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**IDENTIFYING AND ASSESSING RISK IN
MEN WHO HAVE A HISTORY OF
VIOLENCE TOWARDS THEIR FEMALE
PARTNERS**

by

Kenneth James McMaster

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Abstract

The general aim of this study was to explore how workers in National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga member groups assess risk of repeated violence in men accessing stopping violence programmes. Increasingly with implementation of legislation such as the Domestic Violence Act 1995, and increasing referrals from Community Corrections, workers engaging with men who are violent towards their female partners will be increasingly asked to make predictions of current and future levels of risk of repeated violence. These predictions of risk are central to accountability processes developed by National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga.

This study reports on risk factors identified within a sample of 373 men accessing a New Zealand based stopping violence programme. A consistency between factors identified within the international literature and within the local sample was found. A survey of workers running stopping violence programmes was undertaken to see if the risk factors that they saw as salient, were consistent with those identified in other research. Twenty-three (23) workers responded to the survey and the results indicate a tendency to focus upon contextual indicators of risk at the expense of dispositional, historical and clinical indicators. The results also show that there are a number of constraints to the thorough assessment of risk in men presenting at stopping violence programmes which include; lack of time, competing demands on time, lack of training in risk prediction, and a lack of consistent tools to undertake the task.

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Introduction

Predicting the probability of a re-occurrence of violence amongst offenders and mental patients has continued to vex clinicians, researchers, politicians and policy makers. Many writers (see e.g., English, 1989; Gottfredson & Gottfredson, 1988; Kemshall, 1997; Monahan & Steadman, 1994) have reviewed the numerous attempts to predict the occurrence and reoccurrence of violence.

What becomes immediately evident is that much of the material on establishing the risk of future violence relates to concerns for child protection (Ammerman & Hersen, 1990; , McDonald & Marks, 1991; Wald & Woolverton, 1991), mental disorder (Monahan & Steadman, 1994) or the sex offending population (Quinsey, Lalumiere, Rice & Harris, 1995). Social workers along with judges, probation officers, health professionals and psychologists, daily make assessments on what to do with people who are violent. These judgements ultimately affect the safety of those who have been violent, those they associate with, and the wider community. It is only recently that the question of risk prediction for men who are violent to their female partners has gained some attention (Saunders, 1995).

However the area of predicting risk of future violence is not without it's complexities and debates. As the United States National Center for State Courts (in Monahan & Steadman, 1994: 1) stated:

That particularly close attention be paid to predictions of future behaviour, especially predictions of violence and assessments of dangerousness. Such

predictions have been the bane of clinicians who admit limited competence to offer estimates of the future yet are mandated legally to do so. [However,] such predictions will continue to provide a basis for involuntary civil commitment, even amid controversy about the scientific and technological shortcomings and the ethical dilemmas that surround them.

The point as to the reliability of risk assessment methods is also noted in a significant review of thirty years work in the area of prediction of criminal and mental health populations by Gottfredson and Gottfredson (1994). They paint a pessimistic view of the usefulness and reliability of risk prediction methods noting that despite the ubiquity of risk assessment approaches, evidence indicates that:-

- 1) The best available predictions are quite poor.
- 2) The most sophisticated statistical methods may produce predictions that are no better than simple ones, and in some respects may be worse.
- 3) Even with these limitations, however, predictions made with the help of statistical devices out-perform those made without such help (441).

They go on to argue from their extensive review of the literature that statistical models of assessing risk are slightly better than clinical judgement, but both are not a lot better than chance (Gottfredson and Gottfredson, 1994). It will be argued in this study that many of the ethical, practical and philosophical issues noted in predicting risk of future violence noted in others area (sex offending, child abuse, mental health), apply equally to

those practitioners working with men who are violent to their female partners¹. Much of the decision-making around risk prediction by workers operating within National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga (NNSVS/TKWMP)² member groups occurs within an under-funded environment, within specific time restraints and with little formal training in risk prediction. How workers engaging men in a process of facing up to the responsibility for their violent behaviour towards others while at the same time assess levels of potential risk that the man exhibits on presentation are important questions. Another critical question is how workers maintain an ongoing assessment of risk while men are in programmes.

What makