the couple, which is seen as fundamental if CC is going to take place. Therefore, according to this model, it is important to consider both abuser and victim and the relationship they have to be able to understand the development of CC. Obviously, it can become problematic when discussing DA in the context of both abuser and victim, particularly when considering the extensive work done by feminist researchers in bringing DA into the public sphere. Assessing a victim's role within an abusive relationship could be construed by some as 'victim-blaming' (Ryan, 1971) and clashes with the feminist assertion that power imbalances between men and women in society are responsible for men's abusive behaviours.

#### 1.2.4 Domestic Abuse Victimisation

Estimates of DA victimisation are difficult to ascertain since only 27 percent of women and 10 percent of men have said they would tell the police (ONS, 2014); primary reasons are fearing retaliation, feeling embarrassment and worrying about the effects on the children (Her Majesty's Inspectorate of Constabulary, 2014). With relevance to risk assessing DA, both victims and their children are reported to have lived with abuse for 2.7 years on average (SafeLives, 2015), this highlights the urgent need to safeguard them with early intervention strategies. Indeed The Early Intervention Foundation (EIF) advises that, in response to DA, innovation and development is required (Guy, Feinstein, & Griffiths, 2014).

Factors that affect DA victims' decision making abilities when considering leaving an abusive partner are complex. From a social and family level, their isolation from family and friends by the perpetrator, along with their investment in the relationship (Rhatigan & Axsom, 2006), ensures their feelings of being trapped with no support (Dunn & Powell-Williams, 2007; J. Humphreys & Campbell, 2010). Psychological factors are also numerous, where adult victims have been said to feel self-blame, guilt, anxiety, PTSD and depression. Due to the victim's commitment to the relationship, they can tend to justify the abuse they endure, Haeseler (2013) comments that victims make "positive, cognitive reconstructions of their abuser's behaviour by creating defensive storytelling, where the partner's faults are viewed as virtues. A woman may rationalize that his raging

jealously is due to his love for her" (p. 34-35; as cited in Truman-Schram, Cann, Calhoun, & Vanwallendael, 2000)

Because of this sustained abuse by their intimate partners, victims have been found to doubt their own perceptions, cognitively reconstructing the violent incident, leading to its meaning being reframed (Lempert, 1997). These cognitive changes demonstrate how victims may end up with distorted perceptions of their abuser, which have been cited as reasons for affecting victims' readiness to begin help-seeking behaviour from family, friends, police or healthcare practitioners (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). It could be argued therefore that such confusion on the part of the victim might directly affect their ability to assess risk of harm once they feel ready to disclose the abuse.

However, victims of DA have also been said to possess a unique perspective on their perpetrator, which comes from spending substantial amounts of time with them, they therefore know what they could be capable of (Monckton-Smith, Williams, & Mullane, 2014). It is argued in this thesis that this unique knowledge from the victim should not be downplayed when it comes to practitioners using it in assessing risk of further violence or escalation, but that it should be understood in terms of its limitations and explored more thoroughly.

#### 1.2.5 Children and Parents in Domestic Abuse

At the heart of DA is the damaging consequences that go beyond the adult victim, research has revealed how children in the relationships are very often the victims too, according to Kolbo, Blakely, and Engleman (1996) "two decades of empirical research indicates that children who witness DA are at increased risk for maladaptation" (p.289). Consistent exposure to DA demonstrates behavioural and psychological symptoms (Krug et al., 2002) and it has also been suggested that if a child witnesses DA then they are more likely to be violent in their adulthood (Kashani & Allan, 1998), this is particularly evident in boys (Pelcovitz et al., 1994). Child development rates are compromised by exposure to DA, including social, emotional, behavioural, cognitive, and general health functioning (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003); depression and anxiety are also found to be a long term effects (Humphreys, 2008), including sleep disturbances, temper tantrums, and eating disorders (El-Sheikh, Harger, & Whitson, 2001; English, Marshall, & Stewart, 2003; McGee, 2000; Mignon & Holmes, 2002; Saltzman, Holden, & Holahan, 2005). Children living with DA can feel in a conflict of loyalty between both parents, and fear for themselves due to their father's violence (Peled, 1998). Physical abuse between

parents, as a result of underlying CC, is related to children's externalizing and internalizing problems (Jouriles & McDonald, 2015), therefore the effects of witnessing inter-parental violence may be even greater than the effects of witnessing other forms of destructive conflict (Buehler et al., 1997; Kitzmann, Gaylord, Holt, & Kenny, 2003; Reid & Crisafulli, 1990).

Adult victims of DA undergo trauma to the extent of having long-term mental health issues, which undoubtedly has a direct effect on their parenting capacity for such vulnerable children. Societal influences can oftentimes hinder the adult victim's choices to seek help when they have concerns for their children's wellbeing, fearing their children might be taken away from them if they do so. In addition, if they go to family court regarding child contact arrangements they are often faced with direct questioning from their abuser, as currently the family court system encourages keeping families together in spite of violent fathers (Hester, 2015). This phenomenon is increasingly being seen as an additional barrier for victims and their children.

Importantly, for this thesis, in terms of a child's understanding of high risk of DA and whether it is concordant with the abused parent's understanding of risk is still in its infancy (e.g. Knutson, Lawrence, Taber, Bank, & DeGarmo, 2009; Lewin & Graham, 2012). A recent study by Simmons, Craun, Farrar, and Ray (2017) examined this relationship, finding that many of the children in their study (ages 7-18) reported parental DA behaviour as well as most parents being able to inform about the exposure of the children to DA. However, they also found that children, whose mothers had identified that their child had witnessed physical abuse, are also more likely to deny exposure to DA than for them to agree. The authors cited potential reasons of not recognising the behaviours to be abusive or violent, that it was normalised or that they did not want to report the information to helping professionals. It was also noted that the sample came from help-seeking mothers who are within the process of recovery and more able to discuss events than their children.

#### 1.2.5.1 Children Witnessing Domestic Abuse

Children have also been reported to be present 55% of the time while the domestic violence or abusive behaviour takes place (Hester, 2009), revealing the interconnectedness between DA and child protection. It is also reported that 62% of children exposed to DA are directly harmed (Safelives, 2014). A USA study found that in 32–53% of the women reported as being a victim of DA, their children were also the victims of physical abuse by the male perpetrator (Edleson, 1995). This is supported by

the extensive research on effects of DA on children, which clearly demonstrates that children ‘experience’ the DA, and are not merely ‘exposed’ to it (Katz, 2014). The depth of these connections in healthcare providers is reported to be understood for the most part, but a study by Taylor, Bradbury-Jones, Kroll, and Duncan (2013) observed in some health professionals that they would assume the children to be ‘okay’ if there were no physical symptoms of abuse, therefore underestimating the emotional effects of witnessing the abuse, along with the risk of being hurt unintentionally during a DA incident.

A child does not have to witness harm between caregivers for there to be harmful outcomes (MacMillan & Wathen, 2014). The harmful effects of emotional and psychological abuse endured by children experiencing DA in their homes (Safelives, 2014; McGee, 2000; Radford et al., 2011; Radford & Hester, 2006; Saunders, 1995; Stanley, 2011) leads many to conclude that being aware of DA is a form of child abuse in itself. In the USA several states have included DA as a form of child abuse or maltreatment (Adams, 2006). The UK’s National Society for the Prevention of Cruelty to Children (NSPCC) website states that “witnessing domestic abuse is child abuse,” (NSPCC, 2015) this has been somewhat acknowledged legally as an amendment to the definition of harm in the Children Act (1989) as “impairment suffered from seeing or hearing the ill treatment of another” (Section 120, Part 2, Adoption and Children Act, 2002). There is increasing discussion around whether witnessing is the most appropriate term to use considering it implies that the child needs to physically see the abuse happening. Rather there is a shift towards their awareness of DA between caregivers, particularly in terms of them noticing their parents' moods before and after abusive episodes, even if they are not in the home with them during the abuse. In a study by Katz (2014) who interviewed children of parents killed by their other parent it was found that the children interviewed, even from a young age, had knowledge of how to act and what to do during abuse in their home, suggesting their depth of thought and the potential for action on the part of the child, as well as for the impact of the abuse on their mental health.

#### 1.2.5.2 Children Disclosing Domestic Abuse

Researchers have explored the contributing factors of why children are reluctant to report any DA incidents that occur in their home, with reports showing that many children fear the abuser will carry out further violence as a consequence if they choose to disclose the abuse to a professional (Hester, Pearson, Harwin, & with Abrahams, 2007). It is more likely that children would tell a family member or friend (Gorin, 2004; Mullender et al., 2002), due to their apprehension of confidentiality being breached and

the possibility of being taken into care if they report it to a professional (Buckley, Holt, & Whelan, 2007). An alternative method of identifying the presence of DA in a child's home, without their explicit disclosure, is through observing their use of play, where it has been found that children will play out DA towards their peer group (Elmer, 2011).

### 1.3 Impulsivity and Aggression

#### 1.3.1 Impulsivity

Impulsivity is generally defined as a tendency to act on the spur of the moment, without planning or a clear sense of decision or desire, or without deliberation (Carver, 2005; Shapiro, 1965). Borderline Personality Disorder and Antisocial Personality Disorder, outlined in the DSM-V, use impulsivity as one of their defining features (American Psychiatric Association, 2013). Playing a role in both normal and pathological behaviour (Havik et al., 2012), impulsivity is considered a multifaceted construct (Dalley, Everitt, & Robbins, 2011; Fineberg et al., 2010). Impulsivity is applicable to many social and individual problems, manifesting itself in a variety of ways, such as in individuals who make hasty decisions or those who choose immediate gratification, such as in drug abuse for instance (Nagoshi et al., 1992; Winstanley et al., 2004). Research in the area has found associations between impulsivity and novelty and sensation seeking experiences (Zuckerman, Kuhlman, Thornquist, & Kiers, 1991), while Newman (1987) found that impulsive behaviour still occurred in some people despite potential punishment. Difficulties are apparent in conceptualising impulsivity as a construct, where it has been suggested impulsivity is a heterogeneous category comprising of several different traits (Depue & Collins, 1999).

In terms of individual differences in impulsivity, Eysenck and Eysenck's (1968) three factor model of personality included neuroticism, extraversion, and psychoticism, with impulsivity as a subscale of the second order personality trait of extraversion. This was later reconsidered after further work done by Eysenck and Eysenck (1975; 1985), which suggested that impulsivity had two components: venturesomeness, corresponding with extraversion, and impulsiveness, corresponding to psychoticism. Other five-factor personality research (neuroticism, extraversion, conscientiousness, agreeableness, and openness) (e.g. Digman, 1990; Goldberg, 1981; McCrae & Costa Jr, 1997; McCrae & John, 1992; Wiggins, 1996) includes impulsivity in two of their factors, conscientiousness (planning and focus) and agreeableness (considered as a reflection of an individual's level of concern with maintaining relationships). Those who measure at the lower end would

display more impulsive behaviours (Digman, 1990; Strathman, Gleicher, Boninger, & Edwards, 1994). Despite this research, there remains a lack of consensus regarding the amount of facets which exist regarding personality and which are important (Evensen, 1999). Combining psychological, behavioural, and cognitive models of impulsivity, Barratt's three factor conceptualisation (Barratt, 1993; Gerbing, Ahadi, & Patton, 1987; Patton & Stanford, 1995; Stanford & Barratt, 1992) suggests that impulsivity is multidimensional (Barratt, 1985). Through integrating self-report inventories, cognitive and behavioural tasks, and brain-behavioural research with animals (Barratt, 1993), a three component conceptualisation was revealed and is now commonly used when referring to and using forensic and non-forensic populations, with the sub-traits being cognitive impulsiveness, such as making quick decisions, non-planning impulsiveness, such as a lack of forethought, and motor impulsiveness such as acting without thinking.

The importance of impulsivity in regard to DA lies in the role it plays in aggression. While two separate constructs, impulsivity and aggression are indirectly linked with one another (Barratt et al., 1994; Smith et al., 2006), with research findings showing associations with DA (Arias et al., 1987; Shorey et al., 2011; Tweed & Dutton, 1998). A multi-method assessment (Stuart & Holtzworth-Munroe, 2005) revealed that husbands' self-reported impulsivity is associated with their anger and hostility, showing impulsivity as an important factor in understanding husband violence. Moreover, in a study using data from 453 couples investigating how multiple factors might function with each other to predict partner aggression in men (O'Leary, Smith Slep, & O'Leary, 2007) impulsivity was an associated factor which is shown to feed into negative life events, depressive symptoms, and perceived stress which all then go on to link to partner aggression. Further relevance of impulsivity is shown through its strong association with criminality, where it is said to be a characteristic that most reliably differentiates offenders from non-offenders (Pallone & Hennessy, (1996), including psychopathy (Cleckley, 1976; Huss & Langhinrichsen-Rohling, 2000), antisocial behaviour (White et al., 1994), and aggression (Barratt et al., 1994; Smith & Waterman, 2006).

### 1.3.2 Aggression

Aggression is ambiguous in its definition as well as in its classification (Ramírez & Andreu, 2006). In their attempt at a basic definition Anderson & Bushman (2002) state that human aggression is "any behaviour directed toward another individual that is carried out with the proximate (immediate) intent to cause harm" (page 28). According to some researchers (Baron & Richardson, 1994; Berkowitz, 1993; Bushman & Anderson, 2001;

Geen, 2001), there is the additional factor that the person committing the aggression believes that the behaviour will harm the target, and that the target is motivated to avoid the behaviour.

Research often refers to dichotomies to describe the types of aggression, the one which provides the most useful form of description for DA is hostile versus instrumental (Buss, 1961; Feshbach, 1964; Hartup, 1974), to explain the differences in motivations to aggress. While hostile aggression is impulsive, uncontrolled, unplanned, reactive, hot-blooded, overt, defensive, affective, and negative/destructive, instrumental aggression is described as premeditated, controlled, planned, proactive, cold-blooded, hidden, offensive, predatory, and positive/constructive. The physical acts of DA, those where the perpetrator becomes emotional and reactive, would best be described as hostile aggression. Those perpetrators who use coercively controlling behaviours alongside the physical abuse to control their victim would more likely be described as instrumentally aggressive. A theory explaining this is social interaction theory (Tedeschi & Felson, 1994) where individuals enact aggressive behaviour to achieve instrumental goals. The dichotomy of hostile versus instrumental aggression has received criticism over the years for over-simplifying the motivation of aggression into merely two goals, when many different goals are actually present. Aggression can be dynamic with acts crossing over, where it has been suggested that instances of hostile aggression can alternatively be viewed as instrumental aggression (Bandura, 1973; Tedeschi & Felson, 1994). Bushman and Anderson (2001) believe that limiting aggression to the two dichotomies could potentially ignore the mixture of motivations and hence limit the prevention and treatment approaches.

### 1.3.3 Psychological explanations of DA, impulsivity and aggression

Expanding on the above, the following section illustrates how impulsivity and aggression contributes to knowledge in DA extensively. There are numerous perspectives to understand DA, such as from structural theories drawn from feminism (e.g. Smith, 1990; Yllo & Straus, 1990), which were discussed earlier in this chapter, to theories that concentrate on the individual as the site of change. Outlined below are the dominant and historical psychological DA theories, including those most relevant to interventions and assessing risk. Many of the existing theories of aggression and impulsivity can be mapped directly within these DA perspectives.

DA research often looks toward the individual as an explanation and as a site of change. Whereby the perpetrator of DA is understood in terms of their own choices,



biology, pathology, genetics, and characteristics. One such example is alcohol use, which generally exacerbates abusive situations. DA has been found to be more frequent and severe when alcoholics drink compared to their non-drinking days (e.g. Fals-Stewart, Golden, & Schumacher, 2003; Testa, Quigley, & Leonard, 2003). Drinkers become destructive via outbursts of anger or violence (e.g. Eckhardt, 2007; Giancola, 2004; Quigley & Leonard, 2000), which is particularly evident in those alcoholics with aggressive predispositions (Kahni Clements & Schumacher, 2010). In such individuals alcohol undermines the capacity to regulate behaviour and as a result intensifies responses of anger, potentially turning them into aggressive acts (Bushman & Cooper, 1990). From the evidence of the relationship between alcohol use and higher rates of impulsivity (Brewer & Potenza, 2008; De Wit, 2009; Jentsch & Taylor, 1999; Moeller et al., 2001; Verdejo-García, Lawrence, & Clark, 2008), alcohol myopia theory is linked to impulsive behaviour because the cues that signal immediate rewards (e.g., sexual gratification) are generally more salient than the negative long-term consequences (e.g., contracting AIDS). Use of this explanation for DA is problematic however, particularly from a feminist research perspective, as the perpetrator could argue that his behaviours were out of his control due to alcohol consumption, therefore providing an excuse for his abusive behaviour.

In terms of biological contributions to DA, a review by Pinto et al. (2010) outlined several factors. One of which is the neuropsychological issue related to head injury (Rosenbaum & Hoge, 1989; Rosenbaum et al., 1994) where, in numerous studies, abusers have been found to exhibit poor performance in verbal intellectual ability, learning and memory, executive functioning, and attention, as well as problems with impulsivity, that include response inhibition. It was found by Warnken, Rosenbaum, Fletcher, Hoge, and Adelman (1994) that males with head injuries reported they had loss of temper and control, difficulty communicating verbally, increased frequency of getting into trouble, arguing, and yelling significantly more than those men without head injuries. However, it is important to note that while neuropsychological dysfunction appears to correlate strongly, it cannot imply causation as not all individuals who abuse their partners are cognitively impaired (Cohen, Rosenbaum, Kane, Warnken, & Benjamin, 1999).

In addition to head injury, the review by Pinto et al. (2010) reports psychophysiological factors in DA, such as changes in heart rates of the abuser, showing mixed results in determining attributions to personality types and types of emotional versus manipulative abusers (Gottman, Jacobson, Rushe, & Shortt, 1995; Umhau et al., 2002). A study that measured heart rates, as well as skin conductance, to determine

differences found that antisocial traits were related to low resting heart rates in severely violent men (Babcock, Green, Webb, and Yerington, 2005). This links with Antisocial Personality Disorder, a disorder related with both impulsivity (American Psychiatric Association, 2013) and domestic abuse perpetration (Bonta, Law, & Hanson, 1998).

Other biological factors related to DA include genetic factors as well as neurochemical, metabolic, and endocrine factors (Pinto et al., 2010). Studies by Rosenbaum, Geffner, & Benjamin (1997) and van Woerkom, Teelken, & Minderhoud (1977) examined serotonin levels with aggression and found that head injuries leading to lower serotonin levels increases aggressive behaviour. In genetic studies low levels of monoamine oxidase A (MAOA), a mitochondrial enzyme involved with the metabolism of serotonin, norepinephrine, and dopamine is implicated in DA traits, such as impulsivity, addictive behaviour, and aggression (Cases et al., 1995; Gabel, Stadler, Bjorn, Shindlecker, & Bowden, 1995; Lawson et al., 2003; Thierry, Iwaniuk, & Pellis, 2000).

Other approaches have uncovered individual characteristics of perpetrators of DA such as preoccupied or fearful attachment styles (Dutton, Saunders, Starzomski, & Bartholomew, 1994; Mauricio & Gormley, 2001). A model to explain how insecure attachment might lead to violence was developed by Timmerman and Emmelkamp (2005), particularly how dependency (Mikulincer & Shaver, 2010), jealousy (e.g. Buunk, 1997; Guerrero, 1998), self-esteem, empathy, and impulsivity (Scott, Levy, & Pincus, 2009) are related to insecure attachment. In a study that aimed to determine why insecure attachment is related to DA, Buck, Leenaars, Emmelkamp, and van Marle (2012) found separation anxiety and partner distrust as related to DA, as well as attachment, revealing how abusive behaviours might be learned via the quality of their attachment relationship as children.

The psychological research on aggression is substantial and overlaps considerably with the DA literature. Numerous domain-specific theories of aggression exist in the literature, the primary areas being instinct, biological bases, drive, cognition and learning.

Early research based on the instinctual theories of aggression focused on how aggression is inevitable and innate in humans. Freud (1924) introduced the idea firstly via the male and female oedipal complexes, whereby it was suggested that aggression should be resolved by the time adulthood is reached. In a later claim, in Freud's Eros theory of human behaviour, the concept of Thanatos, or death force, was introduced which encourages destruction and death. In avoiding the self-destruction of the individual, the negative energy is directed to others. According to Freud, this displacement of negative

energy of the Thanatos on to others is the basis of aggression. While his theory has since been highly criticised, mainly due to its pessimistic view and inevitability of human aggression, the concept of aggression as innate has been more highly regarded by subsequent research.

From an evolutionary perspective, Lorenz (1966) adopted Darwin's natural selection as a way of researching innate aggression, with the fighting instinct as the source of aggressive energy. Here aggression is thought to have benefits for survival and success as, through regulating social relationships, the strongest animals would eradicate weaker ones over the course of evolution, therefore resulting in a stronger, as well as healthier, population. An approach employed by socio-biologists (Barash, 1977) views natural selection, and 'fitness,' in terms of genetics and individuals reproducing their genes for future generations, leading to protection of their offspring and altruism towards those who are similar to them, and the opposite for those who are different. Namely, the aggression will be towards those who are different, and since the risk of harming those similar to them will endanger the reproductive success of those shared genes. Regarding genetics, from the biological bases of aggression, research results have been mainly found to be mixed (Plomin, DeFries, & McClearn, 1990). Rushton, Fulker, Neale, Nias, and Eysenck (1986) and Tellegen et al. (1988) found genetic influences account for approximately 50% of the variance in aggression, while other studies find little confirmation of heritability (Carmelli, Rosenman, & Swan, 1988; Carmelli, Swan, & Rosenman, 1990; Plomin, Foch, & Rowe, 1981).

While such instinctual theories from Freud (1924), Lorenz (1966) and Barash (1977) suggest how a more general aggressive behaviour has originated, they appear contradictory in their explanation regarding individuals use of aggression between, or towards, partners, given that evolutionary theories focus on protection of those close to enhance their genetic survival. A more relevant theory from the instinct domain would be coercive sexual strategy (Thornhill & Thornhill, 1992) whereby females are sexually dominated via violent threats, which can include "mate guarding" from competing males. This particularly links with aspects of CC where jealousy and ownership can be a significant factor (Stark, 2009).

Other biological based studies of aggression include effects of differences of the central nervous system, specifically the limbic system and the cerebral cortex, as well as differences in hormone levels, specifically testosterone. Results of such studies are again mixed, with a study by Dabbs Jr et al. (1987) reporting higher testosterone levels in a forensic sample of violent male offenders, yet other studies have found less conclusive

results (e.g. Bradford & McLean, 1984; Rada, Kellner, & Winslow, 1976). In their explanation of the literature on hormonal influences on aggression, Baron and Richardson (1994) propose a more indirect effect corresponding with the multifactorial perspective of this thesis (discussed in Section 1.3.3.), whereby the influence of the hormones are dependent on the personality or behavioural characteristics of dominance, assertiveness or sensation seeking (e.g. Christiansen & Knusmann, 1987; Daitzman & Zuckerman, 1980).

Drive based theories of aggression focus on “a non-instinctive motivational force which is induced by depriving the organism of life-supporting entities or conditions, and which grows in strength with severity of such deprivation” (Zillmann, 1983 p.76). As such, aggression comes from aversive stimulation and is reduced by aggressive action. A renowned drive theory is the frustration-aggression hypothesis (Dollard, Miller, Doob, Mowrer, & Sears, 1939), which, when it was first proposed, considered frustration to always lead to some form of aggression and that aggression always stems from frustration. However, in light of evidence contradicting this, where frustration is only one source of aggression, and also that aggression can occur without frustration, the model has been adapted over the years to include the notion that any act of aggression is a form of catharsis. In addition, it includes the aggressor’s idea of being punished as an inhibiting factor as to why they do not always aggress when frustrated. In modifying the frustration-aggression hypothesis, Berkowitz (1965, 1969) introduced the aggressive-cue theory, where aversive stimuli may instigate a readiness for aggressive reactions. If presented at the same time as a stimulus that has acquired aggressive meaning, such as something associated with unpleasantness or pain (i.e. a weapon), then aggressive behaviour might occur. A further area of research from a drive perspective is the excitation-transfer model based on misattributed physiological arousal which leads to aggression, introduced by Zillmann (1979). This is particularly pertinent to DA in that the model claims that increased physiological arousal from one source will transfer that arousal to a temporally related second source, this is then misinterpreted or mislabelled as the cause of the arousal to the second source. For example a male who has received an undesirable email from work could, as a result, display his anger about it towards his partner. If the second context is conflict or anger related, the already energized individual will exhibit higher levels of anger, otherwise known as ‘residual arousal’ than if there was no prior excitation; such as when the couple might be disagreeing on something at home, and the male receives the email, his aggression may be disproportionate to the content of their argument.

Stemming from the major work by Bandura (1983; 1963) the social learning theory of aggression supports the premise that aggressive responses are learned in the same way that people learn other complex forms of social behaviour, this can be from direct experience or by observing others. According to this theory, individuals are not equipped with the understanding of what words or actions are hurtful and aggressive, so they have to be learned. As such, through the basic learning principles such as classical conditioning, operant conditioning, and observational learning, aggression becomes learned. This includes the use of rewards and punishment reinforced throughout childhood into adulthood, whereby if a child sees an aggressive act being rewarded with praise (Geen & Stonner, 1971) or the best toy, then they will be more likely to aggress again in the hope of similar rewards. On the other hand, it has been suggested that aggressive behaviour can be regulated by an individual seeing aggressive acts being punished (Richardson, Bernstein, & Taylor, 1979), yet there is little evidence available supporting this view. Directly linking with the feminist perspective of DA socialisation into sex-role stereotypes explains the gendered nature of aggression, and how aggression is seen to be more acceptable for males than females (Finn, 1986; Hilton, Harris, & Rice, 2003; Mayerson & Taylor, 1987; Willis, Hallinan, & Melby, 1996).

Sociological perspectives, in terms of DA, attempt to understand behaviour in terms of the principles of learning, such as Bandura's social learning theory, where a person will abuse their partner because they themselves witnessed DA between their parents, for example, as well as seeing the aggressor gaining some kind of reward for their behaviour. Several research studies have supported social learning theory in DA (Cappell & Heiner, 1990; Coid et al., 2001; Desai, Arias, Thompson, & Basile, 2002; Ernst, Weiss, & Enright-Smith, 2006; Glasser et al., 2001; Mihalic & Elliott, 1997; Parillo, Freeman, & Young, 2003; Rich, Gidycz, Warkentin, Loh, & Weiland, 2005; Shook, Gerrity, Jurich, & Segrist, 2000), yet criticism of the application of this theory to DA lies within how the violence witnessed as a child is measured, as well as the intensity and length of time exposed to the violence as a child (Baumrind, Larzelere, & Cowan, 2002; Delsol & Margolin, 2004; Gershoff, 2002) and how that relates to their current perpetration. Indeed memory may not be completely accurate, which is what the studies rely on, and particularly if a perpetrator is able to find a mitigating factor for their abusive behaviour they may well embellish the details for social desirability (Ali & Naylor, 2013).

The General Aggression Model (GAM; Anderson & Bushman, 2002; Anderson & Dill, 2000; Anderson & Huesmann, 2003) draws on several single theories and perspectives of aggression across ecological levels to create a multifactorial approach. It

focuses on three main areas, firstly the person and situation factors that contribute to aggression, including personality traits, biological sex, beliefs, attitudes, values, long-term goals, scripts, aggressive cues, pain, discomfort, drugs, frustration and provocation. The second main area is on affective arousal (mood and emotion), and cognitive routes or mechanisms (hostile thoughts and scripts). The third main area focuses on underlying appraisal and decision processes, which can be automatic or heavily controlled. Such a model is extremely useful when considering aggression within this thesis as it represents the numerous factors that may be affecting an abuser and their decisions, thoughts, and history; using a multifactorial approach concerning DA is also considered and discussed in the following section.

#### 1.3.4 A Multi-factorial Approach to DA, Impulsivity and Aggression

The previous section highlights numerous interconnections between existing DA perspectives, and aggression and impulsivity theories, suggesting a multifactorial approach as being most useful to this PhD. This reflects current trends in the area where a multi-factorial perspective is said to have:

Important implications for which factors professionals should aim to investigate during risk assessment, it is clear that a narrow focus will inevitably miss the complexities that can help professionals begin to understand an offender's violent behaviour toward their partner (Dixon, 2011, p. 13).

Some literature already points towards the benefits of viewing DA through a multifactorial lens; Dutton's nested ecological model (Dutton, 1985, 2006), derived from Bronfenbrenner's systems theory (1979), suggests that partner violence is not simply caused by patriarchal beliefs (feminist perspective) or psychological dysfunction (individual perspective), but that there are a number of individual and environmental factors that interact, with partner violence as the result. The model comprises of four interacting levels (see Figure 1); the macrosystem combines all the societal and cultural values and beliefs responsible for DA. The social structures of work, friends and education groups are the exosystem contributing to DA in the person, such as unemployment or relationship issues. Family represents the microsystem including the relationship dynamics, while the ontogenetic level is the individual characteristics and

internal factors that predispose them to abusive behaviour, for example response to stressors, drug use, empathy, and attitudes to violence.

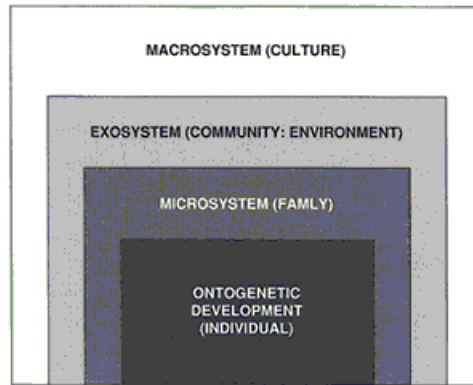


Figure 1. Dutton's Nested Ecological Model (Dutton, 1985, 2006)

Recent evidence to support Dutton's (1985, 2006) model has been provided by O'Leary et al (2007) and Stith, Smith, Penn, Ward, and Tritt (2004) who demonstrate how multiple factors, drawn from varying ecological levels, operate with each other to predict partner aggression. While it is limited in its number of specific theories which influence current treatment models (Lawson, 2015) this model is useful in applying broad-based categories to areas of DA.

DA, aggression and impulsivity share common features; DA and aggression cross over several theoretical perspectives, while impulsivity taps into a number of dimensions of an individual. By approaching this PhD in a similar way, via looking at multiple factors of a phenomenon, a fuller picture of the multiple layers of aggression and impulsivity in DA risk can be obtained.

#### 1.4 Risk Assessing

Risk, in terms of forensic psychology, is considered to be the probability of harm occurring to others (e.g. Towl & Crighton, 1996). In forensic work on offenders predicting future crime and managing offender risk is done via risk assessment, which, in general, firstly involves estimating the possibility of a particular (negative) event taking place, and secondly judging the "acceptability of the level of risk estimated" (Towl & Crighton, 1997, p. 188). In terms of aggression, risk assessment is a speculation about aggressive acts a person may commit, and then determining steps that should be taken to prevent those acts, to minimise their negative consequences (Kropp, Hart, Lyon, & LePard, 2002). The process of assessing risk involves measurements of offenders on several key variables that are empirically known to increase the likelihood of them

committing an offence (e.g. Singh, Grann, & Fazel, 2011). A main objective of using risk assessments is to characterise the risk an offender poses so appropriate action can be taken to minimise the risk to themselves and others, such as imprisonment or a treatment programme; according to Kropp et al. (2002; also see Hart, 1998) “risk assessment has been defined as the process of speculating in an informed way about the aggressive acts a person may commit and determining the steps that should be taken to prevent those acts and minimise their negative consequences” (p. 147).

The items within a risk assessment are known as risk factors and separated into static and dynamic factors (Andrews, Bonta, & Wormith, 2006; Bonta, 1996). Static factors are historical and unchangeable such as gender (Harris, Rice, & Quinsey, 1993; Lattimore, Visher, & Linster, 1995), and dynamic factors are current and changeable such as substance abuse (Gendreau, Little, & Goggin, 1996; Melton, Petrila, Poythress, & Slobogin, 1997), impulsiveness, and problems in interpersonal relationships (Douglas & Skeem, 2005). A further division can be done for dynamic factors, whereby there are stable, enduring factors over a long period of time, such as alcoholism, and acute factors such as access to the victim, which can change quickly, within hours or days. A risk factor that frequently arises in the literature in terms of violence risk is past history of violent behaviour (e.g. Andrews et al., 2006; Bonta et al., 1998), while another important risk factor is psychopathy, which has been shown to consistently contribute to violence prediction (Hemphill, Hare, & Wong, 1998; Walters, Duncan, & Geyer, 2003), as well as antisocial personality disorder (Bonta et al., 1998).

#### 1.4.1 Risk Assessing DA

Rapid intervention in cases of DA is vital in protecting victims and their children from future attacks. Playing an important role in this are the healthcare professionals who come into contact with either the victims or the children for seemingly unrelated health reasons: their role involves being vigilant to any possible indicators of abuse, and remaining alert to any associated risks (Du Plat-Jones, 2006). Forms of doing this have been suggested by the Department of Health Domestic Abuse resource manual (2017). The manual suggests signs of DA, and that victims have difficulty in raising the issue of their abuse and so it is important that the healthcare professionals take a proactive approach. According to Taket, Wathen, and MacMillan (2004), the primary healthcare services in the UK see over 90% of the population within five years, therefore the potential contact with a DA victim is likely, hence a preparation for screening is important. On visiting their General Practitioner (GP) and Accident and Emergency



department, which is found to occur more frequently than normal, it has been reported that women are often not screened for DA (Ahmad, Ali, Rehman, Talpur, & Dhingra, 2016; Davidson et al., 2001; McGarry & Nairn, 2015). A reason for this is that healthcare professionals lack the confidence and skills to recognise DA and respond appropriately (Edin & Högberg, 2002; Lazenbatt & Thompson-Cree, 2009; McCloskey & Grigsby, 2005), therefore appropriate tools in measuring DA risk that can be used effectively by a wide range of practitioners is essential.

From a forensic psychology perspective Whittemore and Kropp (2002) offer five basic principles in risk assessing DA, and will be discussed later in this section regarding how it will contribute to the work of this project; the principles state that risk assessments:

- 1) Should employ multiple sources of information.
- 2) Should consider risk factors supported in the literature.
- 3) Should be victim informed.
- 4) Can be improved using tools or guidelines.
- 5) Should lead to risk management.

Furthermore, there have been several studies that have identified certain risk factors for DA and developed risk assessments, for instance the USA-based Danger Assessment (DA; Campbell, 1995), which is a victim-perception tool and also uses a calendar to assist victims in identifying frequency and severity of abuse; the Spousal Assault Risk Assessment (SARA; Kropp, Hart, Webster, & Eaves, 1999), which is a multi-perception tool and requires assessment of the perpetrator directly as well as the victims, the SARA does include measures of aggression and impulsivity within it; the Domestic Violence Screening Instrument (DVSI; Williams & Houghton, 2004), which again is a multi-perception tool but it does not assess aggression and impulsivity of the perpetrator. Whittemore and Kropp (2002), based on a review by Dutton and Kropp (2000) of the several existing DA risk assessments (e.g. Kropp & Hart, 2000; Pence & Lizdas, 1998; Roehl & Guertin, 1998; Sonkin & Durphy, 1997; Straus, 1991), suggest the following factors as most important in considering risk in DA, and which was noted as having extensive consensus in the literature,:

- a) History of violent behaviour towards family members, acquaintances, and strangers.
- b) History of physical, sexual or emotional abuse towards intimate partners.
- c) Access to lethal weapons;

- d) Antisocial attitudes and behaviours, and affiliation with antisocial peers;
- e) Relationship instability, especially if there has been a recent separation or divorce;
- f) Presence of other life stressors, including employment/financial problems or recent loss.
- g) A history of being the witness or victim of family violence in childhood.
- h) Evidence of mental health problems and/or personality disorder (i.e., antisocial, dependent, borderline traits);
- i) Resistance to change and motivation for treatment; and
- j) Attitudes that support violence towards women.

Specific to this thesis is item 'h', where assessing mental health problems or personality disorder is of importance to DA risk; indeed Whittemore and Kropp (2002) elaborate on this point further, maintaining that psychological testing, when possible, provides valued information on specific aspects of the abuser and could, "address specific traits such as anger and impulsivity vital to the assessment of risk" (page 124).

In addition, Whittemore and Kropp's third principle highlights the importance of using victim information, as victims are reported as providing some critical information that could be missed in an examination of just the offender.

Research has found that the process of risk assessment with victims is viewed positively (Armitti & Robinson, 2007) as it values victims' opinions and perceptions and has been said to be empowering (Robinson, 2011). In a study by Howarth, Stimpson, Barran, and Robinson (2009) a victim reported that the risk assessment was very helpful, challenging her perceptions and allowing her to admit the danger she was in. A common tool to do this is therefore essential as it can enable discussion and work toward "the shared goal of violence prevention" (Robinson, 2011, p. 127). However, other work has shown the limitations of DA risk assessments with victims as some victims have been found to underestimate their level of risk (Campbell et al., 2001). Witte and Kendra's (2010) study found that DA victims show deficits in danger recognition in physically violent dating situations through an experiment with video vignettes. A study by Cattaneo and Chapman (2011) examined practitioners' current thinking and practice in risk assessment with victims and found that some victims are said to minimise their risk during their assessment, which may be connected to victim fears of having their children removed if risk is deemed high. Therefore a balance between uses of victim perceptions alongside other sources is seen as necessary, hence supporting Whittemore and Kropp's first principle of employing multiple sources.

### 1.4.2 Established DA Risk Factors

As already discussed, there have been several studies that have identified certain risk factors for DA, and developed risk assessments, for instance the Danger Assessment (DA, Campbell, 1986; 1995), the Spousal Assault Risk Assessment (SARA; Kropp et al., 1999), the Domestic Violence Screening Instrument (DVSI; Williams & Houghton, 2004), and the currently used DASH-RIC tool (Howarth et al., 2009). The widely used DASH-RIC (described in Section 1.1) enables practitioners to assess the severity of their partner's abusive behaviour by assessing risk factors to indicate the overall risk. It was developed by reviewing empirical research literature, retrospective DA homicides, serious injuries that took place in the UK and elsewhere, and via consultation with victims and practitioners (Richards & Baker, 2003; Robinson, 2004). From this a mixture of static and dynamic risk factors are grouped into three specific areas, the perpetrator's behaviours, the characteristics of the current incident as well as the context of the case (Robinson, 2011), Table 1 outlines these risk factors.

The DA charity Safelives (2015) propose that, with the combined approach of using the DASH-RIC tool with IDVAs and MARAC meetings, over 60% of the victims say that the abuse stops, 71% of victims said they felt safer and 69% of victims said their quality of life had improved. This suggests the combined strategy for tackling DA is working for the most part, yet only when the victim has been identified in the first place.

Nevertheless the tool has limitations; these include its primary focus on physical assault than on non-physical forms of abuse, such as CC (Coy & Kelly, 2011); evidence of reliability and validity is called into question with some risk factors in comparison to others, such as abuse of pets (Robinson, 2011); there is ambiguity of using the term 'risk,' as this might mean different things to different people, including future violence, homicide, emotional harm, harm to children, and harm to themselves (Robinson, 2011), but this is said to be due to lack of distinctions made in practice and research (Howarth et al., 2009). Other criticisms are concerned with how each item has equal weighting but has very different content in terms of risk (McManus, Almond, & Bourke, 2017); weighting of items appropriately is understood to be a distinguishing feature of a robust actuarial risk assessment (Woods & Kettles, 2009). In addition, it has been argued that some of the risk factors were drawn from homicide research rather than from a full array of DA (Hilton et al., 2003; Hoyle, 2007) showing a potential imbalance in reflecting the reality of DA risk.

Table 1. Risk factors of DA used within the DASH-RIC tool.

<b>Perpetrator's Behaviours</b>	<b>Characteristics of the Current Incident</b>	<b>Context of the Case</b>
Previous violent incidents	Injuries caused	Whether the victim and perpetrator have separated
Stalking or harassment behaviours	Use of weapons	If the victim is pregnant
Substance / alcohol use	Escalation of the violence	Situations involving child contact
Sexual abuse	Threats to kill	Whether the victim has become isolated from family and friends
Whether they have hurt animals	Victim was strangled/ choked	The victim's mental health i.e. depression/suicidal thoughts
Mental health issues and threats of suicide	Victim is frightened	Financial issues between the couple
Jealous and controlling behaviours	Victim is afraid of further injury or being killed	Victim afraid of harm to children
Threats to kill children, other partner or other people		
Criminal record for domestic violence		
Financial issues		

In the first large-scale validation of the individual risk factors contained within the DASH-RIC tool, only four of the 25 individual risk factors used were found to show significantly increased risk of DA recidivism, these factors were “criminal history”, “problems with alcohol”, “separation” and “frightened” (Almond, McManus, Brian, & Merrington, 2017). Consequently, the choice of risk factors to place within the risk assessment is imperative to the rigour of the tool (Hoyle, 2008), with further research into other risk factors being suggested (Robinson, 2011).

When evaluating the DASH-RIC tool against Whittemore and Kropp's (2002) five basic principles in risk assessing DA, there are two evident weaknesses. Firstly, whilst

the DASH-RIC contributes to the MARAC conferences, who use multiple sources in their decision making, the tool itself does not obtain multiple sources of information, and solely relies upon adult victim perceptions. Children are currently not included in a risk assessment process as a standard, yet the charity Safelives suggests that their voices should be heard, when appropriate, during the MARAC process (Safelives, 2016). The MARAC links together with Local Safeguarding Children's Boards (LSCBs), therefore it is those agencies within the LSCBs who will use differing methods or tools to ensure the children are listened to. From a risk assessment perspective this could be criticised in terms of its inconsistency, as there is one DASH-RIC tool to be used across all adult victims yet there is no equivalent type of standard measure, tool or approach for children. The SARA risk tool (Kropp et al., 1999), used in the UK criminal justice system, uses multiple sources, including victim and perpetrator accounts with items on anger and impulsivity; however for family practitioners its involvement of the perpetrator would not be feasible considering a risk assessment for a victim is focused upon their safety. The USA's Danger Assessment (DA) is used in a similar way to the DASH-RIC tool, focusing on victim perceptions and their safeguarding using yes/no questions regarding their partners' behaviours, and it includes a further source from victims, asking them to mark in a calendar the frequency and severity of the violence. In both the DASH-RIC and the Danger Assessment, while they consider many risk factors supported in the literature, many are still omitted. For example if the DASH-RIC risk factors provided in Table 1 are compared to the ones found to be important in Whittemore and Kropp's (2002) list, there appears to be a lack of emphasis on identifying the personality problems of DA perpetrators, which could include aggression and impulsivity. Establishing whether other risk factors, previously unconsidered in victim-perception risk assessments, could also be measured appears to be an important way forward in improving the accuracy of such tools.

### 1.5 The Current Project

This chapter has provided a comprehensive literature review in relation to DA, risk, and the effects on both adult and child victims, as well as reviewing the theoretical underpinnings of both aggression and impulsivity, arguing for a multifactorial approach. In addition, given the pertinent history of DA research, this thesis adopts the stance of feminism within this multifactorial approach. Feminist research has played a key role in informing DA policies and practice in the UK (Hanmer and Itzin, 2013), and through conducting this literature review it has become increasingly evident to the researcher

regarding the significance of the structural barriers faced by victims in terms of recognising, acknowledging, reporting, and leaving abusive relationships. All of which will be considered whilst seeking to explore and identify the additional individual factors that may inhibit or facilitate these processes. It is particularly the work of Stark (2007) on CC that has strengthened the outlook of this thesis in terms of these underlying power structures, on both macro and micro levels, within relationships. This is supported by Bograd (1988, page 14) who asserts that “the reality of domination at the social level is the most crucial factor contributing to and maintaining wife abuse at the personal level.” However, this thesis is one which is also embedded within a forensic psychological perspective, seeking to explore the psychological factors relevant to victims’ assessment of personality constructs within their abuser. Therefore, the researcher acknowledges that whilst a DA victim and their perpetrator are a part of societal structures living within a patriarchal society, they also have internal and individual characteristics that provide explanations regarding why not every victim or perpetrator behaves in the same way. Feminist scholars have been found to similarly support this position, arguing against the dismissal of psychological theories, but instead to interpret them against an environment of unequal gender relations (Wendt and Zannettino, 2014).

The literature review highlighted gaps in relation to safeguarding families and use of risk assessment tools, particularly in terms of the potential contributions an understanding impulsivity and aggression could make from a victim’s perspective. Exploring these gaps and understanding the connections between victims’ experiences of, and how they manage, risk of DA is considered to be essential if we are to rely on their accounts in a risk assessment process. Finally, with such devastating effects of DA on children, a further gap identified in this review has been around the potential contribution they could make in terms of assessing risk of harm, to ensure their voices are heard. All of which will be explored through use of mixed methods within this thesis, and will be covered in the following chapter.

## Chapter 2: Methodology

This chapter focuses on the underlying rationale for the three phases of study, further details and description of the methods used will be outlined in the subsequent chapters.

### 2.1 Aims and Objectives

Impulsivity and aggression theories appear to link with many DA perspectives, suggesting that assessing such levels in perpetrators might aid the identification of high-risk adult and child victims. Indeed, if this is the case then there is a gap in knowledge regarding whether the victims themselves may recognise key personality constructs, such as impulsivity and aggression, in their partner, or abusive parent, within a risk assessment tool. Using three phases of study, this thesis aims to make an original contribution to knowledge by exploring, from a DA victim/survivor perspective, the experience of risk in DA and any interactions with impulsivity and aggression in the perpetrators.

### 2.2 Research Questions

#### **Research Question One (RQ1)**

*What is the experience of risk in DA for victims/survivors?*

As has been discussed in the previous chapter, a primary concern in protecting victims and their children from harm from a DA perpetrator is to assess risk. Because this thesis is exploring victim/survivor perceptions it is essential that a thorough understanding of their experiences of risk are understood from their own perspective. It is well established that risk in general terms relies on personal experience, "risk perception is...highly dependent upon intuitive and experiential thinking, guided by emotional and affective processes" (Slovic, 2016, p. xxxi). Therefore, in DA victim/survivors this should be especially pertinent in guiding our thinking regarding what is important to them during the abusive relationship regarding their risk perceptions. In addition, risk assessing for victims is not done in isolation, victims experience risk within the context of being abused and therefore an exploration of the effects of abuse on the victim in light of risk assessing are also important.

#### **Research Question Two (RQ2)**

*What are the theoretical relationships between victim observed aggression, impulsivity and DA experience?*

While there is research to suggest the indirect relationship between aggression and impulsivity (Barratt et al., 1994; Smith et al., 2006), as well as showing these are

implicated in DA (Arias et al., 1987; Shorey et al., 2011; Tweed & Dutton, 1998), there is a gap in knowledge regarding whether these relationships are repeated in DA victim observations. Victims are said to be attuned to the micro-movements of the perpetrators (De Becker, 1994; Hart & Gondolf, 1994; Weisz, Tolman, & Saunders, 2000) and so their observations, via in depth interviewing and use of standardised measures, will be key to understanding the interplay of the above constructs.

### **Research Question Three (RQ3)**

*Are the above relationships predictive of risk in DA?*

This thesis is exploring whether higher levels aggression and impulsivity in perpetrators of DA are associated with risk of harm, therefore this question seeks to further understand the theoretical relationships from RQ2 in terms of victim experience. Relationships will be analysed between the victim/survivors' observations of aggression and impulsivity, in relation to their experiences of DA, either via their accounts in interviews, or via statistical data to build a picture of these constructs from the victims' perspectives.

### **Research Question Four (RQ4)**

*Are victims/survivors able to identify aggression and impulsivity and the risks these present to themselves and their children?*

Finally, this question is focused upon whether the victim or survivors are mindful of the constructs of aggression and impulsivity, and whether they are able to make links with the risks they perceive. Particularly within the qualitative phases of this thesis, it will be important to recognise the levels of perception and awareness survivors have regarding risk and in understanding the perpetrators' characteristics. This will indicate the level of potential accuracy they may have in assessing them in a more formal way during risk assessment procedures.

## **2.3 Cross-Discipline Research**

The use of cross-disciplinary research offers new perspectives in current real-world, and socially complex, problems (Jeffrey, 2003), this is done by synthesising and modifying the disciplinary approaches (Graybill et al., 2006). This thesis blends the knowledge and skills of forensic psychology, in terms of research on aggression, impulsivity and risk assessments, with the practitioner focus of children and family social



work in order to advance knowledge of and potentially improve practice based tools that are currently in use.

Specific challenges are faced in cross-disciplinary research; with each discipline having its own diverse way of problematising issues, as well as their own use of language, methodologies, and assumptions (Haddad, Rowsell, Gee, Lindstrom, & Bloom, 2006). Cross-discipline researchers must employ extra time to understand and appreciate these differences and other nuances; a particular difference in this study is the need for a depth of understanding of vulnerable client groups from a social work perspective, of which the experience from a psychological perspective will certainly differ. This study approaches these challenges via extensive communication between the disciplines to deepen understanding, and secondly by the use of framing to assist in recognising and appreciating differences in the disciplines, and to explore those differences in a constructive way (Dewulf, François, Pahl-Wostl, & Taillieu, 2007).

From a forensic psychological perspective, this thesis has synthesised current knowledge around multidimensional and multi-factorial models of aggression and impulsivity, paying particular attention to a DA perpetrator's aggressive and impulsive behaviours. These are from a biopsychosocial perspective with predominant use of quantitative methods. Both constructs have been found to relate to DA, underlying the vast array of theories on DA perpetration. From this synthesis, and the literature suggesting DA perpetrators have higher levels of aggression and impulsivity, it was intended to explore how this related to risk for the victim and their children, to potentially expand knowledge in the usefulness of victim perception in terms of risk assessments used by family practitioners. Furthermore, there is extensive knowledge from forensic psychology on psychometric tests and risk assessing violent perpetrators, including DA. The additional children and family social work perspective within this thesis is based in social science research, with an emphasis on informing social work practice. Such practitioners currently use the victim-perception risk assessments to help safeguard the DA victims and children, and so it is vital for this thesis to incorporate the social work perspective, particularly in terms of how practitioners utilise a risk assessment, and what part it plays in safeguarding and understanding risk to children. Specifically, social work based tools and methods of talking to victims and families about DA will provide an invaluable contribution in terms of rapport building, play therapy, debriefing, and empathic listening and researching.

## 2.4 Methodological and Philosophical Framework

Through an understanding of the complexities of DA this research sought to utilise the most appropriate and ethical methods in how to understand the issues of victim perceived risk and their understandings of aggression and impulsivity in DA. Recognising the ontological and epistemological approaches that best supports the research being carried out is crucial in research. This thesis is guided by methodological pluralism (Roth, 1987; Sayer, 2000), where using a combination of ontologies allows for a greater understanding of a phenomenon (e.g. Denzin & Lincoln, 2000; Onwuegbuzie & Leech, 2005).

Critical realism is a recent philosophical approach which advocates for methodological pluralism in research. Introduced by Bhaskar (1978), he claimed that reality is stratified and overlaps, with the social and natural world being within three domains: the real, the actual and the empirical. Risk assessments in the field of forensic psychology are generally formulated via use of quantitative methods, where the extensive approach to reality is favoured. However, it is the approach of this thesis that the use of either quantitative or qualitative methods in isolation would be inadequate to answer the research questions on the complex issue of DA, something which requires depth and breadth in its approach, or both an extensive and intensive approach (Sayer, 2000). This is particularly relevant as the focus of the thesis is on victim perception, which naturally requires in-depth, intensive, inquiry and analysis in order to expand current knowledge. Yet extensive work, that attempts to identify any patterns in a larger, quantitative, population, will further enhance this understanding and compliments the traditional approaches used within forensic psychology. Hence the employment of both approaches in a mixed-method design, which were guided by the work of Creswell, Plano Clark, Gutmann, and Hanson (2003).

Figure 2 illustrates the methodological design of this thesis. A multi stage sequential exploratory design (Creswell et al., 2003) was developed to address the previously mentioned extensive and intensive approaches advocated within the critical realist paradigm (Sayer, 2000). This was selected as a way of unravelling the complexities of risk, aggression and impulsivity perceptions of DA victims, and the patterns inherent within them. Creswell et al. (2003) support the use of a sequential exploratory design when the focus of the research is for the exploration of a phenomenon, whereby there is an initial qualitative phase of data collection and analysis with a subsequent stage of quantitative data collection and analysis, where findings from both are incorporated into

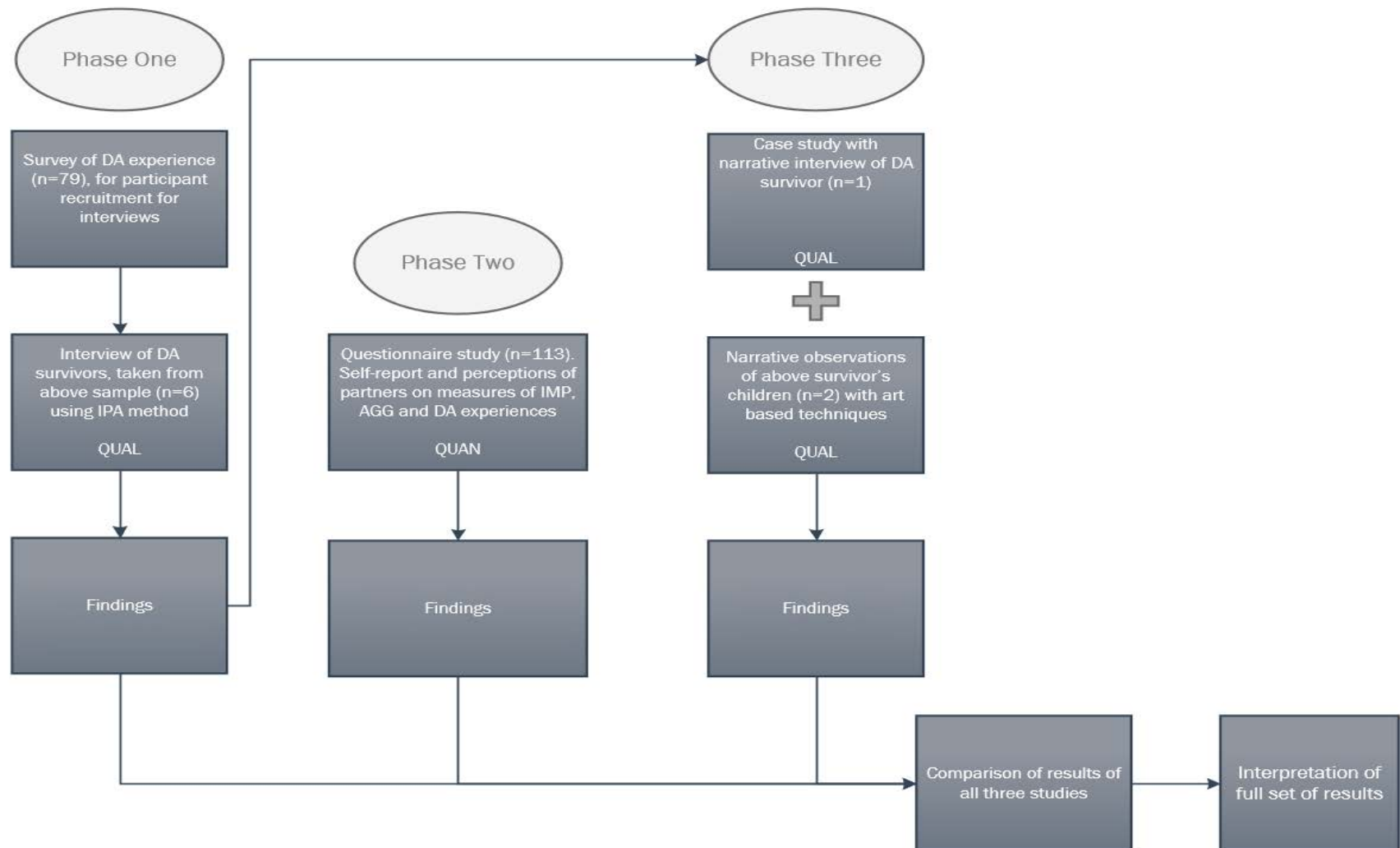


Figure 2. Sequential exploratory design (Creswell et al., 2003)

a final interpretation stage. This thesis included an additional third qualitative phase to this design whereby the findings from Phase One informed the design and focus of the third phase within a different sample demographic. Both phases of qualitative inquiry are grounded in social constructionist epistemologies, which, as Doan (1997) states “honour and respect the community of voices inherent in each individual and how these accounts can be respected within a particular system” (page 131). This allows for a detailed exploration of the phenomena of risk in DA from a victim's perspective. The first phase of study utilised an interpretative phenomenological framework (Smith, Flowers, & Larkin, 2009) with adult DA survivors, emphasising hermeneutics and lived experience, to enable the researcher to derive a rich and in-depth understanding of individual participant experiences. According to Eatough and Smith (2008) this “endorses social constructionism's claim that sociocultural and historical processes are central to how we experience and understand our lives, including the stories we tell about these lives” (page 184). It is suggested that uses of critical realism and phenomenology frameworks should be understood as complementary when combined (Budd, 2012). The narrative inquiry in the third phase of the thesis provided an additional level by taking into account the stories of not only the adult DA victim experiences, but also her children's, within a single family case study.

The quantitative phase of the study addressed extensive approaches to identify patterns across a larger sample of participants, and was also used as a tool for triangulating the intensive research findings from the qualitative studies. Mays and Pope (2000) suggest that triangulation is best seen as an approach to making sure that the data collection and analysis is comprehensive and productive; this allowed for the researcher to seek knowledge in depth and over the many overlapping layers of DA. As Borkan (2004, p. 4) writes: “mixed methods not only expand the toolbox, they also provide the opportunity for synthesis of research traditions and give the investigator additional perspectives and insights that are beyond the scope of any single technique,” this is particularly pertinent for this cross-discipline thesis, one which draws knowledge from differing disciplines to inform practice based tools in safeguarding DA victims.

### 2.5 Ethics and Conducting Research on Sensitive Topics

All three phases of the research were conducted in line with the British Psychological Society's Code of Human Research Ethics (BPS, 2014), and full ethical approval was obtained from the Leeds Trinity University School of Social and Health

Sciences Ethics Committee. Due to the sensitive nature of the thesis as a whole, and the need to conduct research on those who have suffered from DA, the ethics forms were comprehensive in terms of considering the issues of informed consent (and assent in children), withdrawal from the study, protection of participants and researcher, data storage and anonymity.

The topic of DA poses issues in carrying out research; a substantial number of participants needed to explore the topic in depth had direct experience of DA, and its distressing effects, therefore it was essential for the researcher to establish trust and rapport with the participants (Hlavka, Kruttschnitt, & Carbone-López, 2007). Ethics is central to research, and particularly with such a distressing topic area and the involvement of those who have experienced abuse. Therefore, the researcher needed to gain specific awareness of how to conduct this type of research when preparing to ask participants to revisit those experiences. This awareness was essential for the researcher in this thesis whose perspective on conducting the phases of study was to be an empathic researcher, whereby her observations, particularly in the qualitative phases, were not upon the researched as outsiders but rather to understand their actions in a way that an insider would (Bednarek-Gilland, 2015). In terms of the qualitative studies, it has been reported that interviews can have positive effects on participants, "while initially distressing, being interviewed about abuse is more beneficial than harmful for women, due to the therapeutic process of talking about abuse" (Snyder, 2016, p. 605). However, while there are positive reactions and outcomes to sensitive topic research (DePrince & Chu, 2008; Newman, Walker, & Gefland, 1999), phases of study within this thesis remained mindful of certain features that can lead to an increase in levels of distress in participants (Griffin, Resick, Waldrop, & Mechanic, 2003; Parslow, Jorm, O'Toole, Marshall, & Grayson, 2000). This research fully considered this in the planning stages during ethical review, including when recruiting participants, and via an understanding of careful debriefing with participants to mitigate potential distress, as is shown in previous studies with victims of violence (Hlavka et al., 2007).

With particular attention on both qualitative phases of this thesis, issues were addressed regarding the specific participant sample. Firstly, considerations were made regarding the possibility of survivors of DA having issues of vulnerability, due to their experiences. The broad definition of a vulnerable adult is referred to in the Lord Chancellor's Department (1997) consultation paper as someone 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself

against significant harm or exploitation' (Department of Health, Section 2.3, 2000). The latter part of this definition can be applied to adults who are currently, or have been, victims of DA; this is due to how their experiences have affected their lives emotionally. In addition, considerations were made around any underlying, or unknown, vulnerabilities as a direct effect from the abuse they were subjected to, for example chronic health issues, mental health issues, or problem drinking or drug use. Furthermore, the survivors of DA may have been vulnerable as they perceived the researcher and the institution they represented as in a position of power (Glesne & Peshkin, 1992), hence believing they must take part in the study. This is particularly pertinent when considering aspects of any previous CC victimisation they experienced, where their responses to a perceived authority figure were to comply.

Due to the sensitive area of research, it was acknowledged that hearing details of DA and distressing situations could also result in the researcher experiencing secondary traumatic stress (STS), a phenomenon which can be encountered by therapists, social workers and others in helping professions who hear direct stories of abuse victimisation. Figley (1995a) suggests that this is due to listening to stories of suffering, and being witness to terrible experiences that result in a victim's trauma. STS can produce behavioural symptoms similar to the post-traumatic stress disorder (PTSD) that the original victim experienced, and it was therefore imperative that the researcher took steps to understand this phenomenon prior to any data collection, and to put procedures in place to minimise the risk of this occurring.

## 2.6 Barriers to Data Collection

Those potential participants who were still experiencing DA were the most difficult to access and this posed a barrier in collecting data. Reasons for this include their continued experiences of trauma; or because taking part in research themselves and/or with their children may have posed a serious risk if their abusive (ex) partner found out, particularly if they had not been able to acknowledge what was happening to them in terms of the label of DA. A further reason was because gatekeepers (in Phase Three) at DA charities were only willing to allow recruitment of those who had moved forward from their abuser and were now classed as survivors of DA. Therefore all participants recruited for interviews in phases One and Three of the study were no longer with their abusive partners, and had time to begin recovery from the trauma to share their experiences. From a research point of view it is unclear whether this would change the

findings in terms of victim perception, as participants would have had substantially more time to reflect on their experiences.

The inclusion of the quantitative phase of study was a significant factor in countering the problems stated above. This phase of research was available for any member of the general public over the age of 18 to take part anonymously. Through employing this method, and in line with current statistics of DA being experienced by such a large proportion of the population, it enabled the researcher to identify those who self-reported DA, which could have happened in past relationships, but also in present ones, allowing for a broader analysis of experiences of DA as well as comparisons to norms of aggression in other samples.

### 2.7 Phase One Methodology

Qualitative work is a well-known tool in exploratory research, as Griffin (2004) points out, “for some research questions it is the only method that can allow in-depth analysis since it can deal with apparently contradictory data and provide insights into respondents’ perspectives, which may be rendered invisible by quantitative methods” (page 13). This first phase of study laid the foundation of the thesis findings via an in-depth analysis of the experiences of DA survivors. In addition, significant findings from this phase led the researcher to decide upon including a third phase of study as a means of further exploration.

This phase explored survivor interpretations of their DA experience, with particular focus on DA risk, their perceptions of their abuser, and aggression and impulsivity in DA. As the aim was to explore experiences, a phenomenological perspective was adopted where conscious experiences of DA could be captured (Langdridge, 2007). For the purpose of the data collection and analysis interpretive phenomenological analysis (IPA) was used (Smith et al., 2009; Smith, 2010) where the participants are recognised as the expert on the phenomenon of study. To date there have not been any published studies exploring DA survivors experiences of risk using IPA. Some studies have explored DA risk factors via interviews but with a differing focus (e.g. Neill & Peterson, 2014) on abuse severity and perceived risk. The use of individual and particular (idiographic) accounts of experiences are seen as valuable in this type of perspective, which firstly contributes to finding the detail in participant accounts deriving a depth of analysis, while also examining how particular situations and contexts (experiential phenomena) are experienced by particular people (Smith et al., 2009). In addition, IPA’s value is in the involvement of hermeneutics, a philosophical approach

highlighted by Heidegger (1927, 1962) and Gadamer (2008), for example, where the researcher engages with interpretation of the accounts given by the DA survivors. This sense-making of experiences by participants enriches both the participant's own understanding of their various thoughts and cognitions but also enables the researcher to engage in interpretation also. IPA is discussed further in Section 2.7.2.

### 2.7.1 Participant Sample

The research questions focus on victim's perceptions of risk in DA, and how their perceptions of their abuser, in this instance of their aggression and impulsivity levels, might contribute to risk assessments used with victims of DA. It is essential to therefore explore these perceptions with DA victims themselves. The participants were derived from a convenience sample of Level 5 male and female undergraduate students at Leeds Trinity University, these students were asked to complete a short survey about DA experiences, and from this those students who answered that they had experienced DA from a partner, and were willing to be interviewed, were selected. Two cohorts were selected from the Violence in the Family module (Children, Young People and Families programme), and a Research Methods module (Psychology programme). This sampling technique was chosen for its ease of access to a large group of people in the time frame available, in addition an undergraduate student sample reflects current age group trends in prevalence of DA, since younger women and men, in the 16-24 age group, are said to be most at risk of DA (ONS, 2014).

It could be said that such a sample comes with biases, in terms of undergraduate students this means they do not represent the general population, and in terms of the course they are on (Children, Young People and Families and Psychology) it could mean their levels of awareness, and ability to critically assess DA experiences, may be more advanced than a non-student recruited via probability sampling for instance. However, for the purpose of this study, which is looking to recruit DA survivors to hear about their experiences in general of DA, their contributions were deemed to be just as valuable. It could be argued that students with past experiences of DA might have chosen a degree course in such subjects to help them understand their own experiences and assist their personal growth after such personal history. As a qualitative study it is not seeking to represent generalisations on a wider level, but to increase the depth of understanding of the phenomena.



### 2.7.2 Interpretative Phenomenological Analysis

As the aim of this study was to explore experiences of risk in DA, a phenomenological perspective was adopted where conscious experiences of DA were captured (Langdridge, 2007). For the purpose of the data collection and analysis interpretive phenomenological analysis (IPA) was used (Smith et al., 2009) where the participant is classed as the expert on the phenomenon of study. IPA encompasses the detailed exploration of participants' 'lifeworlds'; their experiences of a specific phenomenon, how they make sense of these experiences, and the meanings they attach to them (Smith, 2004). Exploration such as this will assist in understanding how risk in DA is understood and experienced. The limitations of IPA are with its inability to be replicated (Smith, 2010), but for the purpose of the current research it is still deemed the most appropriate technique for the research question and its desire for in-depth understanding of an individual's experience, for which they are the expert.

As a means of analysis this technique is intellectually connected to hermeneutics and theories of interpretation (Packer & Addison, 1989; Palmer, 1969), where IPA involves a double hermeneutic: "The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2003, p. 53). IPA is an idiographic technique, meaning it will focus on the particular, by grasping the meaning of something for that one given person, and then similarities and differences will then be analysed between the participants afterwards. This means that only a small sample is required as importance is placed on the depth of analysis where patterns can later be drawn from the particular. The IPA technique also uses a useful strategy from the phenomenology tradition (Husserl, 1913) called bracketing, which is a conscious setting aside of the researcher's own experiences, preconceptions and assumptions of the participant and the phenomenon of study whilst interviewing and analysing. This is helpful as it reminds the researcher of such interference and helps them to be aware of it, and attempt to reduce it as much as possible, in order to concentrate only on the perceptions and experiences of the single participant.

Narrative analysis was also considered as a technique, which is said to share some theoretical overlap with phenomenology (Smith et al., 2009). However, it is thought that whilst the exploration of a narrative told by the participant (Hydén, 1997) and how they place themselves within the story (Riessman, 1993) would produce some interesting findings, it was considered that IPA in the first phase in the thesis would provide a deeper analysis concerning participants' lifeworld of, and experiences of, risk in DA via the

practice of interpretation used by the researcher, generating further knowledge for subsequent phases of study in the thesis.

### 2.7.3 Validity and Quality

Unlike quantitative studies, qualitative research focuses upon personal experiences of phenomena, with smaller numbers of participants. Quality and validity is just as important however, and consideration of how to reflect this in qualitative work has been discussed by Lucy Yardley (2000), who suggests four criteria, will be discussed in this section in terms of the current study. These criteria are: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

#### *Sensitivity to context*

Qualitative research should demonstrate its sensitivity to context, according to Yardley (2000); one such way is via ensuring the study is sensitive to the research literature currently available in the area. This first phase of study follows an extensive synthesis on the literature on DA, the debates between the perspectives, how risk is perceived and measured, alongside the psychological literature around impulsivity and aggression. Such knowledge gathering enabled the researcher to build a substantial picture of the phenomena to ensure the care and consideration of participants, particularly in terms of their extremely traumatic experiences. This was treated as paramount and provided context to the findings of the literature thus far. Such knowledge also enabled the researcher to have a deeper understanding of abusive situations and improved her ability to use empathy skills, therefore removing elements of shock or surprise that might have impeded the interviews, as well as potentially upsetting the participants.

An additional way of showing this study is sensitive to context is via the analysis section, where, within IPA, it is common practice to use “considerable number of verbatim extracts from the participants’ material to support the argument being made, thus giving participants a voice in the project and allowing the reader to check the interpretations being made,” (Smith et al., 2009, p. 180-181). This phase of study uses an extensive amount of quotes in order to convey how the researcher made links between her interpretations of the interviews and produced the superordinate themes.

Finally, especially with such a sensitive topic area, it is important to acknowledge the rigorous ethics procedure undertaken in the study design. In keeping with university ethics procedures sensitivity to the participants' needs were prioritised, such as in setting up a pre-interview meeting where rapport was established, as well as giving them space

to find out more about the study and ask any questions, also with the use of a debrief immediately after the interview the participants had further space to reflect on the process and become mentally prepared to leave the room and return to their day.

### *Commitment and Rigour*

Commitment, according to Yardley (2000), involves having a "prolonged engagement with the topic...the development of competence and skill in the methods used, and immersion in the relevant data" (p.221). As already touched upon in the previous section, this study has shown commitment to the topic via extensive knowledge gathering prior to designing the study, the design was then committed to ensuring attentiveness to the participant during data collection (Smith et al., 2009), using care and consideration via the idiographic approach towards them as individuals with differing stories and backgrounds. In displaying this commitment, the researcher developed new skills in interviewing via close consultation with an experienced supervisor on sensitive interviewing techniques, as well as comprehensive reading on the IPA methodology. A commitment within practicing the IPA method was for the researcher to have confidence in her ability to understand how best she works, and her choice to use a computer based analysis method to practically suit her skills and learning style.

In terms of rigour, the study should show completeness of the data collection and analysis (Yardley, 2008), this was done via use of quotes to illustrate how the findings were reached. Rigour was shown by ensuring a depth and breadth of analysis; in IPA it is important to engage idiographically with the data, so while central themes across participants is discussed, there are also areas where differences between participants are explained and interpreted within the contexts of their lived experience. While in interviews there is the expectation of probing participants for further information, and "digging deeper" in terms of picking up on cues from participants, the researcher was acutely aware of the sensitivity of such a topic for them, and made informed choices throughout the interview as to when to refrain from such further probing, which may have been unwanted or distressing for the participant.

### *Transparency and Coherence*

The third criteria focuses upon the transparency and coherence of the study, for Yardley (2000) this considers the "the rhetorical power or persuasiveness - of the description and argumentation" (p.222). In IPA this is shown via a detailed description of how the participants were recruited, as well as discussing the construction of the interview

schedule (Smith et al., 2009). To show clearly how the analysis was developed, tables and diagrams are displayed, which give visual representations of the researcher's findings to aid in the transparency also. Yardley points towards the quality of the narrative of the argument, this is delivered in this study by a comprehensive exploration of each superordinate theme using quotes, and then followed in a separate section which theorises each of these. The IPA literature suggests keeping the phenomenological analysis and the theoretical literature separate, where the interview data of lived experience should be centre stage, but also because the researcher wants to ensure the interpretations can be understood in terms of the particularity and texture of the experience for the participants (Smith, 2011, p. 21). The double hermeneutic aspect of IPA can therefore be reflected by doing this, as it concentrates on the participant's lifeworld in its own terms, rather than immediately imposing the theoretical perspectives on it. Following the interpretation of the lived experience, a discussion section theorising the findings provides clarity, enabling the narrative of how they fit within current literature and where specific new areas have been revealed. In addition, using critical reflection contributes to transparency and coherence, in that it explains the researcher's position and experiences in the context of the study.

### *Impact and Importance*

In this criteria Yardley (2000) asserts the enrichment of understanding is necessary for the study to be of good quality. Current understanding of DA risk assessment via victim perceptions is limited in the area, particularly concerning their potential abilities to identify within the perpetrator the known high risk constructs of aggression and impulsivity. Improving responses to DA in terms of identifying those at most risk of further harm is of obvious importance. Therefore the contribution of this particular study is in its provision of a depth of understanding of a survivor's lived experience, as well as their own perceptions of their abusive partner, these understandings will potentially increase the knowledge required to inform risk assessments and improve their accuracy.

### 2.8 Phase Two Methodology

This second phase of the research used quantitative methodology as a means of exploring patterns in a wider population using questionnaire data based on self-reports and perceptions of partners in terms of aggression, impulsivity and DA experiences. By using the precision of quantitative methodology alongside the rich detail derived in the

qualitative method of Phase One it is possible to triangulate findings. Risjord et al. (2001) suggests that findings from quantitative and qualitative phases can establish corroboration with each other facilitating conclusions to be more robust than whether either of the sources of data could support alone (McEvoy & Richards, 2006).

The use of questionnaires is said to be central in measuring psychological constructs (e.g. Kagan, 2007; Robins, Tracy, & Sherman, 2007; Vazire, 2006); and the measurement of the constructs of aggression and impulsivity are vital in terms of developing this thesis. Both constructs have been extensively examined in the research literature and there are standardised measures which will be used that are already in existence, and covered in Section 2.8.2. However, these are all regarding self-reports of impulsivity and aggression. Of importance for the current study is the need to gain an understanding of the participant's partner, which is relevant to how a victim perceives their partner's risk. To do this it was deemed appropriate to use standardised self-report tools and also transform them into informant tools. In general terms, research has found that those who observe target individuals do have an ability to judge their personality (Funder, 1989; Hogan, 1998; Moskowitz, 1986), hence informant tools are considered an indispensable tool in this kind of research (John & Robins, 1993). Furthermore, and of importance for this study, it is said that when the informants know the individual well results have been shown to be stronger (McDonald, 2008).

However, there are certain issues with questionnaire use which have also been taken into consideration. Response biases, where people view themselves more positively, or even more negatively, can occur (John & Robins, 1994) and presents a problem for researchers when attempting to ensure the respondent's accuracy of their own answers when rating themselves. In addition a common occurrence is socially desirable responding (Paulhus, 1991), including acquiescent responding and extreme responding. All of which have been considered and countered as much as possible in the design of the study. This has been done via use of standardised measures showing good reports of validity and reliability (outlined in section 2.8.2). In addition, through ensuring anonymity of participants verbally by the researcher, and further assurances in instructions in the response booklet and information sheet, it is hoped their responses will reflect their true assessment of themselves and their partner.

### 2.8.1 Participant Sample

Consistent with previous research on effect size, a convenience sample between 100-150 male and female participants were required and approached and asked to

complete the questionnaire. The sample of participants were a blend of students from Leeds Trinity University and from the general population. As previously mentioned in Section 2.7.1 those in the 16-24 age bracket are at a high risk of DA victimisation and therefore a university undergraduate population was considered appropriate to form half of the sample. Eligibility criteria was that participants needed to be over the age of 18 and to have had at least one intimate relationship (past or present) in their lifetime for them to report on. Again, due to the statistics available on DA victimisation it was decided that by not asking only DA victims/survivors to complete the questionnaire, and leaving it open for anybody to complete it, would firstly reveal victims otherwise inaccessible to the researcher, who may not have come forward to complete the questionnaire if they had to label themselves as a victim/survivor at the outset. Also, it enabled an array of DA experiences, ranging from none to extreme, allowing for statistical comparison.

### 2.8.2 Measurements of Impulsivity, Aggression and Domestic Abuse

#### *The Barratt Impulsiveness Scale*

The Barratt Impulsiveness Scale (BIS-11, Barratt, 1985; Patton & Stanford, 1995) is the most commonly used instrument for assessing impulsiveness, there has been numerous versions, with the current one being the 11th, and has been reported to possess both reliability and validity (e.g. Carrillo-de-la-Pena, Otero, & Romero, 1993; Patton & Stanford, 1995; Stanford & Barratt, 1992). The intention of this measure is to identify individuals who are impulsively aggressive in forensic, clinical, and general populations. The BIS-11 identifies three components, Cognitive Impulsiveness, such as making quick decisions, Motor Impulsiveness, such as acting without thinking, and Non-Planning Impulsiveness such as lacking forethought (Barratt, 1985). With regards to the current study the BIS maps on to the Buss-Perry Aggression Questionnaire (BPAQ) (outlined below), particularly with regard to identifying short-tempered and volatile impulsive aggression in intimate relationships (Seroczynski, Bergeman, & Coccaro, 1999).

The BIS-11 consists of a 30 item questionnaire. Using a four point Likert scale (1 = rarely; to 4 = almost always), respondents are asked to rate how often they think and act in particular ways. A recent review of the scale showed it had good internal consistency and test-retest reliability where Cronbach's alpha was .83 (Stanford et al., 2009). Within that study the authors also confirmed that for individuals who score 72 or above should be classified as highly impulsive. Impulsivity as a construct has been found to be related to impulsive aggression, the type of aggression which is reactive, volatile and short-tempered, as opposed to premeditated and less impulsive aggression

(Seroczynski, Bergeman, & Coccaro, 1999). The BIS-11 has been correlated with a history of aggression (Coccaro et al., 1989), and there is evidence in the use of the current and previous versions of the BIS-11 that impulsivity may be an important risk factor of DA. A study on spousal violence found significant correlations between the BIS-11 and violent prisoners (Edwards et al., 2003), which is consistent with other research (Smith & Waterman, 2003) as well as a study conducted by Barratt (1994) where prison inmates with high levels of impulsive aggression scored highest on the Impulsiveness scale.

#### *The Buss-Perry Aggression Questionnaire*

The Buss-Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992) derives from the popular Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957), which was revised due to the inconsistent findings and its use of a true-false format. The BPAQ is a widely used measure of trait aggression, for example the measure was used in a study by Smith and Waterman (2006) which was able to distinguish violent and non-violent offenders and undergraduates.

The BPAQ is historically a self-report questionnaire, which comprises 29 items to be scored on a 5-point Likert scale (1 = never or hardly ever applies to me; 5 = very often applies to me) that are in relation to the respondent's behaviour and feelings. Within the questionnaire there are four subscales that measure four facets of aggression: Physical Aggression (nine items), such as, 'I have threatened people I know', Verbal Aggression (five items), such as, 'I often find myself disagreeing with people.' Anger (seven items), such as, 'I flare up quickly but get over it quickly', and Hostility (eight items), such as 'I am sometimes eaten up with jealousy.' all items are then totalled to reveal an aggression score. The Aggression Questionnaire is said to have moderate to high internal consistency (Harris, 1997) and reliability of the scales and the total score (Buss & Perry, 1992), as well as construct validity (Harris, 1997).

#### *The Aggressive Acts Questionnaire*

The Aggressive Acts Questionnaire (AAQ; Barratt et al., 1999) is a 22-item self-report measure. It was originally designed as a tool primarily for research and not for clinical purposes, and aims to assess the respondent's own aggressive acts as opposed to general aggressive behaviours (Barratt, Stanford, Felthous, & Kent, 1997; Barratt, Stanford, Kent, & Felthous, 1997). Barratt and colleagues classified the aggressive acts talked about in semi-structured interviews as premeditated or impulsive. In their preliminary study of this measure Barratt et al. (1999) found that impulsive and

premeditated aggression are independent constructs. Impulsive aggression was characterised in part by feelings of remorse following the acts and by thought confusion, whereas premeditated aggression was related to social gain and dominance.

In using this questionnaire participants are required to identify their most aggressive incidents over the previous six months. Four factors are scored within the questionnaire, those of impulsive aggression, premeditated aggression, mood, and agitation. The AAQ is composed of two scales: an impulsive scale and a premeditated scale. Each question is scored on a 5-point Likert scale (ranging from 1= definitely yes to 5 = definitely no).

The AAQ is included in this study as firstly it specifically investigates the impulsive aggression construct which will complement the use of the BIS and the BPAQ within the questionnaire given to the participants, therefore increasing its construct validity. Secondly, the appeal in using the AAQ is that asking participants directly about their own specific aggressive events in the past six months, rather than asking about their feelings or general traits, could prove to be more informative, as some participants may often feel very angry but not act on those feelings; the use of this questionnaire could help differentiate such participants from those who do express the behaviour. A study conducted by Smith and Waterman (2006) issued a battery of questionnaires to forensic and non-forensic populations which included the BPAQ, BIS and the AAQ, doing so enabled them to differentiate offenders from non-offenders, as well as violent and non-violent offenders, this provides support for the use of the AAQ alongside the BIS and BPAQ.

### *Domestic Abuse Experience*

DA experience was measured with the same questions used for the initial survey in Phase One. The short questionnaire consists of items asking participants whether they have been a victim/survivor of DA, and/or CC, it also asks what effects the abuse has had on them and also if they have been abused by previous partners.

### *Domestic Abuse, Stalking and 'Honour' Based Violence Risk Identification Checklist*

The DA, Stalking and 'Honour' Based Violence Risk Identification Checklist (DASH-RIC; Richards, 2009) is currently being used by multiple agencies to assess (current) victims' perceptions of serious risk of harm, and to assist the agencies in the decision of referring them to the MARAC to help manage the risk to the victim and his/her family. The DASH-RIC tool is used with those working with victims of domestic



violence, for example Independent Domestic Violence Advisors (IDVAs), as well as those in primary care for health and housing. The guidance in the DASH-RIC document places importance on the practitioner, who conducts the risk assessment with the victim, to use their professional judgment when evaluating the extent of the risk of harm. The form asks questions requiring a 'yes', 'no', or 'don't know' answer and there is a box available for any extra comments to be added. The items are not weighted in any way, and if the 'yes' box is ticked fourteen or more times the risk would be deemed high and a referral to a MARAC meeting would be recommended. The guidance notes stipulate that if there are fourteen ticks or less then the practitioner could still recommend referral to a MARAC on their own professional judgment. It appears that the DASH-RIC tool is mostly used to be a uniform measure of risk in DA, for the primary use of practitioners on deciding whether the risk is high enough to refer this to a MARAC. This risk assessment does not take away any professional judgments on those working in practitioner based roles, but it does assist in guiding conversation and ensuring all areas of potential risk are considered.

## 2.9 Phase Three Methodology

Building upon knowledge and results obtained from the first phase, this third stage was a family case study that aimed to explore the accounts of a DA survivor, who was a mother, via the qualitative method of narrative analysis. In addition, to attempt to fully understand experiences in the context of family, particular attention was paid to explorations of risk, and her descriptions of the abuser. This study aimed to also explore her children's' experiences of DA within their family. This included their perceptions of the abuser and the abusive behaviours, and theirs and their mother's responses. This was done via a narrative observation using techniques derived from play therapy, which will be covered in detail in Section 2.9.3. This phase of study enabled the researcher to gain further insight into the family unit, to identify areas of convergence and divergence between accounts and the importance this may have in safeguarding children and families. In addition, further evidence could be derived regarding how DA victims (including children) navigate risk, both in terms of their heightened awareness and how this may or may not be linked with the child, their everyday risk management strategies, as well as how they view the abuser's behaviours regarding their impulsiveness and aggression. Mullender et al. (2002) proposes the need for further research into the experiences of children exposed to domestic abuse, recommending the direct involvement of both children and their carers within research into the area. A small number of studies have

examined the dual knowledge that could be obtained from a parent and child with regards to domestic abuse. For example, Swanston, Bowyer and Vetere (2014) interviewed mothers and children in relation to their domestic abuse experiences using interpretative phenomenological analysis (IPA) and discovered their accounts showed “the crucial importance of the mother-child relationship in shaping children’s experience of domestic violence” (page 184). Peled (1998) conducted naturalistic interviews with both mothers and children regarding domestic violence and suggests the importance of paying attention to the multidimensionality of experiences of violence, particularly in terms of how children might be dealing with differing phases of their understanding. This sheds further light on the importance of the children being able to give voice to their experiences and implies that research on families should involve the children also. It is, therefore, the perspective of this research that children, in families where DA has been present, and are often the hidden victims, should have the opportunity for their voices to be heard. In addition, they should be able to express their own feelings and perceptions (Morris, Hegarty, & Humphreys, 2012), as previously unconsidered key areas may be revealed that could assist in safeguarding future victims.

### 2.9.1 Participant Sample

Recruitment was via purposive sampling, through initial liaison with DA organisations and charities, who run family-wide support groups. Participants were approached with a leaflet about the study and were only eligible to take part if they had experienced DA and had at least one child between the age of three and 14 who would also be willing to also take part in the study. Recruitment of this sample consisted of various stages to ensure both adult and child were able to give their informed consent (or assent in the younger children) before the interview and observations took place. Developing a rapport with the participants is vital for the interview process (e.g. Grieg, Taylor, & Vanobbergen, 1999; Miller & Glassner, 1997; Morse & Field, 1995; Rubin & Rubin, 2011; Wilson & Powell, 2001) and this is even more important when carrying out research with a child. Details of the family who were recruited is in Section 5.1.

### 2.9.2 Narrative Inquiry

A participant narrative is considered to be a representation of their world, a memory of their experience, and an expression of a point of view which is true to that individual of that particular time and space (Jovchelovitch, Bauer, Bauer, & Gaskell, 2002). Using a narrative method for this phase of the study was based upon the

understanding that while it looks at lived experience, it does so by looking at the sequence of events recollected by the participant, and concentrates on a plot (Polkinghorne, 1988). The first phase of study used IPA with DA survivors and the findings alluded to areas of further inquiry, particularly in terms of the survivors' processes of understanding risk and how it may develop. Therefore it was hoped that exploring a participant's narrative, informed by this method, might reflect a further depth in the enquiry of these processes. This is because it aids the researcher in following a sequence of events, and how they might affect the participant's thought and emotion processes.

Using the techniques supported by Bauer and Gaskell (2000), four main phases were used in the narrative interview, Initiation, Main Narration, Questioning Phase and Concluding Talk. According to them it is helpful for the researcher to develop 'exmanent' questions which are the topic interests. These questions are then translated into 'immanent' questions which were constructed during the interview in the interviewee's own language to link to their story. Underpinning these phases was the preparation, which was based upon the researcher's construction of an initial central topic and exmanent questions, which aid the participant in their narration. This was formed within the broadly framed interview schedule, as this was a narrative interview there were very few prompts and questions, however the interview schedule outlined the central topic which was presented before they are asked to tell their story, this is called the Initiation phase. This phase also included reference to use of visual aids, since the interview was focused upon the participant's narrative of her abusive experiences, it was considered helpful that the researcher presented a timeline for the participant to complete, whilst telling their story. This provided the benefit for the participant in that it will aid their memory, as well as aiding the researcher in capturing the story and events in chronological order.

The Main Narration phase is the focus of the participant's story, and therefore had minimal interruptions from the researcher, aside from only non-verbal encouragement to aid participants to continue telling their story, the researcher made some notes in order to use them as prompts for the following stage. In the Questioning phase the researcher attempted to assist the participant in filling the gaps in their story, by asking questions in their style of language, such as asking about what happened before or after for example, but avoiding 'why' questions or pointing out any contradictions in their story.

The final phase was the Concluding Talk and is carried out when the tape recording is switched off. This allows for informal discussions between the participant and researcher, and anything said in this part will be noted down as it may become useful for the subsequent analysis.

### 2.9.3 Narrative Observations with Children

This part of the study was informed by play therapy work (e.g. Axline, 1947; Kottman, 2001; Landreth, 2002; O'Connor, 2001; Schaefer, 2001) which is described as a method of communicating between the child and therapist “on the assumption that children will use play materials to directly or symbolically act out feelings, thoughts, and experiences that they are not able to meaningfully express through words,” (Bratton, Ray, Rhine, & Jones, 2005, p. 376). Observations of child participants and the stories they told were conducted alongside an art or play based task, dependent on the age and wishes of the child. Children were asked to create their world in a sand tray or as a drawing, and to then tell the story of their creation by using open-ended questions (Eiser & Twamley, 1999), with parts of the interview schedule from the adult part of the study being used if deemed appropriate. Rapport building and creating a relationship of trust was a central part of working with the children and was wholly dependent upon the researcher’s skills in its development (Butler & Williamson, 1994). This was also required when developing trust between the researcher and the adult gatekeepers, particularly the charity used and the children’s parent (Morrow, 1998). Taking time was essential to build the rapport, as Morse & Field (1995) explain that with a good level of rapport the interview becomes about “personal sharing with a trusted friend” (p. 90). The rapport building sessions involved the researcher meeting with the family on three occasions where games were played and information was given about the study. During the observations, through use of active listening skills of the child’s interpretation of their creations, details about their internal worlds in relation to their DA experiences was able to come to light. Via analysis of detailed note-taking and photographs of the children’s creations, themes were then developed which shed light on how they experienced risk in DA.

### 2.9.4 Quality in Narrative Studies

Narrative techniques are wide ranging and there is limited scholarly work around assuring quality and validity in them. However, research on qualitative studies in general emphasise the importance of trustworthiness (Lincoln & Guba, 1985).

To establish trustworthiness, prolonged engagement is important and specifies the value of time spent in the field of study to learn the phenomenon of interest (Cohen & Crabtree, 2006). As this phase of research was the final part of the thesis study, the researcher was confident in her understanding of DA risk and victim/survivor experiences. This was partly due to the extensive reading undertaken, but also due to her

contact, interviewing, and in-depth analysis with six survivors from Phase One of the study, as well as attendance at various DA conferences and conversations with other DA survivors who had made contact via Phase Two of the study. In addition, in Phase Three of the study, the researcher had ensured a development of rapport with child and adult participants before data collection took place, meaning at least three separate meetings with them to build trust and enable the participants to feel comfortable with her, allowing for a deeper understanding and appreciation of the context of that particular family. `

Further credibility is gained through persistent observation. Lincoln and Guba (1985) state that “the purpose of persistent observation is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail” (p. 304). Through choosing narrative inquiry in this phase of study, the researcher was able to identify in each participant’s story aspects of importance in the research questions being addressed, allowing for a depth of study. Other criteria important to trustworthiness include triangulation. While triangulation of methods were used between all three phases of study in this thesis, there is further triangulation of sources within this third phase of study, via use of narrative interviews with the parent, and then further narrative observations with their child or children. This undoubtedly enhanced the trustworthiness of the data gathered from these families.

Because the essence of narrative interviewing is based on personal experience and a focus on events and actions (Bauer, 1996) narrative analysis lends itself well to obtaining thick description of a phenomenon. By being able to use this depth of analysis Lincoln and Guba (1985) assert this enables the findings to have external validity and allows for transferability. Trustworthiness in this phase of the study was also enhanced via the researcher's use of a reflexive journal, which recorded her thoughts on the research process and methodological decisions throughout the phase.



### Chapter 3: Qualitative Phase of Study

The key aim of this phase of study was to explore DA via the experiences of survivors in relation to any aggression and impulsivity they may have witnessed in their partner. The thesis as a whole is exploring a potential new area in DA risk assessment, so by using a qualitative study the exploration provided an in-depth analysis to assist the researcher in identifying significant areas emerging from the data to help inform the later phases in the thesis. This phase explored survivor interpretations of DA risk, their perceptions of their abuser, and led into an exploration of aggression and impulsivity in DA.

This phase was split into two parts. Part One was a short survey, used to identify survivors of DA who would be willing to be interviewed in Part Two. This chapter details both parts, including the methods used, results and discussion.

#### 3.1 Part One: Recruitment Survey Method

##### 3.1.1 Sample

As already covered in Section 2.7.1 a convenience sample (n=79) of Level 5 undergraduate students was used from two cohorts at Leeds Trinity University, a Violence in the Family module (Children, Young People and Families programme), and a Psychology Research Methods module.

##### 3.1.2 Materials

A short survey (Appendix I) was devised with items asking participants whether they had been a victim or survivor of DA and CC, to rate the frequency of them, what effects the abuse has had on them and also if they have been abused by previous partners. The final question asked whether, if they answered 'yes' to the questions regarding being a victim/survivor of abuse, they would be willing to participate in an anonymised interview with the researcher at a later date. Other materials included an information sheet, consent form and a debrief sheet, which are covered in the next section.

##### 3.1.3 Procedure

Recruitment on campus was done via the researcher who gained prior permission from the lecturers and went into seminars to request the students' voluntary participation. Due to the sensitive nature of the topic they were reassured that they did not have to complete the survey, and that their responses would be anonymous. The researcher also

stated she was available to answer any questions before they took part. If they decided to take part participants completed the short questionnaire, the documents consisted of the information sheet (Appendix II), consent form (Appendix III); and a debriefing sheet (Appendix IV) which explained the study as well as provided useful contact details of DA organisations. Participants returned their questionnaire with the attached consent form to the researcher, and were reminded that they would have seven days where they could contact the researcher with their unique code and ask to withdraw. Contact details of the researcher were provided in case participants had any further questions about the study.

### 3.2 Part One: Recruitment Survey Results and Discussion

Findings from the initial recruitment survey (n=79) are outlined in Table 2. Of the undergraduate participants (male and female combined) 21.5% reported they had been a victim/survivor of DA or CC, this reflects current trends where, according to the 2017 Crime Survey for England and Wales (ONS, 2017), 26% of women and 14% of men had experienced some form of DA since the age of 16. Interestingly, this recruitment survey found that eight participants said they did not consider themselves to be victims/survivors of DA, yet they indicated on corresponding scales that they had experienced physical abuse, either occasionally or rarely; this contradiction of their experience may demonstrate the sensitivity of participants to the labels “victim/survivor.” Other explanations could include their normalising of the abuse (Seimer, 2004), or an unwillingness to acknowledge having had DA experiences. Health consequences were also reported, with 54.5% of those who considered themselves to be victim/survivor of DA reporting they suffered anxiety, and 45.5% saying they suffered depression. Other health consequences included a broken bone, anorexia, and lack of trust and panic attacks. Nine of those who considered themselves to be a victim/survivor of DA, stated they were willing to be interviewed, but, possibly due to the sensitive topic area, two of these later retracted their offer. Whilst the purpose of this part of the study was merely as a tool to recruit participants for the interviews in Part Two, the findings have themselves been revealing showing the extent of trauma experienced by university undergraduate students caused by their DA experiences.

A limitation of this part of the study is in the design of the survey, which was used to briefly ask about DA experience, however it did not ask any demographic questions and therefore is unable to identify any common patterns between the participants, such as age and gender. Within the procedure the researcher was available to give the debrief



sheet to participants after handing back their completed survey. It has since been considered that giving a thorough debrief to all participants verbally would have been more appropriate, rather than only giving them the debrief sheet. For the majority of participants this survey was simple and easy to complete as they were not emotionally connected with DA. But for the 21.5% that it was meaningful for, completing this survey would have caused distress.

Table 2. Totals and percentages of responses from Study One (Part One).

<b>Responses to Recruitment Survey</b>	<b>N = 79</b>	<b>%</b>
Victim/survivor of DA and/or CC	17	21.5
Did not consider themselves to be victim/survivor of DA, but indicated physical abuse by partner or family member	8	10.1
Did not consider themselves to be victim/survivor of CC but indicated CC by partner or family member	6	7.6
Of those indicating abuse, those that considered themselves to have health issues caused by the abuse	11	64.7
Of those who had experienced DA and CC, these also experienced DA from previous partners or family members	5	29.4

### 3.3 Part Two: Qualitative Phase Method

A small-scale qualitative study was carried out with the purpose of exploring participants' experiences of DA via semi-structured interviews, using the qualitative technique of Interpretative Phenomenological Analysis (IPA).

#### 3.3.1 Participants

Participants (n=6) were recruited directly from Part One of this study, details are in Table 3. Inclusion criteria was if the participant answered 'yes' to either being a victim/survivor of DA or CC, and answered 'yes' to being interviewed by the researcher about their experiences. All other participants who answered 'no' to both questions were excluded from being interviewed. Emails, with further information, were sent to those participants who matched the inclusion criteria, and then the researcher arranged to meet them pre-interview to give the information sheet and explain in person what was expected, and any negative consequences. All participant names, and details they gave of other people and

places, have been given pseudonyms to protect their identity. The six participants have certain similarities and differences in terms of their general demographics and relationship history. Kelly and Elena were both women in their early 30's who each have three children and suffered relationship abuse in their 20's and 30's, while the other four women, Yasmine, Charlotte, Sarah and Lyndsey were in their late teens or early twenties with no children and detailed relationship abuse that occurred in their teenage years. Lyndsey is gay and reported abuse from a female, while the other five women were heterosexual and the perpetrators were male.

- **'Kelly'**

Kelly (32) has three children from an ex-husband (previous partner), owns her own home, and is an undergraduate student, while also working part-time with children with learning disabilities. Kelly met her new partner (the abusive partner) four months after her husband ended their 15 year marriage at aged 29, and it took around three months before it became a relationship. Over the course of this relationship Kelly experienced physical, verbal, sexual aggression and CC. Their relationship lasted approximately 18 months, they did not live together.

- **'Charlotte'**

Charlotte (22) has no children, lives with her mother, is an undergraduate student and also works as a part-time support worker with children and in a pub. Charlotte began dating her partner at age 14, he was age 15. Their relationship lasted seven years, throughout this time her partner subjected Charlotte to ongoing physical, verbal aggression and CC. She was also coerced by him into having an abortion at age 15, which she did not want to have.

- **'Elena'**

Elena (early 30's) is a single parent to three children and is divorced, she is also an undergraduate student. Elena met her ex-husband when she was 19, and he was 21. They moved in together within two weeks of meeting and were married and expecting their first child within a few months of being together. Elena's ex-husband subjected Elena to verbal aggression and CC, particularly isolation and financial abuse. Elena was also once attacked by him. In addition Elena's ex-husband was abusive with their children using verbal and physical aggression, as well as neglect. They separated and divorced in 2007 after approximately eight years of marriage.

Table 3. Participants and their relationship demographics

	<u>Kelly</u>	<u>Charlotte</u>	<u>Elena</u>	<u>Yasmine</u>	<u>Sarah</u>	<u>Lyndsey</u>
<b>Time since abusive relationship ended (approx.)</b>	2 years	10 months	6 years	2 years	3 years	2 years
<b>Age</b>	32	21	32	19	21	20
<b>Gender</b>	Female	Female	Female	Female	Female	Female
<b>Children</b>	3	None	3	None	None	None
<b>Living</b>	Own Home	With parent	Own home	With parents	With current partner	With mother
<b>Perpetrator</b>	Ex-partner (not father of children)	Ex-partner (male)	Ex-husband (father of children)	Ex-partner (male)	Ex-partner (male)	Ex-partner (female)
<b>Length of time together (approx.)</b>	18 months	7 years	8 years	1 year	3.5 years	1.5 years
<b>Types of abuse</b>	Jealousy, verbal, physical aggression, sexual abuse, attempts to isolate, monitoring	Anger, control, manipulation, sexual coercion, regular verbal and physical aggression	Financial control, isolation, monitoring, jealousy, physical violence (once towards adult victim, regularly towards child victims), alcohol use	Manipulation, suicide threats, emotional blackmail, aggressed towards himself	Verbal and physical aggression, intimidating, threatening	Cheating, lying, controlling, anger

- **‘Yasmine’**

Yasmine (19) lives with her parents, is an undergraduate student, and works in a restaurant. Yasmine began a relationship with her ex-partner at the age of 16 whilst at Sixth Form College, he was 17. They were together for one year, within that time Yasmine’s ex-partner used manipulation and coercive tactics in order to stop her from ending the relationship, mainly threatening to harm himself. He was generally verbally aggressive with his family, especially his mother. He once attacked Yasmine physically when she tried once again to end the relationship.

- **‘Sarah’**

Sarah (21) is an undergraduate student and a volunteer in a drug rehabilitation centre, she lives with her current partner in her home town when not at university. Sarah was 13 when she met her ex-partner, who was 15 and he became her first boyfriend. He was a drug taker, drug dealer and was a gang member. They were together for three and a half years. During that time Sarah was subjected to verbal and physical aggression as well as CC.

- **‘Lyndsey’**

Lyndsey (20) is an undergraduate student who lives with friends while at university, and with her mother when in her home town, she is currently in a long distance relationship. Lyndsey identifies as a lesbian and has had three abusive relationships. This study focuses on her most recent abusive relationship. She met her partner whilst at Sixth Form College, approximately aged 16, her ex-partner was a similar age. They were together for approximately 18 months, during which time her ex-partner lied and cheated several times; which was constantly denied. Her ex-partner was verbally aggressive, controlling and once attacked Lyndsey physically.

### 3.3.2 Materials

The design of the interview schedule was iterative, but also ensured it followed the suggestions from Smith et al. (2009) who state the importance of using a short schedule that starts with broad general questions, which are open-ended to avoid leading the participants, based on the researcher's own understanding of the phenomenon. It was re-drafted around three times (via consultations with supervisors, and pilot interviews detailed in section 3.3.3 and 3.3.4) to ensure the schedule was broad enough for the interview to cover areas of risk, aggression and impulsivity in DA, and their personal experiences of them. Attention was paid to the sequence of the questions, where the first

questions were more descriptive allowing for the participant to become comfortable talking, but then later questions invited participants to become more analytical about their experiences. To aid them in this, the questions were designed to be less abstract, so the participants were able to identify their own, and their interpretation of their partner's, thoughts, feelings and behaviours. To assist the researcher in recalling questions and maintaining the flow of the interview, the schedule was split into the following four broad sub-headings:

- 1) Participant story of self, partner, and DA
- 2) Risk management, coping with abuse, thoughts on self and partner during abuse
- 3) Impulsivity and aggression, levels and understandings
- 4) Thoughts on the content of risk assessments used with victims/survivors

Each section had broad, open-ended questions within them (see Appendix V for full interview schedule). In addition to the interview schedule the following documents were introduced to the participants as discussion points:

#### *Impulsivity and Aggression Visual Analogue Scales*

Participants were asked (in section three of the interview schedule) to define in their own words what they think impulsivity and aggression is, and were then asked to mark on the corresponding visual analogue scale where they believe their abusive ex/partner is on a scale from zero to ten, they were then asked to mark their own as well. This approach was used as an aid for the participants in their understanding of the constructs, and allow them to think of them as measurable.

#### *Risk Assessments*

In section four of the interview schedule the following two risk assessments were shown to the participants to be used as a discussion point and as tools to engage participants in conversation about risk as they understand it, and of how it is assessed by practitioners, as well as the relevance of the questions to their situation:

- 1) DASH-RIC Risk Assessment Tool (Richards, 2009), which is detailed in sections 1.1 and 1.4.2.
- 2) Checklist of Controlling Behaviours by (Lehmann, Simmons, & Pillai, 2012) which is a large questionnaire based upon specific controlling behaviours in DA.

### 3.3.3 Self-Pilot

To ensure that the researcher was prepared, and the interviews met quality and validity standards (detailed in Section 2.7.3) set out by Yardley (2000, 2008), the researcher acted in the position of the participant/interviewee while the researcher's PhD co-supervisor, who is experienced in interviewing techniques and has many years of expertise in children and family social work, assumed the position of the interviewer. The self-pilot was useful in assisting the researcher in key listening skills that are used during interviews on sensitive topics, such as verbal and non-verbal cues, as well as understanding how an interview can elicit information that is out of sync from the interview schedule.

### 3.3.4 Pilot

To help the researcher practice asking the questions, and to determine if there were limitations within the interview design, a pilot study with a participant recruited from Study One (Part One) was carried out, allowing any crucial revisions to be made before the actual study was implemented (Kvåle, 2007). While the ordering of questions remained largely the same following the pilot, the researcher became more mindful of how responses to the first few questions, which asked them to talk broadly about their partner and relationship, may already answer the later questions. Discovering this during the pilot was helpful as it enabled the researcher to implement a note taking system during the interviews whereby should something have already been clearly answered, she would not re-ask the question from the interview schedule later on. Other helpful aspects of conducting this pilot were that the initial interview schedule asked participants to rate their own, and their partner's, aggression and impulsivity, and afterwards to define those constructs in their own words. The pilot participant found it difficult to rate those constructs before defining them and so for the actual interviews this order was changed to ensure the participant did not feel under any undue pressure to rate their abusive partner on something they had not had time to think about.

### 3.3.5 Procedure

Each interview lasted for approximately one hour. Participants were given the information sheet (Appendix VI) at a preliminary meeting to ensure they could consider the sensitive topic area before agreeing to take part. The interview was then scheduled where they were asked to sign a consent sheet (Appendix VII), once audio recording had

begun the researcher used the interview schedule as guidance, but did not follow it rigidly, following the findings from the pilot studies. The researcher maintained neutrality during the interviews in order to avoid skewing participant responses. However the researcher also showed sensitivity towards what the interviewees said, such that if questions were having a negative effect on the participant then a different approach was used, such as rephrasing the question, using different probes, or changing to a different question altogether. A sound recording was made with the interviewees' permission so the interviewer could focus on listening skills and formulating further questions. However, the option was there should the interviewee wish not to be recorded then the researcher offered to take detailed notes instead.

Once the interview had finished and the recorder had been switched off, the interviewer spent time in conversation with the participant as a means of a debrief; letting them know how their interview will contribute to research of DA, but also for the interviewer to ensure that the participant was feeling comfortable to leave the room and was not in any distress. They were also given a debrief sheet to take away with them (Appendix VIII) which detailed the rationale of the study, as well as offering help and support regarding DA services available.

### 3.3.6 Transcription and Analysis Methods

Interview recordings were transcribed verbatim, but the pause and utterances were not included. The analysis followed the IPA process outlined by Smith et al. (2009), via reading and re-reading the transcript with descriptive notes, and then moving on to an interpretative viewpoint, from which connections were made and creation of superordinate themes were formed. The researcher adapted practical aspects of the Smith et al. (2009) guidelines on analysis to better suit her own learning and researching style, this was mainly via use of technology. For the initial idiographic analysis of each participant the researcher chose to use the software package NVivo Version 10 (QSR International Pty Ltd) to do the line by line analysis. Use of options within NVivo allowed the researcher to assign themes and concepts to lines which then could be grouped together. However to ensure quality the researcher used this method alongside the longhand version that is suggested by Smith et al. (2009), but due to the researcher's difficulties with dyspraxia the comments regarding concepts and interpretations were all typed, rather than handwritten in the columns as suggested by Smith et al. (2009). This process was repeated idiographically for each transcript, and then comments and interpretations were gathered and reorganised into a separate document as common

concepts, which became the initial sub-themes for each participant. This was repeated for each participant. These sub-themes were then mapped using the Microsoft Office 2013 software Visio to enable the researcher to see a visual representation of the sub-themes for each participant and assist her in understanding how they inter-linked.

The researcher then analysed these sub-themes across participants, reorganising them to see the important and most recurrent sub-themes, which then became the superordinate themes across the data set. These were also mapped using Visio for each participant (Figure 3 shows an example of this). While the execution of the analysis was novel, the essence of the IPA method was maintained and used the Smith et al. (2009) framework when organising and creating superordinate themes. Table 4 shows the final superordinate themes across participants, with their subthemes. What follows in the next sections are the full analysis of each of these.

### 3.4 Part Two: Qualitative Phase Results

The six transcripts were analysed using IPA, which provided a rich description of the 'life-world' (Smith et al., 2009) of how the participants experienced DA, including the risk they felt and how they perceived their abusive partner. This chapter will outline the five super-ordinate themes and their corresponding sub-ordinate themes.

The following interpretative account of the survivors' experiences of DA will discuss those themes most relevant to the research questions, as well as revealing those themes that were unanticipated as areas in the phenomenon of study. The themes under discussion in this chapter are the co-produced work of the researcher and the participant (Haynes, 2012), and therefore a part of the qualitative nature of the research which is a subjective interpretation. Therefore this is one possible interpretation of the phenomenon of DA risk experience. The themes were, for the most part, common across all six accounts, and within the following sections provide details of where there were less occurrences, and why that in itself may be an important area of discussion.

#### 3.4.1 Overview of the Superordinate Themes

The following is a summary of the super-ordinate themes, and then full details of the analysis following that. The first super-ordinate theme is entitled *Concepts of self, and relationships with others*, and conveys the importance the survivors of DA place upon their descriptions of themselves, their experience of romance with the abuser, as well as how others, particularly their mother, play a key role in their experiences of



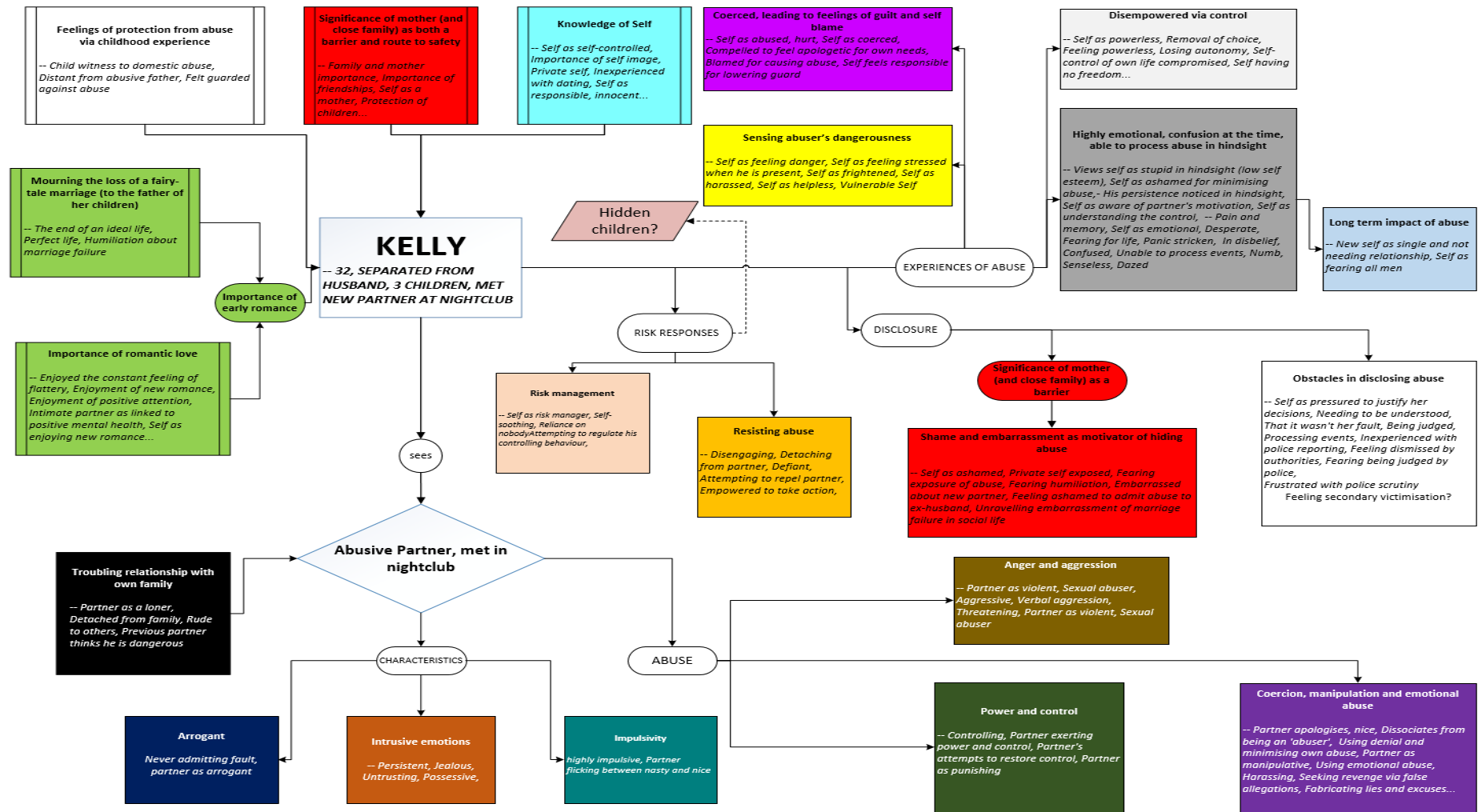


Figure 3. Visual representations example

Table 4. Superordinate and subordinate themes

<b><u>Superordinate Themes</u></b>	<b><u>Subordinate Themes</u></b>
<b>Concepts of self, and relationships with others</b>	<ul style="list-style-type: none"> <li>- Self-knowledge</li> <li>- Romance and attraction experiences</li> <li>- Significance of mother as both a barrier and route to safety</li> </ul>
<b>Recollections of abusive behaviours</b>	<ul style="list-style-type: none"> <li>- Coercion, manipulation, emotional abuse</li> <li>- Power and control</li> <li>- Anger and aggressive behaviour</li> </ul>
<b>Psychological trauma</b>	<ul style="list-style-type: none"> <li>- Disempowered via control</li> <li>- Coerced, leading to feelings of shame, guilt and self-blame</li> <li>- Emotional confusion</li> <li>- Long term, and ongoing, impact of abuse</li> </ul>
<b>Heightened awareness of risk, and actions of managing it</b>	<ul style="list-style-type: none"> <li>- Sensing abuser's dangerousness</li> <li>- Resisting abuse</li> <li>- Risk management</li> <li>- Hidden children</li> </ul>
<b>Partner's characteristics as intense and troubling</b>	<ul style="list-style-type: none"> <li>- Impulsive behaviours</li> <li>- Arrogance</li> <li>- Erratic moods</li> <li>- Alcohol and drug-taking</li> <li>- Troubling relationship with own family</li> </ul>

disclosing the abuse. Taken together these aspects signify the personal and private world of the survivor and what matters to them and leads their narrative of their life-world. The second super-ordinate theme is *Recollections of abusive behaviours*, which explores the participants' understandings and experiences of the abuse they were subjected to by their partners. The third super-ordinate theme, *Psychological trauma*, searches the participants' accounts and reflections on how they felt during their relationships with the abuser, particularly during the moments of aggression or controlling behaviour towards them. The fourth super-ordinate theme, *Heightened awareness of risk, and actions of managing it*, explores the survivors' awareness of events happening to them, how this was managed and sometimes how they felt empowered or attempted to resist it. The fifth

super-ordinate theme is based upon how the survivor perceived and understood the abusers' actions, and personality, named *Partner's characteristics as intense and troubling*, and reveals how, on reflection, the survivors were able to notice aspects of their abusers that were unsettling.

### 3.4.2 Superordinate Themes

This section details the findings of the analysis, separated into the five superordinate themes described above. As detailed in Section 2.7.3, emphasis will be on the analysis only at this stage, as this assists the reader in focusing on the double hermeneutic aspect of IPA, while the theorising and exploration of the research literature in relation to the analysis will follow in Section 3.4.3.

#### 3.4.2.1 Concepts of self, and relationships with others

The participants often made sense of their experiences of DA by also conveying their thoughts on who they are as a person, how they found the experience of connecting with their partner at the beginning, while some of them also reflected on the part close family members played, particularly their mother. They seemed to interpret these aspects as important factors in their personal worlds, defining their own individuality. Therefore the main subordinate themes within this section are **Self-knowledge, Romance and attraction experiences**, and **Significance of mother as both a barrier and route to safety**, and will be explored in the following three subsections.

##### 3.4.2.1.1 Self-Knowledge

All women reflected on the various ways they see themselves in relation to the abuse they suffered. Kelly signifies how she yearned to return to the happy person she remembers she once was, before her husband left her.

I think I always portray to myself to be really happy and, I think I wanted to be happy, because I'd been so hurt and depressed from when my husband had gone. I'd got this whole new exciting relationship that I hadn't felt since I was fifteen, sixteen, it was exciting again. (Kelly)

The exciting relationship which started with her new (abusive) partner was key to her in reaching the positive person she used to be, this appears to be have been fantasised by Kelly, linking with how she felt a deep loss of an idealised relationship. This was a strong

motivator for her to make the new relationship work, and for her to show to people she was happy again. This also links with the pride she felt in how others (particularly her ex-husband's family) perceived her:

I think comments had been made sort of, by my ex-husband's family 'ooh she moved on quick, she can't have...' because obviously when I split up, when my husband left me, I was heartbroken and I tried everything to get him back. We tried marriage counselling, we tried this, we tried that, and obviously once I got in this relationship and announced that we got in this relationship, I'd had nasty comments come back saying 'ooh it's not even a year and she's managed to find somebody else.'  
(Kelly)

It seems that Kelly felt her in-laws were calling into question her heartbreak from the marriage break-up, so she felt that she had to make this new relationship work to prove her authenticity to others.

Charlotte's understanding of herself was more focused upon how, in hindsight, her decisions to stay with, or go back to, her abusive partner was due to her perceived vulnerability at the time:

He was adamant that's what he wanted [to have sex], and I stayed strong for about six months, and then he dumped me and he went off with two other girls and then decided he wanted me back. And, me being vulnerable and someone showing me attention, I got back with him. (Charlotte)

In reflecting on her decision to go back to her partner Charlotte identifies herself as vulnerable, this may be with reference to her being 14 years old at the time, and her understanding is that the attention she was given by her partner was welcomed because of this vulnerability. The suggestion that sex was what he wanted, and describing herself as 'staying strong' and declining for six months, reveals her current understanding of the coerciveness of her partner at the time. She refers to her vulnerability again later:

I later found out that he cheated on me while he was living there [at his aunt's house], and being vulnerable, and scared to leave him, I stayed with him. (Charlotte)

There could be two different interpretations into why Charlotte describes herself as vulnerable, firstly it could mean that Charlotte shows great insight into her own situation,

acknowledging her young age at the time, along with the fear of consequences. This shows her understanding that the abuse was not her own fault, with a nurturing attitude towards herself, being able to look back and not blame herself for his actions. However, her identification with being vulnerable might also suggest there was a personal acknowledgment of events she had previously experienced in life that left her vulnerable, for which she did not disclose during the interview.

In a similar way Sarah also looked back upon her decisions as a teenager in hindsight, but showed less compassion and nurturing towards herself, and instead appeared to be critical of her younger self:

The way he spoke it was like he knew. He had a girlfriend before but he knew it was my first relationship, and he really, really, played on that, like, really badly. Like he'd turn around and say 'oh but I love you' and things like that to get me to do whatever he wanted, and at the time I was so stupid, and I would. (Sarah)

Sarah here reduces her decision making to a derogatory remark about herself, being 'so stupid,' yet the account here displays the coercion she was under at her young age. Sarah uses the word 'stupid' to describe herself, or the situations she was in, a number of times throughout her interview. Firstly, she uses it describe her young self who believed she was mature, "like even though you're stupid, at thirteen, fourteen, fifteen, you think you're so grown up," and again:

He'd arrange to meet me somewhere and never show up, and me being stupid and fourteen or fifteen whatever, and being completely in love, I cared, but I should have probably ended it a long, long, time ago. (Sarah)

Sarah conveys a disdain for her young self, and blames this stupidity for her behaviour, as opposed to recognising her own vulnerability at the time due to being in an abusive relationship. Interestingly, Sarah describes how her abusive partner spoke to her, "he'd get really aggressive, and I would ask him if he was smoking it [drugs] and he'd call me stupid and paranoid, and stuff like this," potentially revealing how Sarah internalised the verbal abuse she was subjected to, and on some level has still believed it, if only as a way to describe her old self.

Yasmine, in a more general look upon her own personality, refers to herself as very emotional and sensitive:

I am sensitive, but like only certain things, it's like when I feel like someone else has been done wrong or someone else has been hurt then I get upset. More than when I, more than myself, so I think that when he [abusive partner] was talking to his mum like that it upset me more than when he talked to like, well he never really talked to me like that, but like than when he manipulated me, cos I can control it like, but I'd look at his mum and it used to really upset me. (Yasmine)

Here Yasmine makes sense of staying with her partner based upon his aggressive behaviour towards his mother, drawing upon her protective nature, signifying her guilt and how she felt ultimately responsible for protecting her partner's family from their aggressive son:

Part of it as well was I don't know how he would start treating his parents if it happened [if she left him], cos he already spoke to them like crap and I felt like if he didn't have me there all the time saying 'don't talk to her like that', or like 'stop I don't like it' or whatever, he'd be even worse, and he'd take, like, me leaving out on them as well. (Yasmine)

Lyndsey, throughout her interview, conveyed a strong self-confidence and self-assurance. Here she explains assertively why she maintains the same personality with everyone:

I'm a sociable person. I'm like the same personality with everyone, I don't see the point in adapting my personality. (Lyndsey)

Yet, here she also explains herself in terms of her differing attitudes towards women and men:

If I'm out I would never ever want to hurt a girl, but it would take two seconds for a guy to piss me off that I would just go for him. (Lyndsey)

As will be explored later in the analysis, her personality and self-knowledge protected her from some of the negative effects of the abuse and enabled more resistance to it.

#### 3.4.2.1.2 Romance and attraction experiences

In thinking about how their relationship with their abusive partner started, and how they felt, some participants spoke about the good feelings they had, as well as the

behaviours of the partner as the pursuer of the relationship. When Charlotte was asked what attracted her to her partner:

Just someone showing me attention, I couldn't even tell you. I think it's because he was so nice to me, and did just show me that attention that was really all that attracted me to him.  
(Charlotte)

Such attention was also welcomed by most of the other women as well. Kelly found her partner very flattering as well, as while she suggests his behaviour of persistence as being problematic, she reveals how she enjoyed that at the time, as it was positive attention she appreciated:

I agreed to, to go out on a date with him. And it was lovely, he was really nice and everything was great. And he was very over the top and, erm, always you know, always ringing me and phoning me and, I thought it was great, I thought it was, you know, very flattering. (Kelly)

Yasmine recalls enjoying a similar amount of attention, and relates to how she envisioned him being a comfort to her:

Before we got together he seemed to really like me. It seemed like he was going to treat me really nice and like he'd do anything for me sort of thing. Erm, I think that's what it was. And I think that at the same time I was going to do my A levels, and stressed, it felt like a comfort to have somebody. (Yasmine)

Spoken neutrally, when Elena was asked what attracted her to her partner:

Persistence. Doesn't take no for an answer very easily. Yeah probably persistence. (Elena)

Here Elena looked back on the start of her relationship less emotionally, recalling her attraction being due to her partner's persistence only. This may be a response that links with her hindsight knowledge of her partner, because of the abuse she suffered, making it more difficult for her to remember the positive feelings of romance.

In contrast to the memories of the above five women, and how they were pursued and enjoyed the flattery, Lyndsey speaks of what attracted her to her abusive partner, signifying that she felt a strong sense of attraction before any approaches were made:

I met a girl in college called Alicia and she was such a sweet girl, she had a boyfriend, never been with a girl, anything like that. But there was something about her and she did performance a lot and she could sing amazingly, I loved listening to her sing. (Lyndsey)

This contrast might suggest differences in romantic experiences between heterosexual couples and lesbian couples, whereby in Lyndsey's case there was a strong emotional attraction needed between them before they became a couple, whereas the other women reported less emotion and felt attracted to the male's persistence and urgency to be with them.

#### 3.4.2.1.3 Significance of mother as both a barrier and route to safety

An interesting aspect some of the women found important to themselves, particularly those in the younger age bracket, was their relationship with their mother. Sarah identified her age at the time of the abuse as significant in that she had a turbulent relationship with her parents:

I mean when you're thirteen, fourteen, that's the kind of age when you're growing up, your relationship with your parents is always a bit rocky, you've got the whole teen angst thing going on. (Sarah)

Sarah's interpretation here is interesting in how she assumes a difficult relationship with parents should be expected in teenage years, and particularly through her use of the second person "you've got the whole teen angst thing going on," Sarah projects this experience on to others, including the researcher, as a norm we all experience, and by doing this it could be argued that she attempts to divert the issues of this difficult relationship away from herself. She explains this further:

I went through a bit of a gothic kind of... a lot of people do, I think they go one way or another and I went through that stage and because I would give anything to hang out with him, I weren't speaking to my mum, and because you know I'd come home at the end of the day after having a really bad time with him, I wouldn't take it out on my mum but I just wouldn't talk to her, I'd just go upstairs, I wouldn't talk to anyone. (Sarah)



Sarah makes it clear here that she did not speak with her mother about the bad experiences she was having, this is framed in her interview of her description of being a teenager and going through a 'gothic stage'. This interpretation by Sarah may well be her authentic understanding of why she thought her relationship with her mother was difficult, that the 'gothic stage' was her assertion of her own independence as a child becoming an adult. However, this may have been the best description she could use to understand what was going so wrong in her relationship with her mother, and it was easier for her in the interview to portray herself in this light, rather than speak about difficulties with her mother, which could be a potential attachment issue. This will be further discussed in the reflection section of this chapter (Section 3.4), in terms of the participant-to-researcher dynamic in terms of a participant's explanation of events.

Charlotte, another younger participant, also spoke about being unable to share things with her mother:

I drifted away from my mum massively, just because I hid so much from her I couldn't, I couldn't be close to her because I knew I'd just spill everything. And I was ashamed to admit what was going on when I realised it. (Charlotte)

Some of the women appeared to internalise aspects of their relationships with their mothers, particularly in terms of what they imagined their mothers' general responses to be. This contributed to how the daughters expected their mother to respond to their abusive relationship, and in doing so they pre-empted this by behaving in certain ways, such as keeping it a secret. Charlotte recalls being highly emotional, in terms of how she may 'just spill everything' out if she disclosed the abuse to her mother. It appears that the more she chose to hide it from her mother it accumulated into a larger secret, further building a barrier between them. The strength of this barrier is further explained:

I was asleep in the middle of the night, and I got woken up with being punched in the face, and punched in my tummy. Because he thought I'd cheated on him and he wouldn't let me leave. I sat up all night crying while he was asleep next to me, because he didn't see what he'd done was wrong, luckily he didn't leave any marks on my face, so my mum never found out. (Charlotte)

The gravity of Charlotte's dangerous situation is stated here, yet Charlotte placed more importance on the 'luckiness' of not having bruises that were visible to her mother. Perhaps this was in expectation of her mother's reaction, which she feared. Whether this

would have been an emotion of anger or devastation, or behaviour of reporting this as a crime was not stated. In a different episode, and after years of abuse and keeping it a secret, Charlotte's mother took action to end the abuse:

I got home and mum said "you can't do this anymore, because I know what's happening, you can't hide it from me and I'm calling the police," so my mum called the police. (Charlotte)

Lyndsey, another younger participant, also talked about keeping the abuse from her mother:

So, seven in the morning, showed up on my mum's door covered in all sorts from the fighting and stuff. And I told my mum everything, because my mum didn't know, she turned round to me and was like "I want her out of that house, now." (Lyndsey)

Whilst Lyndsey omitted details here of why she did not tell her mother about her experiences, the extreme response of her mother might signify why she chose to keep things to herself. In her account, Lyndsey was proud to explain how her mother protected her and took control of the situation:

The only reason I got rid of her [ex-girlfriend] was because of my mum. My mum was the only reason that she left. (Lyndsey).

But the immediate response of her mother to demand her girlfriend leaves her home suggests her mother has an ambivalent approach to Lyndsey's needs, and this attachment relationship facilitated Lyndsey's original secrecy.

In an equally distressing situation, but with the added context of being stuck in London at age 16 without money and pursued by her partner, Sarah recalls her thoughts in relation to reaching out to her parents:

I know in the back of my brain, I think it was a moment where my brain decided to kick in and say, "ring your parents, what are you doing?" But in the forefront of everything I thought "how can I make this better?" (Sarah)

This is understood by Sarah as a battle, with cognition deciding to 'kick in' and taking over her emotions:

And it was just so, it was kind of embarrassing as well, but I mean, I have a good relationship with my mum now but at the time there was a few things happening, I didn't used to talk to her, she didn't really know anything about my life. And it was really surreal, kind of ringing her up and asking her for help. Because a lot of other people with their parents would do that, but for me that was really difficult just to ring her up and say "I need this help can you come and get me" and she did eventually. (Sarah)

Sarah found this process of disclosing to her mother as extremely challenging, therefore reflecting the sheer desperation of the abusive situation required before Sarah would consider disclosing the abuse to her mother.

#### 3.4.2.2 Recollections of abusive behaviours

Participants spoke extensively about the acts and behaviours of their partners, and how they understand them in retrospect compared to at the time of the abuse. Unsurprisingly, themes were evident around the areas of their partners' abuse, particularly in terms of their partners' coercively controlling behaviours, as well as their displays of anger and aggression. The three main sub-ordinate themes within this section are **Coercion, manipulation and emotional abuse, Power and control, and Anger and aggressive behaviour**, and will be explored in the following three subsections.

##### 3.4.2.2.1 Coercion, manipulation, emotional abuse

This first subordinate theme focuses on how the women can now see how their partners used coercive, manipulative and emotionally abusive behaviours towards them, and how this was not understood at the time. Charlotte now reflects on how coercive her ex-partner was and has now realised how he had taken advantage of her sexual naïveté:

If he wanted to have sex all the time and I didn't, and he'd always make a way, he wouldn't, he wouldn't force himself on me, but he knew how to get what he wanted out of me. And at fifteen you don't know any different, he was my first partner. (Charlotte)

Charlotte describes him as knowing how to get 'what he wanted,' recognising his manipulative tactics. However, this is reflected upon from hindsight, suggesting that her young age led her to be coerced, something she would not have been aware of at the time.

Both Yasmine and Sarah use similar language to describe their partner's behaviour, in that manipulation would get their partner what he wanted:

He was very manipulative anyway, so he'd use things, he'd say things to get what he wanted all the time, like "if you leave me, ever, I'll kill myself." (Yasmine)

The way he spoke, it was like he knew. He had a girlfriend before but he knew it was my first relationship, and he really, really, played on that, like really badly. Like he'd turn around and say 'oh but I love you' and things like that to get me to do whatever he wanted, and at the time I was so stupid and I would. (Sarah)

Elena recalls how her partner used very slow, insidious, coercion as a method of isolating her from her own family:

He'd cut down the amount of time that we'd go spend visiting my family. It was quite a gradual process, I didn't really notice. (Elena)

She explains this coercive, manipulative behaviour further here, in that he used their child as the reason to keep her family away:

He suddenly made the comment, when I suggested that I would go see my sister, that he didn't want me to take our child to her house, because he thought she was a bad influence and that sort of flowed over then, it wasn't just my sister, it was the entire of my family... they were all bad influences. There was no reason why they were bad influences, he just didn't want to socialise our daughter in that environment. (Elena)

Elena now understands her partner's behaviours to be manipulative when she reflects on it, but at the time she admits she believed him:

I went along with his idea that they were [a bad influence]. By that point, looking back there'd been a lot of work into this idea of getting me to believe they were a bad influence. (Elena)

Kelly found her partner to be manipulative via apologies and flattery:

The simple 'I'm so sorry I can't believe I did that, it's because I care so much about you, I was worried where you were' and

you know 'I was frightened you might meet somebody else' and obviously the guard goes back down again. (Kelly)

Kelly explains this as being a 'simple' apology, suggesting that her understanding of it now from her hindsight position is that it was the easiest act of manipulation to use heartfelt words and empty promises, which contributed to her forgiving him and letting her guard down.

Lyndsey, on the other hand, has a more subtle recollection of her partner, who had several affairs that she hid:

It turns out they had been seeing each other [a male friend of her partner] at the same time we were seeing each other, while she had a boyfriend. And she had also slept with another girl. And I kept finding out all this stuff and was like, 'is she kidding me?' But she always managed to worm her way back in with me, and get back with me. I'd always end up forgiving her. (Lyndsey)

Lyndsey describes the manipulation to be a form of her partner finding a way back into her life, and this is connected to how her partner used gas-lighting by making Lyndsey feel foolish, and persuaded her she needed to see a counsellor for her paranoia issues:

Because when I confronted her about it she said, because all those six months I'd been like really paranoid, and really like, because I knew something was going on, and she made me see a counsellor, saying there was something wrong with me. (Lyndsey)

It seems that the participants were able to identify the abusive tactics their partners used towards them in retrospect, but their descriptions also reveal how they may have either struggled to identify them at the time, or perhaps chose to ignore them. This is important in terms of how risk is sensed, or not, by victims while they remain in the relationship.

#### 3.4.2.2.2 Power and control

Most participants can now understand their partners to have had controlling behaviours, which appeared to display their power within their relationship:

He quit college and decided to do an apprenticeship, I think, like, he thought he was kind of like at the bottom of the pile,

like he did everyone's dirty work at work, and I think he kind of made me feel like he could boss me about a bit, and control me, because he couldn't control. (Yasmine)

Here Yasmine recognises how her partner struggled with feelings of inferiority, and therefore she believes his attitude towards her was to display his power due to frustration with his low position. While Elena recalls feeling her partner's power and control via his financial abuse:

All the income into the family was what he was earning, apart from maternity benefits that I could claim. And he started to have this idea of the money that he gets into his account, that's his. The money that I get into my account is mine, and it's no longer shared... At its worst I was allowed to have the tax credits for the children, the child tax credits, paid into my bank account at a total of £12 a week. And he expected me to feed the entire of us, clothe everyone and have leisure activities out of it. Whilst he had the entire of his wage. But he did, he was supposed to take responsibility for paying the rent and the utilities, but after he moved out I discovered that I was left in thousands of pounds worth of debt because he hadn't been paying them. (Elena)

Language Elena uses illustrates the extent of his power over her, 'I was allowed,' and how he 'started to have the idea' to keep all of his pay in his own account. The use of the word 'idea' suggests the way he thought of and convinced Elena of this fair decision. She also suggests that this exchange would have involved him saying he will pay all the bills. As she begins the sentence 'but he did' and then corrected herself to say 'he was supposed to' reflects the automatic thoughts of his persuasion, firstly justifying his financial decisions, but then remembering how he left her in debt. Kelly also found her partner to be controlling:

I'd seen the controlling behaviour before, but not in a controlling way, sort of hurting me or anything. It was more the constant text messages, asking me where I was all the time and...he knew when I didn't have the children, and I was expected to spend that time with him. (Kelly)

Interestingly Kelly saw controlling behaviour in her partner to be via his surveillance of her. She links control, as she understands it, as being about him being physically violent, but was also able to see that his surveillance was also controlling, as well as his expectation of seeing her whenever the children were not present (which he kept track

of by knowing the days the children were with their father). Her language of 'I was expected to spend time with him' shows the removal of her choice, and the power he had over her to meet his expectations. Charlotte recalled how her partner used physical control over her:

I was at his mum's one day, and he started an argument over nothing, just completely out of the blue. And his mum wasn't home at this point and he wouldn't let me leave the house. He locked all the doors, hid the keys, locked the windows, then said that I had to take my trainers off, because he bought me them so they were his. So he grabbed my wrists and made me take the trainers off. (Charlotte)

His behaviour here shows how he wanted to show his power in their relationship, particularly with the symbolic act of removing a gift he gave her, which she would need in order to go home. This level of control ensured the entrapment of Charlotte, giving him ownership of her in the locked house.

#### 3.4.2.2.3 Anger and aggressive behaviour

Throughout all six interviews there as a catalogue of recognition of anger and aggressive behaviour in their partners. Linking with impulsiveness, Elena uses the term 'flicked switch' in referring to her partners anger, something which she sees as triggered by something as innocent as a child's toy being stood on:

Even simple things, if you stood on a child's toy, which obviously would be likely to hurt, they are the worst. If you stand on them they do hurt but it would just be like a flicked switch in his head, and he'd swoop down to the floor pick the brick up and stand over the children with his hand held high, and this brick, looking like he's going to throw it at them. (Elena)

Interestingly Kelly, Lyndsey and Charlotte also refer to a switch towards aggressiveness:

He had like split personalities...from being so nasty and so, he'd be grabbing me and throwing me about and calling me every name under the sun, but then he'd see how hurt or I'd be crying and then he'd be 'I'm so sorry, I'm so sorry this isn't me this isn't me I don't know what's come over me' (Kelly)

Sometimes she could be pure evil in the way she was, and sometimes she could just be like she wouldn't hurt a fly, like

she'd rather build that fly a house and support it for the rest of its life, she was completely like one way or the other. (Lyndsey)

He smoked weed a lot, a lot, and he wouldn't stop. And it made him paranoid that if I wasn't with him, I was cheating. And...he was just, he would turn so suddenly like things were fine and he would just turn. (Charlotte)

Charlotte recalls her partner being constantly angry:

He was never calm, no, no, he was always angry and getting, you could see the anger building up, and he'd then be aggressive. But once he'd done it he'd think "god what have I done?" But then he'd get more angry, because I'd made him do that to me, so it was a continuous circle kind of thing, you couldn't, you couldn't get out of it. (Charlotte)

Charlotte suggests momentary lapses in his anger where he questions what he had done, but instead of feeling any kind of culpability, her partner quickly sees there is more reason to blame Charlotte for making him angry and continuing the cycle. It appears in this extract that Charlotte understands her partner to be like a powder keg, which could explode any time. Lyndsey felt there were more subtle indications of her partner's aggressive behaviour, particularly in how she spoke:

Then she just started being more aggressive to me and the way she spoke to me, trying to stop me going out, just things like that. (Lyndsey)

For Yasmine, she attributed her partner's aggression to be due to his frustration, and believed hurting her was not his intention:

I didn't even say I want it to be over completely, I just said "I want a break, sometime [to] do all my exams and stuff and...if you're the right person then it will work out anyway we'll get back together and stuff. But I need time at the moment." And he was like "you're obviously seeing someone else, you're cheating, you must have got another person." ...He got like really aggressive and he like grabbed me and banged me against the wall. It was the first time that he'd ever hurt me like that and I don't think he was doing it to hurt me, I think he was just so frustrated. (Yasmine)



Yasmine minimises what happened here, as she refers to this as the only time she was physically hurt by him. Her belief in him being frustrated stems from his previous behaviours she noticed when she had tried to split with him previously, and the lengths he would go to in begging for her to stay with him: “There was so many times when I nearly left before, and he’d like cried, and got on the floor physically and begged me.” So it made sense to Yasmine to associate his aggression with frustration at not being able to keep her, and so he lashed out.

#### 3.4.2.3 Psychological trauma

This superordinate theme is focused upon the participants’ direct experiences of the abuse they were subjected to and the trauma it caused them, particularly in terms of how it made them feel, and their cognitions. This trauma was manifested in several ways which will be explored in the following sub-ordinate themes. There was significant evidence from all of the participants of the ongoing struggle they have in making sense of what happened, and a view in hindsight upon their own responses being entwined with high emotion and internalised thinking. Therefore the main sub-ordinate themes within this section are **Disempowered via control, Coerced, leading to feelings of shame, guilt and self-blame, Emotional confusion, and Long term and ongoing impact of abuse**, and will be explored in the following four subsections.

##### 3.4.2.3.1 Disempowered via control

There was a strong sense of the participants feeling a loss of power and control over their own agency to make decisions, which would have undoubtedly contributed to their traumatic experiences:

I wake up to a pint of freezing cold water poured over my head, that’s not a nice way to wake up, and I remember I was petrified...and I had to explain who these people were and he deleted all the contacts out my phone... He went on my Facebook account, he deleted the majority of my male people on that on there. (Kelly)

The experience Kelly explains here strongly signifies the control she was under, and the parts of her freedom and liberty she was losing to appease her partner. She recalls feeling petrified, suggesting the fear she felt at his insistence of removing all men from her life. The use of the term “I had to explain” clearly reveals the disempowerment she was feeling, and removal of her choice.

Similarly Elena felt controlled in her day to day life, and would constantly have to account for her whereabouts if she went out. This led to her not socialising, she described her disempowerment as limiting her social life and identity, with a numbed response whereby she removed her emotions from the situation at the time:

I kind of withdrew from the world almost, just to be what he wanted me to be really. (Elena)

Whilst Yasmine stated she was not threatened or harmed by her partner directly, she felt coerced into staying with him in spite of her wanting to end the relationship. His threats to harm himself became the control she felt, also leading to feelings of disempowerment, this is clearly reflected by her choice of words:

I kind of gave up and said “ok then I’ll stay.” Cos I didn’t feel like I had any other choice...I thought he’d kill himself so I didn’t [leave]. (Yasmine)

Charlotte experienced extreme control from her partner, which evidently left her disempowered:

It was a snowy day, and it was cold outside, and he bought me a coat for Christmas. And we’d argued and he grabbed my bag and emptied it out over the balcony, because he lived on the second floor, taken my coat off me and I just had my t-shirt, and I had to walk, and I literally ran from his flat when he let me out. I had to call a friend to get me a taxi. (Charlotte)

This is just one example of Charlotte’s loss of control and power from her partner’s removal of the presents he bought her, compounding this was them being necessities for her to leave the house in extremely cold weather. A previous extract mentioned how, in a different incident, he made her give him back the trainers he bought her whilst she was wearing them. In a similar way to Kelly earlier, Charlotte’s disempowerment is illustrated in language, in saying she “had to walk,” and “when he let me out,” here Charlotte recalls him having all the power and had to wait to be allowed to leave, and “had to call a friend,” these extracts show a sense that she had no choices left and surrendered to the trauma and suffering he subjected her to.

#### 3.4.2.3.2 Coerced, leading to feelings of shame, guilt and self-blame

There was a sense that all of the participants' psychological trauma involved feelings of either shame, self-blame or guilt as a result of their partners' coercive behaviours. Kelly placed the emphasis of the abusive behaviour upon herself, as someone who has allowed it to happen:

I remember thinking 'oh I can't do this, how can I say that I've ended up with, with a freak?' Do you know what I mean... 'How, how, how, how have I done this to myself?' (Kelly)

By using repetition of the word "how" here, Kelly reflects on her guilt and disbelief with herself, and places herself in a position of responsibility for letting it happen. Lyndsey understands that her choice to stay with her partner was directly related to the guilt she experienced from her partner's supposed choice to sacrifice her family for a gay relationship. Later Lyndsey discovered that this was a lie and her partner's family had not disowned her.

God knows why I stayed with her, it was more that she had given me the guilt of her losing the family because of me and stuff like that which, it wasn't, it apparently was because we were together. (Lyndsey)

Guilt feelings, from her partner's coercion, were experienced by Charlotte, which were instrumental in why she stayed with him:

It was over and I'd gone and got his name covered [tattoo]. Within an hour it was done and, he erm, he was beside himself you know, "I'm sorry. I can't live without you," and it just went on and on. And it felt like it was my fault you know? I've done this, I've hurt him, so I got back with him. (Charlotte)

Yasmine internalised her partner's threats of suicide, resulting in her imagining the guilt she might feel if he carried it out:

I was just scared that erm, that he would [harm himself] and that I'm, I'm, it'd be my fault, and that I'd have, like, done that to somebody else. (Yasmine)

In spite of suffering physical violence and needing to escape him, Sarah felt an attachment to her partner that she still wanted to defend. Sarah reflects on her relationship with internalised self-blame regarding the physical violence:

A massive amount of guilt that I had left him, because I was thinking, “oh he’s taken me to London, he’s done this he’s done that.” And I was trying to justify his behaviour, especially to my parents when I got home. My mum was sat down and had a chat with me, and I was trying to justify it from his behalf, and I was thinking “what am I doing?” you know. (Sarah)

With choosing to leave a violent situation away from home in London she instead faced the guilt that she had abandoned her partner there, in addition to ensuring her parents did not overreact, further intensifying the psychological trauma she was experiencing.

#### 3.4.2.3.3 Emotional confusion

Linking with psychological trauma, participants recalled their feelings and emotions to be very confusing at the time of being in the relationship with their abusive partners. Charlotte’s recollection of the violence evokes, on the one hand, extremely distraught emotions with the use and repetition of the word ‘petrified,’ and feeling “all over the place,” and yet, in addition, her cognitions are required to be alert to seek safety and manage risk, leaving her evidently confused and emotional:

Scared, petrified like I was thinking “how do I get out, how do I calm him down, how, what have I done wrong to make him be like this?’ Just absolutely petrified...all over the place. (Charlotte)

Sarah suffered extreme anxiety as a result of her partner’s abuse, which carried over into the times when there was no violence, due to her anticipation of when he would aggress again. This was highly confusing for Sarah, in that her emotions and cognitions would have been on high alert to risks:

Very, very, anxious, even when he wasn’t kicking off and wasn’t being violent I still had that [panic attacks and anxiety] a lot of the time, because I was thinking “when is he going to snap?” (Sarah)

In addition to participants being highly emotional, their descriptions of events would oftentimes also become confused. Such recollections are from hindsight, and so they have all had time to reflect on, and process the events:

He stood up, walked towards me, his hands up, and he had me pinned by the throat against his mother's kitchen door...accusing me of having been up to all sorts with all sorts of men, right there in front of his mum and dad and everybody else...I don't really remember sort of what happened after that. I just remember walking down the street in floods of tears thinking "I'm not staying." (Elena)

Here Elena recalls with detail the event leading up to an attack; stating the sequence and the way he stood up and what he said, yet her memory becomes blocked, stating that she cannot remember, in terms her own actions or feelings when under attack.

Confused emotions were manifested in Kelly's recollection of an extremely violent situation, she told of how she was physically, and then sexually, attacked leaving her with a broken bone:

I remember I was in so much pain, but then I don't remember much from that because I don't think, I think I passed out with pain, if I remember, or from what I remember, because then I remember waking up and I was upstairs and I was in bed, but he, well he pinned me then to the bed. (Kelly)

Kelly struggles to recall exactly what was happening, with the repetition of the word 'remember' there is a clear attempt at her trying to recall exact events. Due to the pain, both physically and emotionally, she understandably struggles with details, yet her account contains recollections of the way she was attacked, but how she responded, thought and felt were not recalled from within that moment. This attack then left Kelly with a flattening of emotions:

All I can remember, I was sat, I had an en-suite, and I remember being huddled on the floor and I remember holding my legs and I had my head on my knees, and I remember just feeling totally as blank, like numb. (Kelly)

This emotional confusion and trauma manifested as flattened emotions and being numb may have led Kelly to not seek help at the time (injuries, without the full story, was shown to a friend the next day where she eventually sought medical assistance), indeed it is

highly likely this emotional response was due to fear of reprisals from her partner, as well as his patterns of CC contributing to this fear, which was discussed further in section 3.4.2.2.1.

Charlotte refers to abusive events, yet then follows by saying she does not remember what happened, mirroring Elena and Kelly's experiences:

I knew as soon as I opened the door that I made this huge mistake. He, straight away he hit me in my face and grabbed me by my neck and pinned me up against the wall. And he was beside himself that I cheated on him and all of this, and, it's all a blur, I don't even remember what happened. (Charlotte)

In contrast Lyndsey appears to be less confused, as she is able to give a detailed description of the abuse and her response. Her confusion was focused upon her trying to understand the unexpected nature of her partner's behaviour:

So some girl started talking to me...and then Alicia must have spotted me talking to someone because she just barged through the middle and just dragged me off...and then it turned into shouting at each other and she had never hit me before, never, like it wasn't that kind of thing, and she just literally right hooked me, considering she was like this big [short height] I just wasn't expecting it. She just right hooked me and stormed off into the toilets. So I just stood there and like, the girl I was talking to...was like, "what the hell just happened...who was that?" And I was like "well that was my girlfriend, I really don't know what she is to me now." So I had her passport, purse, and phone, so I went up to her and she came out of the toilets crying on the phone, why the hell she was crying I don't know, and I just said "here's your shit", and turned round to walk away. (Lyndsey)

At first Lyndsey's recollection reveals her strong initial response to the physical aggression towards her, by letting her partner know what her boundaries were. From this there is a sense that Lyndsey's fear was minimal, which contrasts with that of Charlotte, Kelly and Elena's, which could either be related to aspects of her strong self-concept (mentioned in section 3.4.2.1.1), or perhaps she was wishing to show the researcher her strength in dealing with abuse, or that the levels of coercion and fear her partner used were not as high as with Charlotte, Elena and Kelly. However, revealing an additional hidden layer of confusion, Lyndsey later said she took her partner back the next day "because of the joint tenancy we kind of just drifted back into old habits." This

shows some contradiction in terms of the boundaries Lyndsey felt strongly about, and perhaps the emotional abuse she had grown accustomed to from her partner contributed to this confusing response the next day, where she understood her choice to remain with her partner as a necessity because of the tenancy, and because of it being what Lyndsey described as a habit. In addition, this reason could be interpreted as being quite vague in terms of why she took her partner back, in contrast to her lengthy description of the aggressive episode the previous night. Lyndsey did not seem to want to divulge so much information regarding why she chose to take her partner back, and this in itself might reveal a lasting emotional confusion in terms of her interpreting her own behaviours.

#### 3.4.2.3.4 Long term and ongoing impact of abuse

All of the participants spoke of how the abuse had affected them in the long term. Elena felt the effects on her mental health in the form of debilitating depression:

It affected my mental health, quite substantially...I don't know if I really can go into more details, it's just that it just really affected my mental health to the point that I just couldn't function, depression. (Elena)

Sarah finds herself still struggling with the effects of anxiety, particularly in the form of panic attacks:

It [anxiety and panic attacks] started when he started getting aggressive, and it's gotten better. It still happens, the last time I had a proper panic attack was a couple of weeks back...I know its linked to him because it started off, there was a guy around our house who was acting a bit aggressive and was saying things of a sexual nature that were a bit creepy and that's when it started, so its a trigger and I know its linked back to that." (Sarah)

Considering Sarah's relationship with her partner ended over two years prior to the interview, her unresolved trauma is clearly long term, and she is able to make these links as a way of interpreting her own responses.

Similarly, Charlotte's physiological responses to males are concerned with trust and fear:

I don't trust a guy now. There's a few people I will trust, like who I work with, I trust them. But I don't I don't want any guy near me or touching me. And if a guy raises his voice, even if I'm walking past him, my heart's racing that it's going to turn

on to me. Erm, I just don't want to ever go through that again.  
(Charlotte)

Kelly expresses a similar distrust of men:

Now, like I'm single, and I like being single, and I have no intention of no one. My life is just career based and my children...but it's really put me off men. (Kelly)

While these extracts are more descriptive in nature it is crucial to include them in this section due to the connection with the emotions they felt while with their partners, and its lasting effects post break-up. This is important to note when considering the multiple layers of the psychologically traumatic effects on a victim of DA.

#### 3.4.2.4 Heightened awareness of risk, and actions of managing it

In terms of their awareness and understanding of their risk of future harm from their partner, participants shared many distinctive features of interest. This was in the form of how they occasionally resisted abuse, sensed dangerousness in their partner and also managed the risk on a practical level. For the two women who were mothers, awareness of risk to their children differed substantially. The four main subthemes within this section are **Resisting abuse**, **Sensing abuser's dangerousness**, **Hidden children**, and **Risk management**, and will be explored in the following four subsections.

##### 3.4.2.4.1 Resisting abuse

All participants went through phases of resisting the abuse, which could also be interpreted as moments of empowerment, each finding ways to distance themselves from the abuser either physically or mentally; for example Lyndsey said of her girlfriend:

I used to go out more, even though that was partially the problem she had, I would always make plans to not be around whenever I could just so I didn't have to be around her. (Lyndsey)

Lyndsey's account reflects how she created physical distance from the control of her partner, even knowing the repercussions she would still do so to maintain this distance. Her knowledge of her partner and sense of risk in terms of the abuse appears here to be quite extensive, in that she was aware of how her going out was part of the problem yet Lyndsey shows how her self-concept (explored in section 3.4.2.1.1) was manifested and enabled her to resist the threats, and initiate plans to go out.



With Yasmine, she felt forced to stay in a relationship with her partner due to his emotional blackmailing tactics, threats of suicide and crying. The following account reveals how she did, on occasion, attempt to assert herself by attempting to make her partner understand what he was doing and drawing his attention to his behaviour:

I'd been out with my friends and I'd gone to Lincoln...but one of the guys had drove and he [Yasmine's partner] was convinced that something was going on with him. So...he was saying "you're gonna leave me aren't you?" and I was saying "no, but if you carry on making me feel like this, then, you know, it's not gonna last forever is it?" kind of thing. (Yasmine)

Similarly, in one of the first acts of aggression towards her, Kelly resisted the abuse and attempted to separate herself from her partner:

So that was it, I went home I got a taxi home by myself...I turned my phone off, didn't speak to him. (Kelly)

This act of resistance was not well received by her partner, who then bombarded her with text messages, some apologetic and some were very angry. Sarah also left her partner after he aggressed when she challenged him about dealing drugs on a romantic birthday night in, only to receive numerous text messages afterwards to maintain his control:

I thought 'what are you doing this is my birthday?' And he kicked off, so I said 'right that's it I'm done.' I walked out and ended up going to, I didn't want to tell my parents, like 'oh by the way I've been with this guy for a year and a half and we just apparently broken up' and...I kept seeing him around a lot, and the text messages were just consistent, literally about 60 or 70 a day. (Sarah)

While Kelly and Sarah showed how they would at times resist the abuse, and perhaps feel momentarily empowered, it seemed that their abusers increased their attempts to maintain their control, revealing the relentlessness of the abuse that they endured.

#### 3.4.2.4.2 Sensing abuser's dangerousness

Despite the participants having gone through emotional trauma and confusion, as detailed in section 3.4.2.3, where specific events were not always easily processed and were talked about with multiple constructions, they all discussed how they were aware of what may happen to them in the future, and how they scanned for potential danger in their

partners. However, doing this was not always tangible and easy to define for them. Instead it was based upon their feelings of their partners' past behaviours. Kelly's sensing of dangerousness involved anticipating physical harm to herself by her partner, however it is uncertain as to whether this was a feeling she has now realised, or whether she could sense it at the time:

I think he would be capable of seriously harming me, there's no two ways about it...he always went for my neck. (Kelly)

However, in this extract Kelly recalls the fear at the moment of a violent incident:

I'd gone to the toilet and I shut the door, so he came raging and ripped the door fully off the hinges, cos he thought I had the phone and that I was ringing somebody. But I didn't even have my phone with me, but he kept saying 'give me your phone' I said 'I haven't got my phone on me' that is when I panicked, I really honestly I remember being really scared. (Kelly)

Kelly's fear links with her understanding of the danger her partner posed, and knowing that he was capable of a physical attack, particularly since he ripped the door from the hinges. While Charlotte's intuition was around the anticipation of aggression directed towards her:

You never knew when, but you knew it was going to happen at some point. You just didn't know when. (Charlotte)

It seems as if the sensing of dangerousness is connected with physical and verbal aggression of the abuser, and less to do with the ongoing CC, this is summed up by Lyndsey's account:

I hadn't felt that she would be dangerous until the night she hit me...because that hadn't happened before, and she was only little. But she just swung for me in a crowded room, so what could she do if we were living together while no one was there. (Lyndsey)

In addition, Sarah sensed her partner's dangerousness in light of his behaviour towards other people:

S: When he started arranging, not gang wars, I think that's the wrong word, but there was this gang in place that had a name and the police were after two of the people that were involved in it, because they'd

set fire and stolen a load of stuff. And when he was involved in that, that's when he was very violent and I did know that he was a bit not right.

I: So you saw how he was with other people so you felt there was a dangerous side to him?

S: Definitely (Sarah)

Sarah uses the term that he "was a bit not right" when interpreting his behaviours, yet when asked if he was dangerous she affirms it as "definitely". It could be argued that Sarah was unable to identify him as dangerous at the outset, until offered that as a possibility by the researcher.

While her responses might be understood by an outsider to be an accommodation of the abuse, Yasmine recalled feeling concerned for her partner's dangerousness towards himself, which was tied up with her guilt.

I was more scared about him because if he was reacting like that it's not like him so, he must have been really frustrated. But then I wasn't scared for myself, so I didn't feel like, I was a little bit like I was on edge, but I didn't feel like he was going to really hurt me. (Yasmine)

Yasmine's partner had regularly used threats of suicide to make her stay with him, therefore she interprets his frustrated and aggressive behaviours as indicators that he may carry out these threats leaving her feeling the guilt of responsibility for his death.

#### 3.4.2.4.3 Hidden children

After the aforementioned incident where Elena, who had a baby, was attacked in front of her partner's family, Elena reflects on what she intended to do:

I just remember walking down the street in floods of tears thinking, "I'm not staying," but his brother's girlfriend came after me, telling me I had to go back as I'd left my baby there and I couldn't walk away. So I came back and I stayed. (Elena)

This example suggests links with the previous subordinate themes of disempowerment and resisting abuse, as Elena appears to make a choice to leave him, yet in addition she felt bound by responsibility towards her baby by saying "I couldn't walk away." It could be argued that her moment of resistance became dominated by feelings of responsibility. At closer analysis, this exchange between Elena and her partner's brother's girlfriend

suggests a difference in risk assessment; one where Elena saw the incident as a high situational risk, meaning she chose to flee the scene, yet her partner's brother's girlfriend must have seen the incident as more of a low risk due to her persuading Elena to return to her baby. Yet with both women, any risk to the baby, who was still at the house of the incident, was not acknowledged at the time and may not have been considered during and immediately after the incident. Perhaps they thought that as long as Elena returned to her baby then there would be less risk of harm to it, in spite of being in the same house as her aggressive partner.

As her children became older, Elena appears to show more awareness of dangerousness towards her children, which was probably caused by witnessing her partner using physical and verbal abuse, as well as neglect, towards their children. She became afraid to leave her children alone with her partner:

I was not comfortable to leave him alone with the children whatsoever, at all. (Elena)

This discomfort is further indicated:

See I had this thing where I just couldn't bring myself to leave him caring for the children, if I really didn't have to. (Elena)

Here Elena understands her sensing of dangerousness to be 'a thing,' perhaps this was the gut feeling, the feeling of discomfort. The way she describes it suggests it could not be defined in such terms of 'dangerousness' at the time of the events, but rather just a feeling which transferred into action (which will be discussed in section 3.4.2.4.4).

In contrast to Elena's account of risk regarding her children, Kelly, who was also a parent, did not divulge any risks regarding her three children, therefore any impact of the abuse was hidden during the interview. She recalled how she had an arrangement that her partner would spend time at her house while her children were away at their father's house, but went on to explain that there were many nights where her abuser would show up at her house in the early hours, drunk and aggressive, whilst her children were home:

He'd start turning up during the week when the children were there, which I'd never let him stay when the children were there, and that was really beginning to upset me. But he'd turn up at two, three o'clock in the morning, but drunk, and I'd be frightened of the

children waking up so the easiest thing for me was to let him in.  
(Kelly)

Kelly reflects on this as being frightening and implies that if she did not let him in then her children would wake up, but she does not discuss the implications of when he was in the house and aggressive, and the impact of this upon the children. There appears to be gaps in this area of her account. While there is no assumption that Kelly was not considering her children's safety, it is interesting to consider the motivations behind a victim/survivor's inability or unwillingness to talk about it. They could potentially feel uncomfortable talking about their children's risk to a professional or stranger (i.e. researcher in this case), and this may be particularly applicable if this was a risk assessment meeting.

The contexts of both Elena and Kelly's situations were not identical. Due to Elena's children being directly abused by her partner (their father), it could be argued that this was the trigger needed for Elena's heightened awareness of risk towards them, and which led her to protect them. Kelly's children were not directly abused by her partner, according to her, and so this may affect her awareness of risk when explored in the interview.

#### 3.4.2.4.4 Risk management

In more practical terms, the majority of the participants spoke about ways they managed the risk, as well as the coping skills in order to keep themselves safe. Elena protected her children by ensuring she was present most of the time, to step in and create a barrier.

I suppose I felt like I was always constantly putting myself physically between him and the children. (Elena)

She also recalled how her daily life focused on general maintenance of her partner's mood:

Everything then became about keeping him happy, keeping him calm. (Elena)

Charlotte's risk management consisted of doing 'as she was told,' as an attempt to stop the abuse:

I would do everything he told me to do, or I'd sit there quietly but then that would get him more angry, if I cried it would get him more angry because, why was I like that? Erm, anything I did wasn't right and I'd just try, say if I was crying and he shouted at me for that I would try and stop, but then I'd start shaking so then I was in the wrong for shaking, I just couldn't do anything right. (Charlotte)

This was similar with Kelly, who was caught in a cycle of apologies to keep her partner calm:

All I ever did was try and calm everything down, which probably made things worse because I was saying 'I'm so sorry, I'm so sorry, I'll never do it again.' But I hadn't actually done anything but stop him arguing. Because I was frightened, I'd admit to things I hadn't even done, do you understand what I mean? (Kelly)

Kelly understands the ambivalence in her reaction here, on the one hand she felt it necessary to apologise to keep the peace, yet it is clear she knew this was an injustice because she was apologising for things she was not guilty of doing. She goes on to further explain this:

It was the only way I could see, because I was really frightened if, what if I did argue with him what would he then do to me? Because he was hurting me even when I was being this little feeble frightened person. That if I, you know, became this hard person that could say 'actually I haven't done this' then what would he do to me? So I, you know, I didn't know how to react to things so I just used to become this quivering crying mess. (Kelly)

She relates this experience in terms of feeling frightened of him therefore she understood her apologies to be a method of managing this risk.

Sarah looks back on her reactions to the abuse as being passive, but this is still a way of actively managing the risk, even though Sarah may not acknowledge it:

Even when we were having an argument and I knew this was going to end in something violent, and he'd say 'let's go somewhere quiet and talk.' I knew what that meant, I wasn't stupid, but I wouldn't say 'no we're staying here.' I didn't really protect myself at all, because I was thinking 'this is what he wants, if I do what he says I can sort it out.' Because he'd make me feel so guilty I wouldn't try and protect myself at all really, other than flinching, which is more of a natural reaction really, like putting your hands up in front of your face. I didn't really do anything. (Sarah)

Sarah felt that complying with her volatile partner was the best way of managing him, yet prefixes the statement by thinking she did not do anything to protect herself. Again, with reference to Sarah's self-knowledge in section 3.4.2.1.1, Sarah uses self-blame and is critical of her own behaviours. Her own understanding of her passiveness is not connected with risk management, when it clearly is from an outsider's perspective. She goes through feeling she knew he would be violent and believes she walked into it, i.e. 'I wasn't stupid,' but then unknowingly details her risk management strategy of compliance with his wishes. This may have been Sarah's first reflection upon this and her first attempt of understanding what was happening when managing the risk.

In contrast to the above four participants who found complying with their partner was their best form of risk management, Lyndsey and Yasmine approached things slightly differently. Yasmine's experience of abuse with her partner was focused very much upon his fear of her leaving him, which manifested as emotional blackmail and threats of suicide.

I kind of gave up and said ok then I'll stay. Cos I didn't feel like I had any other choice, [the other choice would be] to go, but then I thought he'd kill himself so I didn't. (Yasmine)

Yasmine's approach was to stay with her partner to protect him from killing himself. The effect on Yasmine was how she internalised her behaviours and felt at fault:

I thought I was dragging him, like round in circles as well, and I felt like I was being cruel and unfair. (Yasmine)

Lyndsey, who appeared to be secure and resilient in her retelling of her abusive relationship, used more defiance in her behaviours, this translated into a management of risk that connected to her resistance to abuse:

I took a no nonsense look to it, and said 'no matter what you were doing, or saying, I'm going out and that's it, you can't tell me what to do.' It just wore me down until I stopped caring about her, because she made that happen to me, and I hated that she made me feel that way. (Lyndsey)

#### 3.4.2.5 Partner's characteristics as intense and troubling

The participants reflected on their partner's characteristics in various ways, but these were generally focused upon troubling and intense areas that caused them to feel

some uncertainty about them. The five subthemes within this section are **Impulsive behaviours, Arrogance, Erratic mood, Alcohol and drug-taking and Troubling relationship with own family**, and will be explored in the following five subsections.

#### 3.4.2.5.1 Impulsive behaviours

A common feature with most participants was their recognition of their partners' impulsive behaviours.

He was in debt, he was in a mess, but he lived for the spur of the moment. (Kelly)

Kelly succinctly paints an image of a man who is classically impulsive, one who is not able to think of his future and therefore spends money without forethought, leading him to being viewed as being a 'mess'. Elena also recognised this lack of forethought as impulsive behaviour in her husband.

There's lots of incidences where he'd been to work and then he would have gone straight to the city centre before coming home, and he'd come home with, you know, an arm full of new computer gear when there's like no food in the house, you know. (Elena)

Sarah noticed her partner's impulsivity via his drug taking:

If he had the money he would impulse buy cocaine and stuff all the time, he wouldn't stop. (Sarah)

While Lyndsey noticed it in her girlfriend, but also within herself.

If she wanted a cat...we got a cat, she did stop to think about it. Sometimes though, because I'm quite impulsive as well, sometimes I would be like let's do something and she would be like "mmm yeah ok," she would always agree to it but she would take a second or two. (Lyndsey)

Charlotte noticed more the immediate behaviours, and how changeable they were particularly in terms of how their partners' thoughts were immediate and would then result in negative consequences:



He was always you never knew, he was so unpredictable...his mum said something to him once straight away that's it he's gone for her, like he doesn't think about [the consequences]. (Charlotte)

#### 3.4.2.5.2 Arrogance

Another troubling aspect the participants saw in their partners was how arrogant they were. Sarah reported how difficult it was to assert her opinion with her partner, due to this arrogance:

I think he was so self-involved with his own life, he would actually convince himself that I'd done something, whether I'd done something wrong or not. That's what he was thinking, that I was the one in the wrong, he's right, everything, there was no getting around it, you couldn't argue with him. He was that kind of person that he knew what was right and that was it. (Sarah)

Kelly understood her partner to be very arrogant, asserting that he was always right:

Everybody was always wrong, and he was always right, and often I'd listen to what he'd be telling me and I'd be thinking "oh I agree with the other person" (laughs) do you know what I mean but I just used to think "ok I won't say anything." (Kelly)

Kelly shows considerable insight into how she managed risk here, because she saw the arrogance but knew that challenging it would be dangerous, therefore agreeing with him was a safer option. Charlotte was aware of her partner's arrogance, and how it would lead to angry outbursts directed towards her:

If he walked into someone else it was their fault, and he would get angry. And then if I tried to stop him, it was my fault, it all turned to me. (Charlotte)

For Elena, the arrogance was around how her partner could not cope with having a disabled child, her suggestion is that he was not willing to accept it, suggesting an arrogance or pride:

In his eyes there was nothing wrong...with our son, he was just a naughty child which wasn't the case he had some very severe developmental delays that as a consequence his behaviour was poor. But he wasn't willing to accept that he could have fathered a child that has these needs. (Elena)

### 3.4.2.5.3 Erratic mood

Participants often understood their partners have had erratic moods causing them to be abusive. For Kelly, she recalled her partner being extremely jealous and possessive:

We went for a meal...it was lovely, then we went for drinks, we went out round town, we got home... I don't think I'd taken my phone out with me and my phone was on the side and with an iPhone your messages come up on the screen and it was obviously from an unknown number because he'd deleted all my numbers out my phone, and it was from a male friend .... Oh he went mad, he took a picture ....and he smashed it over my head. (Kelly)

Here Kelly retells this story in a way that they were having a perfect night out together, linking him seeing the message to his sudden change in mood and becoming fuelled with emotion and jealousy. Similarly, Yasmine also understood her partner was jealous and paranoid:

He was like "you're obviously seeing someone else, you're cheating, you must have got another person." (Yasmine)

Charlotte understands her partner's emotions to be fuelled with anger, something which he blamed on a head injury when he was young:

He was just angry, angry at me angry at the world, angry, it completely, his head just went, and then he couldn't understand why I was so distraught and upset because I was in the wrong, so he got more angry because he just couldn't comprehend what was happening. (Charlotte)

In her understanding of his anger, she believes he lacked understanding of his own emotions which powered his anger further, and she attributed this to his head injury.

Elena had recalled times when her partner accused her of cheating, but she also recalled, contrary to the other participants, an absence of emotion in her partner:

He was either cold or he was ambivalent, you know...it was just, there was nothing else. (Elena)

Lyndsey describes her partner's mood as labile, and not having any understanding of what was causing it:

Absolutely insane, erratic, like she would have like emotional breakdowns for no apparent reason, like I was going out so she would cry and scream and bring up irrelevant stuff, and I would be like, “what is your problem? I’m going out,” I kind of, in the end used to be like “all right I’ll stay in.” (Lyndsey)

While she says her partner had "no apparent reason" to have such erratic moods, she does suggest in this example that it was because she was attempting to go out. Such erratic moods appeared instrumental for her partner to succeed in making Lyndsey choose to stay at home. There is therefore a clear link of using erratic mood to manipulate, contributing to her coercively controlling behaviours covered in section 3.4.2.2.1.

#### 3.4.2.5.4 Alcohol and drug-taking

Within some of the participants there seems to be a relationship between drug and alcohol use, and aggression. For Charlotte, when considering what she thought triggered her partner's anger, she noticed the role of drugs:

If he hadn’t had his weed, if he’d not spent all his money, but just, no, apart from those two things it was just a given day he’d be angry.  
(Charlotte)

It is suggested here that Charlotte felt his anger was worse, and more predictable when he had not had his cannabis, providing a clear link for Charlotte between drugs and anger. Similarly, Sarah noticed how drugs affected her partner’s mood and aggression:

[He was] always drugged up, well saying that actually, a lot of the times when he was aggressive was when he couldn’t get hold of the drugs. Yeah thinking back on it, if I stayed around his house and he’d woken up in the morning and he’d had however many much weed he wanted he was all right...but if he didn’t have it or he couldn’t get hold of it, or he didn’t have any money for it, that’s when he was very, very, aggressive. So I think he was just, I don’t know, through the drugs I think he was controlling it and he just liked to be in control, and when he thought that he wasn’t in control of even me or his drug taking I think that’s when he would flip out more if that makes sense? (Sarah)

Sarah is able to interpret the same clear link with drug addiction and anger as Charlotte. Yet Sarah makes a closer examination in seeing that his self-control over his own aggression, and control over her were also linked. Elena recognised that alcohol may have contributed to her partner’s only act of physical aggression towards her:

He'd gone through a litre bottle of Jack Daniel's to himself so he was very intoxicated, and the moment we all walked through the door he stood up walked towards me his hands up and he had me pinned by the throat against his mother's kitchen door. (Elena)

#### 3.4.2.5.5 Troubling relationship with own family

Some participants commented on how they understood their partners' to have concerning relationships with their families:

He had no relationship really with his family... well obviously I met his dad but I think he saw his dad twice a year maybe, his mum had died when he was young...and neither of his sisters spoke to him. (Kelly)

Kelly suggests an absence of family in her partner's life, that he had experienced loss of his mother as a child, and that his sisters chose not to associate with him, suggesting potential underlying issues. In addition Charlotte understands her partner to have struggled in his relationship with his mother, something she mentions at other points in the interview as well, particularly in terms of how he would aggress towards his mother, with her suggestion of his physical appearance being used to his advantage to overpower her:

His relationship with his mum wasn't great, he was a big guy...his mum eventually kicked him out at 17. (Charlotte)

Yasmine recalls her partner being belittled by his father, which led to further hurtful behaviour within the family unit:

His dad used to call him a "silly little boy", his dad would talk down to him all the time, then he talked down to his mum and then everyone were just treating each other like crap. (Yasmine)

Sarah suggests her partner's upbringing as a possible contributor to his abusive behaviours:

She was a bit strange as well [partner's mother], she used to encourage fighting especially, he had a younger sister and she used to say to her, because she was getting bullied a lot, "oh just smash their faces in," so it was a bit strange, so maybe some of it was the way he was brought up. (Sarah)

Here she interprets that her partner might use aggression as it was a learned behaviour due to his mother's tolerant attitude toward violence use.

#### 3.4.2.6 Summary

In summary, the five superordinate themes presented above provide insight into how a survivor of DA interprets, and has a sense of, their own experiences of DA and risk, as well as how they experienced their partner's behaviours and characteristics. What is evident within most of the superordinate themes are the interconnections between them, and the circularity of some aspects, particularly in the participants private and personal worlds, their own self-knowledge and what they then go on to interpret within their abusive relationships, as well as the way they interact with those close to them regarding the abuse. This section has explored how aspects of CC is presented by the abuser, as well as the effects on the participant. It reveals how participants may sense dangerousness, and how this is manifested in their actions. Finally it also reveals the participants' recollections of their abuser's anger and how it is demonstrated, as well as their more general behaviours.

#### 3.4.3 Discussion

The focus of this study was on how a DA survivor experiences risk, and how they experience their abusive partner. In order to have a complete understanding of the findings in this study, it is important to shine a light upon the interconnections between each of the superordinate themes and their subordinate themes, as they cannot be viewed in isolation. A diagram has been created (Figure 4) to visually represent these interconnections and these will be referred to throughout the discussion sections.

##### 3.4.3.1 Concepts of self, and relationships with others

Within this superordinate theme, participants' personal and private worlds, their viewpoint towards themselves and how it interacts with others, is expressed by all participants. They reflected in different ways on who they believe they are as a person, their history, and what is important to them. In terms of surviving DA, the self-concepts and identity formation of the six women are an important factor to consider in how they process events and behaviours in relation to themselves. In exploring their 'lifeworlds' (Smith et al, 2009), it appeared that their understandings were key to what contributes to their self-concept, which is developed via an individual's observations of their own behaviours, and their experiences with others in a variety of social contexts (Bem, 1972).

Described as key to psychological well-being the self-concept impacts on a wide range of critical well-being outcomes (Craven & Marsh, 2008), including self-esteem (Slotter, Winger, & Soto, 2015), which, when higher levels of this are reported, show lower levels of depression, anxiety, and anger (Bigler, Neimeyer, & Brown, 2001; Bond, Ruaro, & Wingrove, 2006; Wu, 2009). It appears that there is a connection between this and the participants' management of risk. For example, Lyndsey appeared to the researcher to have a strong self-concept, which may have been a guiding factor in how she handled risk. In particular she resisted the abuse via insisting on going out more, even though she knew it would upset her partner. This interconnection (see Figure 4) may work in both directions, where a strong self-concept enables the victim or survivor to understand their own boundaries and be better able to regulate their responses in terms of their disengagement with the abuser. This seemed to be the case with Lyndsey who was insistent on maintaining her level of freedom to leave the house, against her partner's wishes. However, it could be argued this might have worked in a different direction, where her discovery of a coping mechanism, which involved disengaging, boosted Lyndsey's self-concept and allowed her to understand her own boundaries better. Building this strong self-concept in adolescence can be problematic for some people, particularly in social groups. Uncertainty-identity theory (Hogg, 2007) can be attributed to this, where individuals make attempts to lower their feelings of uncertainty in areas such as their perceptions, attitudes, and feelings, by identifying with a group and moving these feelings towards a group norm.

Erikson (1968) proposed that identity formation in adolescence is an essential life stage, this a key area in four of the six participants who experienced DA in their teens. For them their decisions within romantic relationships may be dependent upon their identity formations; Sarah, for example, at age 13 had distanced herself from her mother while in a 'gothic stage', and felt attracted to the exciting lifestyle of her first partner who was a gang member and drug dealer.

Several of the participants commented on how, from the start, their partner used high levels of flattery and persistence, which contributed to the participants' attraction to them. Kelly particularly enjoyed such flattery because it made her feel good and excited for her future after a devastating break-up with her husband. Research suggests that if one feels liked then this is perceived to be a signal that they will be treated well by the person giving the flattery (Luo & Zhang, 2009; Montoya & Insko, 2008), which links with their self-esteem issues. It becomes problematic when flattery is used deceptively, since it will lower a person's ability to identify other, more negative,

qualities in a potential partner (e.g. Forgas, Levinger, & Moylan, 1994). Linking with this is the research around scripts and schema theory. Ginsburg (1988) defined scripts as "hypothesized cognitive and performative structures which organise a person's comprehension of situated events and guide a person's performance of a situated set of actions" (p. 29). Initial dating behaviour relies heavily on scripts and defines how individuals behave and make decisions (Rose & Frieze, 1989). It could be argued that feeling flattered and attractive oftentimes triggers such scripts, encouraging the individual to trust the source of flattery and further their interest in dating them. There are also interconnections between subordinate themes here, as shown in Figure 4, where romance experiences may be linked with the intensity of the abusive partner's behaviours and mood, detailed in the superordinate theme of 'Partner's characteristics as intense and troubling.'

Participants in this study, who suffered DA in their teens, expressed their struggles with disclosing their abuse to their mothers. For most of them, they did not want their mothers to know what they were going through. This supports the findings on parental knowledge of teen dating violence, where 75% of parents were not aware that their adolescent children were abused by their partner (Teenage Research Unlimited, 2006). This relates to previous research on the general role of concealment in adolescents, which is used as a way to control what their parents can access in terms of their personal domain (e.g. Bok, 1989; Petronio, 1994; Petronio, Ellemers, Giles, & Gallois, 1998). It can also be used as a way to avoid punishment, criticism, and embarrassment (Guerrero & Afifi, 1995). Certainly the participants recognised this concealment, which was via their emotions, such as Charlotte's shame in admitting what happened, whereas Sarah saw it as 'teen angst,' referring to her emotionality in general. Another aspect of concealment is related to how it facilitates adolescent development (Margolis, 1966; Van Manen & Levering, 1996), such as gaining autonomy, independence and mastery of self-regulation and self-determination (e.g. Allen, Hauser, Bell, & O'Connor, 1994; Larson, Richards, Moneta, Holmbeck, & Duckett, 1996; Laurence Steinberg & Silverberg, 1986). This includes them starting to take more responsibility for themselves, rather than relying on their parents (Frijns, Finkenauer, Vermulst, & Engels, 2005), and may explain why those participants in this study chose to actively stop their mothers from knowing what happened. What becomes more interesting is how they eventually return to their mothers (and immediate family) after lengthy battles to keep the abuse contained themselves, seemingly returning to a more child specific role in order to protect themselves.

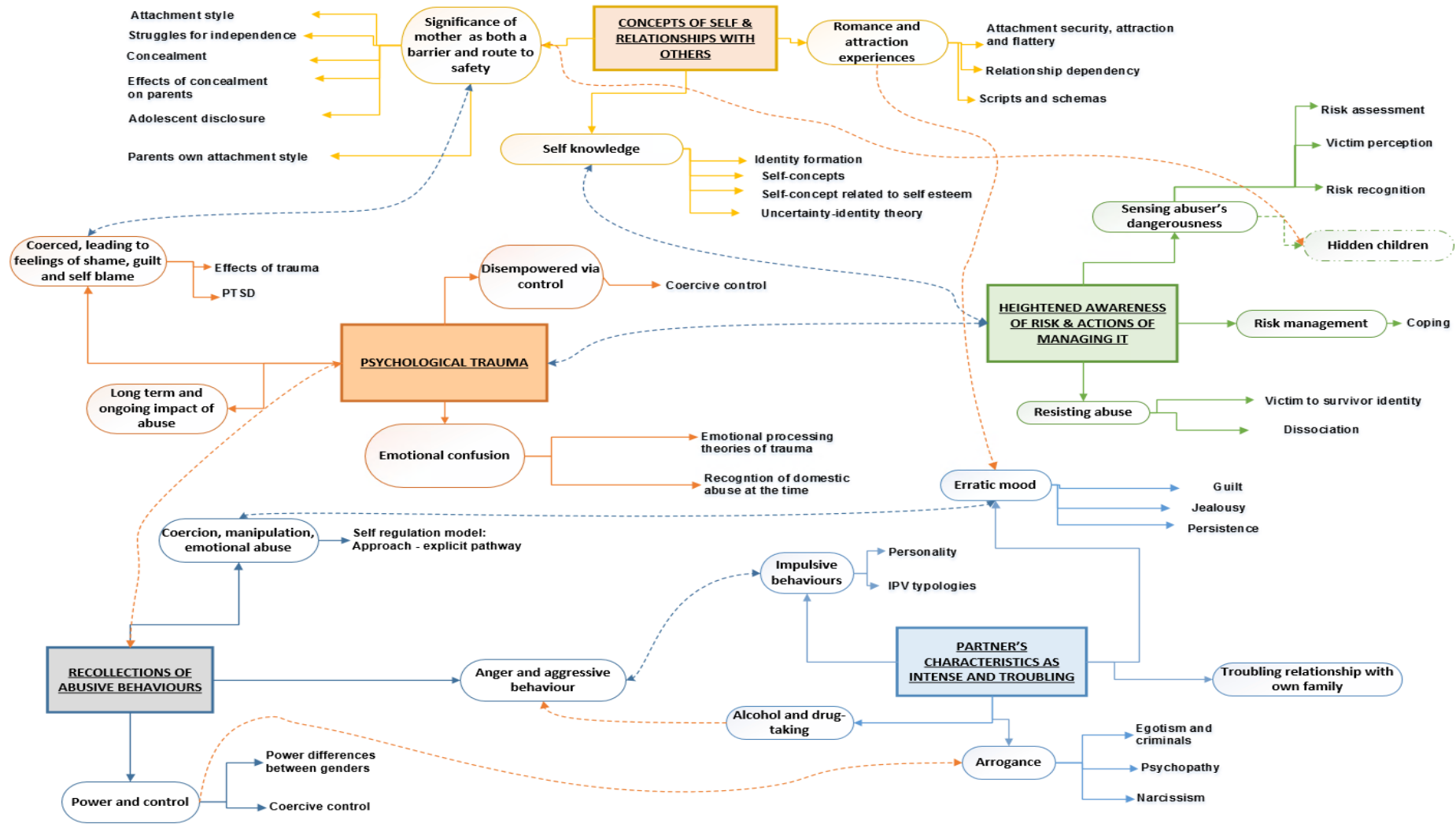


Figure 4: Map of superordinate themes, subordinate themes, related theories and interconnections



The process of admitting they needed their mother's help differed between the participants. For Charlotte, her mother sensed the abuse after several aggressive incidents and took control of the situation. For Lyndsey she approached her mother voluntarily immediately after a physically aggressive incident, while Sarah found it more difficult to make the call to her mother, but because she was stranded in London she felt in immediate danger and needed help. This in particular supports research in the area of adolescent help-seeking behaviours when in an abusive relationship; it was found that they are more likely to seek help when angry and jealous meanings are attached to the dating violence more than those who attach a controlling or protective/loving meaning to the dating violence (Black, Tolman, Callahan, Saunders, & Weisz, 2008).

The significance of the mother also links with the superordinate theme of psychological trauma, particularly with the effects of being coerced, and their feelings of guilt and self-blame. These feelings of guilt might have left them feeling protective over their abuser, which would then exacerbate their wish to conceal the abuse from their mother. Some research points to the consequences of child concealment on the quality of the parent-child relationship. For example, Finkenauer, Frijns, Engels, and Kerkhof (2005) suggest that parents' understanding of their child could be diminished if they are not aware that their child conceals personal information from them. Thereby their ability to respond sufficiently to their child's needs could in turn be reduced. In terms of applying this to teen abuse situations, due to the adolescent's concealment the closeness of the parent/child bond would lessen, reducing their knowledge of their child's situation and subsequent further support. This links with the additional factor of attachment (Ainsworth, 1979; Bowlby, 1982), in particular both the parent-child attachment style, and the attachment style of the parent. Parent insecure attachment style is implicated as a barrier to providing a secure base for their children, which then results in the children not using that parent as a secure base (Jones & Cassidy, 2014).

From a safeguarding and risk assessment viewpoint, how the adolescent conceals, and then subsequently discloses, the abuse may well be important. The findings in this study suggest that the role of the mother (or other guardian) is essential in terms of safeguarding teenage victims of partner violence, and how they may approach such a situation. This is especially when their child is being abused by a partner and choosing to not disclose. Further research is needed in this area to explore what information is available for parents to identify the signs in their child.

### 3.4.3.2 Recollections of abusive behaviours

The participants gave varying accounts of their partners' abusive behaviours, including coercion and manipulation, use of power and control, and anger and aggressive outbursts. UK policy and practice support the notion that CC is a central feature of DA (Barran, 2015). In applying this to the current study, the indications of CC vary enormously among participants, which is in line with what Stark (2007) calls the personalised aspect, the perpetrator knowing which tactics make their victim obey them.

There is a general belief in the CC literature (e.g. Day & Bowen, 2015; Ross & Babcock, 2009; Stark, 2007) that the perpetrator's aggression is a conscious part of their coercively controlling behaviour, a part of the pattern, and is therefore mostly always premeditated (as opposed to impulsive). However, some psychological research suggests such behaviours may have a more individual basis, Day and Bowen (2015) use the self-regulation model of sexual offending (Ward & Hudson, 2000) to explain intimate partner offending, particularly in terms of the DA typologies cited by Johnson (2009) and Holtzworth-Munroe and Stuart (1994). This model suggests types of partner violence can be distinguished in terms of the perpetrator's goals and their own self-regulation style. Within this model, those perpetrators who often use CC would follow the 'approach-explicit' pathway of self-regulation (approach pathways describe those who are motivated to offend), whereby they consciously create opportunities to use their power over their partner and use control tactics to achieve their goals. They also suggest that "situational or family-only couple violence would normally follow the 'avoidant' offence pathway (this group is characterized by anti-violence attitudes, appropriate levels of empathy, and pro-women attitudes)" (Day & Bowen, 2015, p. 64). On the one hand, this could be an important model in terms of finding more successful interventions and treatments for perpetrators. However, in unravelling the many behaviours described and experienced by the participants, using this type of model might be problematic. All six participants reported the personalised aspect of coercively controlling behaviours, yet some were clearly more extreme than others. It would be over simplistic to suggest that Lyndsey's partner, and Yasmine's partner, might have been in the avoidant offence pathway of self-regulation due to their more subtle behaviours and lower levels of aggression. The subtleties of CC questions whether the partners were just as manipulative as Kelly's or Sarah's partners for instance, particularly in light of the research that suggests that CC is a stronger predictor of fatalities than measuring the severity or frequency of violent acts (Glass et al., 2004; Stark, 2012).

In terms of the power and control exerted over the participants, research within the feminist literature strongly argues that there lies a power differential between men and women within romantic relationships (e.g. Pence & Paymar, 1993; Yllo & Straus, 1990). This would explain the five female participants with male abusers and how the men wanted to assert their authority over them. However, this analysis becomes less clear when considering one of the participants, Lyndsey, who was in a lesbian relationship, and may suggest a different phenomenon. In their review of gay and lesbian literature on intimate partner violence, Burke and Follingstad (1999) suggest that "lesbians and gay men are just as likely to abuse their partners as heterosexual men" (page 508). They reported how differences of power within each individual relationship may be a factor, such as dependence (Lockhart, White, Causby, & Isaac, 1994), or an imbalance between the couple of social resources and skills (Myers, 1989). This suggestion of individual factors can also be applied to heterosexual relationships and may explain when power and control become unequal in a relationship.

All of the participants acknowledged the presence of aggression in their partners. Most of them spoke about feeling a sense of unpredictability in how their partner behaved, in terms of when they would become angry leading them to aggress. This is known as impulsive aggression, as opposed to the premeditated form of aggression. It may be plausible that what the participants in this study noticed in their partners as sudden and unpredictable anger and aggression was merely an act (e.g. Ross & Babcock 2009; Stark, 2012; Day and Bowen, 2015). But looking at the examples in the analysis and, via use of the IPA approach to understand the whole account idiographically, doubts can be raised regarding this assumption when a full picture is formed. For example, when in need of drugs both Sarah's and Charlotte's partners would be more aggressive, or when Kelly described that she and her partner were having a wonderful romantic night out that turned extremely aggressive, which was suddenly triggered by him seeing a text message Kelly received from a man.

It is difficult to determine with certainty the mechanisms within a perpetrator that would lead to that aggressive episode, and whether it was impulsive or premeditated. The research literature still debates this in more general terms, such as questioning whether strict dichotomies of aggression (impulsive versus premeditated) are even helpful. It has been argued that instrumental aggression can contain much hostile affect, and that some angry outbursts can appear coldly calculated (Anderson & Bushman, 2002; Bushman & Anderson, 2001). Therefore, if this perspective is taken then the

blurred lines of aggression cannot be viewed only ever as an act of CC, but it may have more individual, and psychological determinants.

Putting aside the debate of whether a coercively controlling perpetrator feels or only acts angry and aggressive, attention should be paid to the victim's (or in this case the six participants') reality, which is that they feel and have a sense of their abusers' anger as being unpredictable. Therefore this research exposes an area within victim perceptions that could potentially assist in terms of risk assessment.

#### 3.4.3.3 Psychological trauma

Most participants talked at length about the trauma they felt due to their partners' actions, this included the physical trauma from the violent incidents, but also the psychological trauma caused by their disempowerment, guilt, self-blame, and feelings of confusion; they also reflected upon how such psychological trauma impacted them in the long term. These findings strike many similarities with the research literature on the effects of CC and DA.

For the majority of the women, their relationship cost them aspects of their freedom which manifested in feelings of disempowerment. Stark (2007) asserts that removing these freedoms and autonomy are all part of diminishing the woman's power relative to the men, which constrains both psychic and social space, paralysing "independent judgment and thought" (p.210). These feelings of disempowerment therefore take a psychological toll on victims, heightening their trauma and contributing to their confusion over events they have endured. Research on post-traumatic stress disorder (PTSD) states the importance of affective and/or cognitive reactions of the victim to the traumatic event (Foa, Riggs, Dancu, & Rothbaum, 1993; Janoff-Bulman, 1992; Keane, Zimering, & Caddell, 1985). Traumatic events affect how individuals view the world, where general safety is no longer assumed and things are not predictable or controllable; this is referred to as a "transformation of meaning" (Janoff-Bulman, 1992). It was evident in the participants' stories that the long-term and ongoing effects of the abuse included them losing their world-view, and trust of general situations, which resulted in feelings of disbelief and helplessness. Therefore in their attempts to lessen this they may have tried to regain predictability and control through self-blame, which is consistent with previous research (Stone, 1992).

Cognitive effects suffered by the participants may have also contributed to the emotional confusion they felt, including their processing of the abuse. Literature suggests that pre-existing cognitive schemas victims of abuse have about themselves can become

disrupted causing maladaptive cognitions (e.g. Foa & Riggs, 1995; Joseph, Yule, & Williams, 1995; McCann & Pearlman, 1990), these have been said to fragment a person's identity and damage emotional and interpersonal life (McCann & Pearlman, 1990). What this suggests regarding the current phase of study is how the psychological trauma suffered by the participants caused an internal struggle for them, due to those cognitive and emotional disruptions. It appears that these participants felt they were losing their identity (McCann & Pearlman, 1990), which left their emotional understanding of events during the abuse compromised. These disruptions in their ability to fully process their experiences at the time of their relationship, might have contributed to their delays in reporting the abuse. Compounding this, Cordero (2014) suggests that although women experience abuse at the hands of their partner, they may not recognise it as DA at the time.

It is clear that there are extensive traumatic effects from DA which these six participants experienced. These have an internal impact on the individuals, and link to difficulties in recall of events and affecting their thoughts and behaviours while they are still in the abusive relationship. This may work counter productively for victims in terms of speaking to practitioners or police and reporting the abuse; this should be considered in terms of how risk assessments are conducted to take these effects into account.

#### 3.4.3.4 Heightened awareness of risk, and actions of managing it

The participants provided an array of examples of how they perceived dangerousness in their partners, from feelings of discomfort, to ones of anticipation, as well as fear. There is contradicting evidence in the research literature around risk perceptions. There is evidence that survivors' perceptions of dangerousness have been recognised as an important predictor in risk assessment (Campbell, 2004; Heckert & Gondolf, 2004; Weisz et al., 2000). Some have found that women who reported feeling "very frightened" of their partner and their violence reported experiencing repeat victimisation (Robinson, 2007). However, they have also been said to be imperfect in their risk perceptions (Cattaneo, Bell, Goodman, & Dutton, 2007), with some research finding trauma related symptoms in the victims contribute significantly to a heightened perceived risk of future DA victimisation (Cattaneo et al., 2007; Dutton, Goodman, Weinfurt, Vankos, & Kaltman, 2004). This is certainly conceivable when considering the trauma and the heightened emotional states of some of the participants in this phase of study. They recalled vividly feeling terrified, which would feed into an obvious fear

of future attacks therefore demonstrating the adaptive, and important, benefits of fear particularly if its manifestation means the victim will make attempts to reduce their risk.

The participants were more readily able to recall what they did to keep their partner calm and minimise what abuse they felt may happen to them. These were identified as a range of coping and management techniques, which could be identified as day-to-day actions. Charlotte would do exactly as she was told, Kelly would try keeping the peace and keeping her abuser calm, while Elena ensured her children's safety by never leaving them alone with her partner. These actions could be described as more tangible for the participants than merely identifying feelings, particularly when considering formal victim perception risk assessments. Research suggests that those in physically abusive relationships tend to try a variety of coping strategies to deal with the abuse, some of which are more effective than others (Bowker, 1983). In a review by Waldrop and Resick (2004), cognitive versus behavioural strategies were identified in terms of general coping (De Ridder, 1997; Holahan & Moos, 1987). While cognitive coping strategies are attempts at changing the way one thinks about a situation, behavioural coping may include observable actions taken to reduce the impact of stress, such as removing themselves from the situation via leaving the house for example (Holahan & Moos, 1987, p. 949). These observable actions might be more readily accessible for a victim to recall in a risk assessment, as opposed to their sensing or feeling risk, particularly if their emotions have been dulled or confused.

An interesting finding was in how some of the participants reported feeling empowered at times, and made attempts at resisting the abuse. Yasmine told her partner how his behaviours were counterproductive to her wanting to be with him, or Sarah decided she had had enough and walked away (if only temporarily). The literature suggests this phase as disengaging from an abusive partner, where in terms of their loss of identity during psychological trauma, the disengagement phase involves them 'reclaiming the self', whereby they move from a 'victim' to a 'survivor' identity (Enander & Holmberg, 2008; Landenburger, 1998; Patzel, 2001; Wuest & Merritt-Gray, 1999). While this process enables the victim to detach from the control they are under, for a while (Braun, 1988), it has been suggested that this can have a negatively reinforcing effect, whereby the dissociation can generalise into one's everyday life, hindering their information processing during potentially risky situations (Chu, 1992).

The current study revealed a distinct difference between the two interviewees with children, Kelly and Elena, and whether or not they acknowledged the risk of harm posed to their children. Kelly did not mention any risk to her children during the interview,

perhaps she felt that the research interview was about only her experiences and therefore she put that risk to the back of her mind. Perhaps it was too painful for her to verbally consider this risk with an interviewer, or indeed perhaps she just did not consider the risk to her children in reality. The psychological theory of cognitive dissonance (Festinger, 1957) may be of relevance, whereby her fear of leaving her partner conflicted with her feeling of protecting her children, therefore she might have reduced this anxiety by believing that her children were fine. While the other five participants had had a substantial amount of time to move on from their abusive partner, Kelly was the most distraught in retelling of her experiences. There was an ongoing court case in which she was preparing to give evidence against her abuser, suggesting Kelly's ongoing trauma. In a study using interviews and psychometric measures of mothers and their children who had spent six months out of an abusive relationship, it was found that there was a tendency for those mothers in the study to underestimate the distress experienced by their children (Chemtob & Carlson, 2004). Furthermore, previous research has found that parents tend to fear that if they disclose their family circumstances to professionals they may be blamed, or the children could be taken into care (Abrahams & Higgins, 1994; McGee, 2000).

This finding presents a dilemma in terms of victims risk assessing their situation, who on the one hand will be ensuring their safety by disclosing risk factors they perceive, yet on the other may minimise their reporting of risk to their children due to such fears. This could have potential implications, particularly in terms of risk assessments and how they should be worded. From a children and families perspective, the safety and recognition of children at risk is paramount and therefore enabling a victim to consider this risk is imperative.

#### 3.4.3.5 Partner's characteristics as intense and troubling

Participants made many references about how their partners had intense and troubling characteristics. From a phenomenological perspective the participants are witness to these within their 'lifeworld' and their interpretation of their partners' characteristics may hold key information. They all noticed an impulsive side to their partner's personality, whether by referring to their abusive behaviours as 'flicking from nice to nasty,' or via more general behaviours, such as lacking forethought and living for the moment. As previously discussed, impulsivity is associated with the perpetration of DA (Hamberger & Hastings, 1991) and is said to be a risk factor because of its inability to regulate aggression (Plutchik & Van Praag, 1997; Webster & Jackson, 1997).

National survey data has identified impulsivity and DA to be significantly correlated (Cunradi, Caetano, Clark, & Schafer, 1999) and in their research on typologies of IPV, Holtzworth-Munroe and Stuart (1994) identify a range of risk factors for violence, where impulsivity appears within both their distal (genetic loading for impulsivity), and proximal (impulsivity) descriptions of features, reflecting the potential importance of impulsivity as a risk factor in victim perceptions.

Several of the participants also made reference to their partners being arrogant, describing them as argumentative, proud, and always needing to be right. Research evidence on egotism in criminals (Baumeister, Smart, & Boden, 1996) suggests that those who aggress indicate a belief in their superiority when making self-defining statements, this is in part due to their inflated self-esteem and their responses to anyone who threatens to lower it. Their response is to use violence to maintain that level of self-esteem. Another explanation might be in terms of their psychological profile, particularly their psychopathy or narcissism levels. Psychopathic individuals are noted to be "dominant, forceful, arrogant, and deceptive; affectively they lack appropriate emotional responses, with any emotional responses being limited and short-lived, behaviorally, they are impulsive and lack planfulness" (Cooke, Michie, Hart, & Patrick, 2006, p. 92), while narcissists are described as arrogant and with a need to gain admiration, with severe violent reactions when their ego is challenged (Esbec & Echeburúa, 2010).

It is interesting that several of the participants attributed their partners' abusive behaviours to them having erratic moods and intrusive thoughts, such as the high levels of jealousy. Kelly was made to disconnect from all males in her life, while Elena and Charlotte had repeated accusations of having affairs. Consistent with the research, jealousy has been found to be significantly associated with DA (Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001), as well as sexual suspicion (i.e. a woman being accused of having or wanting other sexual relationships), which is shown in one study to be the best predictor of post-separation violence (Fleury, Sullivan, & Bybee, 2000). This kind of jealousy is reported to be an important factor in partner femicides (Aldridge & Browne, 2003; R. Dobash, Dobash, Cavanagh, & Lewis, 2001; Dobash, 2002; Johnson & Ferraro, 2000; Websdale, 2000).

Alcohol and drug-taking was prevalent in the majority of the descriptions of the abusers in the sample. Charlotte and Sarah's partners were both addicted to cannabis, and displayed anger in its absence. Elena's partner physically aggressed when intoxicated, and Lyndsey's partner was violent after drinking on a night out. Alcohol consumption and DA



have been shown to be linked (Foran & O'Leary, 2008), however, there is a strong emphasis on ensuring the perpetrators do not use their alcohol consumption as an excuse for their actions, which would remove their personal responsibility. There is also mixed evidence from the research about the part substance use plays in DA, with Potter-Efron (2007) listing potential relationships and their interactions, including that while mood-altering substances are capable of promoting anger and/or aggression, it is not inevitable that individuals with anger and aggression problems also have substance use problems.

Interestingly, some participants made sense of their partners in light of difficulties with their own families, suggesting the abuse was not limited only towards the participants and that some of the perpetrators had more than one target for their abuse. For example, Kelly's partner was estranged from his family, with siblings not talking to him and rarely seeing his own father, while Charlotte's partner's relationship with his mother was described as 'not good' in terms of his anger towards her. The literature around DA asserts that the behaviours are usually directed only towards their partners and are hidden from others, particularly coercive controllers who can manipulate others with their charm (e.g. Stark, 2009). The evidence from this study, in terms of Kelly and Charlotte's observations of their partners, suggests this pattern could go beyond a single partner. Furthermore, Sarah and Yasmine observed their partners' family dynamics to be troubling, leading their partners to have negative attitudes with their families. This suggests the importance of social learning theories regarding aggression, particularly modelling (Dumas, Margolin, & John, 1994). Yasmine's partner, who was exposed to belittlement from his father, mirrored the same behaviour towards his mother. Sarah interpreted her partner's aggression as deriving from his mother's pro-violent attitudes, therefore allowing and rewarding such behaviours, which is consistent with a subculture of violence theory (Wolfgang, Ferracuti, & Mannheim, 1967), via cultural transmission (Vold, Bernard, & Snipes, 1998). In their interpretations of their partner's family dynamics comes a rich understanding, which suggests the participants hold key information into their lives which could be helpful in terms of risk assessments.

#### 3.4.4 Limitations

Within this phase of study, six women were interviewed with the aim to explore their experiences of risk in DA, therefore the sample was purposive as a means of discovering more about the specific experiences of the participants involved. In addition, students only were recruited for this study and, as covered in Section 2.7.1, it was argued that undergraduate students fall within the age range of those at most at risk of DA

victimisation. However, use of a student only sample has been criticised in the research literature (e.g. Sears, 1986; Wintre, North, and Sugar, 2001) for not being representative of a general population, and so it could be argued that the experiences of the six students in this phase of study may not be demonstrative of victims who are not current students, or those who have not attended university. It should be noted that the students who attend Leeds Trinity University, a relatively new university, come from a variety of educational and socio-economic backgrounds, suggesting a more diverse sample could be obtained compared to a Russell Group university sample. In spite of these issues with sampling, as with many qualitative research studies, it was the in-depth, idiographic nature of the participants' experiences, as opposed to their generalisability, that was the research aim.

Objectivity in this phase of study cannot be claimed given the researcher's specific perspective, which would have undoubtedly shaped her interpretations. Taking a reflexive approach provides transparency in terms of this and is covered in the following section.

#### 3.4.6 Reflection

Using reflexivity in qualitative research enables us to understand our involvement in the research, which is said to enhance its accuracy (Berger, 2015) and "the credibility of the findings by accounting for researcher values, beliefs, knowledge, and biases" (Cutcliffe, 2003, p. 137). Being a woman, a student and a mother facilitated a better level of trust for the participants in my study; conversations about children with the two mothers in the initial meetings enabled rapport to be built, likewise for all participants, since they were students, we were all able to have conversations that built trust and common ground. I describe myself to be empathic with people and have been told I have a calm nature and am a good listener, which seemed to also assist the participants in feeling at ease. Through subtle body language during the interview, I was able to show the participants that I was encouraging and non-judgmental of their story and how they dealt with their experiences, which I hope helped them to open up more and feel they were in a non-challenging situation. With several of the participants, I found that they left the interview with a sense of relief at finally having told their story and being understood, one even said she immediately felt a huge weight had lifted from her shoulders. This might well have been the first time they have attempted to understand their own experiences of abuse and helped them move forward with their lives.

In carrying out both the data collection and analysis, it is important that I acknowledge the impact I had on the findings as a researcher. The technique of IPA uses

bracketing of my own experiences and beliefs, these need to be acknowledged in order to bracket them. To do this, for each interview, I recorded a journal of my thoughts on how it went and on my encounter with the participant, as well as made general notes in a reflective diary about my position as the researcher. Thoughts included how I might have influenced the findings via my own personality and my own experiences related to the topic, particularly in terms of my attachment relationship with my parents, my husband and my daughter. My world-view might be affected by my own attachment style, and I found I needed to discuss attachment responses with my supervisor in one of the participants' examples, as I struggled to recognise it. This was the beginning of my interpretation and making sense of the participant.

Something I found particularly challenging was my navigation of the interview process in terms of my lack of experience of working with such a sensitive topic. I do not have experience as a practitioner or counsellor and therefore I felt very new to such conversations with strangers. I do have many friendships and have discussed sensitive topics with friends in the past, but it is very different because my natural urge is to not want to pry or probe for further information, but rather to offer advice and problem solve. In the interview I felt an underlying discomfort in asking someone to tell me how they felt, or to tell me more, without being able to share my thoughts or offer them advice. However, this improved with practice in each interview, and showed the real value of using a pilot as I was much more comfortable by the end.

I found the interview process to be quite strange and unnatural at times, I felt the use of an interview schedule contributed to this, and I wonder if the data would have been different had the interview been free of a set questions, where I could have guided the questions myself more freely. I understand the limitations of that option, but I wonder if the participants felt the same way and this was a barrier to them.

I also came to understand the importance of the interviewer and participant relationship, and how, when a participant does not divulge certain parts of their experience, the interpretation and analysis can take a different path. An example was in Sarah's description of her relationship with her mother, which was sparse and was only explained in terms of it not being very good at the time of her abusive relationship. This led me to interpret her lack of information to mean there were issues she was not willing to discuss. Because I wanted to ensure Sarah did not unearth aspects of her relationship with her mother that were revelations for her, and may have caused her distress, I did not feel able to probe this area.

### 3.4.6 Conclusion

The exploration of the participants' lived experiences has revealed their distinctive understandings of risk in DA. By using the IPA technique a spotlight has been shone on the individuals and the context of how they felt about themselves in relation to the abuse, and the abuser. Each participant had similarities and differences from one another, and some of the central emergent themes were strongly aligned with current research, particularly with CC. Being able to hear their account of risk, and their partner, revealed how they understood their partners' behaviours to be unpredictable and oftentimes impulsive, with an array of aggressive and violent acts. Furthermore, the participants' interpretations of how they felt, and how they managed risk suggests that considering risk management strategies is an area to explore further. In relation to abuse in adolescents, a potentially important finding around the role of mothers as both a barrier and a route to safety was explored. While for those who were parents, the different ways in which victims can address risk towards their children was highlighted, which may be a concern in terms of risk assessments.

### Chapter 4: Quantitative Phase of Study

Whilst Phase One of this study explored the in-depth lived experience of DA victims in terms of risk, and their perceptions of their abuser, the second phase of study aimed to explore broader patterns in terms of these perceptions. Specifically this was regarding victim perceptions of aggression and impulsivity, to address the potential theoretical relationships between them and DA risk experience. This phase of study was focused upon statistically analysing participants' perceptions of their partner, or ex-partner, as well as their own aggression and impulsivity in relation to any DA experience. To do this participants were given a battery of questionnaires which included the Barratt Impulsivity Scale (BIS), the Buss-Perry Aggression Questionnaire (BPAQ), the Aggressive Acts Questionnaire (AAQ), a Domestic Abuse survey (that was administered in Phase One to recruit interview participants), and the DASH-RIC tool. These were completed as both self-reports and informant reports (on their partner or ex-partner). Details regarding individual measures and methodological decisions are covered in detail in Section 2.8. This second phase of the mixed method study is therefore quantitative, and aimed to address the following four research hypotheses:

1. *Participants who score higher on impulsivity will also score higher on aggression measures.*
2. *Participants who score higher on the aggression questionnaire will also score higher on aggressive acts questionnaire*
3. *Those who experience CC and/or DA from their partner are able to report higher levels of impulsive and aggressive traits in their abusive partner*
4. *Those who experience CC and/or DA will report higher levels of their own impulsive and aggressive traits*

#### 4.1 Procedure

Decisions made regarding sampling of participants and measures used has been detailed in Section 2.8. Potential participants were either from Leeds Trinity University (where the study was advertised using posters around campus, see Appendix IX), or accessed from the general population via approaching various community groups in the Leeds, Sheffield and Grimsby areas. Full information about the study was given to each participant in person and via an information sheet (Appendix X). Sufficient opportunity was given to every participant to make a full and informed decision about whether they

wanted to participate. Every participant had the opportunity to ask the researcher any questions relating to the study. Should they decide to take part then they were required to sign a consent form (Appendix XI). Participants were then asked to complete a booklet asking demographic information along with the battery of questionnaires (detailed in section 2.8, Appendix XII). A debriefing sheet was available at the end of each questionnaire booklet, which they were instructed to read and/or keep, and explained the research study as well as provided useful contact details of domestic abuse organisations. There were four variations of the debrief sheet that had helplines and websites available to the areas local to its distribution, Leeds, Grimsby and Sheffield as well as a Leeds Trinity University student debrief that provided the campus counselling service details.

Participants that were students were instructed to return their consent form in a return envelope provided, and their questionnaire booklet in a different return envelope provided, and either return them to the researcher's office, or leave them in the sealed box at the Leeds Trinity University main reception. To ensure their anonymity participants from the general public were asked to return their questionnaire via two prepaid envelopes addressed to the researcher at Leeds Trinity University, one for the consent form, and one for the questionnaire. Participants were reminded that once their anonymous answer sheet had been submitted they had seven days to contact the researcher with their unique code provided on their consent sheet to ask to withdraw.

## 4.2 Results

Results from each questionnaire were entered into SPSS (Version 23) to be statistically analysed and are covered within this section.

### 4.2.1 Participant Demographics

A total of 113 participants responded in full to the battery of questionnaires. They ranged in age from 18 to 70 ( $M=30.38$ ,  $SD=12.68$ ) and there were 95 (84.1%) females and 18 (15.9%) males. The majority of the participants reported being British (91.2%), with the remaining participants (8.8%) reporting other nationalities (Cypriot, Swedish, Romanian, Kurdish, South African, Thai, Iraqi, Chinese and Portuguese).

Each participant was instructed to report on their current, or most recent, partner within the questionnaire, their ages ranged from 16 to 78 ( $M=31.31$ ,  $SD=13.01$ ) and there were 24 (21.2%) females and 89 (78.8%) males. The majority of the participants reported their current, or most recent partner as being British (88.5%), and reported the remaining

11.5% to be other nationalities (Cypriot, USA, Romanian, Kurdish, Taiwanese, Israeli, USA/British dual citizenship, South African, Thai and Iraqi).

Further demographic details are shown in Table 5 which shows the frequencies and percentages of participants, and reports of their partners, on current relationship status, and Table 6 shows the frequencies and percentages of their religious beliefs.

One hundred and three participants were in heterosexual relationships (91.2%), and 10 (8.8%) were in same-sex relationships. Of the participants, 70 (61.9%) were students. In their current, or most recent, partners 32 (28.3%) were students. The majority of participants, 106 (92.8%), reported having no physical or learning disability, this was a similar figure for their reports of their current, or most recent, partner which was 108 (95.6%). Forty-four (38.9%) participants reported that they had children, while they reported 32 (28.3%) of their current, or most recent, partners had children.

Table 5. Frequencies and percentages of participants', and reports of their (ex) partners', current relationship status

Item	Category	Female		Male		Total	
		N	%	N	%	N	%
<b>Own Relationship status</b>	Single	20	83.3	4	16.7	24	21.2
	In a relationship	40	87	6	13	46	40.7
	Engaged	3	60	2	40	5	4.4
	Married	29	82.9	6	17.1	35	31
	Married but separated	1	100	0	0	1	0.9
	Civil partnership	1	100	0	0	1	0.9
	Divorced	1	100	0	0	1	0.9
<b>(Ex) Partner Relationship status*</b>	Single	2	16.7	10	83.3	12	10.6
	In a relationship	10	19.2	42	80.8	52	46
	Engaged	2	40	3	60	5	4.4
	Married	8	22.9	27	77.1	35	31
	Married but separated	0	0	1	100	1	0.9
	Civil partnership	1	100	0	0	1	0.9
	Divorced	0	0	1	100	1	0.9
Unknown	1	16.7	5	83.3	6	5.3	

\*Participants were asked to report on current or most recent partners, therefore some of these were ex-partners who have moved on from the relationship with the participant

Participants were asked whether they consider themselves a victim/survivor of CC or DA in two separate questions, Table 7 shows the results in frequencies and percentages. Because some participants reported yes to this but commented within the questionnaire that this was not with their current, or most recent, partner who they had reported about in the rest of the questionnaire, this group was separated. There were therefore three

groups, those who do not consider themselves victim/survivor, those who do from their current or most recent partner, and those who do but from a previous partner. These particular figures will form the basis of independent sample comparisons later in the results chapter.

The percentages for DA victimisation from this study (a combined total of 29.2% from current and previous partners) reflects the current statistics available on DA victimisation, which are estimated to be 28.3% of women and 13.2% of men since the age of sixteen, according to the 2012/13 Crime Survey for England and Wales (ONS, 2014).

#### 4.2.2 Correlations between total scores of the Barratt Impulsivity Scale (BIS), Buss-Perry Aggression Questionnaire (BPAQ), Aggressive Acts Questionnaire (AAQ) and the DA, Stalking and Honour Based Violence Risk Identification Tool (DASH-RIC)

Pearson correlations were conducted between the total scores of the three main measures, BIS, BPAQ and AAQ, within the questionnaire. To control for excessive Type I errors when conducting multiple correlations, the Larzelere and Mulaik (1977) correction was applied to all correlation coefficients. Correlational analysis indicated a significant positive correlation between participant self-report total scores on the BIS ( $M = 61.81$ ,  $SD = 8.82$ ) and the BPAQ ( $M = 64.05$ ,  $SD = 16.48$ ),  $r(113) = .21$ ,  $p < .05$ . A significant positive correlation was also found between their scores on their partners on the BIS ( $M = 66.84$ ,  $SD = 12.90$ ) and the BPAQ ( $M = 69.75$ ,  $SD = 25.28$ ),  $r(113) = .55$ ,  $p < .01$ . While there was no significant correlation for participants' own scores on the BPAQ and AAQ, their reports of their partners on the BPAQ ( $M=69.75$ ,  $SD=25.28$ ) and the AAQ ( $M=104.83$ ,  $SD=56.31$ ) indicates a significant positive correlation,  $r(43) = .52$ ,  $p < .01$ . Similar trends were evident with the BIS and the AAQ, while participant self-reports showed no significant relationship, there was a significant positive correlation between partner reports on the BIS ( $M=66.84$ ,  $SD=12.90$ ) and the AAQ ( $M=104.83$ ,  $SD=56.31$ ),  $r(43) = .34$ ,  $p < .05$ .

Pearson correlations were performed on the individual subscales between each measure for participants self-reports and reports of their partners. In self-reports within the BIS, cognitive impulsivity was found to have significant positive correlations with three subscales of the BPAQ, verbal aggression ( $r=.22$ ,  $p<.05$ ), anger ( $r=.35$ ,  $p<.01$ ), hostility ( $r=.33$ ,  $p<.01$ ), and the total BPAQ score ( $r=.32$ ,  $p<.01$ ). In addition, the BIS subscale of non-planning impulsivity was found to be associated with anger within the BPAQ ( $r=.23$ ,  $p<.05$ ) (see Table 8).



Table 6. Frequencies and percentages of participants', and reports of their partners', religious beliefs

Item	Category	Female		Male		Total	
		N	%	N	%	N	%
<b>Own Religious Beliefs</b>	None	53	89.8	6	10.2	59	52.2
	Christian	16	84.2	3	15.8	19	16.8
	Church of England	8	72.7	3	27.3	11	9.7
	Atheist	5	62.5	3	37.5	8	7.1
	Catholic	6	100	0	0	6	5.3
	Muslim	3	75	1	25	4	3.5
	Buddhist	1	50	1	50	2	1.8
	Christian Orthodox	1	50	1	50	2	1.8
	Jewish	1	100	0	0	1	0.9
	Spiritual	1	100	0	0	1	0.9
<b>Partner's Religious Beliefs</b>	None	15	21.7	54	78.3	69	61.1
	Christian	3	27.3	8	72.7	11	9.7
	Atheist	0	0	9	100	9	8.0
	Church of England	1	14.3	6	85.7	7	6.2
	Catholic	1	20	4	80	5	4.4
	Muslim	1	25	3	75	4	3.5
	Buddhist	2	66.7	1	33.3	3	2.7
	Jewish	0	0	2	100	2	1.8
	Christian Orthodox	1	50	1	50	2	1.8
	Hindu	0	0	1	100	1	0.9

Table 7. Frequencies and percentages of participants self-reports of whether they consider themselves a victim/survivor of CC or DA.

Item	Category	Female		Male		Total	
		N	%	N	%	N	%
<b>Experience of CC or DA</b>	None	55	83.3	11	16.7	66	58.4
	Yes (most recent partner)	21	84	4	16	25	22.1
	Yes (previous partner)	19	86.4	3	13.6	22	19.5

The same factors of the BIS and BPAQ were correlated for participants' reports of their partners, all correlations were found to be significant positive relationships with some subscales reaching moderate strength such as cognitive impulsivity and anger ( $r=.47$ ,  $p<.01$ ), cognitive impulsivity and hostility ( $r=.53$ ,  $p<.01$ ), and non-planning impulsivity and hostility ( $r=.49$ ,  $p<.01$ ) (see Table 9).

Not all participants completed the Aggressive Acts Questionnaire (AAQ), many respondents stated they carried out no aggressive acts in the past six months and so did not complete the rest of the measure. There were 42 respondents who self-reported aggressive acts, and 43 who reported on the acts of their partner. Table 10 shows there

were no significant correlations between self-reports on the AAQ and the BPAQ subscales.

Table 8. Correlations between BIS and BPAQ results on all participants self-reports

Self-reports	1	2	3	4	5	6	7	8	9
1 BIS Motor									
2 BIS Cognitive	<b>.26**</b>								
3 BIS Non-Planning	<b>.45**</b>	<b>.35**</b>							
4 BIS Total	<b>.74**</b>	<b>.67**</b>	<b>.85**</b>						
5 AQ Physical Aggression	.09	.11	.09	.12					
6 AQ Verbal Aggression	.16	<b>.22*</b>	.03	.17	<b>.52**</b>				
7 AQ Anger	.01	<b>.35**</b>	<b>.23*</b>	<b>.26**</b>	<b>.42**</b>	<b>.51**</b>			
8 AQ Hostility	-.07	<b>.33**</b>	.01	.10	<b>.28**</b>	<b>.42**</b>	<b>.51**</b>		
9 AQ Total	.05	<b>.32**</b>	.12	<b>.21*</b>	<b>.76**</b>	<b>.77**</b>	<b>.78**</b>	<b>.74**</b>	

N=113 \*\*. Correlation is significant at the 0.01 level \*. Correlation is significant at the 0.05 level (one-tailed).

Table 9. Correlations between BIS and BPAQ results on all participants reports of partners

Report of Partners	1	2	3	4	5	6	7	8	9
1 BIS Motor									
2 BIS Cognitive	<b>.51*</b>								
3 BIS Non Planning	<b>.62**</b>	<b>.66**</b>							
4 BIS Total	<b>.83**</b>	<b>.81**</b>	<b>.92**</b>						
5 AQ Physical Aggression	<b>.30**</b>	<b>.34**</b>	<b>.46**</b>	<b>.44**</b>					
6 AQ Verbal Aggression	<b>.39**</b>	<b>.31**</b>	<b>.38**</b>	<b>.43**</b>	<b>.53**</b>				
7 AQ Anger	<b>.30**</b>	<b>.47**</b>	<b>.53**</b>	<b>.51**</b>	<b>.75**</b>	<b>.62**</b>			
8 AQ Hostility	<b>.25**</b>	<b>.53**</b>	<b>.49**</b>	<b>.49**</b>	<b>.59**</b>	<b>.47**</b>	<b>.72**</b>		
9 AQ Total	<b>.36**</b>	<b>.49**</b>	<b>.55**</b>	<b>.55**</b>	<b>.88**</b>	<b>.73**</b>	<b>.92**</b>	<b>.83**</b>	

N=113. \*\*. Correlation is significant at the 0.01 level (one-tailed).

Table 11 shows the same factors for reports of their partners where the majority are significantly positively correlated. Moderate strength of correlations were found between premeditated aggression on the AAQ and physical aggression on the BPAQ ( $r=.57$ ,  $p<.01$ ), and mood on the AAQ with physical aggression ( $r=.47$ ,  $p<.01$ ) and anger ( $r=.52$ ,  $p<.01$ ) on the BPAQ.

Subscales within the BIS and AAQ were also correlated for participant self-reports, shown in Table 12, no significant correlations were found. However, Table 13 shows participants reports on their partners on the subscales between the two measures. This shows some significant positive correlations, where motor impulsivity was found to correlate with impulsive aggression ( $r=.34$ ,  $p<.05$ ), mood ( $r=.41$ ,  $p<.01$ ), and premeditation ( $r=.40$ ,  $p<.01$ ), while cognitive impulsivity correlated significantly with

mood ( $r=.30, p<.05$ ), as did non-planning impulsivity with premeditation ( $r=.35, p<.05$ ).

Table 10. Correlations between AAQ and BPAQ results on all participants self-reports

Self-reports	1	2	3	4	5	6	7	8	9	10
1 AAQ Impulsive Aggression										
2 AAQ Mood	<b>.97**</b>									
3 AAQ Premeditated Aggression	<b>.89**</b>	<b>.91**</b>								
4 AAQ Agitation	<b>.92**</b>	<b>.93**</b>	<b>.90**</b>							
5 AAQ Total	<b>.99**</b>	<b>.99**</b>	<b>.94**</b>	<b>.96**</b>						
6 BPAQ Physical Aggression	-.05	.03	.07	.10	.02					
7 BPAQ Verbal Aggression	.07	.11	.07	.16	.10	<b>.52**</b>				
8 BPAQ Anger	.17	.16	.15	.12	.16	<b>.42**</b>	<b>.51**</b>			
9 BPAQ Hostility	.11	.13	.20	.12	.13	<b>.28**</b>	<b>.42**</b>	<b>.51**</b>		
10 BPAQ Total	.09	.14	.16	.16	.13	<b>.76**</b>	<b>.77**</b>	<b>.78**</b>	<b>.74**</b>	

N=42. \*\*. Correlation is significant at the 0.01 level (one-tailed).

Table 11. Correlations between AAQ and BPAQ results on all participants reports of their partners.

Reports of partners	1	2	3	4	5	6	7	8	9	10
1 BPAQ Physical Aggression										
2 BPAQ Verbal Aggression	<b>.53**</b>									
3 BPAQ Anger	<b>.75**</b>	<b>.62**</b>								
4 BPAQ Hostility	<b>.59**</b>	<b>.47**</b>	<b>.72**</b>							
5 BPAQ Total	<b>.89**</b>	<b>.73**</b>	<b>.92**</b>	<b>.83**</b>						
6 AAQ Impulsive Aggression	<b>.39*</b>	<b>.36*</b>	<b>.37*</b>	0.22	<b>.42**</b>					
7 AAQ Mood	<b>.47**</b>	<b>.40**</b>	<b>.52**</b>	<b>.37*</b>	<b>.56**</b>	<b>.91**</b>				
8 AAQ Premeditated Aggression	<b>.57**</b>	<b>.30*</b>	<b>.49**</b>	<b>.45**</b>	<b>.59**</b>	<b>.78**</b>	<b>.88**</b>			
9 AAQ Agitation	<b>.40**</b>	0.29	<b>.41**</b>	<b>.34*</b>	<b>.46**</b>	<b>.89**</b>	<b>.93**</b>	<b>.89**</b>		
10 AAQ Total	<b>.47**</b>	<b>.36*</b>	<b>.46**</b>	<b>.34*</b>	<b>.52**</b>	<b>.95**</b>	<b>.98**</b>	<b>.91**</b>	<b>.97**</b>	

N=43. \*\*Correlation is significant at the 0.01 level

\*Correlation is significant at the 0.05 level (one-tailed).

Table 12. Correlations of self-reports of BIS and AAQ

Self-reports	1	2	3	4	5	6	7	8	9
1 BIS Motor Impulsivity									
2 BIS Cognitive Impulsivity	<b>.26**</b>								
3 BIS Non-planning Impulsivity	<b>.45**</b>	<b>.35**</b>							
4 BIS Total	<b>.74**</b>	<b>.67**</b>	<b>.85**</b>						
5 AAQ Impulsive Aggression	-.04	.07	-.06	-.02					
6 AAQ Mood	-.03	.04	-.08	-.04	<b>.97**</b>				
7 AAQ Premeditated Aggression	-.07	.06	-.07	-.04	<b>.89**</b>	<b>.90**</b>			
8 AAQ Agitation	-.08	.05	-.11	-.07	<b>.92**</b>	<b>.93**</b>	<b>.90**</b>		
9 AAQ Total	-.05	.06	-.08	-.04	<b>.99**</b>	<b>.99**</b>	<b>.93**</b>	<b>.96**</b>	

AAQ, N=42, BIS, N=113 \*\*Correlation is significant at the 0.01 level

\*Correlation is significant at the 0.05 level (one-tailed).

Table 13. Correlations of partner AAQ and BIS

	1	2	3	4	5	6	7	8	9
1 BIS Motor									
2 BIS Cognitive	<b>.51**</b>								
3 BIS Non Planning	<b>.62**</b>	<b>.66**</b>							
4 BIS Total	<b>.83**</b>	<b>.81**</b>	<b>.92**</b>						
5 AAQ Impulsive Aggression	<b>.34*</b>	.17	.20	.27					
6 AAQ Mood	<b>.41**</b>	<b>.30*</b>	.29	<b>.38*</b>	<b>.91**</b>				
7 AAQ Premeditated Aggression	<b>.40**</b>	.25	<b>.35*</b>	<b>.39**</b>	<b>.78**</b>	<b>.88**</b>			
8 AAQ Agitation	.29	.23	.17	.26	<b>.87**</b>	<b>.93**</b>	<b>.89**</b>		
9 AAQ Total	<b>.38*</b>	.24	.26	<b>.34*</b>	<b>.95**</b>	<b>.98**</b>	<b>.91**</b>	<b>.97**</b>	

AAQ:  $N=43$ , BIS:  $N=113$

\*\*Correlation is significant at the 0.01 level

\*Correlation is significant at the 0.05 level (one-tailed).

Table 14. Correlations between participants' total score on the DASH-RIC and measures on reports of their partner on BIS, BPAQ and AAQ

Reports of Partner	DASH-RIC
BIS Motor	.24
BIS Cognitive	.19
BIS Non-Planning	<b>.29*</b>
BIS Total	<b>.29*</b>
BPAQ Physical Aggression	<b>.55**</b>
BPAQ Verbal Aggression	.27
BPAQ Anger	<b>.42*</b>
BPAQ Hostility	<b>.57**</b>
BPAQ Total	<b>.55**</b>
AAQ Impulsive Aggression	<b>.43*</b>
AAQ Mood	<b>.56**</b>
AAQ Premeditated Aggression	<b>.70**</b>
AAQ Agitation	<b>.55**</b>
AAQ Total	<b>.57**</b>

$N=35$ . \*\* 0.01 \* 0.05 (one-tailed)

Thirty-five of the participants chose to complete the DASH-RIC tool, participants had been asked to complete it if they had experienced DA. These responses were given a total score of 'yes' answers to the 22 questions, with higher numbers meaning a greater risk of harm according to the DASH-RIC tool guidelines.

Table 14 shows how this score correlated with the three measures (BIS, BPAQ, AAQ) and their individual subscales, with all correlations being positive. Regarding aggressive subtraits, moderate significant correlations were found with the DASH and physical aggression ( $r=.55$ ,  $p<.01$ ), hostility ( $r=.57$ ,  $p<.01$ ), and anger ( $r=.42$ ,  $p<.05$ ) and in the combined BPAQ score ( $r=.55$ ,  $p<.01$ ). Within aggressive acts there was a strong positive association with the DASH and premeditated aggression ( $r=.70$ ,  $p<.05$ ), as well

as moderate associations between agitation ( $r=.55$ ,  $p<.01$ ), mood ( $r=.56$ ,  $p<.01$ ), impulsive aggression ( $r=.43$ ,  $p<.05$ ) and the total AAQ score ( $r=.57$ ,  $p<.01$ ).

#### 4.2.3. Between Groups Differences – The Effects of Coercive Control and Domestic Abuse

Analyses were performed on the two groupings presented earlier in Table 3, those who did and did not consider themselves a victim/survivor of CC or DA. While the questionnaire asked separate questions regarding victimisation of CC and DA, the results have been combined due to the large amount of crossover between both. Within those who consider themselves a victim/survivor, those who experienced it from their current, or most recent, partner (and therefore the person they reported on throughout the questionnaire) were included and those who experienced it from a previous partner were excluded.

In the majority of cases the dependent variables for the between groups tests, the BIS, BPAQ and AAQ, were not normally distributed for both those participants who experienced CC/DA and those who had not, with skewness and kurtosis measuring outside the boundaries of normality  $\pm 3$  (Onwuegbuzie & Leech, 2005). A nonparametric independent samples test (Mann-Whitney's U) was therefore used to compare the impulsivity and aggression scores of victims and non-victims.

##### *The Barratt Impulsivity Scale*

There was a trend of self-report scores on the Barratt Impulsivity Scale being higher within all factors in those who considered themselves a victim/survivor of CC and DA, with the factor of cognitive impulsivity being significantly higher  $U(91) = 497$ ,  $p = .002$ ,  $\eta^2=.1$ . In ratings of their abusive partners the BIS total score ( $U(91) = 445$ ,  $p<.01$ ,  $\eta^2=.13$ ), and the individual subscales [motor impulsivity ( $U(91) = 604.5$ ,  $p<.05$ ,  $\eta^2=.04$ ), cognitive impulsivity ( $U(91) = 451$ ,  $p<.01$ ,  $\eta^2=.12$ ), and non-planning impulsivity ( $U(91) = 432$ ,  $p<.01$ ,  $\eta^2=.14$ )] were all significantly higher than in those who had not been a victim/survivor of CC (see Table 15).

##### *The Buss-Perry Aggression Questionnaire*

Table 16 shows the comparisons for the Buss-Perry Aggression Questionnaire. Following a similar trend to the BIS, all self-report scores on the BPAQ were consistently higher within all factors in those who considered themselves a victim/survivor. Results were significantly higher in the BPAQ total score ( $U(91) = 508.5$ ,  $p = .003$ ,  $\eta^2=.09$ ), physical aggression ( $U(91) = 584$ ,  $p = .02$ ,  $\eta^2=.05$ ), anger ( $U(91) = 573$ ,  $p = .013$ ,

$\eta^2=.06$ ) and hostility ( $U(91) = 458, p = .001, \eta^2=.12$ ). Self-reports of verbal aggression revealed higher scores in those who were victim/survivors with a  $p$  value close to significance at 0.08.

Table 15. Table displaying Mann-Whitney U-test results for victim and non-victim participant measures of their own and reports on their partners' impulsivity scores (BIS)

	Non-Victim/ Survivor of CC/DA (N=66)		Victim/Survivor of CC/DA (N=25)		Mann-Whitney U test			
	Median	Range	Median	Range	U	Z	p	$\eta^2$
<b>Participant self-report</b>								
BIS Total Score	59.5	49	66	28	664.5	-1.43	0.08	-
BIS Motor	21	20	22	10	782.5	-0.38	0.35	-
BIS Cognitive	15	16	18	13	497	-2.93	.002*	0.1
BIS Non-Planning	23	21	24	18	761.5	-0.57	0.29	-
<b>Participant reports of most recent partner</b>								
BIS Total Score	64.5	53	73	58	445	-3.38	.001**	0.13
BIS Motor	22	18	25	21	604.5	-1.96	.03*	0.04
BIS Cognitive	16	15	19	14	451	-3.34	.001**	0.12
BIS Non-Planning	25.5	24	31	25	432	-3.5	.001**	0.14

\* $p < 0.05$  \*\* $p < 0.01$  (one-tailed)

When participants rated their abusive partners, all scores were significantly higher than in those participants who had not been abused [BPAQ total score ( $U(91) = 170, p = .001, \eta^2=.38$ ), physical aggression ( $U(91) = 346, p = .001, \eta^2=.2$ ), verbal aggression ( $U(91) = 294.5, p = .001, \eta^2=.25$ ), anger ( $U(91) = 230.5, p = .001, \eta^2=.32$ ), and hostility ( $U(91) = 198.5, p = .001, \eta^2=.35$ )].

### *The Aggressive Acts Questionnaire*

Self-report scores on the Aggressive Acts Questionnaire (AAQ) in those who had experienced CC and/or DA were significantly higher in the total score ( $U(33) = 84.5, p = .05, \eta^2=.09$ ), impulsive aggression score ( $U(33) = 80, p = .03, \eta^2=.11$ ), and mood score ( $U(33) = 81, p = .04, \eta^2=.1$ ). Their self-report scores on premeditated aggression and agitation were also higher but not significantly. Ratings of participants' abusive partners' aggressive acts were all significantly higher [AAQ total score ( $U(36) = 61, p = .001, \eta^2=.29$ ), impulsive aggression ( $U(36) = 72, p = .002, \eta^2=.23$ ), mood ( $U(36) = 62.5, p = .001, \eta^2=.28$ ), premeditation ( $U(36) = 58, p = .001, \eta^2=.31$ ), and agitation ( $U(36) = 62.5, p = .001, \eta^2=.28$ )] than in non-abusive partners (see Table 17).

Table 16. Table displaying Mann-Whitney U-test results for victim and non-victim participant measures of their own and reports on their partners' aggression scores (BPAQ)

	Non-Victim/ Survivor of CC/DA (N=66)		Victim/Survivor of CC/DA (N=25)		U	Mann-Whitney U test		
	Mdn	Range	Mdn	Range		Z	p	$\eta^2$
<b>Participant own score</b>								
BPAQ Total Score	58	72	75	83	508.5	-2.82	<b>.003**</b>	0.09
BPAQ Phys. Aggression	15.5	30	18	31	584	-2.15	<b>.02*</b>	0.05
BPAQ Verbal Aggression	11	19	14	17	294.5	-1.39	0.08	-
BPAQ Anger	15	20	17	20	573	-2.25	<b>.013*</b>	0.06
BPAQ Hostility	17	25	21	22	458	-3.27	<b>.001**</b>	0.12
<b>Participant ratings of most recent partner</b>								
BPAQ Total Score	55	83	98	78	170	-5.83	<b>.001**</b>	0.38
BPAQ Phys. Aggression	16.5	33	29	32	346	-4.26	<b>.001**</b>	0.2
BPAQ Verbal Aggression	12	19	19	20	294.5	-4.73	<b>.001**</b>	0.25
BPAQ Anger	12	21	27	28	230.5	-5.29	<b>.001**</b>	0.32
BPAQ Hostility	14	24	26	23	198.5	-5.58	<b>.001**</b>	0.35

\*p&lt;0.05. \*\*p&lt;0.01 (one-tailed)

Table 17. Table displaying Mann-Whitney U-test results for victim and non-victim participant measures of their own and reports on their partners' aggressive acts scores (AAQ)

	Non-Victim/ Survivor of CC/DA (N=20)		Victim/Surviv or of CC/DA (N=13)		U	Mann-Whitney U test		
	Mdn	Range	Mdn	Range		Z	p	$\eta^2$
<b>Participant own score</b>								
AAQ Total Score	52	141	100	181	84.5	-1.68	<b>.05*</b>	0.09
AAQ Imp. Aggression	21	62	41	79	80	-1.85	<b>.03*</b>	0.11
AAQ Mood	14.5	48	26	52	81	-1.81	<b>.04*</b>	0.1
AAQ Prem. Aggression	9.5	13	13	22	100.5	-1.1	0.14	-
AAQ Agitation	10	28	20	40	103.5	-0.981	0.16	-
	Non-Victim/ Survivor of CC/DA (N=18)		Victim/Surviv or of CC/DA (N=18)		U	Mann-Whitney U test		
	Mdn	Range	Mdn	Range		Z	p	$\eta^2$
<b>Participant ratings of most recent partner</b>								
AAQ Total Score	53.5	163	137	173	61	-3.2	<b>.001**</b>	0.29
AAQ Imp. Aggression	20.5	57	46.5	62	72	-2.85	<b>.002**</b>	0.23
AAQ Mood	14.5	45	36	48	62.5	-3.15	<b>.001**</b>	0.28
AAQ Prem. Aggression	6	31	21.5	40	58	-3.3	<b>.001**</b>	0.31
AAQ Agitation	13	46	30.5	42	62.5	-3.15	<b>.001**</b>	0.28

\*p&lt;0.05. \*\*p&lt;0.01 (one-tailed)

### *Types of Aggressive Acts*

Further analysis of the primary component of the Aggressive Acts Questionnaire, which asks participants to provide details of their or their partner's aggressive acts within the last six months, were conducted. There were no significant differences found for time of day, recency and duration of the acts when comparing experiences of either CC or DA on self-reports and reports of partners' aggressive acts. However, there was a significant group difference for act 1 ( $\chi^2 = 11.66$ ,  $df = 4$ ,  $p < .05$ ) and act 2 ( $\chi^2 = 10.54$ ,  $df = 4$ ,  $p < .05$ ) for type of act for those who had experienced CC (acts 3 and 4 were omitted from the analysis due to low numbers of respondents). Those who considered themselves victim/survivors of CC reported an increase in physically aggressive acts of their coercively controlling partner than those who did not consider themselves victim/survivor of CC (see Table 18). Findings for the same groups were not significantly different in those who experienced DA.

Table 18. Victim/survivor and non-victim/survivor of CC reports of the nature of their partner's aggressive episode in the AAQ

<b>Group</b>	<b>Type of Act</b>	<b>Act 1</b>	<b>Act2</b>
<b>Does not consider themselves a victim/survivor of CC</b>	Physical	3 (4.3%)	3 (4.3%)
	Verbal	14 (20.3%)	4 (5.8%)
	Mixed	1 (1.4%)	0 (0%)
<b>Considers themselves victim/survivor of CC from current or most recent partner</b>	Physical	9 (37.5%)	8 (33.3%)
	Verbal	4 (16.7%)	6 (25%)
	Mixed	4 (16.7%)	1 (4.2%)

### *Experiences of domestic abuse as a child and adult victimisation*

An analysis was carried out on the differences between those who consider themselves victim/survivors or not. Those who witnessed DA as children and reported they now consider themselves to be a victim/survivor of DA showed a greater percentage (42.4%) than in those who do not consider themselves victim/survivor of DA (17.5%) ( $\chi^2 = 7.79$ ,  $df = 1$ ,  $p < .05$ ), see Table 19. There was no significant difference for CC victimisation and witnessing DA as a child.



Table 19. Self-reports of whether participants witnessed DA as a child and whether they now consider themselves victim/survivor of DA/CC

Item	Category	Witnessed DA as a Child		Did Not Witness DA as a Child	
		<i>N</i>	%	<i>N</i>	%
<b>Domestic abuse</b>	Does not consider self to be a victim/survivor of DA	14	17.5	66	82.5
	Considers self to be a victim/survivor of DA	14	42.4	19	57.6
<b>Coercive control</b>	Does not consider self to be a victim/survivor of CC	14	20.3	55	79.7
	Considers self to be a victim/survivor of CC	14	31.8	30	68.2

#### 4.2.4 The Domestic Abuse, Stalking and Honour Based Violence Risk Identification Tool (DASH-RIC)

The DASH-RIC tool within this questionnaire used 22 items based upon risk factors, Mann-Whitney U-tests were carried out on the individual items and total scores of reports of partners on the measures BIS, BPAQ and the AAQ. As previously mentioned, participants were not required to complete this section if they answered they had not experienced DA, however some still completed it and they were kept within the analysis as a means of comparison. Omitted from the analysis were those who reported being victim/survivor of CC or DA from previous partners. Eight items in the DASH-RIC revealed significant differences in at least one of the measures. Table 20 displays those questions that resulted in any significant difference between those who answered yes to a risk factor and those who answered no. The item ‘what are you afraid of?’ was omitted from this analysis since it was not numeric, and the item ‘are you afraid of anyone else?’ was omitted in this analysis as this question is not specifically related to their partner.

Eight out of 20 DASH-RIC items resulted in significant differences between those who selected ‘yes’ or ‘no’ to the item. Item 2 ‘Are you very frightened?’ showed that those who answered ‘yes’ (Mdn = 186) to this scored their partner significantly higher on the AAQ than those who answered ‘no’ (Mdn = 121.5) ( $U(17) = 11, p = .05, \eta^2 = .25$ ). Similarly, for item 3 ‘Do you feel isolated?’ those who answered ‘yes’ (Mdn = 193) scored their partner significantly higher on the AAQ than those who answered ‘no’ (Mdn = 106) ( $U(12) = 3, p = .03, \eta^2 = .44$ ). For item 5 ‘Have you separated, or tried to, in the past year?’ those who answered ‘yes’ (Mdn = 109.5) scored their partner significantly

higher on the BPAQ than those who answered 'no' (Mdn = 72) ( $U(26) = 27, p = .01, \eta^2 = .34$ ). Item 10 regarding their partners' 'controlling and jealous behaviour' showed that those who answered 'yes' scored significantly higher in both the BIS (Mdn: yes = 82.5, no = 69) ( $U(25) = 38, p = .04, \eta^2 = .18$ ) and in the AAQ (Mdn: yes = 190, no = 122.5) ( $U(14) = 9, p = .05, \eta^2 = .29$ ).

Item 11 'Did they use weapons or objects to hurt you?' showed that those who answered 'yes' scored significantly higher in both the BPAQ (Mdn: yes = 110, no = 81.5) ( $U(27) = 23, p = .05, \eta^2 = .15$ ) and in the AAQ (Mdn: yes = 204, no = 122.5) ( $U(16) = 3, p = .01, \eta^2 = .43$ ). For item 14 'Have they hurt anyone else?' those who answered 'yes' (Mdn = 114.5) scored their partner significantly higher on the BPAQ than those who answered 'no' (Mdn = 79) ( $U(26) = 19.5, p = .01, \eta^2 = .24$ ). Item 15 'Have they mistreated a pet?' showed that those who answered 'yes' (Mdn = 201) to this scored their partner significantly higher on the AAQ than those who answered 'no' (Mdn = 129) ( $U(17) = 5, p = .05, \eta^2 = .26$ ). Similarly, for item 17 'Do they have problems with drugs, alcohol or mental health?' showed that those who answered 'yes' (Mdn = 170) to this scored their partner significantly higher on the AAQ than those who answered 'no' (Mdn = 102.5) ( $U(16) = 9, p = .02, \eta^2 = .35$ ).

### 4.3 Discussion

The main aim of this phase of study was to explore self and partner reports of impulsivity and aggression in relation to experiencing DA and/or CC. It was hypothesised that the two constructs would be related in general, and that higher levels would be reported to be present in abusive partners and in those who had been victims of DA. Overall findings supported the hypotheses for the most part, with participants who were survivors of DA and/or CC consistently rating their abusive partners as higher in impulsivity, aggression and in their aggressive acts. In addition, self-reports showed higher levels within certain subscales of aggression and impulsivity in self-reports of those participants who had experienced either DA and/or CC. The following subsections will explore the findings in more detail in relation to the existing literature in the area.

#### 4.3.1 The Relationship between Impulsivity and Aggression

Findings in this study support both the initial hypothesis and the current literature on the association between impulsivity and aggression (e.g. Archer & Haigh, 1997a; Archer & Haigh, 1997b; Bernstein & Gesn, 1997; Buss & Perry, 1992), particularly in terms of the BIS and the BPAQ. However, while correlations remained positive

throughout the tests, participant reports of their partners consistently showed much stronger, and more significant, correlations than in their own self-reports. This could be for a number of reasons. Social desirability is widely understood to play a key role in self-report measures (e.g. Fisher, 1993; Levy, 1981; Robinette, 1991) where one endeavours to present themselves in a positive light, meaning results become biased towards what respondents feel is the “acceptable” behaviour (Maccoby & Maccoby, 1954). As suggested in existing research literature (Booth-Kewley, Edwards, & Rosenfeld, 1992; Holtgraves, 2004; Lautenschlager & Flaherty, 1990), this phase of study attempted to counter this phenomenon as much as possible with steps being taken to preserve anonymity of the participants to allow them to feel they could be as open and honest as possible with their responses.

It is also possible that when making decisions on their partner’s BIS, BPAQ, and AAQ scales they were able to be more judgmental than towards themselves, allowing them to give more objective measures. When self-reporting, participants have many more points in time to consider their own actions, thoughts and behaviours; resulting in more moderate responses. Assessing a partner will have fewer of these data points meaning they will be less confusing or conflicted. This could result in their assessment of their partner being based on the more extreme incidents in their recall, resulting in less restrained responses.

Since the study was advertised as being about conflict in intimate relationships, participants with more relationship issues might have volunteered than if it was randomly distributed in the general population. If a number of participants volunteered to take part who have been victims of abuse with a current or previous partner, their self-report measures may be considerably different to ones from the general population. This could mean that results were simply an honest representation of the participants’ self-reports and reports of their partners; that their judgments show the “currently observable reality” (John & Robins, 1993, p. 191). This reveals the simpler nature of informant reporting as there are fewer issues with social desirability and self-judgment, than what may have occurred if their partners self-reported.

#### 4.3.2 Effects of Domestic Abuse and Coercive Control

##### 4.3.2.1 Reports of Partners

As hypothesised, participants rated their abusive partners significantly higher across all subscales of the Barratt Impulsivity Scale, and shows the confidence with which abused partners are able to identify impulsivity, a construct known to be related to violent



criminals, in their abuser. The total score across subscales, as well as cognitive and non-planning impulsivity showed medium effect sizes at the .01 significance level, however motor impulsivity was found to have only a small effect size as well as its significance being at the .05 level. Reasons for this have been considered. Items on the motor impulsivity subscale are concerned with 'acting without thinking', doing or saying things 'on the spur of the moment', and lacking thoughtfulness. For example, participants were asked if their current or most recent partner can only think about one problem at a time, makes up their mind quickly, or does things without thinking. When looking at the BIS questions as a whole, a possible reason for the weaker effect and significance of motor impulsivity may be due to participants lacking confidence in their assumptions of their partners' thoughts, or lack of them, when reacting.

In addition, it could be linked to those who have been abused by these partners feeling their partner premeditates their general acts more so than acting impulsively, which will be discussed later. Alternatively, the differences in strength in the subscales could be related to the ease of identification in partners' outward behaviours; non-planning impulsivity in particular (and the one with the highest effect size) has questions regarding the careful thought and planning of their partners, with items asking whether their partner saves money regularly, plans trips ahead of time, likes puzzles and gets easily bored. Such behaviours are easily identifiable for the participant, who is able to recall such eventualities with ease, as opposed to the more abstract personality, and thought based, questions in motor impulsivity. Similarly, cognitive impulsivity, which may suggest a participant is required to know their partners thoughts, actually asks more questions based upon behaviours, such as on concentration on tasks, paying attention, squirming at the theatre and changing hobbies.

Aggression levels were measured higher, as hypothesised, in those partners who were abusive to the participants. The Buss-Perry Aggression Questionnaire showed consistently significant differences with large effect sizes throughout each subscale. Whilst large, the lowest effect size of the subscales was in physical aggression. Seen as the most extreme form of aggression, it is reasonable to assume that fewer participants reported physical aggression than in the other subscales, in addition it highlights the fact that not all DA is perpetrated in the isolated physical incidents, and it is more likely that their abusive partners possess other, non-physical, aggressive traits that can be identified by their partner more frequently. This supports the DA literature in terms of the emotional and psychological abuse that is used against victims, and that physical aggression is not

always required in an abusive relationship (e.g. Stark, 2009).

Interestingly, and linking with this finding, when examining the Aggressive Acts Questionnaire, while all subscales were significant with large effect sizes, the largest was premeditated aggression. Premeditated questions included “act was planned,” “my partner profited financially from the act,” and “the act led to power over others and improved social standing of my partner.” This finding shows how victims of abuse can identify how their abusive partners’ acts are often planned and thought through. Theories on CC (e.g. Kelly & Johnson, 2008; Stark, 2007), as discussed in the literature review, would suggest links with premeditation in terms of the highly manipulative nature of the perpetrator, these results clearly support this. However, it is important to identify the layers within the constructs, as some may see the prominence of premeditated aggression identified in partners as an indication that the abusers cannot also be impulsive. The high levels of premeditated aggression identified suggests the participant believed that their partner knew what they were doing, and had agency of it. Levels of general impulsivity are not static, rather they are more dynamic and dependent on factors such as drug taking, social facilitators, and experiences (Barratt et al., 1994; Corruble, Damy, & Guelfi, 1999; Douglas & Skeem, 2005; Swann, Anderson, Dougherty, & Moeller, 2001), therefore it is possible that the levels of impulsivity at the time can relate to whether a premeditated idea is carried out, hence the importance of the levels of general impulsivity when considering premeditated aggressive acts. Supporting this view, previous research (Barratt, Stanford, Felthous, et al., 1997; Houston & Stanford, 2005; Stanford, Houston, Villemarette-Pittman, & Greve, 2003) has found that both impulsive and premeditated aggression had high levels of impulsiveness in studies of forensic and psychiatric populations. When considering the types of aggression, in a review of the literature, Ramírez and Andreu (2006) suggest their preference for the use of the label ‘hostile’ aggression rather than ‘impulsive’ aggression to reflect that impulsivity can be present in both types of aggression.

In addition, this phase of study found that the strength of effect sizes and significance levels were greater in reports of partner aggression over partner impulsivity. This may be explained by the nature of the two constructs. As mentioned earlier there are a number of questions in the impulsivity subscales requiring the participant to assume the thoughts and intentions of their partners; this is in contrast to aggression which have many more items around behaviours that can be readily identified. More generally, it appears that aggression as a construct is also easier to describe and make sense of, which was also identified in the first phase of this study.

#### 4.3.2.2 Self-Reports

It was hypothesised that those who experience CC and/or DA will report higher levels of their own impulsive and aggressive traits. Findings from this phase of study reveal mixed results. For overall impulsivity, participants self-report scores on the BIS were higher when they experienced CC/DA from their partner, this was nearing significance and therefore suggests a trend may be evident if explored in future studies with more participants. The subscale with a significant difference in scores was cognitive impulsivity, with a medium effect size. Described as the inability to consider the consequences of immediate and future events, to delay gratification (Arce & Santisteban, 2006), cognitive impulsivity subscale questions in the BIS asked questions regarding “paying attention,” “steady thinking,” and “racing thoughts”. Such questions focus on the attentional factors influencing decision making of individuals, which could be said to be impaired in participants who have experienced DA. As was previously mentioned, impulsivity is not static and it changes over time dependent on other influences. We do not know the impulsivity levels of participants prior to their experiences with DA to rule out that they measured higher before their relationship, so it is possible that those individuals with generally higher levels of cognitive impulsivity, who lack focus and have racing thoughts, might potentially select abusive partners. However, it could also be assumed that experiencing long-term dangerous situations with a person who uses a catalogue of abusive tactics impairs reactions and cognitions that will change as a result. This has been shown in the research literature concerning childhood trauma and the increase in their behavioural and trait impulsivity (e.g. Brodsky et al., 2001; De Bellis, Chrousos et al., 1994; De Bellis, Lefter, Trickett, & Putnam, 1994; Hoffman, DiPiro, Tackett, Arrendale, & Hahn, 1989; Perry & Pate, 1994). The other two subscales, motor and non-planning impulsivity did not reach significance; this makes sense given that they are based upon the participants’ actions and planning abilities which, it could be argued, are less connected to their emotional stability. Connecting to working memory, Solís-Cámara and Servera (2003) found that those with low average working memory and deficits in attention were found to have a decision-making style that was more impulsive. Research has shown a link with cognitive deficits in working memory and PTSD suffered by DA victims (Stein, Kennedy, & Twamley, 2002), further indicating the link between how experiencing DA can alter levels of impulsivity in the victim.

Similarly, self-reports of aggression in the BPAQ reveal participants who experienced DA had significantly higher levels of total aggression, with a small to medium effect size. Subscales of physical aggression and anger were also significantly

higher with a small effect size, while hostility was significant with a medium effect size. Verbal aggression was not significantly higher; however, it is nearing significance. Again, there are possibilities as to why participants themselves are more aggressive. It is unclear whether participants and their partners were involved in bidirectional DA. In addition, research shows links between witnessing abuse as a child and perpetrating abuse as an adult (e.g. Ehrensaft et al., 2003; Widom & Wilson, 2015) with similar links being found in this study. Therefore, it is possible that the participant also displayed abusive behaviours towards their abusive partner. However, as with the BIS results, it may be more reasonable to connect the victimisation of the participant with an increase in displays of aggression. Feelings of hostility (which showed the greatest significance and effect size) involves a larger cognitive involvement due to the rumination of negative feelings towards others (e.g. Buss & Perry, 1992; Ingram, Trenary, Odom, Berry, & Nelson, 2007; Wilkowski & Robinson, 2008). Hostility items in the BPAQ included ones of thoughts of jealousy and feeling bitterness; such thoughts may be a result of experiencing abuse. The AAQ also showed self-reports of aggression to be higher in some areas for victims of DA, with mood and impulsive aggression being both significant and with medium effect sizes, while premeditated aggression and agitation were not significant. Supporting earlier claims of the effects of DA, these results potentially show how expressions of emotionality appear increased in victims regarding aggression.

#### 4.3.2.3 The Relationship between the DASH-RIC, Impulsivity and Aggression

This phase of study also examined how perceptions of impulsivity and aggression in a partner are related to total scores, as well as the individual items, on the DASH-RIC. This part of the study was purely exploratory with no hypotheses. Regarding impulsivity, correlations showed only a significantly weak positive relationship between BIS non-planning and the BIS total scores and scores on the DASH. While both aggression measures (BPAQ and the AAQ) revealed significant moderate to strong correlations, apart from physical and verbal aggression which were not significant.

Findings in the current phase of study suggest the connections that victims of DA can make between CC, aggression, and impulsivity. Exploring the individual DASH items, of which eight out of twenty showed significant differences in scores, further confirmed these relationships. Both impulsivity (BIS) and aggressive acts (AAQ) were both found to be significantly higher in those partners identified as displaying controlling or jealous behaviour, which are key components of CC according to Stark (2009). Therefore participants' ability to identify higher levels of impulsivity in their



controlling/jealous partners is an important finding, and links with the discussion earlier regarding the influence of premeditation in aggression.

Aggression levels (AAQ) were higher in those who said yes to their partner mistreating a pet, and hurting someone else (BPAQ), revealing the links between aggression measures and the propensity for the perpetrator to hurt others and the high risk this presents. There was also a difference in scores of partners' aggressive acts (AAQ) when they answer yes to them having problems with drugs, alcohol or mental health. The DASH-RIC item regarding partners using weapons reveals higher scores in aggression (both the BPAQ and the AAQ) if the participant said yes to this item, with the AAQ showing an extremely large effect size. Use of weapons is viewed as an extreme act of violence and abuse and therefore the significance in these scores of aggression further confirm the relationship within the construct and the measures used. Another interesting finding was in how isolated abused participants felt, as well as how frightened, both showing higher scores in their partner on the AAQ (with an extremely large effect size for isolation). This provides a further link to effects of DA victimisation, showing that perpetrators acting aggressively affects the victims' access to family and local community and their ability to approach others (Rokach, 2007). Myhill and Hohl (2016) tested the CC related risk factors in the DASH-RIC in relation to which type of abuse is reported most to police. Similar to the findings detailed in this phase of study, they found the factors of victim isolation, fear, along with perpetrator controlling behaviours to have had the highest item loadings in their study, with the additional item of use of weapons also found to be a course of conduct. Therefore, the findings in this phase of study demonstrate that victims of DA identified these coercively controlling behaviours and effects, as well as aspects of aggression and impulsivity within their partners.

#### 4.3.3 Methodological Considerations

In addition to the issues of social desirability and informant reporting discussed in sections 4.3.1 and 2.8, there are other methodological areas that may have affected this phase of study. Participants in this study were asked if they consider themselves a victim/survivor of DA or CC. Their answer to this formed the basis of comparisons. Firstly, it is acknowledged that self-disclosure of DA may not be entirely accurate due to the participants' own awareness of their experiences with their partner. This was countered as much as possible by providing definitions of both behaviours on the questionnaire, however whether such definitions were understood and followed accordingly is unknown. Secondly, participants may have intentionally chosen the 'no'

option due to the labelling of 'victim' or 'survivor,' a finding from the recruitment part of phase one in this study (see Section 3.8); both are loaded descriptions which the participant may not have wanted to identify with. In hindsight, a question asking if they had 'experienced' CC or DA might have prevented this eventuality. Thirdly, because there was no question asking about DA perpetration by the participant it is also unclear whether some of those who said 'yes' to being a victim/survivor may have also perpetrated abuse, which would have introduced a further category, bi-directional DA, for comparison and potentially introduce further explanations for the raised levels of aggression in self-reports. Finally, there is an additional issue specific to this study's design, whereby some of the participants responded to questions based on an ex-partner, as opposed to their current partner. This suggests a possibility for these participants to have an overly negative view of their ex-partner where they might have answered questions on them in a more extreme way. Because of the size of the sample, and issues with statistical power, in terms of those who experienced DA, it was not possible to further split this data set to compare whether this phenomenon had occurred. Development in the areas outlined in this section would be considered a priority if using this questionnaire in future research.

The study was advertised to students and the general population as being about conflict in intimate relationships. The intention was to inform potential participants about the study content so as not to deceive them, and to also ensure all participants had a partner or ex-partner they could report on. However, this may have also attracted more participants to take part who are in DA situations and potentially skew the prevalence of its occurrence in the sample from that of a random sample. What was found, however, was within the range of the current DA statistics, therefore it is hoped that the numbers are accurate. Many of the student participants took part in the study as part of earning credits for their first-year research participation and therefore they were not responding directly to the advertisement.

Future studies using this questionnaire should consider having a more balanced split between males and females as well as recruitment from a larger sample size, particularly because of the Aggressive Acts Questionnaire (AAQ). The AAQ was not completed by the majority of participants meaning the results of cross tabulation of types, recency, and time of day of aggressive acts could not be compared due to low numbers. Because of time restraints of the researcher, while it was intended to recruit at least 150 participants, the researcher found that the return rate of questionnaires was low and therefore had to halt recruitment in order to progress with the analysis and writing of the thesis. It is

assumed that many of the participants who volunteered to take part might have felt daunted by the size of the questionnaire, so either never started it, or became bored and never finished it. This should be considered in future regarding whether all subscales and measures require inclusion. For example, in the AAQ for each of the four named aggressive acts by the participant there was a 22 item questionnaire, and this was for both the participant and their partner. If the participant described all four for themselves and their partner then the completion of the full battery of questionnaires was extremely lengthy; a future study may consider limiting this to two aggressive acts.

#### 4.3.4 Conclusion

This second phase of the mixed method study was quantitative, and was designed as a way to explore theoretical relationships with a wider population, looking at patterns and associations between DA experience, aggression and impulsivity. This was intended as a way to triangulate the findings from Phase One of this thesis, which explored the in-depth lived experience of six DA victims in terms of risk, and their perceptions of their abuser, therefore providing both intensive and extensive findings and analysis related to the research questions. Findings from both Phases One and Two of this thesis are linked, particularly in terms of DA victims' ability to identify aggression and impulsivity in their abusive partners, and the combined findings will be explored in detail in Chapter Six.

The battery of questionnaires used in this study (BIS-11, BPAQ, AAQ, DA Questionnaire and the DASH-RIC) have demonstrated that impulsivity and aggression are linked, as suggested by prior research, and interestingly they are more strongly linked when measuring abusive partners than in self-reports. In addition, those who considered themselves a victim or survivor of CC/DA reported their abusive partners to be higher in both impulsivity and aggression. Both cognitive and non-planning impulsivity subscales showed strongest associations for participants to recognise impulsivity in abusive partners, with motor impulsivity showing a weaker relationship, possibly due to the types of questions used in that subscale. Aggression in abusers was identified by their partners with large effect sizes and significance throughout the four subscales of the BPAQ, physical, verbal aggression, anger and hostility, and in the AAQ subscales of impulsive and premeditated aggression, mood and agitation. In addition, some individual questions from the DASH-RIC tool showed significantly higher scores with large effect sizes, showing the links between DA, aggression, and impulsivity. The items included weapon use, controlling and jealous behaviour, hurting others and pets, the victim feeling isolated

and frightened, and the perpetrator suffering from alcohol/drug use or having mental health issues.

In self-reports of impulsivity, the results were more varied, but showed trends towards higher levels of cognitive impulsivity if they had reported being a victim/survivor of DA/CC. This subscale is concerned with attentional impulsivity, racing thoughts and lack of focus and, as has been discussed in this chapter, whether the participant may have already had high cognitive impulsivity levels prior to their abusive relationship, or whether such a relationship has affected their attentional responses, is unknown and offers a further area of research in order to fully understand the effect of abuse on the victim. In addition, self-reports of aggression showed significantly higher levels of hostility and physical aggression, but with small to medium effect sizes. Explanations similar to those of impulsivity were explored, particularly whether experiencing violence and abuse can lead to changes in the victims' levels of aggression. In summary, this phase of study has confirmed the hypotheses for the most part and provides evidence for the potential key information victims of DA could supply in risk assessments.

## Chapter 5: Qualitative Case Study Phase of Study

Findings from Phase One of this thesis revealed a subtheme regarding ‘Hidden Children’ (Section 3.4.2.4.3), and given the literature covered on children’s experiences of DA, and the prevalence and the effects it has across their life course (covered in Section 1.2.5), this final phase of study was undertaken as a direct result of this finding. The aim was to explore the research questions within a family of victims, as opposed to just adult victims. This Third Phase of study therefore explored the combined accounts of both parent and child DA survivors via a qualitative case study of one family using narrative techniques. Using the emergent findings from Phase One as a guide for further investigation, the central topic was to explore parental and child perceptions of risk, aggression and impulsivity in DA situations in families with children.

Following the narrative interviewing technique (Bauer & Gaskell, 2000) outlined in the methodology chapter, the researcher used the ‘exmanent’ questions below that reflected the general thesis interests, which were then used to distinguish ‘immanent’ issues given by the participant’s story, to be translated into questions during the individual interview with the adult DA victim (see Appendix XIII for full interview schedule). The exmanent questions were as follows:

1. What did the child and parent notice in their partner/parent as being a risk to them (or their child)?
2. What would the parent and child do, or not do, day to day to minimise risk?
3. Does the parent/child notice or not notice impulsive and aggressive traits in their partner/parent?
4. What is the parent/child attachment like – how does the parent speak about their child? How does the child speak about their parent?
5. Adult specific: Does the parent acknowledge the presence of DA in the life of their child, if so how is this characterised?

During an in-depth interview the adult participant retold her story of her own DA experiences, with an emphasis on her perceptions of risk, and her abuser's aggression and impulsivity. Two of her children then took part in a narrative observation using art and sand play.

### 5.1 Method

Details of methodological decisions that were made in this phase of study have been outlined in Section 2.9. The following subsections will briefly detail the methods used.

### 5.1.1 Sample

Participants were recruited via a West Yorkshire based charity whose clients are families or family members, both victims and perpetrators, dealing with issues around DA and coercively controlling behaviours. Participants comprised of one single parent family, whose names have been changed to preserve anonymity. Figure 5 displays the family unit in a genogram for clarity. The family comprised of a mother (aged 27) named Rebecca, a white British woman, with three children. Her two sons, Alfie (8) and Zach (4) took part in the study and her daughter, Alisha (2) did not take part due to her age. Rebecca was Islamically married to Ismail, and they had been together for approximately five years. Ismail is not the biological father of Alfie. This family have spent approximately 18 months away from Ismail, who was abusive, since leaving him through the use of an injunction and an indirect child contact order for Zach and Alisha, which was in place at the time of the research interview.

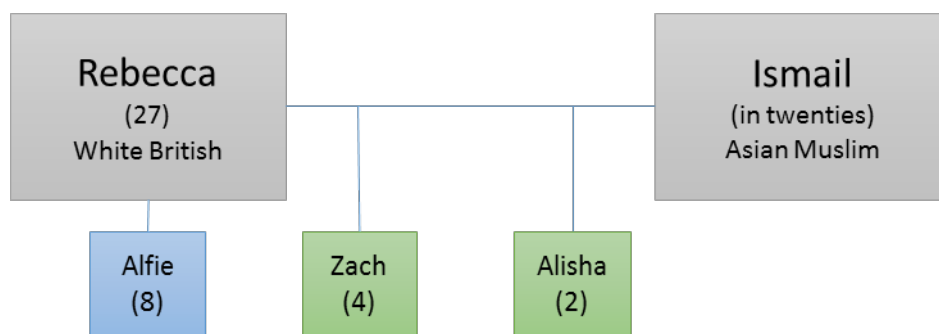


Figure 5. Genogram displaying the relationships within the case study family.

### 5.1.2 Procedure

The gatekeeper of the charity handed out a leaflet (see Appendix XIV) advertising the study to clients with children, who then provided the researcher with the phone numbers of interested parents. An initial phone call was made to explain the study in more detail and to ask if they would like to meet at the charity to discuss the study. In the initial meeting with the parent, who brought along her three children, the researcher detailed the study to Rebecca by going through each section of the parent information sheet (Appendix XV). When Rebecca was satisfied she had enough information to make an informed decision she agreed to a second meeting where the researcher could spend more time with the children for rapport building purposes and to explain to them the study using child-

friendly play techniques and by also reading through the information sheets, in age friendly language (Appendices XVI & XVII) with Alfie and Zach. Child consent and assent was gained via a smiley face consent sheet (Appendix XVIII) during this meeting, and was gained again on the day of the play observation. Rebecca's consent was gained on the day of her interview using a consent sheet (Appendix XIX). The interview was audio recorded and followed the steps detailed within the Methodology Chapter (Section 2.9). A debrief sheet (Appendix XX) was given to Rebecca after her interview, and debrief time was in place immediately following the interview for Rebecca, to provide her with space and time, after an emotional interview, to return to her day. The observation using play with her sons was arranged for a different date and following gaining assent/consent from them once again, the play observation commenced. Details of this are covered in section 5.2.2.2 of this chapter,

### 5.1.3 Narrative Analysis Process

Unlike in interpretative phenomenological analysis (IPA), there is no single prescribed method of analysis in narrative inquiry. Daly (2007) suggests that “the primary goal of narrative is to understand how individuals construct their experience within the context of their life” (p. 113). With this in mind, and supporting the agreement by narrative scholars that human feelings and experiences benefit from narrative methods to give them voice (e.g. Kleinman, 1988; Mishler, 1991; Pejler, Asplund, & Norberg, 1999; Riessman, 1993), the analysis process followed the guidance offered by Jovchelovitch and Bauer (2000). Advocating Schütze's (1977, 1983) technique that uses systematization, Jovchelovitch and Bauer suggest narratives should reconstruct the participant's events from their perspective as directly as possible. This phase of the thesis therefore followed six steps detailed by Jovchelovitch & Bauer (2000) based on Schütze's unpublished (1977; 1983) work:

1. Transcription of adult interview that is detailed and high-quality. However, the child narrative observations were not recorded therefore detailed note-taking was used during and immediately after the meeting.
2. Allocating text to the indexical (references to story content ‘who did what, when, where and why?’ and non-indexical categories (values and judgments for example). The latter also includes two types: descriptions of feeling and experience, along with values and opinions attached to them; and argumentations as well as reflections in terms of general theories and

- concepts about what is told in the narrative.
3. Creation of trajectories from looking at only the indexical components.
  4. Knowledge analysis of the non-indexical dimension, this forms the basis of related theorising. These are compared to elements of the narrative to analysis the informant's self-understanding.
  5. Comparing individual trajectories (in this phase of study, comparing mother with child accounts)
  6. Putting into context the individual trajectories and establishing similarities which allows for the acknowledgment of collective trajectories.

As this phase of study is a case study of one family there are some minor differences from other narrative studies, the final two steps of the above acknowledge the young age of the two child participants, and the different style of data collection; the children were not interviewed in the same way as their mother, and the children's observations were less structured around the central topic emphasising the indirect nature of play techniques and child narratives. In a similar way to the process of analysing in Phase One of this study, the researcher utilised the NVivo software in carrying out the above steps. Analysis began with Rebecca's account, and went on to analyse the children's play based observations and accounts.

## 5.2 Findings

To provide contextual background, Section 5.2.1 summarises Rebecca's story, before Section 5.2.2 which explores and discusses the emergent themes, with quotes from Rebecca's narrative account placed within theoretical perspectives. This process will be repeated for the narrative observation with her children in Sections 5.2.2.1 and 5.2.2.2. Section 5.3 will conclude the chapter by connecting adult and child accounts.

### 5.2.1 Descriptive account

Rebecca met Ismail while a single mother, to Alfie, and living with her parents. The relationship started well whereby Ismail was very attentive and she recalled feeling he was "everything she had never had." Due to expecting her parents disapproval of her relationship with an Asian/Muslim man (because her father "knew how they treated women"), their relationship was kept a secret to begin with.

Early in their relationship, it became apparent to Rebecca that Ismail was still seeing his ex-girlfriend, and when confronted he would make sure his ex-girlfriend said to



Rebecca, face to face, that nothing was happening between them. However, Rebecca was still doubtful and so she started to see a man she met via Facebook. When Ismail found out it was the first time he was physically aggressive towards Rebecca, she also believes he was using cocaine at the time of the attack. It was a sustained attack, which partly occurred in front of her eldest son, Alfie, who was two at the time. The next day she received numerous apologetic text messages, to which she now regrets forgiving him and carrying on with their relationship.

A further concern for Rebecca was an incident early in their relationship, Rebecca and Ismail were one night approached by police in a park where they found a glove, a golf club and cricket bat in Ismail's car boot. Rebecca found herself lying for him to the police, saying that he goes golfing at the weekends. Via the police radio Rebecca found out that Ismail had a pending court date for false imprisonment and battery against his ex-girlfriend, for which Ismail gave Rebecca a convincing explanation.

From a cultural perspective, Rebecca took on board the Muslim faith for Ismail, which included sending her eldest son to learn about the religion at the mosque and to bring all her children up as Muslims. When she was in labour with their son, Zach, Rebecca commented on how wonderful Ismail was, as he did not choose to follow his cultural upbringing of not being present in the delivery room, but instead was there for Rebecca every step of the way for the birth of their son.

Over the course of the five years, Rebecca discovered Ismail was cheating several times and when challenged he would be violent towards her. He was both verbally and physically aggressive towards her and in front of the children. Ismail also used sexual humiliation verbally, and he also forced Rebecca to carry out a sexual assault on herself with a sex toy, in front of him.

There is extremely strong evidence that Ismail used ongoing CC throughout their relationship. His controlling and humiliating behaviours were numerous, including demands for household chores to be done in a particular way, as well as meals on demand. He isolated her from her parents, who took Rebecca and Ismail to court for access rights to their grandchildren, because Ismail refused to allow them to see them.

Ismail would regularly insult Rebecca based upon a short rebound relationship she had when they once split up. The man she was seeing was mixed race and Ismail would make belittling comments based on this, as well as many remarks, and questions, about their sex life. Many derogatory comments were spoken to her in front of their children, and Ismail would often have their son Zach, a toddler at the time, join in with these comments and insults.

Ismail also recorded Rebecca being 'riled up' one morning, where she was dressed in pyjamas, and he threatened that he would show it to social services if she left him. Rebecca also discovered Ismail had installed a listening device in her house, which he actively listened to for around a year. For this he was charged and sentenced with community service.

Rebecca was finally able to split from Ismail, who then began to go to her house and talk through the door to her and their son, Zach. The last major incident involved Ismail punching the glass on the door into Rebecca's face, which was witnessed by both Alfie and Zach. A child contact case is currently ongoing.

## 5.2.2 Analysis and Discussion

### 5.2.2.1 Adult Victim Themes

Four overarching areas were focused upon in this phase, the three main areas of the central topic were focused around children, acknowledging risk, and impulsivity and aggression, within them prominent themes emerged. Other emergent themes were also included to ensure Rebecca's full narrative was given voice aside from the researcher's central topics; Table 21 displays these theme titles and the following section aims to explore them.

#### *1) Mother's Acknowledgement of Risk to Children*

Rebecca's story contained numerous explanations of her children, and the gradual journey she took throughout the abuse in considering the impact of the DA on them. This is presented via two themes:

##### *1a) The journey towards understanding her children's fear*

Rebecca's talked of understanding how frightened her children were at the time of the verbally, emotionally and physically abusive events. However, differences were identified in her narrative, particularly when comparing the events she retold later in the relationship to the early ones. On the very first occasion of physical abuse, Rebecca recalled how her eldest son, Alfie, witnessed it:

I were crying and stuff and then my oldest son [aged two] come downstairs, and I took him back up to bed but he wasn't having any of it. And he knew, he could hear, so he stood on the steps, and had, I'll never forget it, he had a Thomas the Tank Engine onesie on, and he was so scared, he had like this curly like, curly, curly blonde hair.

Table 21. Table displaying the overarching areas and themes that emerged from Rebecca's narrative account

<u>Areas</u>	<u>Themes</u>
<b>1. Mother's Acknowledgement of Risk to Children</b>	<ul style="list-style-type: none"> <li>a. The journey towards understanding her children's fear</li> <li>b. Children's implicit and proactive interventions of abuse</li> </ul>
<b>2. Acknowledging Risk</b>	<ul style="list-style-type: none"> <li>a. Risk perception as a sensation</li> <li>b. Observing the signs of dangerousness</li> </ul>
<b>3. Impulsivity &amp; Aggression</b>	<ul style="list-style-type: none"> <li>a. The blurred perceptions of impulsivity</li> <li>b. The effects of dependency on acknowledging aggression</li> </ul>
<b>4. Other Emergent Themes</b>	<ul style="list-style-type: none"> <li>a. Reflections on accommodating the abuse</li> <li>b. The transition from rejection to acceptance of parental intervention</li> </ul>

Research on Post Traumatic Stress Disorder (PTSD), including from the DSM-5 (Association, 2013a), describes the way traumatic events can either be remembered with extreme vividness, or the details can be almost completely forgotten (Van der Kolk, 1998). Rebecca's first abusive event was described in great detail, where she provided a timeline of the sustained abuse, detailing rooms, objects, and what her son looked like and was wearing. It is clear this event was extremely traumatic for Rebecca, it seemed etched in her memory, possibly due to it being the first frightening situation she had. However, as time progressed and the pattern of aggressive episodes grew, Rebecca's narrative seemed to become more muddled and much less detailed when explaining events, something that has been reported as typical in trauma memories (e.g. Tromp, Koss, Figueredo, & Tharan, 1995). For example, reflecting on a later time in their relationship Rebecca remembers, only in hindsight, that Alfie would sleep with his head under the pillow:

He started sleeping with his head under the pillow, and I didn't realise at the time... that were because of what he could hear.

Saying that she "didn't realise it at the time" suggests she has only recently understood the reason why he did this, since separating from Ismail, when her traumatic responses to abuse seem to have lessened.

Further to this, with the arrival of their son Zach, and after she and Ismail had been together for approximately two years, it seems her understanding began to transform as she showed a greater appreciation of her baby's fears. On one occasion Rebecca realised how he needed her for protection, via his need for breastfeeding longer than she planned:

I breastfed him [Zach] for 10 months, I only planned to do it for six weeks but I just couldn't get him off. And I still say he knew, that little boy knew, and he wanted to stay with his mum...I was his safety net and I know I was.

In addition, Rebecca shows a clear understanding of the absolute fear her newborn daughter, Alisha, was experiencing during an incident of physical abuse.

He had my daughter and he was like this twisting in all of my face, and my daughter were, she was just wet with sweat and she couldn't do anything, and she was so little, and he wouldn't give her to me. And I said 'give her to me' and I said 'she needs her mum' and he wouldn't.

Through being denied access to her mother, Alisha would have clearly felt abandonment and because of this expressed panic and anxiety. In addition, she is being held by somebody that frightens her; this is clear in how she is described as being 'wet with sweat.' Rebecca's response demonstrates how she was undoubtedly attached to her daughter, and the bond between them was strong (Ainsworth, 1991; Howe, 2011), possibly strengthening her understanding of the fear. As she attempts to make a stand against Ismail to protect their child she shows her understanding of Alisha's needs. This attunement suggests she had reached a stage of reflecting her daughter's mental experiences, something which is central to aiding their strong attachment bond (Fonagy, Steele, Steele, Moran, & Higgitt, 1991), this finding might suggest that understanding a child's fear is associated with a secure attachment bond.

In a subsequent argument in the car, with their children present, Rebecca was told by Ismail to leave the car, which she did for a few minutes, and she recalled how her newborn daughter was affected:

My daughter was hysterical and the only thing that made her settle was me stripping off and giving her skin to skin. She screamed constantly, that's the only thing that stopped her.

Alisha's response displays a similar terror to what happened in the previous quote, particularly in terms of her mother leaving her with the man who frightens her, which

compounds her baby's feeling of abandonment. In infants, Bowlby's attachment research (1969; 1973; as cited in Dutton et al., 1994) states that unmet attachment needs can lead to rage and, in addition, becoming separated from an attachment figure can produce powerful terror responses. This finding indicates the secure bonding between mother and baby, with Rebecca's explanation to her partner demonstrating she understands what is happening in that moment:

He was going 'what's wrong with her, what's wrong with her?' and I went 'it's you, you're making me panic and that, and she's feeling it.'

It is apparent here that, in addition to having no attachment to his daughter, Ismail is abusing the attachment between his daughter and her mother, something that seems to assist in Rebecca's final acknowledgement of the risk of abuse (covered in theme 1b). Rebecca's understanding of the impact the abuse is having on her children grows further towards the end of her narrative, where she reflects on being told by the school to take action due to their concerns of her children's welfare:

So the headteacher said 'look you are going to have to do something about this cos if not I'm gonna have to do something.' And I were like 'I will, I will, I know it's not right and I know I need to do something but I can't get out.'

Such realisations of the effect on her children were plentiful later in her story. In an incident where her children witnessed their father smash a window on to Rebecca's face, she explains the confusion and fear of her son, Zach (age approximately two at the time):

My son's in my bed again because he's scared, he said 'I'm scared that he's going to come and I'm scared I'll see that face, you know from where the window was smashed, and he's going to smash the window and blood's going to go on your face again.'

Later, she further considers the consequences of her children's fear and their sleeping patterns:

From that night, my son, he were in his own bed every night until that. My daughter, since that night when she saw him strangling me, I've had both of them in my bed.

So while Rebecca maintained awareness of her children's knowledge of the abuse throughout the narrative, it is possible that this shifted as the abuse progressed. She appeared to be more able to grasp her children's fear and its effects; from helpless inaction (recalling with emotion her eldest son watching on the stairs) to proactive measures to protect and reassure her children towards the end. It may be that mothers who are traumatised by abuse have difficulties in making such acknowledgments, since the mother not recognising that she is traumatised subsequently means she cannot recognise this in her children. This suggests that there is a journey to a victim's acknowledgement of the abuse and potential risks to her children, which further impede the process of reporting it. Research by Gorin (2004) supports this finding, where it was found that mothers' acknowledgment of the extent of children's exposure to DA occurred only after they split from their abusive partner.

In terms of PTSD, the trauma research suggests that emotional reactions need to be absorbed, or processed, and if there is an inability to do so then this is when post-traumatic stress can be encountered, causing emotional distress (Ehlers & Clark, 2000; Rachman, 2001). The same research has also suggested that most people should be able to absorb their emotional reactions eventually, with the course of time being an important factor. This is relevant within this theme as it seems that earlier in their relationship Rebecca displayed symptoms of PTSD, but later, and perhaps after more successful emotional processing, Rebecca was able to acknowledge the effects of the abuse on her children.

#### *1b) Children's implicit and proactive interventions of abuse*

In terms of implicit interventions, Rebecca reflects on how the arrival of her daughter, Alisha, mediated her own judgments of abuse. She appears to place symbolic importance on the arrival of her daughter regarding the prospect of leaving Ismail:

I always think things happen for a reason, and I always say, like people would say about me getting pregnant with my daughter, she was given to me for a reason. To get me away from him because she did, and that's why, because her personality is, she is totally different to the boys, she's got like separation anxiety. She can't stand to be away from me, she gets all sweaty and she flaps, and he's done that to her, he's done it and that could affect her for the rest of her life.

What also developed was her realisation that their son, Zach, was in danger of being abducted by Ismail and taken abroad, and Rebecca attributed Alisha's presence as the reason that did not happen:

There was nothing about my son [eldest son, Alfie] it was just him [second son, Zach], and I think if I hadn't had my daughter he would have taken him [Zach].

Identifying the cultural differences between herself and Ismail, and due to Ismail's family's favouritism of boys, Rebecca felt his treatment of Alisha was worse when considering the arrival of her into their lives. This was particularly in terms of coercive control:

My pregnancy were worst with her, her birth was the worst as well, and it stemmed right from when I got pregnant, it was like I was pregnant with somebody else's child, "I hate you, you've ruined mine and my son's life."

It could be argued that there are Islamic expectations in terms of the role of men and women, based upon certain interpretations of the Qur'an. Traditional interpretations in particular involve a gendered hierarchy (Chaudhry, 2013; Mernissi, 1991), and might be relevant in terms of Ismail's role in his own family, and with Rebecca. The cultural difference in attitudes to boys and girls was observed by Rebecca regarding Ismail's mother (who incidentally was abusive towards Ismail when he was a child), when they found out she was pregnant with a girl:

And I said "are you going to tell your mum?" "No...she doesn't like girls, she doesn't want me to have a girl because girls aren't ours...they go to the in-laws, that's why the boys carry their name on." And that's why she always asked for mine and his son overnight, because he's heir to the throne. My daughter is nothing.

Using 'heir to the throne' suggests Zach was placed on a pedestal by Ismail and his family because of his gender. In terms of Rebecca's own attachment type, in handling such conflicting information from Ismail, it is possible that Rebecca generally had a disorganised attachment style (e.g. Main & Solomon, 1986; Shemmings & Shemmings, 2011), whereby her complicated attachment to Ismail increased her ability to bond with her daughter. This bond was probably intensified because Rebecca was aware of how Alisha was not welcomed in the same way as Zach by her father and his family. With

this new bond to her daughter it is possible that Rebecca gained the distance she needed to evaluate her situation.

Research suggests children are more likely to intervene in conflicts between parents, than those children where there is no violence (e.g. Adamson & Thompson, 1998; Edleson, Mbilinyi, Beeman, & Hagemeister, 2003). In terms of Rebecca's children's more proactive interventions, she refers to how they monitored and sometimes intervened, as a way of protecting their mother and themselves. This manifested in differing ways for each child, for Zach:

He'd [Ismail] gripped me by the face and he put me over back of the sofa, and he had mine and his son in his arms, and he was screaming and, cos he knew his mum were hurt and he couldn't do anything, he were only...six, seven, eight month old.

Here Rebecca attributes her son Zach's early trauma responses of screaming as a baby (e.g. Beebe, 2000; Perry, Pollard, Blakley, Baker, & Vigilante, 1995; Schore, 1998, 2001, 2002) to be an intervention to protect her.

On a separate occasion, for a long period of time Ismail would ask Rebecca relentlessly about the sexual details of her rebound ex-partner; on one particular day Rebecca told him to stop. This led to an afternoon of sustained abuse, starting with being beaten on her legs with a sex toy in front of their infant daughter. Then afterwards, as they collected Rebecca's son Alfie from the mosque, Ismail began a tirade of verbal insults in front of them, followed by making Rebecca leave the car while the children were inside, who showed their differing styles of intervention:

So my oldest son got in the car and he [Ismail] was going 'you're a fucking nigger slag' because this lad was a quarter cast he was going 'you're a fucking nigger slag, you're disgusting,' and my son was sat at the back of the car and he was six at the time and he was just sat and he was just like this [shaking his head] and he was looking at me as if to say 'please mum get out of this' because he knew it was wrong.

Alfie's gesture towards his mother, while subtle, was as much as he could do within such an aggressive incident, but seemed enough for Rebecca to attribute meaning to it. This attribution might have been a projection (e.g. Von Franz, 1980; Wegner & Zanakos, 1994) of her own awareness of risk, and understanding of being in an abusive relationship, on to



her son. The two younger siblings were more expressive in the situation, showing their anxiety:

He [Ismail] was like, 'you're trying to ruin it again, get the fuck out.' And he stopped the car and made me get out. And as I shut the door my oldest son was just used to it, my daughter just screamed and my son was going 'please please don't leave my mummy, please don't leave my mummy, let her get back in the car.'

Children and young people are said to protect their mothers as a way of active coping with the DA (Mullender et al, 2002), which is something that both Alisha and Zach appear to express here.

In an incident following Ismail's extremely jealous and coercive behaviours regarding Rebecca's ex-partner, she was forced to sexually assault herself in front of Ismail. When she attempted to stop Ismail punched her in the face. Immediately afterwards, Rebecca found her eldest son, Alfie, worrying about her and wanting to know the truth:

My son came out of the bedroom and he went 'mummy are you all right?' And I went 'yeah,' and he went 'why you got blood on your face?' And I said 'I've walked into the door,' and he went 'you're lying,' he went, 'I've heard you screaming and crying, and I've heard my [step] dad shouting and screaming at you, calling you names, and I don't like it.'

Alfie is clearly distressed listening to the abuse, and attempts to intervene by explaining his worries to Rebecca and express his helplessness, but he was not satisfied with her excuses for her injuries.

In a separate incident, after witnessing Ismail punch a window that smashed in Rebecca's face, Alfie (who was approximately six at the time) attempted protection of Rebecca at the point when Ismail was explaining and apologising for the 'accident':

My eldest [Alfie] said 'go away don't talk to my mum, go away' he closed the door [to his bedroom] and I could hear him crying.

With years of cumulative effects of trauma, his attempt to intervene at the apology stage shows Alfie's hypervigilance towards Ismail's abusive patterns (Stirling & Amaya-Jackson, 2008). It is possible that by choosing to intervene at the point of the apology,

he was trying to break a cycle he was used to, and prevent his mother accommodating the abuse. Alfie might also show he is heightened to risk.

## 2) *Acknowledging Risk*

In terms of risk assessment, two themes are presented that reflect moments in Rebecca's account where she was addressing risk: one where she refers to her intuition as 'a feeling' and the other regarding her recollections of how her partner behaved when she felt a heightened risk of harm.

### 2a) *Risk perception as a sensation*

The sense of danger appeared to be referred to in several of Rebecca's accounts of her partner. Whilst most probably because of previous experience with him and reading the signs, Rebecca spoke more about her perceiving risk of harm as an intuitive response, a 'feeling' of anticipation:

I had to go feed my daughter and I took her into the toilet and phoned my friend, and I said 'it's going to kick off tonight, I know it is, I just know.'

This is further explained by Rebecca in a different incident, where she attempts to understand this 'knowing,' that she could tell something bad was about to happen:

I got home, and it's weird because something talks to me and tells me, it's like I get something. So I'd gone home, I got the kids ready for bed and my daughter was in a car seat, she was asleep, and I kept thinking I need to get her out and into her jamas. But something kept saying 'don't get her out yet, don't get her out yet.'

Rebecca here refers to the 'knowing' as something external from herself that is talking to her, or advising her, 'something talks to me.' While in reality this is a tacit fear response based on Ismail's previous behaviours. This projection supports the classical work of Feshbach and Singer (1957) regarding the effects of fear arousal and suppression and how this can be projected externally. For Rebecca, perhaps doing this supported her understanding of the situation, enabling her to trust it, particularly since being a victim of DA and CC can lead to self-blame and shattered assumptions, something that would affect her self-esteem and trust in her own instincts (Hydén, 1994; Janoff-Bulman, 1992).

A physical sensation of anxiety in her stomach was also referred to by Rebecca, particularly in terms of when she knew she could not meet Ismail's demands:

My stomach would just go, because he'd ask for something and if I couldn't give him what he wanted he would be 'you fucking slag', you know names would start, swearing would start.

Such feelings and sensations regarding risk are supported by Slovic and Peter's (2006) discussion of two fundamental ways that humans perceive risk, either as risk as feelings or risk as analysis. Their research found that risk as feelings refers to an intuitive and instinctual reaction to danger, while logic, reason, and deliberation of risk are referred to as risk as analysis. The latter being something Rebecca appears less able to do, most probably due to the ongoing trauma which has been found to impact on logic and reasoning, something particularly found in individuals with PTSD (e.g. Buckley, Blanchard, & Neill, 2000).

In relation to her own assessment of danger, when completing the DASH-RIC form with her DA advocate, it appears in Rebecca's narrative that her sensations of risk are affected by her love for and investment in her partner. This is possibly affected by the levels of manipulation he has over her. These beliefs were clearly stronger in favour of him at the start of the relationship, where she found him to be 'everything I never had'. Then as time progressed, and she witnessed more of his behaviours, and understood more about her children's fears, her belief in him changed. This was quite possibly around the same time as admitting to herself that she sensed a real danger of him killing her:

On the DASH forms they asked me 'do you ever think he could kill you' and right back at the beginning, I've had loads done, I would say 'no.' But then as times gone on and I've had to sit and think about it, then I've got to the point where I'm saying 'yes he would.'

This shows Rebecca's journey as a gradual acknowledgement of how serious her situation was. However, Campbell (1995) found in her research that battered women were too afraid to consider the prospect they may be killed by their abuser, suggesting Rebecca's fear was the cause of this inaccuracy in predicting violence.

Rebecca's narrative also shows that her risk perceptions, as feelings or an intuition, were also rejected at times. The following extract reflects on how Rebecca was still convinced of Ismail's ability to change:

We split up, and we used to come here [DA charity]... it got to about Christmas time, he changed. And I remember coming here and telling [DA counsellor], and she had said to me 'nobody can change that fast' and I would be like 'oh yes he has, he can.' But then it started coming up again, but slowly, slowly, and I started lying.

Rebecca's admission of lying supports the notion that she feared abandonment, meaning she needed to maintain her belief in Ismail. This is possibly due to the investment she had in their relationship, a model explored in the research literature (e.g. Kelley, 2013; Kelley & Thibaut, 1978; Rusbult, 1980; Thibault & Kelley, 1959) outlining how individuals consider elements of their relationship in terms of investments. For example, the intrinsic elements of time or self-disclosure, or extrinsic factors of mutual friends, children or possessions (Rusbult, 1983). It might also be to accommodate the reality of hers and her children's experiences, as opposed to admit the abuse she was under was out of her control. It is also worth noting here that Rebecca was isolated at this point, that her relationship with her parents had broken down, which may have also played a part in her investment and her conscious decision to believe Ismail could change.

### *2b) Observing the signs of dangerousness*

Rebecca made references to how Ismail used drugs and the effect these had on his behaviour, such as his steroid use:

He took steroids and so when he were injecting them he used to do this thing where he used to foam at the mouth and his eyes would just bulge when he were about to kick off, and he does this thing where he can't sit still, he can't sit still.

Here she knew he would be aggressive due to his bodily indicators from drug use (Potter-Efron, 2007). This links with the findings in Rebecca's narrative relating to his impulsivity, where research associates drug abuse with impulsive behaviours (Nagoshi et al., 1992; Perry & Carroll, 2008; Winstanley et al., 2004). Similarly, Rebecca noticed Ismail's reactions when taking cocaine:

I think he must been on cocaine or something, now when I think to how things unfolded and his reaction to stuff.

Yet she does say “now when I think...” suggesting she may not have made this connection at the time of the abuse. Interestingly, Rebecca found that Ismail was calmer and was able to talk things through better when he smoked cannabis:

He'd had some weed, his eyes were all red, and I used to want him to go out and smoke weed because that's when he calmed down, and you could talk to him a bit then.

This supports the finding by Potter-Efron (2007), covered in Section 3.4.3.5, who suggest a more complex relationship with DA and substance use.

More generally, Rebecca observed how Ismail would be abusive when she attempted to go to college, something external to her life with him, and something which he would have perceived as a threat to his control:

Every time I went into college he'd kick off. I try and do some work at home I had to do it with kids running around me because he wouldn't, he wouldn't help me or anything like that. But when he wanted something doing I had to do it.

Ismail would have felt a threat to his own identity (Burke & Stets, 2009), as well as his attachment relationship with Rebecca, by seeing her go to college and doing work for her own development. Such threats to identity can negatively affect self-esteem (Cast & Burke, 2002), something that Ismail needed to maintain. His aggressive and disrupting behaviours suggest the control he wanted to have over Rebecca, and that any attempts she made for her own identity and self-esteem would have been met with abuse. This emphasises her own loss of identity in the process, and the necessity to please him to avoid further abuse, overshadowing her attempts for personal growth. This is also highlighted when she made attempts to spend time with her mother, and the strict time limits he placed on her. Rebecca would know the danger would increase by signs, such as no kiss on a text message, or just by seeing his facial expression:

If I'd been on a Friday to go and pick kids up from my mum's as well, if I were longer I used to have to pick them up 6:30 I think it was, so if I was later than 6:45 at home that would be it...and you would just know by his face he would sit silent, his facial expression said it all... he would text me 'where are you?' And I would know by his text messages 'where are you?' there would be no kiss and I would text back saying 'I am on my way home' and then it would be 'K.'

Rebecca further explained that this control involved her having to do particular jobs Ismail wanted, and she knew the repercussions of not doing them correctly:

R: I wouldn't go out with friends, I wouldn't go to my mum's you know he had to have all of his clothes washed and ironed and put away I had to take them to the dry cleaners and pick them up

I: So if you didn't do one of those things then, dry cleaning collections?

R: It would be 'where is my fucking clothes' 'oh I haven't had chance to get them' 'you're fucking useless' 'you're a fucking useless white slag, I don't even know why the fuck I'm with you, you can't look after the kids you can't look after yourself, look at the fucking state of you, you can't do nothing with yourself just look, you've got no ambition.'

Such actions show that Rebecca, whether aware at the time or not, was behaving in a way that responded to her risk intuitions in order to avoid, or at least minimise the risk of harm. This reflects the findings on risk management from Phase One of this study (section 3.4.2.4.4).

### 3) *Impulsivity and Aggression*

#### 3a) *The blurred perceptions of impulsivity*

It has been mentioned in earlier chapters that impulsivity is a challenging construct to define and understand (Depue & Collins, 1999). Rebecca's understanding reflects these descriptive difficulties in impulsivity when she was referring to Ismail, and this is then compared with how she freely, yet unconsciously, talks about his impulsive behaviours. When explicitly asked by the researcher, Rebecca finds it difficult to place impulsivity with Ismail's behaviours:

It's hard because he is the person that he is, but then on the other hand he is really good with money, like ...he said "you need to start saving, take some money out of your account and put it to one side every week and it will build up." I don't think he is, yeah I don't think I do [think he is impulsive].

She also goes on to say:

He's very calculated and sly, and sneaky, horrible.

These descriptions, as discussed in previous chapters in this thesis, could be understood to be wholly premeditating, seen by many as qualities to the contrary of impulsivity. However, as also explained in Chapter Four (Section 4.3.2), premeditation can be present in impulsive people. The act of carrying out the premeditated, or in Rebecca's words 'calculated, sly and sneaky,' behaviours may depend upon the levels of impulsivity present within Ismail, which might increase the probability of those planned behaviours being carried out (e.g. Barratt et al., 1997; Houston & Stanford, 2005; Patton & Stanford, 1995; Stanford et al., 2003).

Rebecca's account of Ismail's behaviours suggests a strong likelihood that he is highly impulsive. In their clinical perspective and experiences with impulsive people, and based upon Wishnie's (1977) book on the impulsive personality, Webster and Jackson (1997) devised a list of the 20 salient characteristics of impulsive people. From the many times of listening to and reading Rebecca's account, alongside findings from her children, Ismail appears to display at least 13 of these characteristics, these are: Interpersonal dysfunction, Manipulative, Unformed relations/distrustful, Lack of plans, Immediate gratification, Volatile lifestyle, Esteem of self is distorted, Rage, anger, hostility, Aggressiveness to family/friends/others, Criticism not tolerated, High explosivity, Taxing irresponsibility and Entitled. Some of the other seven characteristics might also refer to Ismail but the issues did not arise in Rebecca's narrative, and she was not asked about them. His impulsivity appears to be something Rebecca is unaware of. However, she recalls, on more than one occasion, the way Ismail reacts to new information, such as seeing her ex-boyfriend's T-shirt, through 'flipping,' for example:

I think there were one of that lad's T-shirts on my clothes horse, and he just flipped and he just started trashing the house.

Each time Rebecca used the words 'he flipped,' or in other words, aggressed, it was when Ismail was faced with a negative stressor. She sees that it is her ex-boyfriend's T-shirt that triggered this particular event. On a different occasion Rebecca had looked at his phone for information on him cheating, and did not replace it properly:

I tried to stay proper cool but as I put the phone back up I obviously hadn't put it how he had left it, so he come down and flipped.

Rebecca also stated that she found him to be "up and down like a yo-yo." On other occasions she remarks on Ismail's reckless behaviours, regarding their daughter she says:

He were driving with Alisha on his knee. He didn't even let me put her in the car seat, because the car seat was at his mum's. I said 'you can't drive about with her in the car like that,' I said 'if you crash she's going to go through the windscreen.' 'She won't, she's my daughter,' I thought 'oh'.

Another indicator of his impulsivity is in how even Ismail's mother recognised it:

I don't know where he'd gone but he came pelting round the estate, threw my car keys, his mum's friend lived across the road ... she were talking to his mum and his mum was saying in their language, 'he's tripped out, he's gone, he is not, he's not all there.'

Rebecca's uncertainty around impulsivity is highlighted during the incident in which Ismail smashed the door glass in Rebecca's face, as she grapples to understand whether it was intentional:

He went 'are you playing games?' and I went 'no,' I went 'you're not coming in,' ... I thought he hit it like that [a slap], but he hadn't, because he split all his knuckle, he'd punched it, and all the glass shattered and hit me in the face, and it were all just stuck in my face and in that ear...he were talking to my son and going 'I'm sorry, I'm sorry, I didn't mean to.'

In this extract Rebecca is convinced that Ismail punched the glass and therefore feels he intended to hurt her, but later she explains that his action of hitting out was directed to the window and that he may not have realised the window would smash:

Like that with the window, I don't think he meant for that window to smash, he obviously meant to punch it and that's what I was trying to get across to them in court, he might not have meant to smash that window but the fact that he punched it he knew what he was doing.

The extracts reported here portray the difficulties for participants in impulsivity identification, in retrospect it would have been beneficial for the adult participant in this phase of study to have completed the questionnaire from Phase Two in order to make comparisons and observations.

### *3b) The effects of dependency on acknowledging aggression*

Rebecca noticed varying aspects of aggression in Ismail. Her narrative showed both an understanding and a denial of its existence, whereby she is presented with it but, possibly due to Ismail's manipulation as well as her dependency and investment in him



at the time, she is unable to truly acknowledge its risk. Her belief in Ismail, and understanding of his motives, occurred throughout the narrative in terms of his aggression when referring to how he treated her oldest son:

When he [Ismail] had issues with me he had issues with him [Alfie], he would threaten to burn the house down with me and him [Alfie] in it 'I'll take my son [Zach], you two will burn' and I thought 'oh he's just upset' that's just what I used to think all the time.

Rebecca's mother had a clear understanding of Ismail's aggression, which Rebecca denied at the time:

My mum used to compare him to, I don't know if you've watched it 'Murdered by my Boyfriend' ... my mum watched that the night before she went on holiday and she couldn't sleep all holiday because that were me in her eyes, that were me. And I went 'but mum, he would never hit me like that, he wouldn't do that, he wouldn't hit me with an ironing board.' He would.

In addition, early in their relationship, Rebecca discovered that Ismail had a pending court date for battery of another woman, while also being questioned about a cricket bat and golf clubs in his car. Rebecca similarly was in denial about his aggressiveness:

I can remember that I lied for him, because he [policeman] said to me 'do you know why he's got one glove and golf clubs and that in the back?' so I said 'oh that's why we don't see each other on a Sunday, because he goes golfing' and we got back in and we were laughing about it... I didn't see anything wrong with it.

Rebecca's admission now at "seeing nothing wrong with it" comes with years of experience with Ismail and having a greater understanding of the full picture of his aggressive behaviour. This full picture is later explained here:

He's aggressive, but he plays with your mind as well, that's worse than the actual aggression you know what I mean? Because he does, like he's physically aggressive but he's just, I can't explain it, he just does mind games that you can't explain to somebody. It's like that when he bugged the house, I knew he had done something because he knew who were in my house, he would come home and he would say 'has Jane been here today? That woman friend?' and I would say 'no.' 'Oh,' but he knew, so then because I lied he would fester on it all day and all night. So then three days later I might get a crack for

that. But then he would say he did that because I hadn't made his tea or something.

This description builds a picture of how Rebecca viewed his aggression at the time. But also how she is now fully aware of how Ismail would defer his aggression about an issue (i.e. jealousy deriving from his surveillance of her) until later where it would manifest for a smaller, seemingly less punishable act (i.e. Rebecca not making dinner correctly).

#### *4) Other Emergent Themes*

The above themes were presented first and foremost because of the researcher's specific focus for this thesis in order to answer the research questions. However, it is important to give voice to the participant in terms of the further prominent themes uncovered in her narrative. The first is around how Rebecca questioned herself on her accommodation of the abusive relationship, and the second relates, coincidentally, to one of the themes from Phase One of this thesis study, regarding the role of her mother.

##### *4a) Reflections on accommodating the abuse*

The temporal sequence of Rebecca realising and acknowledging the abuse is an important finding for this thesis. She reflected on past events and how she did not see them at the time, and then, after leaving Ismail, being able to look back with regret over her accommodation of the abuse. There were times when Rebecca questioned herself, when she was in the abusive relationship, over why she accommodated the abuse. When she and Ismail separated, Rebecca shows regret for going out and meeting someone else:

I went out, and I shouldn't have gone out, because I met somebody else, and it was a proper rebound.

Here Rebecca believes it was her mistake, most possibly because she saw this rebound relationship as the cause of many abusive incidents with Ismail, particularly the sexual humiliation she often received. It is unclear if she believes the abuse would not have occurred if she had not have met another man, that she would have had a positive relationship with Ismail otherwise, or possibly because she regrets having the rebound relationship on its own terms. It is clear, however, that Rebecca does look back with regret, something which she does in general throughout her narrative. This is a phenomenon commonly experienced by victims of DA, particularly in terms of coping and what they

would have done differently (e.g. Fry & Barker, 2001; McWhirter, 1999; Whalen, 1996). Further questioning included addressing her silence about the abuse:

So now I just think, why didn't I say something? And I was just too, my mouth was closed all the time.

In a situation where Ismail had left the house and Rebecca felt scared about his return, she appears frustrated with her own inaction:

There were bolts on the door and now I think 'why didn't I put the bolts on and phone the police, and just do something?'

Fry & Barker's (2001) study found that in abused women it was more common to regret inaction rather than regret actions, something which has also been found to exist more generally as well (Gilovich & Medvec, 1994, 1995).

Rebecca also shows regret in introducing Alfie, who was not Ismail's biological son and not raised Muslim, to a mosque and learning about the Muslim religion:

They do exams as well, and I sat with him and I revised with him and helped him, and he went in there and got top of the class. And now I just think what the hell were I doing?

Such questioning and disbelief of her actions and inactions shows the temporal changes in Rebecca's cognitive state regarding decision making, with being under constant threat and manipulation as the likely cause. In terms of a victim's ability to assess risk, this is an important theme to bear in mind when looking at victim perceptions. The question should be asked whether a victim is consistently able to believe their partner is being abusive, and how this can be addressed by practitioners or the police during risk assessment.

#### *4b) The transition from rejection to acceptance of parental intervention*

Rebecca had her parents' concerns as a constant throughout her abusive relationship. This mirrors similar findings from Phase One of this thesis, in which it was found that the teenage victims of domestic abuse withheld their abusive experiences from their mothers until the abuse became unmanageable. Rebecca describes her initial secrecy was based upon her father's cultural worries:

I couldn't tell my mum and dad because mum and dad aren't racist but, my dad, like my dad's best mates are like Asian and he would sit with them at work and listen to how they treated their wives and girlfriends and all this that and the other. And my dad didn't want that for me so, it were all a secret, and then slowly, slowly, my mum used to hear me on the phone and she was sure there was somebody.

Due to the initial secrecy, it seems Rebecca felt unable to reach out to her parents for help during the early stages of abuse:

I ended up outside the house for some reason in my pyjama's, because he just wouldn't let me out, and I knew I just knew, I was gonna have to get out of this house. So I went, and I ended up just running all over the place, and then I tried to find somebody to help me. I didn't have my phone because he took my phone, so I couldn't ring anybody, couldn't ring the police or anything. But then I had this thing in the back of my head, my mum and dad didn't really know what was going on so I couldn't say anything anyway.

Instead of feeling she could approach her parents, Rebecca must have felt further isolation from them due to her own decision to pursue a relationship they would not approve of, causing a specific barrier to seeking help. This is further indicated when Ismail confesses that he made another woman pregnant:

Because my mum and my dad, I think they both had an inkling we were together, my dad wasn't having it. And I thought you 'know what, after all of this and you're doing this to me?'

This display of disbelief that she sacrificed her close relationship with her parents only to be betrayed by Ismail, reveals the depth of Rebecca's relationship with her parents and the heartache the situation was causing her. This is revealed in the difficulty Rebecca felt when she was taken to court by her parents for access to their grandchildren, where Ismail forced her to lie:

It went on for 15 months, and it were torture, and I kept saying 'I don't wanna do it.' And he used to make me lie in court...got there and I was crying just to see my mum and dad... He was making me lie saying my dad was racist. My dad wasn't racist, my dad knew what he was doing to me and it were awful.

As time went on it appeared that Rebecca's mother was able to observe problems in their relationship, due to the grand-child contact granted to her once a week. From this

Rebecca partially approached her mother with text messages, which allowed her mother to take action and tell the police:

I didn't know until later on, my mum had been down to the police station that morning and said 'something is going on with my daughter in that house, I don't know what it is, she won't tell me.' Because every time something happened I used to send my mum dates and tell her to keep them, and then I'd delete them out of my phone. So she kept going down to the police, but the police were saying 'unless she's willing to speak with us we can't do anything.'

A further conversation also clarified for Rebecca exactly the gravity of Ismail's aggression and sexual humiliation, something which she did not realise until her mother found out, and led Rebecca to give full reports to the police:

I hadn't told my mum about that thing with the sex toy [sexual assault], and it just come out and my mum, she couldn't speak, she just went white, and I went 'mum' and she went 'if you don't report that' she went 'I am.' She said 'that is rape' and I went 'it isn't mum, it isn't like that' she went 'it is,' she said 'you have to do something.'

This theme lends credibility to earlier findings in this thesis around parents, particularly mothers, being both a barrier and key to victim safety. In Phase One it appeared a theme most important for the younger girls in teen relationships, however this case study shows that this relationship may continue into women in their 20's.

### *Summary*

In summary, the emergent themes within the central areas of study provides an insight into an individual mother's world of navigating DA. By exploring Rebecca's narrative regarding her children it was evident her comprehension of the abuse, and the effects it was having on her children, was delayed; most probably by her ongoing and cumulative trauma. But it also showed the ways Rebecca understood her children to be reaching out to her, as a way of intervening. In terms of assessing risk Rebecca relied on her affective responses, instead of being able to make calculated risk assessments, which might be a result of traumatic experiences. Her observations of Ismail's behaviours leading up to abuse were numerous, showing how she chose to behave in a way that minimised risk in some cases. In spite of limited awareness of impulsivity as a construct, Rebecca described Ismail in numerous ways that could be classed as impulsive and it also seemed that her willingness to acknowledge his aggression was affected by her

dependency on him, meaning she sometimes accommodated and excused his behaviours when they were together. This section also explored the additional emergent themes, one where, since Rebecca now understands her own accommodation of the abuse, she looks back with regret and questions her inability to take action. A further theme emerged regarding her parent's involvement, from her secrecy and detachment from them, to her needing them once she understood the abusive situation. Together, all of these themes build a picture of Rebecca's thoughts and feelings regarding her experiences and her children, which will strengthen the findings not only for the narrative observations of her children in the next section, but also within the thesis as a whole.

#### 5.2.2.2 Child Narrative Observations

This section covers the narrative observation of Rebecca's sons, Zach (age four) and Alfie (age eight). As agreed by the Ethics Committee the researcher conducted a pilot with children at an after school club to gain practice with the techniques and with talking with children. Once satisfied with using the techniques then the researcher conducted the observation.

##### 5.2.2.2.1 Sand Tray Method

As discussed in the methodology chapter, children's natural language is play (Landreth, 2002) and sand trays are widely used by play therapists as a technique (Allan & Berry, 1993; Boik & Goodwin, 2000; Enns & Kasai, 2003; Grubbs, 1995; Kalff, 1980; Kalff, 2003; McNally, 2001; Pabon, 2001; Steinhardt, 1998; Vaz, 2000) but rarely as a tool for gathering research data. The methods utilised in this sand tray work for research involved providing a tray of sand as a blank canvas as well as a wide selection of toys, figures and objects for the child to make pictures in the sand with. The role of researcher in this activity was to be a witness and empathic listener to the child's story, to then be able to interpret it and analyse it in order to assist and give voice to the storyteller in finding the underlying narrative (Frank, 2000; Riley & Hawe, 2004).

##### *Sand Tray Activity with Zach*

Initially, Zach was given a choice to take part in play-based research, either with a sand tray and toys, or to do some drawing. He selected the sand tray. Following two rapport building meetings with his family and myself, the observation was arranged to take place. His mother and siblings were present in the room to provide him with comfort,

and he agreed his assent as detailed in the methodology section. The session was not recorded or filmed, however I did take photographs of the sand tray and also took detailed notes, therefore the quotes in this section are not verbatim. I will begin by describing Zach's narrative of the pictures in Section 5.2.3.2, and will then follow with an exploration of the emergent themes in Section 5.2.3.3

#### 5.2.2.2.2 Sand Tray Descriptive Account

In the first instance, Zach was asked if he would like to make a picture in the sand tray of his home and family using any of the toys made available, Figure 6 displays a photograph of his picture. He firstly chose to use Lego figures to represent himself and his mother, as well as his brother, Alfie and sister, Alisha.



Figure 6. The first sand tray picture created by Zach

He then seemed to stop there so I asked him if he wanted to add other family members and so he added a pet, and then when asked if that was all of his family he hesitated, and said he wanted to add his daddy. He seemed to look towards his mother for reassurance. He labelled (unprompted) his father to be the one 'with the angry face' (top right figure). In addition he added his house, the stone in the middle 'that's where I live', and as he saw the large car with red and blue lights he immediately labelled it as a police car and added it to his picture, while seemingly done as an afterthought, I wonder if he chose this because of his view of the police in terms of being protected or rescued.

I asked Zach if he wanted to make another picture in the sand. Figure 7 shows his creation, which was centered on the inside of his house and where everybody slept, along with shelves in his bedroom (Lego bricks) and toys (the large bird); he did not make reference to the stones and marbles in this picture. This time he chose a female Lego figure to represent his mother (in pink), the figure lying beside her is himself. He also had a second figure as his mother in the scene (top middle), who he sunk deep into the sand to make her “cosy in bed.” He placed his siblings at the outer edge of the sand tray. His father was the same figure as the previous picture and was placed in the bottom half of the tray upside down. Zach then made some adjustments to his picture, where he moved his father to lay further towards the rest of his family, but separate from the proximity of himself and his mother.

It was during Zach’s creation of his third picture (Figure 8) that he revealed, unprompted, details of physical abuse of his mother by his father. His picture began with further details of his bedroom, including his toys. He then placed a pompom on his mother (right of photo) to again make her cosy. He then placed his father on the left of the sand tray in bed saying “daddy away from mummy” and then placed himself with his father. It was at this point where Zach told me that his daddy was “naughty”, that he smashed glass on to his mummy’s face. The red object in his hand on this photo is a Lego brick, which Zach put inches from my face around three times, and told me “there was blood, it was red like this.” While I knew this incident had happened from the interview with Rebecca, my initial reaction was one of shock at his ability to disclose this. I gave responses like, “Was there? Really?” Using such words showed my ongoing engagement and curiosity with Zach’s story, something which enables a child’s reflective functioning (Fonagy et al., 1995; Fonagy et al., 1991) during their story and encourages them. The medium of sand play here appeared to have offered Zach the opportunity to make a connection between affect and experience.

Zach then proceeded with his picture and said again that his daddy was “naughty,” for which, as an empathic researcher, I agreed with him. He then pushed the “daddy” Lego figure deep into the sand and then proceeded to retrieve the police car used in an earlier picture, drive it around the outside of the sand tray and park it next to it, he then said that because his daddy had been naughty he needs to be taken to jail. He took his father’s Lego figure and walked it out of the sand tray and placed it on the car and drove the car away saying “I’m putting daddy in jail, he needs to go to the police.”





Figure 7. Zach's second sand tray picture

#### 5.2.2.2.3 Emergent themes

##### *Ambivalence towards 'daddy'*

In the initial picture, when selecting his family members, it was interesting how Zach considered the inclusion of his father. Choosing himself first, followed by mother and siblings would seem to be a typical response for any four year old, since these are the people he lives with. It is in his inclusion of an imaginary pet before considering adding his father that shows some interesting dynamics, this may be because he wants a pet very much, that he does not consider his father to be part of his family unit as he is the source of fear, or due to him no longer having personal contact with them, or perhaps that his mother and siblings were present and he was worried about their response.

Holding contradictory feelings and ambivalence towards abusive fathers has been highlighted in the research literature Peled (2000), including feelings of empathy and fear (Mullender et al, 2002). I wondered about Zach's understanding of his own relationship with his father, and the ambivalence (Smelser, 1998; Weigert, 1991) he signified through his choices, and ordering of, the Lego figures. Firstly, selecting the figure with the angry face to represent his father, initially placing him away from himself and his mother, and then slowly bringing him closer, until the final picture where he laid his father very close to him. It was at this last point that Zach disclosed information about the DA.



Figure 8. Zach's third sand tray creation

The action of placing his father close to himself might have triggered his ambivalent feelings towards Ismail, leading him to vocalise his worries and his memories of what his father did.

In his actions of sending his father to jail, it seems that ultimately Zach wants his father to be punished for hurting his mother, in a way that a four year old can understand. I wonder that in his act of physically removing his father from the sand tray, that Zach is creating safe distance from his father. This would have enabled him, through play, to return to his feelings or understandings he had before creating this final picture, before placing himself next to his father in the sand.

### *Safety concerns*

Safety seemed to be a prominent theme throughout Zach's three pictures. This would make sense considering Rebecca's own observations of Zach's refusal to sleep in his own bed since the incident with the glass being smashed on her face. It is clearly an incident that has created a traumatic response in Zach, whereby he remembers the detail (Van der Kolk, 1998), particularly in retelling to me about the redness of the blood.

A child feeling a need to protect their abused mother has been indicated in previous research (Georgsson, Almqvist, & Broberg, 2011; Goldblatt, 2003) and it seems an important issue in Zach's narrative. When putting his family members to bed in the sand I found the differing proximity of his father from himself and his mother interesting, and thought it may reflect the distance of his father in reality, but might also reflect where he

himself feels his father should be to remain safe from him and protect his mother. I was intrigued by Zach's use of two mother figures, and wondered whether he saw two different roles for her, one as his own comfort (laying close to him) and the other where he wants to be the one making his mother "cosy in bed" signifying how he worries about her safety and wants to protect her. It is also interesting how he placed his siblings away from himself and his mother, presenting potential sibling rivalry for his mother's attention and the security she provides him.

#### 5.2.2.2.4 Drawing Activity with Alfie and Zach

This section covers the drawing activity, primarily done by the eldest sibling, Alfie. Following which is a drawing Zach wanted to do and is of interest and supports the findings from his sand tray work.

#### 5.2.2.2.5 Alfie's Descriptive Account

In the same session, Alfie (8) decided he wanted to do a drawing based activity, and following the instructions and rapport building outlined in the methodology chapter, I gave Alfie some paper and pencil crayons. I firstly asked him to draw the house he lives in now, the purpose of this was to allow him to have that picture close, as a reminder of his safety in his new home with his mother and siblings. The second picture I asked him to draw was of his old house when his step-father lived with them, and to draw each person in his family in that house. Alfie drew the inside of his house in 2D with rooms, and once he finished it he explained it to me. While my intention was to discuss the imagery created within the pictures with Alfie, it quickly came to light that he wanted to speak directly about his family and therefore his picture was used more as a talking point, and as a means of expressing trauma.

As Figure 9 shows, Alfie drew three rooms upstairs and two rooms downstairs. Each room upstairs was a sibling room, one for Alisha, one for Zach, and one for himself. He did not draw his mother and step-father's bedroom. He used stick people to represent his family members. I found much of Alfie's talk to be assertive and confident when discussing what happened to his mother, and then angry when talking about his step-father, never using Ismail's name, only 'him' or 'he,' something that Rebecca had also told me he does now.

With his drawing he began to explain how his brother, Zach, would most probably be upstairs, playing in his room and feeling sad, and he drew his sister Alisha in her room

as a baby, trying to get to sleep. Alfie described that he was upstairs in his room feeling sad because his mum and “him” were always downstairs fighting. In his drawing of his mother he says she is crying while “he is bringing up stuff from the past” and also “putting bad things in mummy’s mind about her parents,” his grandparents. He went on to tell me how his step-father would raise his voice and he knew something bad would happen, showing Alfie’s ability to understand risk. He explained how he would see “him” stood outside their house talking to his mum and waving at Zach, as he was not allowed in. Alfie used the word “annoying” to describe his step-father and then he said he wanted to use swear words to describe him, and that he thought “he” did not care about anyone except for himself.

Alfie said that he would not leave the room if abuse was happening while he was there, but sometimes his step-father would send him to his room. Alfie said he would think “why should I listen to you?” He went on to discuss how he regrets ever asking his mother if he could call him “dad” and then added to his picture how he should have gone down the stairs, making a fist saying “nobody hurts my mum.” He spoke of the time ‘he’ punched the window and recalled feeling angry at first, then worried, and that he wished he had a baseball bat. At one point Alfie said all ‘he’ was bothered about was checking up on his mum, and that he was not bothered about him and his siblings. He also retold how ‘he’ spied on them, which he would watch on his phone. Alfie remembers seeing him do this, which then led Alfie to recall wishing he had smashed the phone. At this point Alfie asked his mother if he can swear, she let him whisper it in my ear, where he called his step-father “an animal, and a little fucking bastard c-u-n-t [spelled out].” He spoke at length about situations and how he considers “him” to be a “weirdo,” a “druggie,” and a “waste of space.” I got a sense that Alfie was talking as if older than his eight years, with a comprehensive knowledge of events, and how they unfolded, which mirrored the stories told to me by his mother. Suggesting to me his current closeness to Rebecca, that there has been dialogue about the abuse between them.

#### 5.2.2.2.6 Emergent Themes (Alfie)

##### *Powerful anger*

As the step-child of Ismail, Alfie’s experience of the abusive relationship could be seen as quite different from what the two younger siblings experienced, particularly because he was the eldest and his exposure to the abuse was longer. Alfie, aged two when he first witnessed a verbally and physically abusive incident, appeared to have adapted to his

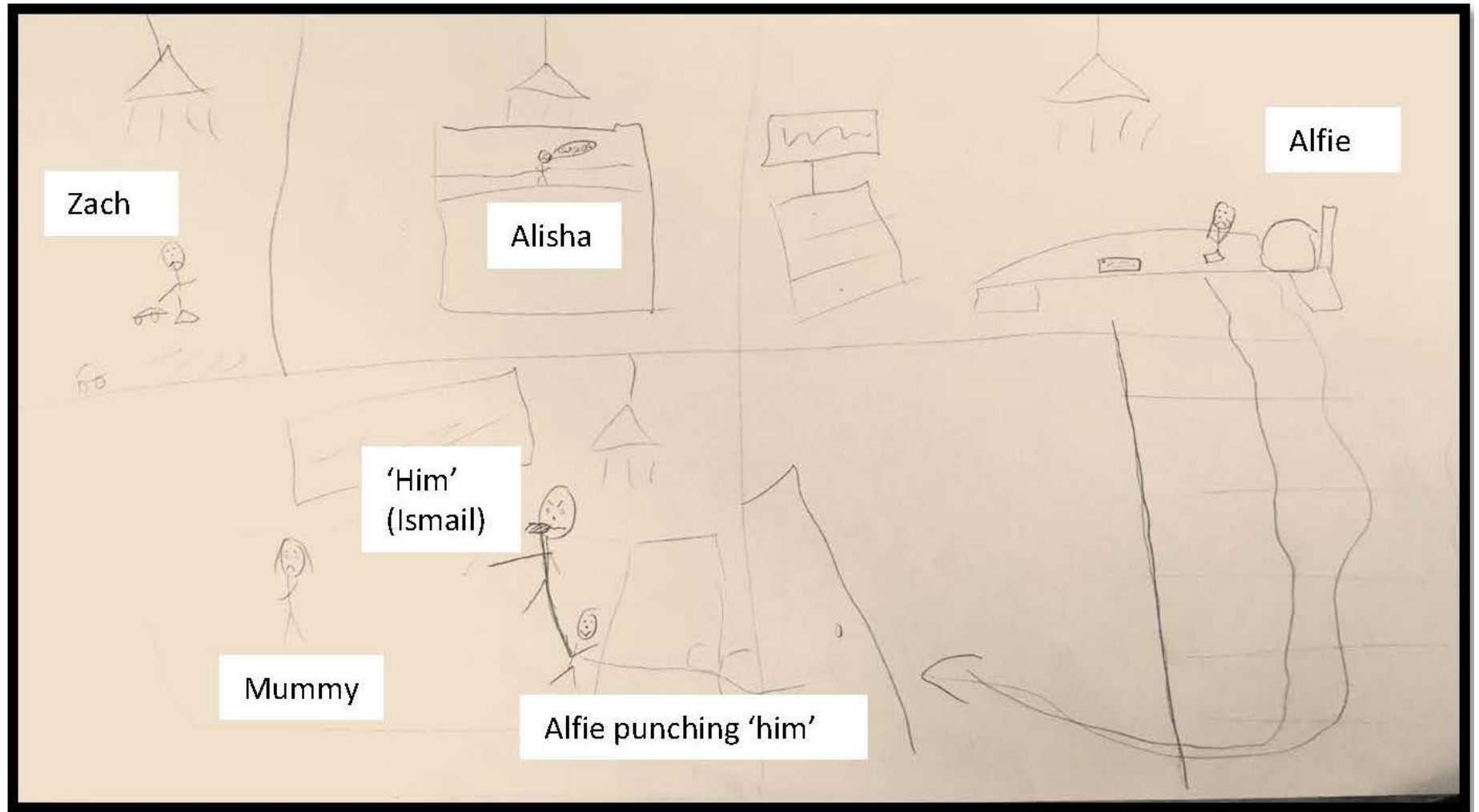


Figure 9. Alfie's drawing of the home he shared with his abusive step-father

step-father's outbursts over the course of the years. Rebecca remembered how he responded to her being abused, usually with a shake of his head or with no response.

This conditioned response reveals he was not shocked by events, and whether afraid or not he did not show it. This might have inhibited Rebeca's responses, feeling it was not affecting him to a particular degree. Repeated exposure to abuse can lead to intergenerational transmission (Widom & Wilson, 2015), either to become victimised or become an abuser, and so messages of what is and is not accepted as behaviour is extremely important for modelling on young children. Alfie's anger responses suggest these abusive acts may have become ingrained and normalised for him.

There are a wide range of responses children have to exposure to domestic abuse, with frequent aggressiveness being one of them. Lundy and Grossman (2005) found its presence in a third of children exposed to domestic violence. The drawing Alfie created concentrated upon his step-father shouting at his mother and bringing up things about the past, reflecting Ismail's obsession with Rebecca's ex-partner. Key to Alfie's drawing was the moment when he wanted to go downstairs and punch Ismail. This was the point Alfie's anger was triggered and he wanted swear and show how, if he could do it now, he would have hurt Ismail for hurting his mother. Such anger may begin to manifest in children from pre-school age (Alfie was two when this began) due to how verbalizing their strong emotions can be developmentally limited in the abusive setting (Cunningham & Baker, 2007; Holt, Buckley, & Whelan, 2008).

#### *Destruction of the step-father's identity*

While Ismail was not Alfie's biological father, it was understood within that family unit at the time that Alfie was to consider Ismail his dad. Rebecca and Ismail decided to raise him Muslim, and she encouraged Alfie's understanding of Islam as a symbolic gesture to Ismail that Alfie was his son, however this was most probably coerced by Ismail. Alongside this, Alfie had already lost his connection with his biological father, and was now also isolated from his grandfather through Rebecca's isolation from her parents. With the refusal to use the words 'dad' or 'Ismail' and the conscious choice to only refer to 'him,' it appears Alfie has experienced much emotional trauma around his father figure, and a possible feeling of rejection from the man he chose to call 'dad.'. It could also be seen as a symbolic gesture for him to be erasing Ismail from his life, and not giving him any worth.

### *Loss and isolation*

Alfie had suffered numerous losses in his young life, from losing his grandparents, losing his mother's close bond that Ismail had attempted to break (where Rebecca talked about how felt she could not display affection to Alfie in front of Ismail), losing his cultural background by being forced to attend Muslim school and the mosque, and loss of his feelings of safety. At a young age Alfie was then given a new bond with a step-father who gave the appearance of love, only to lose that bond as well when seeing Ismail's abusive behaviours. All of these losses would have culminated in feelings of isolation, a form of psychological maltreatment (Hart, Brassard, & Karlson, 1998; Holden, 2003) and is reflected in the first thing Alfie drew, which was himself being sad and alone in his bedroom. In addition Alfie seemed aware that Ismail was actually not interested in the bond they were supposed to have, revealing he was not "bothered" about his kids. In Rebecca stating that Alfie would shake his head in response to seeing his mother being abused, it is almost as if he is removed from the situation, a detached onlooker, which further symbolizes his isolation from his mother.

#### 5.2.2.2.7 Zach's Descriptive Account

During the interview with Alfie, Zach wanted to contribute. He again spoke of the time his father punched the glass window into his mother's face. This time he told me about how, when the glass was smashed, his father's face was looking through the gap. After listening to his brother speak further, Zach then said that his daddy needs to "be gooder so he can see me again" and that he needs to try very hard if he wants to.

Zach requested drawing a picture of his own, so I gave him paper and he wanted felt tips. He returned at the end of Alfie's interview with a picture laid out in a similar style as his brother's (Figure 10). He drew himself and his siblings, and said "that's me in my bedroom being happy, that's Alfie in his room being happy, that's Alisha being happy" he went on to say the figures downstairs were his daddy and mummy when they were together, being happy when his daddy came back from work. He then added the love heart and another figure, which he says was him going downstairs to give a heart to both his mummy and daddy.

#### 5.2.2.2.8 Emergent themes (Zach)

##### *Retelling brother's narrative*

I found Zach's picture to be interesting in terms of his inner feelings towards events he heard his brother talking about. While he saw his brother draw a picture with sad faces, Zach drew the same rooms, stairs and people but with happy faces. Zach's willingness to draw this picture suggests he wanted his voice heard in terms of what his brother was saying. Perhaps Zach was unhappy with the bleak tale of his family, either because he did not believe in that story, or because it made him feel uncomfortable and reactivated those ambivalent feelings he has towards his father. Retelling the story as a happy one may have assisted Zach in comforting himself, displaying a protective behaviour. In terms of ambivalence, Lüscher and Pillemer (1998) suggest that people experience it when norms of status and roles in the family structure are contradicted, as well as from their cognitions and emotions. This suggests another possible reason that Zach might have wanted to draw this picture, and retell his brother's story to make it happy. It could be to counter the information Zach himself provided in the sand tray exercise. Peled and Davis (1995) indicate that ambivalence in children that have witnessed domestically abusive fathers struggle with love and concern for their abusive father, because they believe it cannot be present with their fear or angry feelings about the violence they witnessed. Perhaps Zach felt guilt for disclosing information of the abuse during the sand play activity and wanted to show that everything was all right in his picture. It may even suggest he panicked about what he said, and could see, in the sand tray and made attempts to counter it because he was scared his father would find out. This links with the figure he drew of his father in the next theme.

##### *Fearful of father*

It is clear from this drawing that while Zach has ambivalence towards his father, his positioning of figures and types of drawing emit a sense of fear of his father, and ways to protect himself. A very revealing part is his drawing of his father, the central figure which appears much darker and larger than his drawing of his mother, and looking almost monster-like. Abusive parents have been found to be commonly depicted in such



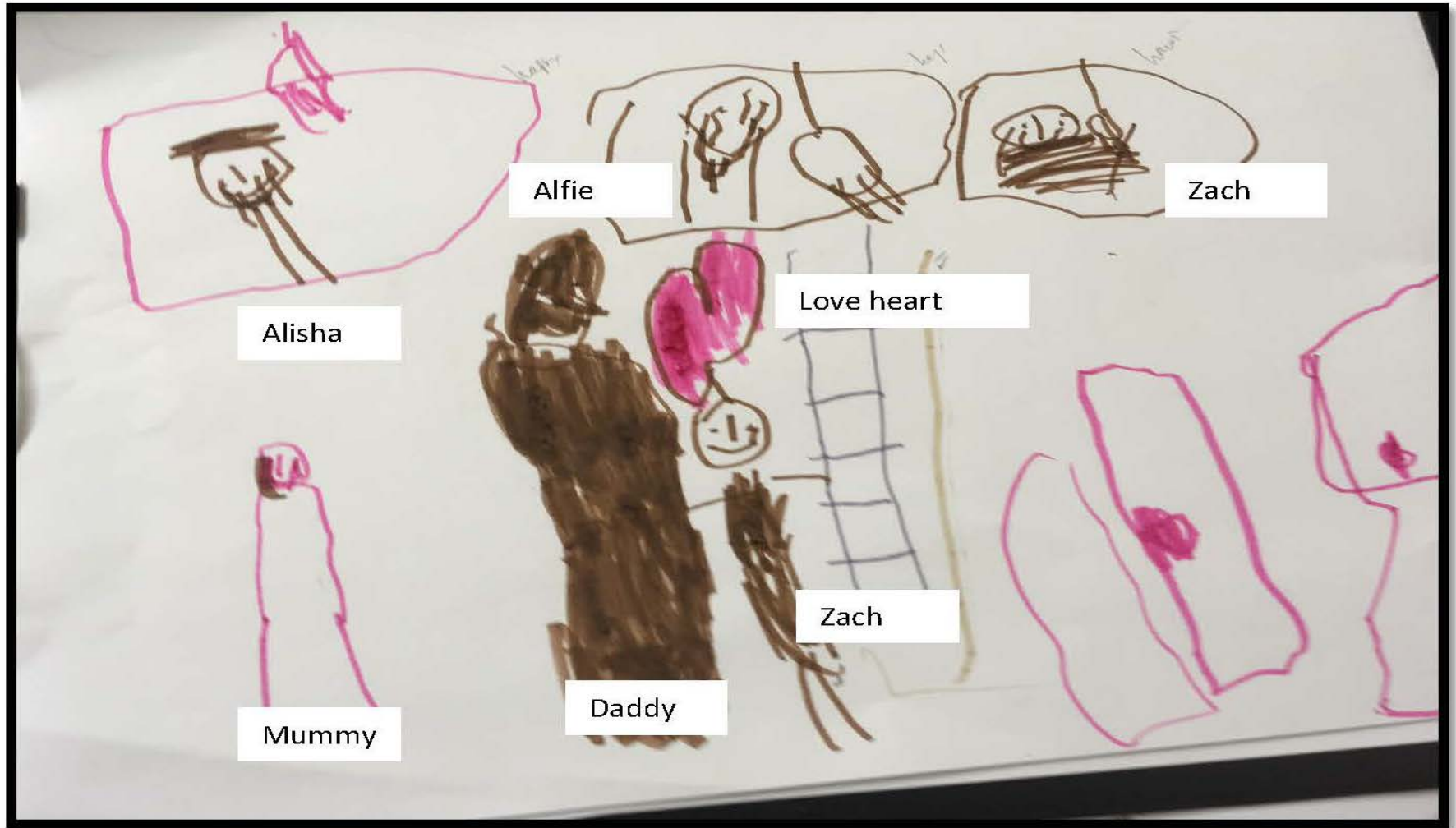


Figure 10. Zach's family drawing

monster-like ways in child drawings (e.g. Clements, 1996; Malcoldi, 1990) and as such, while on the surface Zach is displaying a happy scene, it is overwhelmingly clear the impact his father has on him, showing his fear. In telling me he is presenting both his parents with a love heart, I wondered if in reality it was actually just a gift to his father due to the close proximity of himself and love heart to his father, away from his mother. This could be seen as a protective behaviour, an act of feeling safe if he shows his love for his father, knowing that if his father sees the picture he will be safe, because he has portrayed him in a positive way.

#### 5.2.2.2.9 Summary

In summary, findings from Alfie and Zach's art work and play have revealed several interesting findings. These are key to not only supporting Rebecca's narrative in terms of assessing risk, such as via identification of a scary figure, and of depictions of all siblings crying on their own during abuse, but also in terms of their own emotional needs. It shows how having the outlet of art and sand play to talk about their family gave them a voice, and the ability to explore their own reflections and emotions, which is essentially the purpose of therapy with children. These feelings include their fear, isolation, anger, ambivalence to abuser, and concerns of safety.

#### 5.3 Conclusions and Methodological Considerations

The combined findings from mother and children in this case study reveal several important points relevant to this PhD thesis. The central topic in this phase was to explore the parental and child perceptions of risk, aggression and impulsivity in DA situations in families with children, which will contribute to the findings already gathered from Phases One and Two. While there were numerous interesting findings, it is important to firstly acknowledge the significant effects the DA has had on this one family who are still currently battling with court cases and child contact issues, this is reflected upon in Section 5.4.

Whilst there is a body of literature exploring children's awareness of DA via different means, direct witnessing, being aware of (Hester, 2009), or being made to participate in the DA (Beeble, Bybee, & Sullivan, 2007; McMahon & Pence, 1995; Saunders, 1994; Shepard, 1992), there is little research to date on whether children risk assess and act upon warning signals in some way. Therefore, in terms of child experiences

of risk, from accounts from the mother in Phase Three together with child narrative observations, findings offer potential areas for further exploration in terms of informing risk assessment procedures.

The use of play, particularly in terms of using a sand tray with a four year old boy, was an innovative approach and was able to provide both key information to the researcher regarding Zach's emotions regarding the family and risk, while also giving him the space to play out those emotions. With social workers being reported as being mixed in their capability to directly talk with children about their experiences of abuse (Elmer, 2011; Eriksson, 2009), art and sand play could be seen as an extremely beneficial addition to family risk assessments in DA. It is a potential tool that practitioners could use as a way of eliciting further information in a non-direct or non-harmful manner, which will also assist the child's processing of their trauma. The innovative use of play was also valuable in assisting in the exploration of crucial information regarding how children's voices should be listened to in order to build a more complete picture of family abuse and violence, as well as understanding its effects. This study revealed how the play techniques assisted the children in sharing information in a safe and relaxed way, which might even contribute to their own healing from their experiences (e.g. Buckley et al., 2007; Humphreys, Mullender, Thiara, & Skamballis, 2006). In terms of combining the findings from parent and child accounts to elicit further information regarding risk, this phase of study revealed interesting insights.

To give an example, Rebecca witnessed a variety of responses from her children (section 5.2.2). Alfie was described by her as showing no fear when his step-father aggressed, instead he would be quiet and make small gestures towards his mother, such as head shaking. Her narrative of Alfie connects with his own accounts and externalized behaviours identified during the interview. As previously discussed, Alfie was accustomed to exposure to the aggression and shouting in his young life, and his responses to risk appeared muted (Hornor, 2005). From his own account he said when he heard shouting he knew something bad would happen. Furthermore, the analysis of his and Rebecca's narrative included emotional and psychological effects from witnessing the abuse, such as his powerful anger and feelings of isolation. On the other hand Rebecca said Zach and his sister both (from being newborn) reacted with fear, something alluded to by Zach in his pictures (particularly of the large scary figure in his drawing). Zach also needed to sleep with his mother after seeing physical abuse. The suggestion and observation by his mother was that he was scared to sleep alone, however from his sand tray activity Zach was preoccupied with keeping his mother safe and cosy in bed,

suggesting his awareness of risk and preoccupation with protection at his young age. Both of these examples indicate the potential strength of risk assessment if explored in the context of family contributions (adult and child victims).

This family case study has provided a snapshot of adult and child DA victimisation, but there are limitations in terms of methodological considerations. It is possible that Ismail's impulsive and aggressive behaviours were being sensed by Rebecca implicitly, and so it is unfortunate that the study did not incorporate the questionnaire from Phase Two to gauge her awareness of his behaviours more formally, to explore whether her scoring of Ismail would be markedly higher for both constructs than in a non-abusive person. Furthermore, in seeking participants via a charity that addressed DA and controlling behaviours, it is acknowledged that there is a danger of Rebecca's narrative, and current realisations, being a result of the counselling she had undertaken, and may not be reflective of victims who do not seek similar help.

Overall, this family case study has been an essential phase in this thesis. It has provided the opportunity to further explore the nuances of impulsivity and aggression identification, as well as emergent themes from Phase One regarding children in more detail. It also addressed the lack of inclusion of children's voices in risk assessment research, by using innovative techniques derived from play therapy. The findings from this family also highlight the psychological effects of abuse and how these need to be considered when improving victim perception risk assessments.

#### 5.4 Reflection

Out of all three phases of study in this PhD I found the gathering of data for this phase to be the most difficult and emotional. This was clearly because of the involvement of children who had experienced traumatic events in their lives. During the rapport building sessions I played with all three children, and this was very helpful in not only putting them at ease with me, but to also ease my own nerves, something which supports research in the area of building rapport in child interviews (Punch, 2002). I was conscious of the children's background due to the interview with Rebecca, and so I felt overly fearful of inadvertently retraumatising them. I found myself being very careful of my responses in data collection with them and to always remain neutral, however countertransference was inevitable in the interviews (Epstein & Feiner, 1979; Marshall, 1979). This in itself was very draining, and I drove home from conducting the data collection with a heavy heart that I had in some way made things worse for them. I was

reassured by the children's mother, who was present the whole time, who believed her children needed that outlet. I also had the availability of my supervisor who has years of experience in this type of work, who I debriefed with. I therefore feel that while there was discomfort, it was a valuable exercise which would have helped the children as well.

In addition, it has of course been difficult seeing and hearing about the terrible reality of DA and the effects it had on Rebecca and her children. I found it difficult when Zach kept holding the red brick to my face. As a mother to a young child myself, I was of course imagining how a similar situation would affect my daughter, which triggered my protective emotions over Zach. In a similar way, Alfie being so angry about his stepdad, and swearing about it, which made me feel sad for him and what he had endured. Again, with the help of my supervisor in preparing for these feelings and understanding the possibility of experiencing vicarious trauma (e.g. Figley, 1995a, 1995b; Pearlman, 1995; Sexton, 1999; Stamm, 1995), and the opportunity for me to debrief with her afterwards made all the difference in understanding that what I heard was about the past and the work I was doing with them would have been cathartic for them. These reassurances certainly helped me gain some distance between myself and family afterwards.

I feel that this phase of study has shown me the powerful medium of play with children as a research tool, where I elicited findings that would have been much more difficult to gather in a direct interview or questionnaire. Play therapy has been used with children for many years, and it seems a useful method for conducting research with vulnerable children to enable them to have their voices heard.



## Chapter 6: General Discussion and Conclusions

### 6.1 Overview

The thesis aim was to explore DA victims' capability of assessing risk of harm via a mixed methods study, with a focus on the constructs of aggression and impulsivity, and whether their in-depth knowledge of the abuser can contribute to informing victim-perception risk assessments. This project also intended to explore the child victims' accounts regarding what they witness, or are aware of, through the use of play based research techniques, such as sand play and drawing.

A comprehensive review of the literature showed a clear gap in knowledge regarding the potential contributions adult victims could make regarding identifying key personality factors already known to be prevalent in domestic abusers, namely aggression and impulsivity (Edwards et al., 2003; Arias et al., 1987; Shorey et al., 2011; Tweed & Dutton, 1998). Research on DA victimisation reveals there are cognitive changes and distorted perceptions of the abuse that victims often experience (e.g. Lempert, 1997; Truman-Schram et al., 2000) and so it is unclear whether such changes may affect their ability to accurately assess risk. The review also examined the DA risk assessment literature, where recommendations state that multiple sources of information should be used to build a full picture of the potential risk of harm (Whittemore and Kropp, 2002). Focusing on victim-perception risk assessment tools currently in use by police and family practitioners (i.e., the DASH-RIC), it was found that their primary source of information is from the victim and does not include victim ratings of perpetrator personalities, and also does not include the potentially crucial information that children as victims could provide.

This study was undertaken to explore these gaps to potentially improve the safeguarding of adult and child victims of DA, and led to four research questions to be explored in this thesis:

RQ1) What is the experience of risk in DA for victims/survivors?

RQ2) What are the theoretical relationships between victim observed aggression, impulsivity and DA experience?

RQ3) Are the above relationships predictive of risk in DA?

RQ4) Are victims/survivors able to identify aggression and impulsivity and the risks these present to themselves and their children?

The purpose of this final chapter is to evaluate these research questions in terms of how successfully they have been addressed. The chapter will initially review the methodological approach, and the study's principal findings will then be brought together with a discussion of their links in relation to the research questions. The chapter will then explore the limitations of the study and make suggestions regarding implications for further research. What became clear when analysing the findings for this chapter was that, given the emergent findings of DA risk experience taken from both qualitative phases, RQ3 is one that is beyond the scope of this thesis. This was because it became evident that there were many complexities in terms of understanding the numerous processes involved in a victim's understanding and perception of risk, requiring a depth of analysis unanticipated at the beginning of the project. Consequently, exploring the predictive nature of aggression, impulsivity and DA experience, in terms of risk in DA, is an area to be developed using the depth of the findings from this thesis. Section 6.3.3 will detail how this could be addressed in future studies.

## 6.2 Methodological Approach Summary

Using a multi-stage sequential exploratory design (Creswell et al., 2003), this study had three phases. The initial qualitative phase of data collection and analysis focused upon the experiences of six women and was followed by quantitative data collection and analysis of 113 participants who completed a battery of questionnaires. Findings from Phase One were incorporated into a final qualitative case study of a mother and her children. Due to the exploratory nature of this thesis, a mixed methods approach was chosen as it is known to be an inclusive, pluralistic, and complementary approach (Johnson & Onwuegbuzie, 2004). Furthermore, due to the sensitive nature of the topic, it was deemed essential that DA survivor voices were incorporated (qualitative) alongside identifying broader patterns (quantitative).

The underlying principle applied to this research was that of a multifactorial explanation for DA, based on Dutton's Nested Ecological Perspective (Dutton, 1985, 2006). The evidence presented in this thesis is consistent with Dutton's conceptualisation. For example, findings from the qualitative phases provided evidence of the societal and cultural influences by providing numerous accounts of how the abusers were coercively controlling, which is a model immersed within feminist perspectives of DA (Stark, 2007), whereby patriarchal norms in society permit men to assume their power and control in a relationship. However, as a standalone perspective, as identified in the literature review, it does not explain how not all men or women assume such roles in a relationship. It is



therefore essential to understand other factors that have an impact on the manifestation of these behaviours. Findings from the qualitative phases explored factors related to abusers' issues in wider relationships, including how they interacted with friends or had issues with employment, which are part of the exosystem within Dutton's model (1985, 2006). Within the microsystem of family, findings in this thesis revealed numerous problems in abusers' childhoods and how they were also reported to have complicated relationships with parents and siblings in adulthood, suggesting attachment issues that would contribute to their abusive behaviours. Finally, evidence from all three phases highlighted the various individual factors, with abuser aggression and impulsivity reports from victims showing the individual differences apparent within DA perpetration, contributing to how some abusers were substance users, would cheat and experience jealousy and paranoia for example. All of which builds a more complete picture of DA abusers that can be applied to assessing risk, particularly in terms of considerations when informing their development.

### 6.3 Discussion

Theoretical links between aggression and impulsivity are widely acknowledged in forensic psychology research. Standardised self-report measures of both constructs have shown raised levels in forensic populations (Farrington, 1991; Pallone & Hennessy, 1996; Smith & Waterman, 2006), as well as in perpetrators of DA (Arias et al., 1987; Edwards et al., 2003; Shorey et al., 2011; Tweed & Dutton, 1998). DA risk assessment literature details the potential addition of these constructs, with one risk assessment, the Spousal Assault Risk Assessment (SARA; Kropp & Hart, 1997) used by the UK criminal justice system, including items on both constructs. It is clear that children are themselves victims, either indirectly or directly, of DA, but standardised self-reporting measures cannot be used for children. Consequently entirely new measures require exploration. Findings from all three phases of this thesis build upon the existing literature, but this time from victim reports of their abuser as informants, both qualitatively and quantitatively, with child reports also being captured in one of the qualitative studies.

#### 6.3.1 The Contribution of Impulsivity and Aggression to Victim Assessed Risk

Figure 11 displays a model that graphically presents the findings in this thesis regarding victim perceptions of aggression and impulsivity in their partners, as well as incorporating both the potentially inhibiting and facilitating factors in terms of assessing risk that emerged in the qualitative sections of this thesis. The figure will firstly be

discussed in terms of the aggression and impulsivity findings from victim judgments, which displays the three measures used, and visually represents their strength via the size of the boxes. Inhibiting and facilitating factors and the experiences of children will then be discussed in terms of how they may either enhance or weaken these victim judgments in some cases.

#### 6.3.1.1 Victim Judgments of Aggression and Impulsivity

Both impulsive and aggressive traits in their abusers were reported by all adult participants in the two qualitative studies, unintentionally throughout their interviews and also when prompted. Impulsivity was reported in abusers' general personality, a recklessness with money or planning for example, but also in terms of how participants saw their abuser changing rapidly between calm and friendly, and then being angry and hot-headed. Aggression was identified in their abusers consistently, with participants identifying high levels anger and hostility towards them and others. Participants expressed uncertainty when attempting to define impulsivity in the qualitative phases of the study, and required the researcher to provide both reassurance and further information on it, while aggression as a construct appeared to be understood more readily.

The quantitative phase explored levels of self and partner reports of impulsivity and aggression in relation to experiencing DA and CC in both DA victims and non-DA victims via a battery of questionnaires. Results found that impulsivity and aggression were correlated and is in line with the research on the links between the two constructs (Barratt et al., 1994; Smith, Waterman, & Ward, 2006b). Associations were notably stronger in participants reports on their partners rather than their self-reports (discussed in Chapter Four). Both general aggression and aggressive acts were also found to be reported as significantly higher in abusive partners, and, interestingly, it was the non-physical subscales that had greater effect sizes. This finding suggests that the victims might have rated the emotional and affective states of their abuser with more confidence, namely hostility and anger within the BPAQ, and agitation and mood within the AAQ rather than the identifiable behaviours of verbal and physical aggression. What is clear is that findings highlight DA victims' attunement to their partners' affective states over their physical states, which may be a consequence of experiencing their own emotional states more frequently because of the DA, resulting in a better empathic knowledge. This links with the additional finding in this thesis regarding victims' reliance on their own affective responses (e.g. Bargh, 1984; LeDoux, 1996; Loewenstein, Weber, Hsee, & Welch, 2001;

Zajonc, 1980, 1984), rather than their cognitive thought processing, in risk situations (which will be discussed in more detail in the section on facilitating factors).

From a psychological perspective, domestic abusers are not a homogenous group (Cameranesi, 2016), as a number of variables, such as the severity and generality of violence, psychopathology, substance and alcohol use and attachment styles, differ (e.g. Dutton & Golant, 1995; Gottman et al., 1995; Holtzworth-Munroe & Stuart, 1994; Holtzworth-Munroe, Stuart, & Hutchinson, 1997; Tweed & Dutton, 1998). Therefore it is possible that the way such factors are manifest in their partners are of importance for victims when the individual context of abuse and ensuing patterns are considered. From this, it is therefore likely that victims may identify different types of aggression with differing levels of accuracy. Physical aggression toward females is generally understood to be the least acceptable form of aggression and is also perceived as being the highest level of aggression (Basow, Cahill, Phelan, Longshore, & McGillicuddy-DeLisi, 2007; Harris, 1991; Harris & Knight-Bohnhoff, 1996). However, it is now widely understood that DA is not only a physically aggressive phenomenon; CC (Stark, 2007) can affect every facet of a victim's life including their emotions via the perpetrator's ongoing intimidation and manipulation. For the victims of CC, who completed the questionnaire, it is reasonable to assume that their experience of physical aggression from their partner is minimal, and as a result, their judgments of risk would be based on their abuser's more affective states to a greater degree. Negotiating CC for a victim relies on their knowledge of the perpetrator's worldview (Stark, 2007; Williamson, 2010), which enables the victim to navigate their own safety, and that of their children, via their risk management behaviours. As Williamson (2010) notes: "many women learn to respond to control by effectively internalizing the controls placed on them and learning to anticipate and avoid failure" (p. 1415). It is, therefore, possible that victims have a wealth of understanding regarding the emotionality of their abusive partners due to their heightened anticipatory abilities, yet they may lack the awareness of their partners' physical aggression because, if they are coercively controlling, it may rarely be displayed or they may choose to ignore it. Regarding direct links of aggression and impulsivity to assessing DA risk, Chapter Four also found that some of the individual items in the DASH-RIC risk assessment tool are associated with higher levels aggression in the abuser. Only one item was associated with both aggression and impulsivity, which interestingly was controlling and jealous behaviour. Central to DA, CC causes psychological harm directly and is seen as a dangerous predictor of physical harm (Stark, 2009). Therefore, this finding provides strong evidence for the capabilities of DA victims in identifying impulsivity and

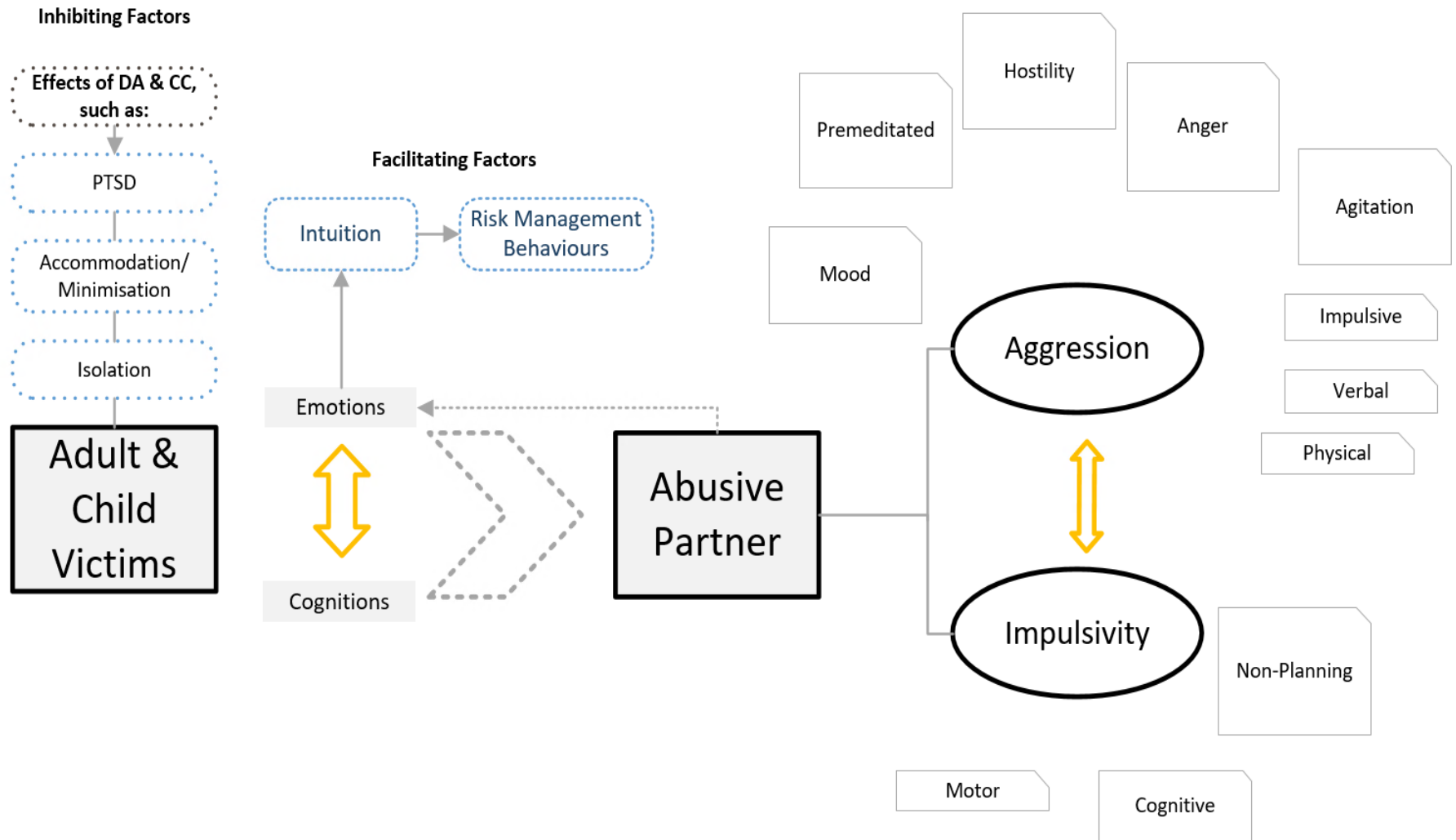


Figure 11. Diagram displaying combined results of victim assessments of abusive partner's aggression and impulsivity levels.

aggression in a risk assessment tool.

Premeditated aggression was rated by victims in their abusers with the highest levels amongst all subscales within the three measures used; this further supports the CC theme of which premeditative acts such as manipulation are an underlying feature (Stark, 2007). As such, this finding provides evidence that victims can make judgments when anticipating the intentions of their abusers, even when subjected to CC. However, while it was found that the AAQ's premeditated aggression subscale had a large effect size in abusive partners, this co-occurred with the slightly lower effect sizes of impulsive aggression and general impulsivity. It is therefore suggested that aggression, displayed by coercively controlling abusers, is at least in part instrumentally driven as a form of expressing their control and dominance as a form of punishment (Chase, O'Leary & Heyman, 2001; Stark, 2007; Tedeschi & Felson, 1994). But the additional finding that there is victim awareness of impulsive responses in perpetrators suggests other mechanisms are also present. The nature of aggression has generally been referred to in the research literature from a reductionist approach, where it is dichotomised to be either instrumental or affective (Baron & Richardson, 1994; Geen, 2001). However, it is understood that aggression remains a poorly defined construct in many ways, particularly in terms of understanding its fluidity regarding the aetiology of the aggressive act (Anderson & Bushman, 2002; Barratt & Slaughter, 1998; Smith & Waterman, 2006). In terms of DA, and supporting these ambiguities, Stark (2007) criticised the instrumental versus reactive dichotomy as being simplistic and suggests that both forms are expressed within partner violence. This argument is supported in the wider forensic psychological literature (Barratt et al., 1997; Houston and Stanford, 2005; Stanford et al., 2003; Ramirez and Andreu, 2006). It is therefore suggested in this thesis that DA, in particular, requires a shift from these dichotomies to one which recognises the complexities of perpetrator aggression. This is something further research could explore, concerning whether the construct of aggression requires further definitional clarity regarding relevant subscales in relation to DA perpetration.

It is possible that the nature of an aggressive episode may be subject to change between instrumental and reactive types, where, for example, the aggression within the perpetrator grows from a negative emotional state into a premeditated act or vice versa. This potential temporal sequencing was originally suggested by Megargee (1966) who proposed that those with high inhibitions have a drive to aggress that builds over time, and it will be of a high intensity since a significant amount of anger arousal would be required to reach those high inhibitions. This was further explored in a review regarding

emotional states within aggressors (Robertson, Daffern, & Bucks, 2012), that those who under-regulate emotions, including anger, try to repair or avoid the discomfort of the emotion by acting aggressively; or how in those who over-regulate emotions compromise their decision-making processes and increase their negative affect. Potentially, this type of aggressor would be subject to both reactive and instrumental motivations dependent on varying individual and social factors. This phenomenon is possibly highlighted within informant reports in DA in particular due to the amount of abuse the victims endure both episodically (when verbal, sexual, or physical aggression is displayed), and from the ongoing pattern of CC, psychological and emotional abuse. They will undoubtedly have an array of incidences to call upon when completing the questionnaires, whereby they have an extensive catalogue stored of their experiences regarding the styles of aggression used against them.

Differences in victim/survivors' confidence to identify impulsivity was apparent, which is unsurprising given the lack of definitional clarity around impulsivity in the research literature (Block, 1995; Depue & Collins, 1999; Whiteside & Lynam, 2001). Survivors of DA and/or CC were consistently found to rate their abusive partners as higher in impulsivity, particularly notable were the subscales of cognitive and non-planning impulsivity, where the latter has been suggested by Moeller et al. (2001) to signify highly impulsive individuals who are predisposed towards unplanned decisions with little thought of the negative consequences. It is interesting that motor impulsivity, while a significant result, was the least identifiable by victims in the abusers, having a small effect size. It was discussed in Chapter Four that this may be because this subscale is concerned with acting without thinking. It was argued that victims are not as confident in deciphering whether their abuser thinks before taking action, which connects to the above findings regarding premeditated aggression. But it is also possible that DA perpetrators, particularly those who are coercively controlling, hold and display higher levels of non-planning (lacking forethought) and cognitive (making quick decisions) impulsiveness, in comparison to motor impulsivity. In partial support of this notion, Edwards et al.'s (2003) study examined the relationship between impulsiveness, impulsive aggression, and physical violence in DA perpetrators; in one part of their study, they examined associations between the three BIS subscales with the Conflict Tactics Scale. They found that only the subscale of cognitive impulsivity had a significant and moderate correlation. Other studies of DA and impulsivity tend to focus on impulsivity total scores and not analyse the three subscales independently (Boyle, O'Leary, Rosenbaum, & Hassett-Walker, 2008; Helfritz et al., 2006). They also did not display any

results concerning the three subscales in relation to comparisons of DA perpetrators versus non-perpetrators (Stuart & Holtzworth-Munroe, 2005). Ireland and Archer (2008) conducted a confirmatory factor analysis of the three BIS subscales within a large sample from a forensic population, where higher levels of impulsivity would be expected. However, their study found the nature of the three subscales, or factors, to be different from those originally offered by Patton and Stanford (1995). In addition, a more recent study has also found similar issues with the three-factor model of the BIS (Steinberg, Sharp, Stanford, & Tharp, 2013). These results support Whiteside and Lynam's (2001) finding that it is difficult to conceptualise impulsivity and its structure remains unclear (Ireland and Archer, 2008), and suggests that further research is needed concerning whether the construct of impulsivity requires further definitional clarity regarding relevant subscales in relation to DA perpetration. Given the finding, discussed earlier in this chapter, regarding victim awareness of perpetrator affective states, exploring emotional impulsivity in relation to DA and CC behaviours may be a reasonable concept to add clarity to this area.

In summary, aggression and impulsivity scales used within this thesis (particularly the BPAQ and BIS-11), while commonly used and standardised, are general and address the constructs on universal levels regarding the questions asked, as well as measuring the constructs across situations. This includes acts of aggression towards strangers and levels of impulsivity that occur in general terms. While the scales have been useful in showing victims capabilities of scoring abusers, they appear limited in terms of the particular behaviours they measure. This is reflected in the weightings of subscales, suggesting the development of more appropriate or relevant scales to measure aggression and impulsivity, in DA perpetration particularly, would be valuable.

#### 6.3.1.2 Facilitating Factors

The research literature argues both for and against victim accuracy in assessing risk of harm. From one perspective, victims are said to be the expert on the abuser and attuned to their behaviours and cycles of violence (e.g. De Becker, 1994; Hart, 1994; Weisz, Tolman & Saunders, 2000). In her review of risk assessments and victim contributions, Bowen (2011) found that victim appraisals of their own risk, in six studies (Bell, Cattaneo, Goodman, & Dutton, 2008; Cattaneo et al., 2007; Cattaneo & Goodman, 2003; Heckert & Gondolf, 2004; Weisz et al., 2000), to be consistently valid in predicting future victimisation.

Personal accounts and reflections from the DA survivors within this thesis are consistent with the above differences in findings in the literature. These findings were taken from two qualitative studies and offer further insight into the complexities of risk assessment and the deficits experienced by adult victims. Data from Phases One and Two explored the in-depth lived experiences of domestic abuse survivors. Themes emerged of how, while they experienced the cognitive interruptions previously stated regarding trauma and emotional confusion due to the CC (Stark, 2007), they also could reflect on implicit feelings of risk of harm. Their intuition, referred to as a 'feeling' or 'just knowing,' was alluded to several times and was personalised to the context of the couple and abuser's behaviours.

This 'just knowing' has been suggested to be an indication of the coercive threats and demands the victims are under, that are seamlessly interwoven into a couple's interactions, and is something the abuser relies on the victim using to maintain their control (Dutton & Goodman, 2005). Yet, just as importantly, it is argued here that it also signifies the unconscious risk assessing undertaken by victims when they are still in the relationship with the abuser. This links with social and cognitive psychological theories around implicit and explicit representations, whereby individuals are not aware of their implicit knowledge (e.g. Dienes & Perner, 1999; Hahn, Judd, Hirsh, & Blair, 2014; Rosenthal, 2005; Schacter, 1987) as it has not been made available in language form, or verbalised (e.g. Dennett, 1978); in that case it would be deliberated and become explicit. Bowers et al. (1990) describe intuitive decision-making as "a preliminary perception of coherence (pattern, meaning structure) that is at first not consciously represented, but which nevertheless guides thought and inquiry towards a hunch or hypothesis about the nature of the coherence in question" (p. 74). In terms of this thesis, it is possible that there is an inability for victims of DA to make explicit their understandings of the dangers posed, or to articulate this to others. This could be due to the isolation they face from friends and family, and fear of reprisals from their often coercively controlling partner, where they are unable to carefully consider their situation and make explicit their implicit awareness with others. Therefore the victim's implicit awareness is not able to develop towards an explicit understanding, hampering their skills in making confident judgments during the abuse.

Further findings from Phase One and Three reinforce these intuitions; this was via exploring how victims manage the risks their partners pose and is a possible manifestation of the development from implicit to explicit awareness. Specifically, victims could easily recall their specific actions, or inactions, to minimise risk of harm from their partner, such



as doing as they are told, completing specific jobs around the house, or doing things that keep their partner calm. Research in this area suggests how a victim perceiving risk can be associated with proactive attempts toward behaviours that are risk-avoidant (Brewer et al., 2007). Bowen (2011) enquires whether high-risk situations change victims' behaviours, others suggest women use self-protective acts to a greater degree when there is increased danger (Hilton & Eke, 2017; Messing & Thaller, 2014), and Reisenhofer and Taft (2013) suggest victims who are in a pre-contemplative stage of change will be attempting to remedy the abusive situation via behaviour modifications. Findings in this thesis suggest it is the affective reactions that are relied upon more so than cognitive evaluations of risk by victims. It has been argued that this is because affective responses are immediate, although crude (Bargh 1984; LeDoux, 1996; Loewenstein et al., 2001; Zajonc, 1980, 1984). Research has found that emotional responses enable an interruption of cognitions and redirect them towards the source of danger (Armony, Servan-Schreiber, Cohen, & LeDoux, 1995). Therefore, regarding the findings in this study, it is argued that the rapid emotional responses reported by victims as “just knowing” were translated into their risk management strategies of attempting to keep their abuser calm, via behaving in particular ways.

#### 6.3.1.3 Inhibiting Factors

The findings in this thesis suggest navigating risk of harm for a victim is complex and dependent a variety of factors. The emergent themes from both qualitative phases suggest that victims may have cognitive lapses in clarity when making risk judgments; with reasons such as PTSD, normalisation/minimisation, and isolation (particularly affecting the parental connections of teenage and young adult victims), for example. Such factors are therefore considered to be potentially inhibitory for victims when assessing risk.

Participants described numerous effects of abuse in line with the PTSD literature, including depression, anxiety (Campbell, 2002; Jones, Hughes, & Unterstaller, 2001), negative self-beliefs (Ehlers & Clark, 2000; Foa et al., 1993; Resick & Schnicke, 1992), and guilt and shame (Gilbert, 1997; Tracy, Robbins & Tangney, 2007). There is some evidence that such effects cause cognitive difficulties, such as via structural changes found on MRI scans of the brain (Bremner et al., 1995; Gurvits et al., 1996), and from self-reports of memory difficulties, particularly affecting concentration and attention as well as learning and recall (Archibald & Tuddenham, 1965; Sutker, Uddo-Crane, & Allain Jr, 1991; Wolfe & Charney, 1991). An associated feature of PTSD is dissociation,

which has been frequently found to be present in DA victims as a means of emotionally detaching from the harm they experience from their partner (Braun, 1988), for which it has been said to impede information processing (Chu, 1992). Supporting this, from the cognitive literature on attentional bias, it has been found that cognitive capacity can be weakened in a threatening environment due to safety concerns and arousal (e.g. Van der Kolk, McFarlane, & Weisaeth, 1996). In spite of this, recent research also suggests that when looking at PTSD scores DA victims will over estimate their level of risk (Bell et al., 2008; Cattaneo et al., 2007). While the research findings are mixed, it appears that the presence of PTSD is a bias that can cause a reduction in capacity and degrade resource processing in DA victims, therefore suggesting there are inhibiting factors in making risk judgments.

A further effect of trauma can be that victims minimise their danger and accommodate the actions of the perpetrator in order to cope with the abuse, as well as it affecting their confidence in the legitimacy of their insights (e.g. Campbell, 1995; Dutton-Douglas & Dionne, 1991). Some research has suggested that minimisation of violence severity as well as being less willing to disclose abuse can occur more often in victims who are in a current relationship than a past one (Hagemann-White, 2001; Römken, 1997). While Dunham and Senn (2000) suggest that it is intuitive that attributions of self-blame as well as personal attitudes toward abuse influence disclosure. Linking with the previous section on implicit and explicit awareness of risk, several studies have found that victims' ways of minimising abuse and experiences were only changed once social support was introduced to challenge their rationalisation of the violence (e.g. Aspinwall & Taylor, 1997; Ferraro & Johnson, 1983; Mills, 1985). Normalisation is also said to occur in victims of DA, particularly due to living with the abuse for an extended time. Younger victims in this study especially commented on not having an earlier point of reference in knowing what relationships should and should not be like. They therefore become habituated to abuse in a similar way that children who witness parental DA can experience intergenerational transmission of abuse (Kalmuss, 1984) in their adult relationships. Normalising abusive patterns will undoubtedly lead victims to minimise and accommodate what is happening to them. A recent qualitative study by Evans, Gregory, Feder, Howarth, & Hegarty (2016) support this, where they found their DA victim participants discussing how they had lost sight of what was "normal." Evans et al. (2016) suggest this is due to the victims not being able to differentiate between their self-judgment and the perpetrator's actual behaviours and therefore underplaying the abuse; they suggest this is due to an internalisation of abusive attitudes into their own core beliefs

(e.g. Horwood, Pollard, Ayis, McIlvenna, & Johnston, 2010; Mallinson, 2002). It is therefore argued that such occurrences in the psychology of victims will affect cognitions regarding judgments of risk, and should be taken into consideration.

Isolation of victims from family and support networks was quoted numerous times by participants throughout this thesis. Isolating a victim is a known tactic of coercively controlling abusers to limit a victim's circle of support, as well as to maintain their power and control (Fontes, 2015; Stark, 2007). Falling within this category was the finding of how the teenage victims in Phase One, and Rebecca in Phase Three (who was in her early 20's) actively distanced and isolated themselves from parents, and would also conceal information of the abuse from their mothers until the abuse became unmanageable or discovered by them. In terms of assessing risk, this finding was unexpected and suggests that mothers in particular potentially play a key role in the safety of teen victims of partner violence, something which appears to be a gap in the research literature. This is a potential red flag in risk assessment terms, and requires further study to ascertain its prevalence in young people.

It has been suggested that teenagers might dismiss a parent's assistance through fears of being blamed, being forced to end their relationship or not date again (Teenage Research Unlimited, 2006), all of which are counterproductive in terms of facilitating the trust needed for a teen to approach a parent. This is significant in terms of understanding the lengths teen victims are willing to go to in order to ensure they keep the information from their parents, particularly if they feel ashamed of being a victim of DA. Shame can be a powerful emotion in adolescents, and the psychological research suggests it is related to behaviour. According to Tangney (1990), differences in individual levels of proneness to shame can contribute to "the development of both adaptive and maladaptive interpersonal and intrapersonal processes" (p. 102). Another study found that abusers gained control by isolating the teen victim from their circle of same-sex peers, preventing them from feeling able to leave the abuser, as well as it stopping any of the peers from being able to tell the teen victim's parents (Toscano, 2007). Concealment by adolescents was suggested in the first phase of study as a mechanism used to control what parents can access about their personal lives (e.g. Bok, 1989; Petronio, 1994; Petronio et al., 1998), as a way to reduce or avoid criticism and embarrassment. But it is also suggested to be an aspect of normal adolescent development (Margolis, 1966; Van Manen & Levering, 1996), to gain autonomy, independence and mastery of self-regulation and self-determination (Allen et al., 1994; Larson et al., 1996; Steinberg & Silverberg, 1986). This includes them starting to take more responsibility for themselves, rather than relying on

their parents (Frijns et al., 2005). Further building on this, and showing the factors that affect concealment, a study on 4,814 Latino adolescents in the USA found that a protective factor of high importance against dating violence and abuse is that of perceived parent caring, including high levels of communication from parents (Kast, Eisenberg, & Sieving, 2016), this suggests that if young people feel listened to their levels of concealment may be reduced.

Attachment theory, introduced by Bowlby (1982) and Ainsworth (1979), can also explain the findings of concealment. The development of a child's cognitive-affective schemas of their parents are said to differ dependent on the parental care they receive (Bowlby, 1969; Bowlby, 1973, 1982; Bretherton & Munholland, 1999). For example, Newland, Coyl & Chen (2010) found that parents who have an insecure attachment style are perceived by their children to be less warm, while Feeney (2006) reports that these parents are viewed as less able to resolve parent-child conflicts. Key to this thesis finding, Jones, Brett, Ehrlich, Lejuez and Cassidy (2014) found that this attachment style results in less parental knowledge of where their child is and what they are doing away from the home. In their review of the literature Jones and Cassidy (2014) found evidence to suggest this is related to these parents finding it difficult to provide a secure base for their children. Taken together it is possible that the participants in Phase One and Phase Three of this thesis felt unable to approach their parents about the abuse because of their own parents' insecure attachment styles and the ensuing parenting style within their families. This requires further study to investigate its role in disclosing abuse, or whether the phenomenon of concealment within teens occurs regardless of attachment styles in parents.

Findings from this thesis suggest that there was a considerable length of time that the survivors endured the abuse before reaching out for their parents' help. The previously mentioned study by Kast et al. (2016) was cross sectional and questionnaire based and hence could not suggest temporal sequences between the parent-child connection and the abuse, so it is possible that there is a delay even in those with a strong bond and open communication. Therefore an early identification of the concealment would be essential for parents in risk assessing adolescent dating abuse, therefore future studies should focus on adolescent behaviours associated with concealment from parents.

#### 6.3.1.4 Children

Research suggests mothers can only acknowledge the degree to which children have experienced DA after they leave the abuser (Gorin, 2004). In the family case study in this

thesis, where Rebecca endured five years of domestic abuse (Chapter Five), there was a particular and purposeful focus on both the mother's experiences in terms of her understanding of risk to her children, as well as the children themselves being given the opportunity to share their own experiences through the use of play. Findings were conceptualised as a journey of acknowledging risk to children, with the psychological effects she was experiencing impeding her ability to cognitively evaluate the wider impact on her family. Research suggests that PTSD is a mediating factor in the inability to acknowledge the effects on children (Chemtob & Carlson, 2004), and from the in-depth interview with Rebecca it is highly possible she was experiencing PTSD earlier in her relationship. As covered in Chapter 5, her levels of trauma might have reduced along the journey, allowing her to seek help for herself and children. In their study Chemtob and Carlson (2004) found compelling evidence for this difference, whereby 91% of the mothers with PTSD reported they did not seek help for their children, and this figure halved to just 46% for those mothers without PTSD.

Attachment theory provides an important framework in understanding child development and social and emotional outcomes (Groh, Fearon, Ijzendoorn, Bakermans-Kranenburg, & Roisman, 2017). These are said to provide internal working models in children, particularly in how they view themselves, others and relationships (Bowlby, 1973; Bretherton & Munholland, 1999). For abused mothers with young children the complexities of their attachment styles may be a factor in assessing risk. As already discussed from the literature and found in Phases One and Three, the cumulative effects of CC towards the adult victim leads to a catalogue of negative mental health problems, including but not limited to, trauma, disempowerment, lowered self-esteem, confusion, and depression (Cascardi & O'Leary, 1992; Rounsaville & Lifton, 1983; Sato & Heiby, 1992). Such psychological effects have been found to be related to poorer parenting (Levendosky & Graham-Bermann, 2001), so it is not surprising that infants have been found to have a more disorganised attachment style when DA is present in their homes (Zeanah et al., 1999), as well as preschool age children being reported to have negative effects on their attachment (Frosch, Mangelsdorf, & McHale, 2000). It could be suggested however that Rebecca in Phase Three showed a mixed response in her parenting, and this could be connected with the journey of risk awareness for her children. A study by Levendosky, Huth-Bocks, Shapiro, and Semel (2003) found that DA can also be positively related to parenting effectiveness and the attachment between mother and child. The authors suggested that the abused mother attempts to be more responsive with their children in order to compensate for the effects of abuse. This effect may be related to

Rebecca's journey of understanding risk towards her children as she was observed as reporting attunement to her infant daughter and son's needs during the abuse. Therefore in spite of the abuse she suffered she attempted to build a secure attachment, and may have helped to mediate awareness of risk towards them. Likewise, while not explored in as much depth in Phase One, Elena who had three children was also noted as becoming more aware of the risks to her children through the passage of time, and spoke about putting herself between them and the abusive partner to protect them, even though she also reported her mental functioning was affected by the abuse and that she was depressed. It could be argued that this ability was due to compensating for the abusive environment by attempting to establish a secure attachment with her children.

Similarly to Rebecca, Kelly (Phase One) was clearly extremely traumatised by the abuse she endured from her partner, and while she had three children her account did not disclose information about their experiences. However, because that phase of study focused on her own experiences and did not ask about her children (unlike in Phase Three) it is unclear what she might have revealed if asked. This is an important point for DA risk assessing, whereby if opportunities for talking about their children are not presented then the children may remain invisible. In contrast, Elena (the other mother in Phase One) was acutely aware, and became hypervigilant to risk towards her children, feeling it would be dangerous to leave them alone with her abusive husband. While their circumstances contrasted, including their living arrangements and the occurrence of direct child abuse, this finding did highlight the potential psychological complexities faced by adult victims that might affect their awareness of risk to children. These issues were covered in the literature review, particularly in terms of DA in parents and children and whether they are concordant with their reports of their exposure (Knutson et al., 2009; Lewin & Graham, 2012). Simmons, Craun, Farrar, and Ray (2017) found in their study that most parents can be good informants regarding their children's exposure to DA, however they did suggest that all parents and children within their sample were at the stage of help-seeking, therefore at the point in their journey where they are able to make cognitive judgments. It is clear then that there are gaps in knowledge regarding parental awareness of risk to children prior to help-seeking, which supports this thesis in terms of giving children a voice in risk assessment procedures.

Simmons et al. (2017) recommend that more work is required "to identify ways to operationally define and subsequently measure child exposure to IPV" (p. 1578). This links to the case study in Phase Three, whereby the indirect approach of play was used in order to elicit information regarding the knowledge and awareness child victims of DA

have, as well as to give them a voice concerning their experiences. Offering this is important because as well as them having the right to be heard, it is also becoming widely understood that there is intrinsic value to child contributions in assessing and decision-making, not as a responsibility however, but as a holistic approach (Macdonald, 2017). Findings from the case study were in the form of emergent themes taken from pictures made by children and from their stories of their family. They provided insights from young children, in terms of pertinent information to assessing risk and the effects of the abuse. For example, Zach (age four) had ambivalent feelings towards his abusive father, supporting the research of (Peled & Davis, 1995), was preoccupied with safety (Goldblatt, 2003), and in addition he disclosed an experience that corroborated information his mother had provided regarding witnessing her being attacked. Alfie (age eight) gave details of how he was present in the home while abuse happened, as well as revealing his deep anger and resentment towards his abusive step-father (Lundy & Grossman, 2005). These disclosures were a direct result of sand tray and drawing techniques with the researcher, showing the power of such tools in eliciting information.

While it might be argued that the themes are not measurable or quantifiable in the way Simmons et al. (2017) suggest, it is clear that depths of understanding may be missed in attempts to elicit quantitative only data from children, whose natural language is play (Landreth, 2002). As Mullender et al. (2002) advise, “for children, living with domestic violence requires negotiating, making sense of, and managing a number of complex and overlapping issues” (p. 91), for which the qualitative, narrative and play approaches have certainly provided insight into for Zach and Alfie. Sand tray and art work of children is individual and assists children in articulating their experiences. A technique that has uncovered themes that can, as argued by Ruddin (2006), be generalised, that is “the inference of applicability to far more cases beyond the data or the study” (Robinson & Norris, 2001, p. 303). The child’s artistic creations from these techniques may not always differ from children who have not experienced DA, but it is the children’s explanations of their work that will differ and contribute to the wider picture of the family’s experiences. Other disciplines, such as health and nursing (e.g. Holloway & Freshwater, 2009; Overcash, 2004) have seen the value of narrative and qualitative findings, something which may also be of value in the inclusion of children in DA risk assessing.

### 6.3.2 Implications

This is the first study that has explored DA victims’ perceptions of risk in relation to their abilities to identify aggression and impulsivity in their abusive partners. The data

presented in this thesis suggests there may be a strong argument for incorporating their perceptions of their abuser's aggression and impulsivity levels within practitioner and police risk assessment tools. This study was exploratory and as such findings and methodological decisions will be discussed in terms of the various implications for future use in policy and practice.

Use of mixed methods in this thesis has shown value in tailoring appropriate research techniques to elicit relevant information from victims/survivors of DA. The use of standardised measures to gather information on personality constructs is a particularly popular choice in research (McDonald, 2008; Robins et al., 2007), due to its statistical strength and the capability to generalise across a population. This thesis utilised this method in an attempt to understand victim/survivor reports of abusers, it therefore shifted the self-report tool into an informant report tool. Results from Phase Two revealed convincing findings regarding how survivors can judge characteristics of aggression and impulsivity in their (ex) partners. There are a number of studies that have successfully used informant, or proxy, reports of a person's impulsivity and aggression levels, but this is mainly within the suicide literature (An, Phillips, & Conner, 2010; Dumais et al., 2005; McGirr et al., 2008). This makes sense considering the need to use a proxy in the absence of the subject if they completed suicide, and that most other needs for assessing the constructs would want to access a self-report directly from the subjects of interest. In terms of this thesis, informant reporting using standardised tools was used to inform research on victim-perception risk assessments. The nature of practitioner based victim perception risk assessments (such as the DASH-RIC tool in the UK or the Danger Assessment in the USA) are to be a form of assistance in communication, as well as information gathering and safety planning for the victim (Kropp, 2004; Shepard, Falk, & Elliott, 2002). Importantly, it is a "collaborative effort between the survivor and survey administrator, who may educate the survivor about her risk and potential risk factors, and assist in the development of a safety plan" (Messing & Thaller, 2014, p. 6). Therefore, in these cases, direct self-reporting by the accused would not be possible or desirable due to safety concerns for the victim who has made the initial disclosure to a healthcare professional. In addition, given the level of manipulation a coercively controlling perpetrator will generally possess (e.g. Stark, 2007), their self-report responses may not be trustworthy when accused.

Evidence from informant reporting has been strengthened using in-depth interviews with adult survivors. By using IPA techniques to focus on the individual's lived experience of risk, survivors were given space to discuss not only what happened to them,



but also how it affected their emotional and psychological state. Through interpretation, the researcher was then able to refer to her own sense-making of what was said, her own conceptions, beliefs and expectations (Smith et al, 2009), while understanding that this was via the participants' own sense-making as well (Smith & Osborn, 2007). Using such an in-depth technique was useful in terms of understanding the psychology of the DA survivors interviewed, as it not only emphasised the weight of inhibiting factors they face in terms of assessing risk, but also was revealing in terms of factors that facilitate it. With the onus of IPA being idiographic analysis (Smith et al, 2009), findings display and reinforce the power of individual case analysis to reveal patterns across individuals. In addition, the narrative technique used in a case study on an adult survivor in Phase Three allowed the researcher to understand the trajectory of thought processes within the participant (e.g. Riessman, 1993), particularly in terms of her understanding and awareness of risk to her children. Such techniques were useful in providing a deep understanding of the phenomena to support the patterns of responses found in the questionnaire study (e.g. Creswell & Clark, 2011; Driscoll, Appiah-Yeboah, Salib, & Rupert, 2007). This demonstrates the benefits of talking with survivors, and not merely gathering quantitative data via distant and detached methods of questionnaires or retrospective police or legal reports of DA crimes. Survivors have been shown in this research to have a wealth of knowledge and understanding about their abusive ex-partners via having an empathic researcher as the listener. This suggests that current DA victims, who are risk assessed by police or practitioners, can contribute a great deal if given the appropriate setting to explain and describe their own particular DA context.

Findings have further implications for risk assessment practices in three main ways. Firstly, it appears there would be value in introducing items in risk assessment procedures with victims that would address their knowledge of the perpetrator's personality, essentially impulsivity and aggression. Currently, when victims initially disclose to a healthcare professional that they have experienced DA, the practitioner will use the non-statutory but recommended DASH-RIC tool in order to determine the level of risk. In practice, practitioners use the DASH-RIC as a guide for prompting questions with differing levels of engagement using the form. Some less experienced with DA may use the DASH-RIC more formally in the presence of the victim, while others who are more experienced have been known to complete it after the victim has left the room using structured professional judgment (SafeLives, 2014) in order for their discussion to appear more conversational and less about form filling. With such differences in approaches, along with the fact that the DASH-RIC is currently non-statutory, it is considered that

introducing a standardised aggression and impulsivity measure to a potentially traumatised victim may be inappropriate. It is therefore suggested, particularly following the insightful outcomes from the qualitative phases of study in this thesis, that four to five open-ended questions could be included within the conversation between victim and practitioner, based around aspects of aggression and impulsivity. Inhibiting and facilitating factors could then also be identified within such a dialogue, which would otherwise be missed in a solely informant reporting tool. Secondly, while psychological effects of abuse might be an inhibiting factor in victim levels of confidence in judging risk in their abuser (e.g. Dutton and Dionne, 1991), findings in this thesis have suggested that victims can identify their risk management strategies in terms of their responses and actions to the abuse. This finding has potential implications for how risk assessments with victims are approached in terms of types of questions that should be asked, where their intuitive understandings can be supported by considering the more concrete and tangible memories of the ways they manage risk to protect themselves.

Thirdly, as children's natural language is play (Landreth, 2002) the innovative research method of play and art techniques were used with child survivors of DA in a family case study as a way to explore how their experiences would manifest. In addition, in order to enable the children to feel comfortable, the researcher used rapport building techniques with them prior to the data collection via two separate meetings to get to know each other, something which is considered to be an essential tool in gaining trust (Grieg et al., 1999; Miller & Glassner, 1997; Morse & Field, 1995; Rubin & Rubin, 2011; Wilson & Powell, 2001). Results from the study were revealing in terms of emergent themes from the children's stories, and while they cannot be generalised, have shown that not only could children provide recollections of events at home that corroborated their mother's accounts, but they also displayed internalising and externalising behaviours (Jouriles & McDonald, 2015) within both their creations and discourse. Use of such a method by practitioners, such as IDVAs who are assigned to DA adult victims, may assist them in assessing risk to the family and help with safeguarding the children as part of information sharing in MARAC meetings. An additional benefit of this method is that the child are given space to share their experiences in a non-direct format, whereby they are not required to answer specific questions but can explore their experiences and therefore divulge information via the play and art props. Such opportunities for children to explore their emotions regarding family life will be of particular therapeutic benefit (McMahon, 2012) as well as assisting practitioners to understand a more complete picture of risk of harm within the family unit.

Throughout this thesis the focus has been on the family practitioners use of risk assessments, such as the DASH-RIC, however it should be noted that the findings also have implications for risk assessments carried out by the police, who also use a variation of the DASH-RIC tool. This is important particularly for the adult victim, as police officers who attend scenes of suspected DA would have an opportunity, while using a risk assessment, to explore potential risks in terms of the accused's aggression and impulsivity, as well as how the victim manages risk.

Currently used victim perception risk assessments could be further developed in light of findings in this thesis, therefore consultation between practitioners, academics, clients and policy makers, which reflects the importance of multi-agency working, is suggested. In addition, findings suggest training would be essential in terms of using questions around risk management techniques, as well as aggression and impulsivity within a risk assessment, particularly since these questions are semi-structured requiring the interviewer to understand why these questions are of importance. It would be further advised that training should be tailored to the type of practitioner using the risk assessment. For instance police officer training may need a greater focus on risk management techniques used by the victims, as well the inhibiting factors in their understandings, something which family practitioners may be more aware of. While family practitioners would certainly need in-depth training on the constructs of aggression and impulsivity and their links with DA, for them to understand victim assessments of the constructs in their partners.

Key to the approach of engaging in play techniques with DA child victims, there is a level of interpretation required from practitioners in order to understand the factors within the family context that are important to the risk assessment procedure. It was found within this thesis, during the two qualitative phases in particular, that PhD supervisory meetings were key to exploring themes, due to the level of reflexivity and the safe space (Beddoe, 2012) made available for dialogue around the sensitive issues that arose. And it was found that intuitive ideas coming from the interviews with the children were generally agreed upon and allowed for a deeper understanding of the issues. This is important in terms of how practitioners could potentially do the same, either within their own supervision meetings or via regular group discussions to share their own intuitions to draw conclusions. Dialogue between practitioners is not just advised for risk assessing with children, the conclusions formed through dialogue are also advisable for risk assessing with adult victims as well, to be able to understand the patterns within abusive relationships and identify the red flags of risk.

### 6.3.3 Limitations and Future Directions

While these studies advance our understanding of the complex relationships between DA victim's awareness of risk and the aggression and impulsivity within their abusive partners, some limitations of these studies should be noted. Firstly, both qualitative phases used to explore experiences of risk, recruited participants who were DA survivors that had already moved on from their abusive relationship, they were not current victims in terms of their experience. They were therefore reflecting back to when they were in the relationship, which could potentially differ with accounts they might have provided at the time of being with their partner. From a research perspective, knowingly recruiting current victims would have been ethically problematic in terms of their safety, hence the decision to recruit survivors. Survivor responses may have also been skewed dependent on the interactions they had with others regarding the abuser. For example, Rebecca in Phase Three was recruited from a DA charity where she had spent a substantial amount of time in sessions based on understanding the abuse and her own emotions, while most from Phase One had expressed relief at being able to finally discuss their experience due to never sharing it before in a formal setting.

Phase Three was a case study of one family and as Stake (1995) argues allows the researcher to capture complexities, however a limitation is the non-generalisable nature of the method, where some quantitative researchers may argue that while findings from Rebecca and her children are interesting, they may only be indicative of issues within that one family, and via the subjective interpretations of the researcher. However, there is a body of research advocating the use of case studies, which uses Flyvbjerg's (2006) argument that:

“One can often generalise on the basis of a single case, and the case study may be central to scientific development via generalisation as supplement or alternative to other methods. But formal generalisation is overvalued as a source of scientific development, whereas “the force of example” is underestimated.” (p.228)

Following this, it is argued that findings from Rebecca and her children have created a powerful example of how DA affects a family unit, eliciting themes around child awareness of risk and how best to uncover their experiences.

A contrasting issue from the quantitative study in Phase Two is that of gathering statistical data of DA experience from many participants, where contextual information and understandings of individual cases is much less clear due to the necessity of reliance

on strict parameters of analysis. In addition, since Phase Two was concerned with informant reporting there is the risk that those who were reporting on their most recent ex-partner may have had a negative bias in their recollections because of a difficult break-up. Therefore, while purely statistical generalisations can be made within this phase, the important contextual information of the participants' intimate relationships is limited. The use of mixed methods within this thesis has therefore attempted to address both the limitations within the single study designs in order to build a more holistic picture of assessing risk from a victim's perspective (Tashakkori & Teddlie, 1998).

While these studies have found interesting new insights of victim perceptions of risk, further exploration would be highly beneficial. Firstly, while DA survivors scored their violent partners higher on emotional factors of aggression their accuracy is limited since this study did not have the abusers' level of violence details. It is therefore suggested that a future study should also collect data on the severity of offences, and then correlate them with reports on partner aggression and impulsivity. This will address the limitations of this study in terms of addressing RQ3. In addition, further studies exploring victim perceptions of their abusive partner's aggression and impulsivity would be advisable to confirm findings found in this thesis, but within a much larger sample. Further exploration of informant reporting in this way should also include comparisons between couple's reporting of their own and one another's aggression and impulsivity. Of importance, further work is required in exploring the temporal sequencing of aggression to understand the links discussed between affective, hostile and premeditated, instrumental aggression. Such studies, as discussed above, would also assist in the development of aggression and impulsivity scales that are focused on intimate relationships and be more suitable for use with DA perpetrators than the general BIS and BPAQ scales currently available.

Within such studies it is also advised that explorations of differing ethnicities, both within the UK and internationally, might reveal differences dependent upon culture, as there are different constructs of family in different groups (Collins, 2001). Similarly, such a study should also explore same-sex couples, which might also pinpoint differences, or highlight similarities, within subsets of groups concerning appropriate risk factors to be used. Considering the wealth of information made available from the case study involving children in Phase Three, a valuable further study in this area would be to extend the methods used with more families who have experienced DA. Use of rapport building, play techniques, art and sand play with child DA victims in a larger study would allow us to make generalisations regarding child responses and contribute to the possibility of introducing such techniques for DA practitioners to use with at-risk families. An

interesting finding in this study was regarding the role of parents of abused victims, particularly their role in victim disclosures. Further research in this area should begin with exploratory interviews with DA victims and their parents to firstly discover the prevalence of such a trend, but to also develop a theoretical understanding of this. Such explorations have the potential to inform wider research in the area, leading to policy recommendations and possible types of interventions or awareness raising campaigns targeting parents who suspect their child is involved in an abusive relationship.

#### 6.4 Conclusion

This thesis brought together two areas regarding DA to explore how, if combined, they could potentially contribute in safeguarding adult and child victims. Firstly, current UK practice in the UK involves practitioners working with families tasked with ensuring safety of their clients who may be suffering from DA, to do this they rely on both their own judgments and training in risk factors, as well as using risk assessments such as the DASH-RIC. Both rely on the abilities of the adult clients being able to communicate events and thoughts to the practitioner who can make a decision regarding their safety. Secondly, current knowledge of aggression and impulsivity shows the constructs are indirectly linked and are associated with general violence and domestic abuse perpetration. Therefore this thesis brought together these two areas, where aggression and impulsivity were explored solely from the victim/survivors' perspective. This was to ascertain the theoretical relationships between their understandings of their abusive partner in relation to their aggression and impulsivity levels, and in addition to see how these relate to their general assessments of risk of harm while in the abusive relationship. The thesis explored this via a mixed methods study with three phases, an in-depth exploration of lived experience of risk in DA using interviews with adult DA survivors, a battery of questionnaires for participants to self-report and report on their most recent partners' aggression and impulsivity levels, and a final case study to explore family experiences where a narrative interview with the adult survivor was carried out followed by an exploration of her children's experiences using play techniques and rapport building.

Given the weight of potentially inhibiting factors victims/survivors of DA are subjected to, such as trauma, disempowerment, isolation, normalisation, findings from the thesis are encouraging as they are still able to perceive their abusive partners' aggression and impulsivity levels to be higher than in those in the sample that had not experienced DA. Survivors' ratings of aggression and impulsivity in their partners

contribute to the arguments in the research literature against the descriptions of aggression being classically dichotomous, reactive/hostile or instrumental/premeditated. The area of DA would particularly benefit from further understanding the patterns between both states within DA perpetrators. In addition, the extension of this thesis into exploring child accounts of their DA experiences revealed that children are able and willing to talk about the DA in a way that can help practitioners make decisions around risk and safeguarding. As this was a purely exploratory thesis, there is a wide scope of further research in this area that could have practical and clinical implications.

## 6.5 Summary of Findings and Potential Applications

### 6.5.1 Findings

- Higher levels of partner reported aggression and impulsivity were found in DA victims ratings (identified via self-disclosure) than in non-DA victims ratings.
- Both impulsive and premeditated aggression were both reported to be significantly higher in abusers by victims of DA, suggesting victim risk judgments are subject to implicit and explicit understandings of their partners affective states and their motivations to aggress.
- DA victims scored their partners highest on emotional factors of aggression (hostility, anger), suggesting the theory of coercive control is a predominant feature in domestic abuse, and that people may be more accurate, or find it easier, in rating some types of aggression over others.
- The evidence is consistent with the notion that the constructs of aggression and impulsivity are poorly defined, and especially in the context of DA, meaning further development of these scales would be required in terms of behaviours specific to DA perpetration.
- Further work is required to look at the temporal sequencing to understand the link between instrumental and reactive aggression, as evidence from this thesis suggests it is possible that the nature of an aggressive episode in DA may be subject to change between instrumental and reactive types.

- The joint contributions of parent and child victims of DA elicited a more complete picture of risk within a family.
- The use of rapport building techniques, along with art and play tools such, as sand trays, were key factors in being able to elicit children's experiences of DA.
- Qualitative interviews regarding DA survivors' lived experiences revealed an array of inhibiting factors in relation to risk awareness, including trauma, disempowerment, normalisation, and isolation.
- In spite of this, there were also patterns of facilitating factors in relation to risk awareness, this was regarding their more detailed recollections of risk management behaviours (explicit) over their descriptions of risk intuitions (implicit).
- Relationships with parents concerning non-disclosure of abuse was an emergent theme with younger victims of DA, which appears to then be followed by their mother taking action to support and end the abusive relationship once she finds out.

### 6.5.2 Potential Applications

- A structured interview by practitioners, that has questions relating to perpetrator aggression and impulsivity levels, is recommended to be included as part of a risk assessment with DA victims.
- Further research is required to identify the domains of aggression and impulsivity that would be most useful in devising the short structured interview.
- Considering the complexity of aggression and impulsivity as constructs, practitioners should be provided with further training in how they are understood, how they connect with DA behaviours, as well as the potential inhibiting and facilitating factors in victim perceptions.



- Given the different backgrounds of people who administer risk assessments (i.e. family practitioners and police officers) it may be that different types of training is required for different practitioners.
- Child victims of DA should be given a voice in risk assessment procedures, particularly in terms of their understandings of their family dynamics as well as for practitioners to identify potential harms they have undergone, both physically and emotionally.
- Rapport building with children and the non-direct approach of play would be an ideal technique for practitioners to elicit child victims' accounts.



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**APPENDICES**

**APPENDIX I: RECRUITMENT SURVEY PHASE ONE (PART ONE)**

Department of Psychology  
Institute of Childhood and Education

**Please answer the following questions as honestly as possible by circling your responses where appropriate, or giving further details in the relevant sections:**

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*The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of violence or abuse, controlling, coercive, or threatening behaviour, between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.*

**1. Would you consider yourself to be a victim/survivor of domestic abuse?**

Yes            No

**2. On the scale below please indicate the extent to which you were subjected to physical abuse by your partner or family member:**

Never	Rarely	Occasionally	Quite Often	Regularly	Don't Know
1	2	3	4	5	0

*Controlling behaviour is a range of acts which could include isolating a partner from support, depriving them of independence, resistance and escape, and regulating their everyday behaviour. Coercive behaviour is a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their partner.*

**3. Would you consider yourself to be a victim/survivor of coercive and controlling behaviour?**

Yes            No

**4. On the scale below please indicate the extent to which you were subjected to coercive and/or controlling behaviour by your partner or family member:**

Never	Rarely	Occasionally	Quite Often	Regularly	Don't Know
1	2	3	4	5	0

**5. If you answered 'yes' to questions 1 or 3, has the abuse caused you to have any health issues, for example chronic physical health issues, mental health issues (such as anxiety), or addiction problems (such as problem drinking)?**

Yes            No

Please give details:

**6. If you answered 'yes' to questions 1 or 3, have you experienced domestic abuse before from a previous partner or family member?**

Yes                      No

**7. If you answered 'yes' to either questions 1 or 3, would you be willing to participate in a fully confidential 45 minute interview with the researcher to discuss your experiences of domestic abuse?**

Yes\*                      No

\*If you circled 'yes' please ensure you have entered your email address on the consent sheet. The consent sheet and this answer sheet will be separated so your answers will not be recognised by anyone other than the researcher.

**End of questionnaire**

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## APPENDIX II: INFORMATION SHEET – PHASE ONE (PART ONE)



Department of Psychology  
Institute of Childhood and Education

**You are invited to participate in a short research study investigating family and relationship violence. Joanna Adhikari, PhD Candidate in Forensic Psychology, is conducting this research as part of her thesis.**

*If you have any difficulties reading, or understanding, this sheet please let the researcher know by email (below) and a time can be arranged to go through it with you.*

### **Why have I been asked to take part?**

You have been asked to take part as you are a student at Leeds Trinity University, and have been randomly selected through opportunity sampling by the researcher.

### **What will the study entail?**

Your participation in this study consists of a short questionnaire which asks about your experience with relationship or family violence. Most responses require either 'yes/no' or multiple choice answers, with some asking you add some extra comments if you wish. It should take approximately 5 minutes to answer the questions. Potential negative consequences you may be exposed to are feeling unsure of how to respond to an item, or feeling upset or distressed about the topic of family and relationship violence. If you feel it will cause you some distress to respond to such questions then please take some time to consider it carefully before taking part.

### **Do I have to take part?**

No, your participation is totally voluntary. If you have decided to take part you have been given this information sheet to keep, and will be asked to sign the attached consent form. If you decide to take part you are still free to withdraw within seven days (see below for details).

### **What if I change my mind during the study?**

If, whilst partaking in the study, you change your mind and decide that you no longer wish to take part, please dispose of the questionnaire immediately, you do not need to let the researcher know. If you wish to withdraw after you have sent your completed questionnaire back to the researcher, then you can ask the researcher via the email address below using the unique code number that you will have provided on the questionnaire. The unique code will be easy for you to remember as it consists of part of your date of birth and part of your mother's maiden name, this code will protect your identity. Please contact the researcher within seven days of your participation if you wish to withdraw and provide the code so your data can be destroyed.

### **What will happen to my responses?**

Your responses will be tallied and added to a large study where at least 150 participants have answered the same, but a much longer, questionnaire. Similarities and differences will be calculated statistically. The researcher will separate your consent form from the answer sheet so your responses cannot be traced back to you by anybody else, and only the researcher and research supervisors will have access to them. The consent forms will be stored in a lockable office, and your answer sheets will be added to a spreadsheet and then saved to an encrypted USB disk. All information you provide will be kept in secured files physically and electronically by the researcher, on Leeds Trinity University campus, and kept in compliance with the Data Protection Act (1998) for ten years.

### **What if I have concerns or want to make a complaint?**

If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7161 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk)

*You can contact the researcher at the email address below, who will be happy to answer any questions or queries you may have before or after you complete the questionnaire. Many thanks.*

**Researcher: Joanna Adhikari**    [J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)  
**Supervisors: Dr Paul Smith**    [P.Smith@leedstrinity.ac.uk](mailto:P.Smith@leedstrinity.ac.uk)  
                  **Dr Susan Elmer**        [S.Elmer@leedstrinity.ac.uk](mailto:S.Elmer@leedstrinity.ac.uk)

**APPENDIX III: CONSENT FORM – PHASE ONE (PART ONE)**

Department of Psychology  
Institute of Childhood and Education

**Consent Form**

**Your unique identifying code is the last three letters of your mother's maiden name followed by the first two digits of your date of birth (for example if your mother's maiden name was Green and your date of birth is 15<sup>th</sup> October, 1985, then your unique code would be EEN15):**

**Please enter your unique code in this box:**

*Please answer the following questions by circling your responses*

Have you read and understood the information sheet about this study?

**YES                      NO**

Have you had the opportunity to ask questions about this study?

**YES                      NO**

Have you received answers to all your questions?

**YES                      NO**

Have you received enough information about this study?

**YES                      NO**

Do you understand that information you provide will be kept completely anonymous, will be separated from this consent sheet by the researcher, saved in secure storage and will be accessible to the researcher/research supervisors only?

**YES                      NO**

Do you understand that you are free to withdraw from this study:

- At any time up to 7 days after your participation?

**YES                      NO**

- Without giving a reason?

**YES                      NO**

Do you agree to take part in this study?

**YES                      NO**

A broad definition of a vulnerable adult is: “*who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*” (Lord Chancellor’s Office, 1999).

Based on the above definition, do you consider yourself to be a vulnerable adult?

**YES**      **NO**

*Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in the sheet for participants and the information above. It will also certify that you have had adequate opportunity to discuss the study with the researcher and that all questions have been answered to your satisfaction.*

Signature of participant:..... Date:.....

Participant Email

Address:.....

**APPENDIX IV: DEBRIEF SHEET FOR PHASE ONE (PART ONE)**

Department of Psychology

Institute of Childhood and Education

**Exploring Risk in Family and Relationship Violence (Domestic Violence)**

Family and relationship violence has a devastating impact both physically and mentally on victims/survivors and their children. In many instances, due to controlling tactics of the abuser, the victims are too afraid to leave their partner, or to report them. To help protect them it is vital that public services can identify areas of high risk before extreme harm occurs. The aim of the researcher's PhD is to explore domestic violence and abuse in terms of risk factors. The purpose of this particular part of the research is focused on finding participants who would be able to talk about their experiences of family and relationship violence with the researcher, particularly in terms of assessing risk. Those who took part in this short questionnaire, and stated they have experienced family and relationship violence and would be interested in being interviewed, will be contacted by email with further details of what it would entail. If you responded on the questionnaire that you are not a victim/survivor of family and relationship violence, or that you would not be interested in being interviewed, then the researcher will log your responses of each questionnaire item only and will not contact you.

You might have found some of the items in the questionnaire difficult to answer, particularly if you have experienced domestic abuse, so your willingness to participate in this study is very much appreciated. If completing the questionnaire has caused you any distress and you want to speak with someone, please contact one of the following:

- National Domestic Violence Helpline: **0808 2000 247 (free phone)**
- Your own support worker or doctor
- For Leeds Trinity University students, the LTU counselling service: 0113 2837192

Websites you can visit:



- <http://www.womensaid.org.uk/>
- <http://www.nationaldomesticviolencehelpline.org.uk/>
- <http://www.refuge.org.uk/>

If you have any further questions or comments please contact the researcher at the email address below. If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7161 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk)

Many thanks again for participating.

Joanna Adhikari

PhD Candidate, Dept. of Psychology

Leeds Trinity University

[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

## APPENDIX V: INTERVIEW SCHEDULE FOR PHASE ONE (PART TWO)

(Semi-structured interview guided by the following questions)

- Participant story of self, partner, and abuse

**Tell me about yourself.**

*Prompts: Age, children, work/study, hobbies*

**According to the questionnaire.....can I just clarify if this is a current partner, or someone from your past?**

**Tell me about your ex/current partner.**

*Prompts: How did you meet? What attracted you to them?*

**Tell me the story of your relationship.**

*Prompts: How has your relationship been for the most part? How long have you and your partner been together? How long had you been together before things changed?*

**In what ways has being in a relationship with this person affected you?**

*Prompts: Do you see your friends and family less? Health, family, friends, work, study*

**If its ok to talk about it, tell me about what's happened/is happening to you (refer to questionnaire), what is it you noticed?**

*Prompts: What you first noticed, then what you noticed since. Did you see there was a change? Was it always unexpected?*

- Risk management, coping with abuse, thoughts on self and partner during abuse

**Did you have a sense that this was dangerous in any way?**

**So if it's ok with you, could you tell me about yourself during these episodes?**

*Prompts:*

*What things, if any, did you do as a way to cope and to protect yourself?*

*Can you describe how you felt at the time?*

*Could you describe your emotions at the time and afterwards?*

*What did you think at the time and afterwards?*

*What did you do in response?*

*When you were in this relationship, on a day to day basis, how would you act/behave?*

**I'm also interested in what you noticed in your partner; if it's ok, tell me a bit more about your partner during these episodes.**

*Prompts: What was their emotional state like? How did they behave on the day? What do you think they were thinking at the time? What was their mood like on the day?*

- Impulsivity & aggression levels and understandings

**On an average day - how did your partner/ex-partner handle different situations and different people?**

*Prompts: [aggression and impulsivity] would they treat you the same as others? Were they quite an angry person in other aspects of life? How impulsive was he/she? Moody, frustrated? Caring, dominating?*

**On an average day - how do you think you handle different situations and different people?**

**Aggression visual analogue scale**

*Self and partner*

**Impulsivity visual analogue scale**

*Self and partner*

**Their definition of aggression**

**Their definition of impulsivity**

- Thoughts on content of risk assessments to be used with victims/survivors

**There is currently a questionnaire used by health workers that asks about the partner, what they have done in general [show Safelives]. It is to help the health worker decide whether there is a high risk of abuse. What do you think to these types of questions?**

*Prompts: Would they have been relevant to you? Do you think anything is missing in terms of your own experience? Any other comments?*

**This Checklist of Controlling Behaviours is very extensive in asking about the behaviours of the abusive partner, covering Physical Abuse, Sexual Abuse, Emotional Abuse, Economic abuse, Intimidation, Threats, Minimizing & denying, Blaming, Isolation, Male privilege. What are your thoughts on this checklist?**

*Prompts: did you find that your partner controlled you in certain ways? What were these ways? Are some of the questions in the checklist relevant to you?*

**APPENDIX VI: INFORMATION SHEET FOR PHASE ONE (PART TWO)**

Department of Psychology

Institute of Childhood and Education

*You are invited to participate in a research study investigating domestic abuse. Joanna Adhikari, PhD Candidate in Forensic Psychology is conducting this research as part of her thesis.*

**What will I have to do?**

Your participation in this study would consist of a fully confidential one-to-one interview, where you will be asked about your own experiences of domestic abuse. It should take approximately 45 minutes; the questions will focus on what you tell the researcher. Please be aware that you are free to withhold any information from your responses if you wish. The researcher will ask your permission to record the interview, if you choose not to be recorded then the researcher will take detailed notes during the interview.

**What will be the effects from taking part?**

Due to the nature of the study, when recalling past experiences of domestic abuse you may encounter upsetting memories, leaving you feeling distressed. Please take your time to consider how this may affect you before agreeing to take part. The researcher will ensure you are given at least 24 hours in order for you to consider participating in this study. A debrief immediately after the interview will be offered to give time and space to you and the researcher to discuss any thoughts from the interview and its potential effects. The researcher also recommends that you arrange to have a friend or trusted person immediately available after the interview to offer you support.

**Do I have to take part?**

No, your participation is totally voluntary. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form on the day of the interview. If you change your mind at any time during the interview, you can ask the researcher to stop interviewing and that you retract your consent. If after you have been interviewed you change your mind and wish to withdraw your data then please contact the researcher at the email address below within seven days of your participation so your data can be destroyed immediately.

**Where will it take place?**

In a private meeting room on Leeds Trinity University Campus.

**What will happen to my responses?**

If audio recorded, your responses in this study will be transcribed by typing up the conversation from the recording. All information you provide will be kept completely anonymous and your name and any details you give of other people or places will be anonymised, using pseudonyms, so your data will not be recognised. The transcript will then be analysed by the researcher and some excerpts from the transcript may appear in the final write-up. All data will be kept in secured files physically (in a lockable office) and electronically (stored on a password protected USB stick) by the researcher. Only the researcher, and the research supervisors, will have access to them. All information you provide will be kept in secured files physically and electronically by the researcher, on Leeds Trinity University campus, and kept in compliance with the Data Protection Act (1998) for ten years.

**What if I have concerns or want to make a complaint?**

If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7161 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk).

*You will be given the opportunity to discuss any questions or queries with the researcher before and directly after you have completed the interview.*

**Researcher:** Joanna Adhikari: [J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

**Supervisors:** Dr Paul Smith: [P.Smith@leedstrinity.ac.uk](mailto:P.Smith@leedstrinity.ac.uk)

Dr Sue Elmer: [S.Elmer@shu.ac.uk](mailto:S.Elmer@shu.ac.uk)

**APPENDIX VII: CONSENT SHEET FOR PHASE ONE (PART TWO)**

Department of Psychology  
Institute of Childhood and Education

**Consent Form**

*Please answer the following questions by circling your responses*

Have you read and understood the information sheet about this study?    **YES**                      **NO**

Have you had the opportunity to ask questions about this study?        **YES**                      **NO**

Have you received answers to all your questions?                                **YES**                      **NO**

Have you received enough information about this study?                        **YES**                      **NO**

Do you understand that the information you provide will be kept completely anonymous and saved in secure storage and will be accessible to the researcher/research supervisors only?

**YES**                      **NO**

Do you understand that you are free to withdraw from this study:

- At any time up to 7 days after your participation?                                **YES**                      **NO**
- Without giving a reason?    **YES**                      **NO**

Do you agree to take part in this study?    **YES**                      **NO**

*Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in the sheet for participants and the information above. It will also certify that you have had adequate opportunity to discuss the study with the researcher and that all questions have been answered to your satisfaction.*

Signature of participant:..... Date:.....

**APPENDIX VIII: DEBRIEF SHEET FOR PHASE ONE (PART TWO)**

Department of Psychology

Institute of Childhood and Education

**Exploring Risk in Domestic Abuse**

Domestic violence and abuse has a devastating impact both physically and mentally on victims and their children. In many instances, due to controlling tactics of the abuser, the victims are too afraid to leave their partner, or to report them. To help protect them it is vital that public services can identify areas of high risk before extreme harm occurs. The aim of the researcher's PhD is to explore domestic abuse in terms of risk factors with a view to refining currently used methods of risk assessing in the healthcare setting, which are still in their infancy. This particular part of the study is focused on interviewing a small number of people who have experienced family and relationship violence to examine their individual stories about the abuse and to explore any themes which might arise, with particular interest in areas of impulsivity, aggression and control. Any significant findings will be applied to future related studies within the researcher's larger PhD study.

Talking in depth about your own experiences of domestic abuse may have been very difficult for you, so your willingness to participate in this study is very much appreciated, and your involvement in this study will contribute to advancing research in domestic abuse risk assessment. If being interviewed has led you to feel upset, distressed, or frightened, and you want to speak with someone, please contact one of the following

- National Domestic Violence Helpline: **0808 2000 247 (free phone)**
- Your own support worker or doctor
- For Leeds Trinity University students, the LTU counselling service: 0113 2837192

Websites you can visit:

- <http://www.womensaid.org.uk/>
- <http://www.nationaldomesticviolencehelpline.org.uk/>
- <http://www.refuge.org.uk/>

In addition, the researcher's supervisor, Dr. Susan Elmer is available to provide further post-interview support. As well as being an experienced counsellor Dr. Elmer has



worked with family violence issues for many years. If you wish to make an appointment to meet with Dr. Elmer, to further discuss your interview, please contact her by email: [S.Elmer@leedstrinity.ac.uk](mailto:S.Elmer@leedstrinity.ac.uk).

If you wish to receive a copy of the final analysis, or if you want to discuss anything further, please contact me at the email address below.

If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7161 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk).

Many thanks again for participating.

Joanna Adhikari

PhD Candidate, Dept of Psychology

Leeds Trinity University

[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

**APPENDIX IX: RECRUITMENT ADVERTISEMENT FOR PHASE TWO**

# RESEARCH PARTICIPANTS NEEDED

## On Conflict in Intimate Relationships

Joanna Kemplay Adhikari is a PhD student at Leeds Trinity University, supervised by Dr Paul Smith and Dr Sue Elmer, and is looking for students who would be willing take part in her study.

If you are currently or have ever been in an intimate relationship and can spare 30 minutes to complete a questionnaire, your help would be very much appreciated. Confidentiality is assured and all responses will be anonymised.

All participants will be entered into a prize draw to win a £25 High Street shopping voucher.

**If you wish to take part, or just find out more, please email Joanna:**

**[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)**



## APPENDIX X: INFORMATION SHEET FOR PHASE TWO



School of Social and Health Sciences  
Institute of Childhood and Education

***You are invited to take part in a research study investigating conflict in intimate relationships. Jo Adhikari, a student in Forensic Psychology, is conducting this research as part of her final report.***

***Please read all of this information sheet before deciding to take part.***

If you have any difficulties reading, or understanding, this sheet please let Jo know by email and a time can be arranged to go through it with you. A larger print version of this page and the questionnaire are available upon request.

### **Why have I been asked to take part?**

You have been asked to take part as you are a student or a member of the general public, and have been randomly selected through opportunity sampling by the researcher.

### **What will the study entail?**

This study consists of a questionnaire which asks about your own and your current, or most recent, partner's behaviours and actions. Most responses require either a 'yes/no' or multiple choice answers, with one section asking you to briefly write about any aggressive actions you and your partner might have carried out, and another section asking you to detail any domestic abuse experiences, but only if you wish. It should take approximately 25 minutes to answer the questions. Potential negative effects you may be exposed to could include feeling unsure about how to respond to an item, and you may feel upset or distressed about the section in the questionnaire on the topic of domestic abuse.\* If you would like to discuss participating in this study with the researcher before taking part, please email [J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk) with any questions or concerns.

***\*You should not take part in this study if you feel responding to questions about domestic abuse will be distressing for you, OR if you feel it might not be safe to take the questionnaire away with you***

### **Do I have to take part?**

No, your participation is totally voluntary. If you have decided to take part you have been given this information sheet to keep, and will be required to sign the consent form. If you decide to take part you are still free to withdraw within seven days (see below for details).

### **What if I change my mind during the study?**

If you change your mind and decide that you no longer wish to take part, please dispose of the questionnaire immediately. You do not need to let Jo know. If you wish to withdraw after you have sent your completed questionnaire back to the researcher, then you can ask the researcher via the email address below using the unique code number that you will have provided on the consent form. The unique code will be easy for you to remember as it consists of part of your date of birth and part of your mother's maiden name. This code will protect your identity. Please contact Jo within seven days of your participation if you wish to withdraw and provide the code so your data can be destroyed.

### **What will happen to my questionnaire responses?**

Your responses will be tallied and added to a large study where at least 150 participants have answered the same questionnaire. Similarities and differences will be calculated statistically. The information you provide will be kept in secured files physically and electronically by the researcher. Only the researcher and research supervisors will have access to them. The researcher will separate your consent form from the answer sheet so your responses cannot be traced back to you by anybody else. The consent forms will be stored in a lockable office, and your answer sheets will be added to a spreadsheet and then saved to an encrypted USB disk. All information you provide will be kept in secured files physically and electronically by

the researcher, on Leeds Trinity University campus, and kept in compliance with the Data Protection Act (1998) for ten years.

**What if I have concerns or want to make a complaint?**

If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7161, Email: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk).

*You can contact the researcher at the email address below, who will be happy to answer any questions or queries you may have before or after you complete the questionnaire. Many thanks.*

**Researcher:** Joanna Adhikari  
**Supervisors:** Dr Paul Smith  
Dr Susan Elmer

[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)  
[P.Smith@leedstrinity.ac.uk](mailto:P.Smith@leedstrinity.ac.uk)  
[S.Elmer@leedstrinity.ac.uk](mailto:S.Elmer@leedstrinity.ac.uk)

**APPENDIX XI: CONSENT SHEET FOR PHASE TWO**

Department of Psychology  
Institute of Childhood and Education

**Consent Form**

**Your unique identifying code is the last three letters of your mother's maiden name followed by the first two digits of your date of birth (for example if your mother's maiden name was Green and your date of birth is 15<sup>th</sup> October, 1985, then your unique code would be EEN15):**

**Please enter the unique code in this box:**

*Please answer the following questions by circling your responses*

Have you read and understood the information sheet about this study?    **YES**                      **NO**

Have you had the opportunity to ask questions about this study?            **YES**                      **NO**

Have you received answers to all your questions?                                **YES**                      **NO**

Have you received enough information about this study?                         **YES**                      **NO**

Do you understand that the information you provide will be kept completely anonymous and saved in secure storage and will be accessible to the researcher/research supervisor only?

**YES                      NO**

Do you understand that you are free to withdraw from this study:

- At any time up to 7 days after your participation?                                **YES**                      **NO**
- Without giving a reason?    **YES**                      **NO**

Do you agree to take part in this study?     **YES**                      **NO**

*A broad definition of a vulnerable adult is: "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation" (Lord Chancellor's Office, 1999).*

Based on the above definition, do you consider yourself to be a vulnerable adult?

**YES                      NO**

*Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in the sheet for participants and the information above. It will also certify that you have had adequate opportunity to discuss the study with the researcher and that all questions have been answered to your satisfaction.*

Signature of participant:..... Date:.....

## APPENDIX XII: QUESTIONNAIRE AND DEBRIEF SHEET FOR PHASE TWO

***This booklet contains several separate questionnaires, please read the instructions for each one and answer all questions to the best of your knowledge yourself.***

***Please do not ask for help from anybody else.***

***Some of the questionnaires will ask you to rate yourself, and others will ask you to rate your current, or most recent, partner in your own opinion.***

***If you are unsure of how to answer a question then please leave it blank.***

***Many thanks***

**Please answer the following questions about yourself and your current, or most recent, partner:**



<i>You</i>	<i>Your Current, or Most Recent, Partner</i>
<i>Age:</i>	<i>Age:</i>
<i>Gender (please circle):      Male          Female</i>	<i>Gender (please circle):      Male Female</i>
<i>Marital Status:</i>	<i>Marital Status:</i>
<i>Nationality:</i>	<i>Nationality:</i>
<i>Religion:</i>	<i>Religion:</i>
<i>Asylum Status:</i>	<i>Asylum Status:</i>
<i>Are you a University Student?</i>	<i>Is your partner a student?</i>
<i>Do you consider yourself to have a physical or learning disability? If yes please give details:</i>	<i>Do you consider your partner to have a physical or learning disability? If yes please give details:</i>
<i>Do you have children? If yes, please enter their ages and gender:</i>	<i>Does your partner have any children from a previous relationship? If yes, please enter their age and gender:</i>
<i>Do you have a criminal record?</i>	<i>Does your partner have a criminal record?</i>

<i>How long have you known your partner?</i>	
--	--

*Please turn the page for the next set of questions*

**People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and circle the most appropriate option. Try not to spend too much time on any statement. Please try and answer quickly and honestly.**

<b>1. I plan tasks carefully.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>2 I do things without thinking.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>3 I make-up my mind quickly.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>4 I am happy-go-lucky.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>5 I don't "pay attention."</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>6 I have "racing" thoughts.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>7 I plan trips well ahead of time.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>8 I am self-controlled.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>9 I concentrate easily.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>10 I save regularly.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>11 I "squirm" at plays or lectures.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>12 I am a careful thinker.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>13 I plan for job security.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>14 I say things without thinking.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>15 I like to think about complex problems.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>16 I change jobs.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>17 I act "on impulse."</b>	Rarely/Never	Occasionally	Often	Almost Always/Always

<b>18 I get easily bored when solving thought problems.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>19 I act on the spur of the moment.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>20 I am a steady thinker.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>21 I change residences.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>22 I buy things on impulse.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>23 I can only think about one thing at a time.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>24 I change hobbies.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>25 I spend or charge more than I earn.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>26 I often have extraneous thoughts when thinking.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>27 I am more interested in the present than the future.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>28 I am restless at the theatre or lectures.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>29 I like puzzles.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>30 I am future oriented.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always

***Please Turn Over***

Please circle the number on each of the following items in terms of how characteristic the statements are of you.

<b>1. If somebody hits me, I hit back.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>2. I am sometimes eaten up with jealousy.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>3. I tell my friends openly when I disagree with them.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>4. Given enough provocation, I may hit another person.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>5. At times I feel I have gotten a raw deal out of life.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>6. I sometimes feel like a powder keg ready to explode.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>7. I am an even-tempered person.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>8. I can think of no good reason for ever hitting a person.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>9. I have become so mad that I have broken things.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>10. I get into fights a little more than the average person.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>11. If I have to resort to violence to protect my rights, I will.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>12. There are people who pushed me so far that we came to blows.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>13. I have threatened people I know.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>14. I know that "friends" talk about me behind my back.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>15. I often find myself disagreeing with people.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>16. When people annoy me, I may tell them what I think of them.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>17. I can't help getting into arguments when people disagree with me.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>18. Once in a while I can't control the urge to strike another person.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>19. My friends say that I'm somewhat argumentative.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>20. I flare up quickly but get over it quickly.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5

<b>21. When frustrated, I let my irritation show.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>22. Some of my friends think I'm a hothead.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>23. Sometimes I fly off the handle for no good reason.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>24. I have trouble controlling my temper.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>25. Other people always seem to get the breaks.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>26. I wonder why sometimes I feel so bitter about things.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>27. I am suspicious of overly friendly strangers.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>28. I sometimes feel that people are laughing at me behind my back.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5
<b>29. When people are especially nice, I wonder what they want.</b>				
Extremely uncharacteristic of me 1	2	3	4	Extremely characteristic of me 5

**Aggressive acts involve behaviour that causes physical or emotional harm to others, or threatens to. Emotional aggression includes behaviours that cause negative emotions to others, such as fear through intimidation, threatening physical harm, destruction of pets and property, forcing isolation from friends, as well as insults and putdowns.**

**How many aggressive or emotionally aggressive acts would you estimate you have carried out in the past 6 months?**

<b>Number of aggressive acts in the past 6 months</b>	
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**Please list a maximum of four of the aggressive acts that you can remember, if you cannot think of four then just include the ones that come to mind:**

Act ( please describe)	Approx Date*	Duration*	Time of Day*
1.			
2.			
3.			
4.			

*\*if remembered*

*Please turn over*

Act 1 \_\_\_\_\_

Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the **first aggressive act** you have reported.

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted my approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. I became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. My aggressive behaviour was the result of my being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. My aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred I was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. I lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. I was concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. I cannot accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>12. I was feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. I profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to power over others and improves social standing for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. I was concerned about the consequences of the act for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>16. I felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. I was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. I now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. My behaviour was too extreme for the level of provocation</b>				

Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. I was not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. I was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. My mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

Act 2 \_\_\_\_\_

Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the second aggressive act you have reported.

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted my approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. I became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. My aggressive behaviour was the result of my being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. My aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred I was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. I lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. I was concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. I cannot accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>12. I was feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. I profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to power over others and improves social standing for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. I was concerned about the consequences of the act for me</b>				
Definitely Yes	Yes	Can't Decide	No	Definitely No



1	2	3	4	5
<b>16. I felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. I was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. I now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. My behaviour was too extreme for the level of provocation</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. I was not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. I was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. My mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

Act 3 \_\_\_\_\_

**Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the third aggressive act you have reported.**

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted my approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. I became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. My aggressive behaviour was the result of my being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. My aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred I was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. I lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. I was concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. I cannot accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

<b>12. I was feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. I profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to power over others and improves social standing for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. I was concerned about the consequences of the act for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>16. I felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. I was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. I now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. My behaviour was too extreme for the level of provocation</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. I was not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. I was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. My mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

Act 4 \_\_\_\_\_

**Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the fourth aggressive act you have reported.**

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted my approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. I became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. My aggressive behaviour was the result of my being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. My aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

<b>8. The day the act occurred I was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. I lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. I was concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. I cannot accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>12. I was feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. I profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to power over others and improves social standing for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. I was concerned about the consequences of the act for me</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>16. I felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. I was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. I now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. My behaviour was too extreme for the level of provocation</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. I was not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. I was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. My mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

***Please turn over***

**The following set of questionnaires will now ask you to rate your current, or most recent, partner, in your own opinion**

This is a test to measure some of the ways in which you think your current, or most recent, partner acts and thinks. Read each statement and circle the most appropriate option underneath. Try not to spend too much time on any statement. Please try to answer quickly and honestly.

<b>1 My partner plans tasks carefully.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>2 My partner does things without thinking.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>3 My partner makes up their mind quickly.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>4 My partner is happy-go-lucky.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>5 My partner doesn't "pay attention."</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>6 My partner has "racing" thoughts.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>7 My partner plans trips well ahead of time.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>8 My partner is self-controlled.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>9 My partner concentrates easily.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>10 My partner saves regularly.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>11 My partner "squirms" at plays or lectures.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>12 My partner is a careful thinker.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>13 My partner plans for job security.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>14 My partner says things without thinking.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>15 My partner likes to think about complex problems.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>16 My partner changes jobs.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>17 My partner acts "on impulse."</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>18 My partner gets easily bored when solving thought problems.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>19 My partner acts on the spur of the moment.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>20 My partner is a steady thinker.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>21 My partner changes residences.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>22 My partner buys things on impulse.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>23 My partner can only think about one thing at a time.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always

<b>24 My partner changes hobbies.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>25 My partner spends or charges more than they earn.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>26 My partner often has extraneous thoughts when thinking.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>27 My partner is more interested in the present than the future.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>28 My partner is restless at the theatre or lectures.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>29 My partner likes puzzles.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always
<b>30 My partner is future oriented.</b>	Rarely/Never	Occasionally	Often	Almost Always/Always

Please circle the number on each of the following items in terms of how characteristic the statements are of your current, or most recent, partner.

<b>1. If somebody hits my partner, they hit back.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>2. My partner is sometimes eaten up with jealousy.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>3. My partner tells their friends openly when they disagree with them.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>4. Given enough provocation, my partner may hit another person.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>5. At times my partner feels that they have gotten a raw deal out of life.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>6. My partner sometimes seems like a powder keg ready to explode.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>7. My partner is an even-tempered person.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>8. My partner can think of no good reason for ever hitting a person.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>9. My partner has become so mad that they have broken things.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>10. My partner gets into fights a little more than the average person.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>11. If my partner has to resort to violence to protect their rights, they will.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>12. There are people who pushed my partner so far that they came to blows.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>13. My partner has threatened people they know.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>14. My partner knows that their "friends" talk behind their back.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>15. My partner often find him or herself disagreeing with people.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>16. When people annoy my partner, my partner may tell them what they think of them.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>17. My partner can't help getting into arguments when people disagree with them.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>18. Once in a while my partner can't control the urge to strike another person.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5
<b>19. My friends say that my partner is somewhat argumentative.</b>				
Extremely uncharacteristic of my partner				Extremely characteristic of my partner
1	2	3	4	5

<b>20. My partner flares up quickly but gets over it quickly.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>21. When frustrated, my partner lets their irritation show.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>22. Some of my friends think my partner's a hothead.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>23. Sometimes my partner flies off the handle for no good reason.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>24. My partner has trouble controlling their temper.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>25. Other people always seem to get the breaks.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>26. My partner wonders why sometimes they feel so bitter about things.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>27. My partner is suspicious of overly friendly strangers.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>28. My partner sometimes feels that people are laughing at them behind their back.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5
<b>29. When people are especially nice, my partner wonders what they want.</b>				
Extremely uncharacteristic of my partner 1	2	3	4	Extremely characteristic of my partner 5



Aggressive acts involve behaviour that causes physical or emotional harm to others, or threatens to. Emotional aggression includes behaviours that cause negative emotions to others, such as fear through intimidation, threatening physical harm, destruction of pets and property, forcing isolation from friends, as well as insults and putdowns.

How many aggressive or emotionally aggressive acts would you estimate that you have witnessed your current, or most recent, partner carry out in the past 6 months?

<p><b><u>Current, or most recent, partner's</u> number of aggressive acts in the past 6 months, or last 6 months of being together (if now separated)</b></p>	
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Please list a maximum of four of your partner's aggressive acts that you have witnessed, if you cannot think of four then just include the ones that spring to mind straight away:

1.	Act ( please describe)	Approx Date*	Duration*	Time of Day*
1.				
2.				
3.				
4.				

*\*if remembered*

***Please turn over***

Act 1 \_\_\_\_\_

Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the first aggressive act you have reported regarding your current, or most recent, partner.

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted their approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. They became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. Their aggressive behaviour was the result of them being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. Their aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred they was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. They lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. They were concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. They would not be able to accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>12. They were feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. They profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to them feeling power over others and improved social standing for them</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. They were concerned about the consequences of the act for themselves</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>16. They felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. They was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. They now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. Their behaviour was too extreme for the level of provocation</b>				

Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. They were not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. They was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. Their mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

Act 2 \_\_\_\_\_

Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the second aggressive act you have reported regarding your current, or most recent, partner.

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted their approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. They became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. Their aggressive behaviour was the result of them being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. Their aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred they was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. They lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. They were concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. They would not be able to accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>12. They were feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. They profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to them feeling power over others and improved social standing for them</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. They were concerned about the consequences of the act for themselves</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

<b>16. They felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. They was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. They now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. Their behaviour was too extreme for the level of provocation</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. They were not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. They was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. Their mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

Act 3 \_\_\_\_\_

Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the third aggressive act you have reported regarding your current, or most recent, partner.

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted their approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. They became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. Their aggressive behaviour was the result of them being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. Their aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred they was having a bad day in general</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. They lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. They were concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. They would not be able to accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

<b>12. They were feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. They profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to them feeling power over others and improved social standing for them</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. They were concerned about the consequences of the act for themselves</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>16. They felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. They was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. They now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. Their behaviour was too extreme for the level of provocation</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. They were not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. They was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. Their mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

Act 4 \_\_\_\_\_

Would you please answer the following questions as accurately as possible using the scales provided by circling the number that best describes the fourth aggressive act you have reported regarding your current, or most recent, partner.

<b>1. Act was planned</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>2. Act was spontaneous (not directed)</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>3. Act was result of immediate peer or group pressure</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>4. The target of the act interfered with or interrupted their approach to a goal</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>5. They became agitated or emotionally upset during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>6. Their aggressive behaviour was the result of them being surprised</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>7. Their aggressive behaviour led to poor social interactions during the incident</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>8. The day the act occurred they was having a bad day in general</b>				

Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>9. They lacked self-control</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>10. They were concerned about the consequences of the act for others</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>11. They would not be able to accurately recall the details of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>12. They were feeling more aggressive than usual on the day of the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>13. They profited financially from the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>14. The act led to them feeling power over others and improved social standing for them</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>15. They were concerned about the consequences of the act for themselves</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>16. They felt guilty following the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>17. They was confused during the act</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>18. They now consider the act to have been impulsive</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>19. Their behaviour was too extreme for the level of provocation</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>20. They were not under the influence of alcohol or drugs at the time</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>21. They was in a good mood before the act occurred</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5
<b>22. Their mood changed after being provoked.</b>				
Definitely Yes 1	Yes 2	Can't Decide 3	No 4	Definitely No 5

***Please turn over***

The following questionnaires are asking about you, and any experiences you might have had with conflict in intimate relationships

**Please answer the following questions as honestly as possible by circling your responses where appropriate, or giving further details in the relevant sections. Please be assured that your answers are completely anonymous and therefore no action can be taken based on your responses to this questionnaire.**

*Controlling behaviour is a range of acts which could include the isolation of a partner from support, depriving them of independence, resistance and escape, and regulating their everyday behaviour. Coercive behaviour is a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their partner.*

1. Would you consider yourself to be a victim/survivor of coercive and controlling behaviour?

**Yes                  No**

a) If yes, was this from your current, or most recent, partner?    **Yes          No**

2. On the scale below please indicate the extent to which you were subjected to coercive and/or controlling behaviour by your current, or most recent, partner:

<b>Never Know</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Quite Often</b>	<b>Regularly</b>	<b>Don't</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

*The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of violence or abuse, controlling, coercive, or threatening behaviour, between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.*

3. Would you consider yourself to be a victim/survivor of domestic abuse?

**Yes                  No**

a) If yes, was this from your current, or most recent, partner?    **Yes          No**

4. On the scale below please indicate the extent to which you were subjected to physical abuse by your current, or most recent, partner:

<b>Never Know</b>	<b>Rarely</b>	<b>Occasionally</b>	<b>Quite Often</b>	<b>Regularly</b>	<b>Don't</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

5. Have you experienced domestic abuse before from any previous partners?

**Yes                  No                  if Yes, how many?**



6. Has domestic abuse caused you to have any health issues, for example chronic physical health issues, mental health issues (such as anxiety), or addiction problems (such as problem drinking)?

**Yes**            **No**

Please give details:

7. Did you witness domestic abuse as a child?

**Yes**            **No**

**8: If you wish to provide any further information (your answers are anonymous) about your experiences with domestic abuse or CC, please use the space below:**

**Please turn over**

**Please consider whether any of the following questions would be appropriate to your own relationship with your current, or most recent, partner, and if so then please answer as honestly as possible. Please be assured that your answers are completely anonymous and therefore no action can be taken based on your responses to this questionnaire.**

Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the question and on the form if you wish to expand on any answer.	Yes (tick)	No	Don't Know
1. If your partner has been abusive, has any abusive incident with your partner resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of partner...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel isolated from family/friends i.e. do they try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you separated or tried to separate from your partner within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does (your partner) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does (your partner) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has your partner ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has your partner ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know
15. Does your partner do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if Honour Based Violence.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you know if (your partner.) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has your partner ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are there any financial issues? For example, are you dependent on your partner for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has your partner had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has your partner ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has your partner ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you know if your partner has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

**Please turn over for information about this study**

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Department of Psychology  
Institute of Childhood and  
Education

Please detach this page if you wish to keep this information.

### **Exploring Risk in Family and Relationship Abuse (Domestic Abuse)**

Family and relationship abuse (also known as domestic violence and abuse) has a devastating impact both physically and mentally on victims and their children. In many instances, due to controlling tactics of the abuser, the victims are too afraid to leave their partner, or to report them. To help protect them it is vital that public services can identify areas of high risk before extreme harm occurs. The aim of the researcher's PhD is to explore domestic abuse in terms of risk factors, such as power and control, and personality factors, with a view to refining currently used methods of risk assessing in the healthcare setting, which are still in their infancy.

This particular part of the research is a large questionnaire based study focusing on personality factors affecting risk. Previous research has associated impulsivity and aggression with domestic abuse, yet currently these factors are not considered in victim perception risk assessments in the UK. We are especially interested in similarities and differences in participants' ratings of their own behaviours compared to their partner's, whether or not domestic abuse has been experienced. The response booklet you have just completed contained the following questionnaires:

- **Barratt Impulsivity Scale (BIS):** the BIS identifies three components, Cognitive Impulsiveness, such as making quick decisions, Motor Impulsiveness, such as acting without thinking, and Non-Planning Impulsiveness such as lacking forethought (Barratt, 1985)
- **Aggression Questionnaire (AQ):** the AQ measures four facets of aggression, Physical Aggression, Verbal Aggression, Anger and Hostility.
- **Aggressive Acts Questionnaire (AAQ):** the AAQ aims to assess the participant's own aggressive acts as opposed to general aggressive behaviours, it particularly differentiates premeditated aggression from impulsive aggression.
- **General domestic abuse** questions devised by the researcher
- **Safelives - Domestic Abuse, Stalking and 'Honour' Based Violence (DASH) risk assessment:** this risk assessment is what is currently being used by multiple agencies in the UK to assess (current) victims' perceptions of serious risk of harm of domestic

violence, and to assist the agencies in helping the victim and his/her family to manage risk.

You were firstly asked to rate your own impulsivity and aggression and then asked to rate your partner (or most recent partner) in the same way, finally you answered questions regarding any domestic abuse you might have suffered. The responses from all participants will be analysed statistically to see if any patterns emerge. It is hoped that this study will provide further evidence for the incorporation of impulsivity and aggression in victim perception risk assessments.

You might have found some of the items in the questionnaire difficult to answer, particularly if you have experienced domestic abuse, so your willingness to participate in this study is very much appreciated, and your involvement in this study will contribute to advancing research in domestic abuse risk. **Please be reminded that all your responses are completely anonymous and you cannot be traced.** However, if you wish to remove your response sheet you can email the researcher (address overleaf) using your unique code.

If completing the questionnaire has caused you any distress, or you just wish to discuss your participation in this study further, **the researcher will be available at Leeds Trinity University campus every Wednesday between 10:30 and 3pm in room T17 (Trinity Building).** You can either come on a drop in basis or email her at the address below to arrange to meet.

Alternatively, you can contact one of the following:

- The Leeds Trinity University counselling service: **0113 2837192**
- National Domestic Violence Helpline: **0808 2000 247 (free phone)**
- Leeds Women's Aid: **0113 2460401**
- Your own support worker or doctor

Websites you can visit:

- <http://www.behind-closed-doors.org.uk/>
- <http://www.leedswomensaid.co.uk/>
- <http://www.nationaldomesticviolencehelpline.org.uk/>
- <http://www.refuge.org.uk/>

Domestic abuse and CC are crimes, and you can be assured that the police will take it seriously should you decide to report it. There is a lot of government advice and guidance available, which you may want to

access, if so please visit the following website:

<https://www.gov.uk/guidance/domestic-violence-and-abuse>.

If you have any further questions or comments please contact the researcher at the email address below. If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7161 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk).

Many thanks again for participating.

Joanna Kemplay Adhikari

Doctoral Student

Dept. of Psychology & Institute of Childhood and Education, Leeds Trinity University

[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

Supervisors: Dr Paul Smith ([P.Smith@leedstrinity.ac.uk](mailto:P.Smith@leedstrinity.ac.uk)) & Dr Sue Elmer ([S.Elmer@leedstrinity.ac.uk](mailto:S.Elmer@leedstrinity.ac.uk))

**APPENDIX XIII: INTERVIEW SCHEDULE FOR PHASE THREE****Interview schedule – Adult and Child**

**Central topic:** Parental and child perceptions of risk, aggression and impulsivity in domestic abuse situations in families with children

Following the narrative interviewing technique outlined in the ethics form, I will use the exmanent questions below that reflect my general interests. I will then distinguish 'immanent' issues given by the participant's story and translate them into questions during the individual interviews, the exmanent questions are as follows:

- What did the child and parent notice in their parent/partner as being of risk to them (or their child)?
- What would the parent and child do, or not do, day to day to minimise risk?
- Does the parent/child notice or not notice impulsive and aggressive traits in their partner/parent?
- What is the parent/child attachment like – how does the parent speak about their child? How does the child speak about their parent?
- Adult specific: Does the parent acknowledge the presence of domestic abuse in the life of their child, if so how is this characterised?



**APPENDIX XIV: ADVERTISEMENT FOR PHASE THREE  
(following page)**



### Any questions?

I am very grateful to you for reading this leaflet and I understand that talking about domestic abuse experiences can be upsetting, so it is important that you feel comfortable to ask any questions before making the decision for you and your children to take part. So please feel free to email or call me and we can have a friendly chat where I can answer any questions you might have.

[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

Tel: 0113 2837100 Ext 383



<https://www.leedstrinity.ac.uk>  
[J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

Tel: 0113 2837100 Ext 383

## Research Volunteers Needed

To talk about your  
domestic abuse  
experiences



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## The Researcher



Researcher: Jo Adhikari  
 J.Adhikari@leedstrinity.ac.uk  
 Tel: 0113 2837100 Ext 393

*- A narrative inquiry exploring mother and child perceptions of risk, aggression and impulsivity in domestic abuse -*

I'm a final year PhD student at Leeds Trinity University with research interest in risk in domestic abuse. I'm particularly interested in ways of improving current victim perception risk assessment tools used by practitioners.

---

## What is involved in the research study?

I am seeking adult volunteers, who also have children (between the ages of 3 and 14), and would be willing to share their domestic abuse experiences. In a one-to-one interview with me, which will be anonymised. I would also like to conduct some research that involves your children, through the use of art and play. I would initially meet you at your organisation premises to give a full explanation of my research and what to expect in the study for both yourself and your child.



I will provide a comfortable and relaxed environment for you and your child, and the children will have the opportunity to play with toys and use art during the study.

---

## What to do next

If you have experienced domestic abuse and have a child between ages 3 and 14 and wish for both yourself and your child/children to take part, or would just like to hear more about the study, please call me on [0113 2837100 Ext 393](tel:01132837100) or email me: [J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk) and let me know of your interest. I will then arrange to meet you in person to discuss it further and answer any questions or concerns you may have.

---

## As a Thank You

As a thank you for your time, you will be given a £10 High Street shopping voucher, and your child or children will be given a toy.

## APPENDIX XV: PARENT INFORMATION SHEET FOR PHASE THREE



School of Social and Health Sciences

Institute of Childhood and Education

**A narrative inquiry exploring mother and child perceptions of risk,  
aggression and impulsivity in domestic abuse**

*Dear Parent,*

*You are invited to take part in a research study investigating risk in domestic abuse. My name is Jo Adhikari, PhD student in Forensic Psychology, and I am conducting this research as part of my thesis.*

### **Eligibility**

If you wish to take part in this study, you will need to have direct experience of domestic abuse as an adult, as well as have a child or children between the ages of 3 and 14 and will be willing to consent to them taking part in the study. After you give your consent for your child to take part, I will also spend time with your child to explain what the study will entail and to ensure your child is happy to go ahead with the study.

### **Adult Study Details**

#### **Taking part**

To give you the opportunity to get to know me and to ask any questions about the study, and be fully informed, I will arrange for us to have an informal meeting, where you can also bring your child/children along. This will be very relaxed and I will bring some toys and craft items for your children to play with. After this session you should feel able to make a decision about whether or not you would like to be a part of this study.

Your taking part involves a one-to-one interview with me, where you will be asked about your own experiences of domestic abuse. It should take around 45-60 minutes and the questions will focus on what you tell me. You would not have to answer any questions if you do not want to, and you can keep information from me if you wish. I will ask your permission to record the interview, if you choose not to be recorded then I will ask your permission to take detailed notes during the interview.

Due to the nature of the study, talking of your past, recent, or current experiences of domestic abuse may be upsetting. Immediately after the interview, time will be available to discuss the interview informally, and for me to ensure you feel ok. I also recommend that you arrange to have a friend or trusted person immediately available after the interview to offer you support.

Taking part is totally voluntary. If you do decide to take part, you will be given this information sheet to keep and will be asked to agree your consent on the day of the interview. If you change your mind at any time during the interview, you can ask me to stop interviewing without giving a reason. If, after you have been interviewed, you change your mind and decide you don't want me to use your information then please contact me by phone or email (details overleaf) within one month of taking part.

### **Child Study Details**

#### **Taking part**

After making sure your child is happy to take part, and also ensuring your child is comfortable in their surroundings, and with me, I would like to spend time with your child or children using art and creative play, such as drawing or in a sand tray, in a very relaxed way. I would ask them to tell me the story of their drawings or creations, which might involve their views on family life. If you feel it would help the comfort of your child, you are welcome to be present during this part of the study. The child study will not be tape recorded, but I will make some notes after the study is finished on the day.

Your child or children may also feel upset when talking about events that happened at home, you may need to consider these effects and ensure you only provide consent for them to take part if you feel the support provided by yourself, family, friends and the organisation will be adequate in providing them comfort and understanding after the study finishes. I would also like to reassure you that I will constantly, throughout the study with the children, listen carefully and may take the decision to stop or change the subject if your child seems upset.

### **General Information**

#### **Where will it take place?**

In a private meeting room at the organisation/charity.

#### **What will happen afterwards?**

If tape recorded, I will type up our conversation from the recording, as well as any notes. Please be assured that all information you provide will be completely anonymised and yours and your child's names and any details you give of other people or places will also be anonymised, using other names, so details will not be recognised. Everything you say will be treated as confidential, unless I am worried that there is a significant risk of harm to you or your child, in which case I will inform a member of staff at the organisation which you were recruited from. If possible, I will tell you if I have to do this.

I will analyse the typed up recording and notes from both yours and your child's study, and may use some extracts which will appear in my final report, and potentially in a publication. I will make sure all recordings and typed up interviews will be kept secure (in a lockable office) and electronically (stored on a password protected USB stick). Only myself, and my

research supervisors, will have access to them. Everything will be kept on Leeds Trinity University campus for three years, in compliance with the Data Protection Act (1998).

After the interview, whether or not you and your child complete the study, to compensate for your time and help you will be given a £10 High Street shopping voucher, and your child will be given a toy. You will also be given the opportunity to read the typed up conversation at a later date, to ensure you are happy with it and give feedback.

**What if I have concerns or want to make a complaint?**

If you have concerns or wish to make a complaint about the conduct of this research study you can contact the Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7110 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk).

**You will be given the opportunity to discuss any questions or queries with me before and directly after you and your child or children have completed the study.**

**Researcher: Jo Adhikari: [J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk) or telephone: 0113 2837100 Ext 393**

**Supervisors: Dr Paul Smith: [P.Smith@leedstrinity.ac.uk](mailto:P.Smith@leedstrinity.ac.uk)**

**Dr Sue Elmer: [S.Elmer@shu.ac.uk](mailto:S.Elmer@shu.ac.uk)**

**APPENDIX XVI: AGE 3-6 INFORMATION SHEET (USED ONLY AS A  
PROMPT BY RESEARCHER) FOR PHASE THREE**

**Participant Information Sheet for Children aged 3 - 6 years old**



Hello, I'm Jo and I'm doing a research study and would like to ask for your help. Research means finding out more about something. It is a way we try to find out the answers to questions.



My research is about helping children that sometimes feel sad or upset about things that happen with the grown-ups in their life. I need to find out more, so I would like to talk to children and hear their stories about what life in their family is like.

**Taking part**



After you and me have a chat about it and if you decide you want to help me, I will plan to meet you again for us to spend some time doing some drawings, and we can talk about them. If you would like your mummy or another important adult, who you trust, to stay with you that's ok too. While we are talking you will see me writing things in a book, that's just to help me remember what we talked about. When you have finished telling me your story, I will tell your story back to you for you to tell me I understood.

You might feel ok to do the drawings with me, but then you might change your mind and want to stop, its ok to tell me you that want to stop. I will have a stop sign you can point to, and then we will stop.

**What will happen afterwards?**

After we meet I will read my notes and then write it all up so I can understand your story. Anything you tell me will not have your name on it, no one will know it's you who said those things. I might have to tell someone if you tell me something which makes me worry about your safety, but I will let you know if I do.

**Do I have to take part?**

No, please do not feel you have to take part. Nothing bad will happen if you say no. And remember, you can ask me any questions about this any time.





## APPENDIX XVII: AGE 7-11 INFORMATION SHEET FOR PHASE THREE

A narrative inquiry exploring mother and child perceptions of risk,  
aggression and impulsivity in domestic abuse

### Participant Information Sheet for Children aged 7 - 11 years old



Hello, I'm Jo and I'm doing a research study and would like to ask for your help. Research means finding out more about something. It is a way we try to find out the answers to questions.



My research is about helping children that sometimes feel sad or upset about things that happen with their families. I need to find out more for my research, so I would like to talk to children and hear about what life in their family is like.

#### Taking part



After you and me have a chat about it and if you decide you want to help me, I will plan to meet you again for us to spend some time doing some drawings, and we can talk about them. If you would like your mum or someone else you trust with you then that's ok too. While we are talking you will see me writing things in a book, that's just to help me remember what we talked about.

You might feel ok to do the drawings with me, but then you might change your mind and want to stop, its ok to tell me you want to stop, or I will have a stop sign you can point to, and then we will stop.

#### What will happen afterwards?

After we meet I will read my notes and then add them to my research. Anything you tell me will not have your name on it, no one will know it's you who said those

things. I might have to tell someone if you tell me something which makes me worry about your safety, but I will let you know if I do.

**Do I have to take part?**

No, please do not feel you have to take part. Nothing bad will happen if you say no. And remember, you can ask me any questions about this any time.



**APPENDIX XVIII: CHILD CONSENT SHEET FOR PHASE THREE**

A narrative inquiry exploring mother and child perceptions of risk,  
aggression and impulsivity in domestic abuse

Hello, I'm Jo Adhikari



I would like to do some drawing with you and hear about life in your family. It is your decision and you don't have to agree to do it if you don't want.

Please circle the face to let me know how you feel about doing this.



Write your first name in this box

**APPENDIX XIX: CONSENT SHEET FOR PHASE THREE**

School of Social and Health Sciences  
Institute of Childhood and Education

**A narrative inquiry exploring mother and child perceptions of risk,  
aggression and impulsivity in domestic abuse**

**Consent Form**

*Please answer the following questions by circling your responses:*

- |  |     |    |
|--|-----|----|
| Have you read and understood the information sheet?  | YES | NO |
| Have you had the opportunity to ask Jo any questions?  | YES | NO |
| Have you received answers to all your questions?   | YES | NO |
| Have you received enough information?  | YES | NO |
| Do you understand that the information you provide will be kept completely anonymous and kept safe and only accessible to Jo and her supervisors only? | YES | NO |
| Do you understand that you are free to withdraw from this study:   |     |    |
| • At any time up to one month after your participation?  | YES | NO |
| • Without giving a reason?   | YES | NO |
| Do you understand that Jo has responsibility for passing on any safeguarding issues that may come to light during the study?                           | YES | NO |
| Do you agree to take part in this study?   | YES | NO |

*Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in the sheet for participants and the information above. It will also certify that you have had adequate opportunity to discuss*

*the study with the researcher and that all questions have been answered to your satisfaction.*

Signature of participant:..... Date:.....

**APPENDIX XX: PARENT DEBRIEF SHEET FOR PHASE THREE**

School of Social and Health Sciences

Institute of Childhood and Education

**A narrative inquiry exploring mother and child perceptions of risk, aggression and impulsivity in domestic abuse**

Domestic violence and abuse can have an impact both physically and mentally on victims and their children. In many instances, survivors are unable to leave their partner, or to report them. To help protect them it is vital that public services can identify areas of high risk before extreme harm occurs. The aim of the researcher's PhD is to explore domestic abuse in terms of risk factors with a view to informing currently used methods of risk assessing in the healthcare setting. This study is focused on interviewing a small number of people and their children who have experienced family and relationship violence to examine their individual stories about the abuse and to explore any themes which might arise, with particular interest in areas of risk in families, as well as partner's and children's perceptions of impulsivity, and aggression.

Talking in depth about your own experiences of domestic abuse may have been very difficult for you and your child, so your willingness to participate in this study is very much appreciated, and your involvement in this study will contribute to advancing research in domestic abuse risk assessment. If being interviewed has led you or your child to feel upset, distressed, or frightened, and you want to speak with someone, please contact a support worker from the organisation you were recruited from, alternatively you could contact one of the following:

- National Domestic Violence Helpline: **0808 2000 247 (free phone)**
- Your own support worker or doctor
- Safeguarding officer (school based)

Websites you can visit:

- <http://www.womensaid.org.uk/>
- <http://www.nationaldomesticviolencehelpline.org.uk/>
- <http://www.refuge.org.uk/>

In addition, please be assured that domestic abuse and CC are crimes that will be taken seriously by police should you report it.

**If you change your mind about taking part and wish to remove the recording and notes from my study, please call or email me within one month of the interview and I will destroy it.**

If you wish to receive a copy of the final report, or if you want to discuss anything further, please contact me at the email address below.

If you have concerns or wish to make a complaint about the conduct of this research study you can contact Departmental Ethics Committee for Psychology at Leeds Trinity University: Dr Alison Torn, Tel: 0113 283 7110 E-mail: [a.torn@leedstrinity.ac.uk](mailto:a.torn@leedstrinity.ac.uk).

Many thanks again for participating.

Jo Adhikari, PhD Student, Leeds Trinity University [J.Adhikari@leedstrinity.ac.uk](mailto:J.Adhikari@leedstrinity.ac.uk)

PhD Supervisors: Dr Paul Smith ([P.Smith@leedstrinity.ac.uk](mailto:P.Smith@leedstrinity.ac.uk)) & Dr Sue Elmer ([S.Elmer@leedstrinity.ac.uk](mailto:S.Elmer@leedstrinity.ac.uk))

**APPENDIX XXI: ASSOCIATED PRESENTATIONS****Paper Presentations**

Adhikari, J.K., Smith, P., Elmer, S. (18th-19th October, 2017). The assessment of impulsivity and aggression and their contribution to victim-perception risk in domestic abuse. *Canadian Domestic Homicide Prevention Conference*. London, Ontario, Canada.

Adhikari, J.K., Smith, P., Elmer, S. (13th-15th June, 2017). Self-reports and perceptions of partners on measures of aggression, impulsivity and experiences of domestic abuse. British Psychological Society Division of Forensic Psychology Annual Conference. Bristol.

Adhikari, J.K. (8th -9th June, 2017). The assessment of impulsivity and aggression and their contribution to risk in domestic abuse. Integrating Research and Practice to Combat Violence and Interpersonal Aggression Conference. Coventry, UK.

Adhikari, J.K. (7th Apr 2016). Partner experiences of risk, aggression and impulsivity in domestic abuse: An interpretative phenomenological analysis. North East Crime Research Network. Newcastle, UK.

**Poster Presentations**

Adhikari, J.K. (14th-16th June 2016). "Everything became about keeping him happy, keeping him calm": How survivors make sense of risk, impulsivity and aggression in domestic abuse. British Psychological Society - Division of Forensic Psychology, 25th Annual Conference. Brighton, UK.

Adhikari, J.K. (17th June, 2015). Partner experiences of risk, aggression and impulsivity in domestic abuse: An interpretative phenomenological analysis. National Centre for the Study and Prevention of Violence and Abuse. Worcester, UK.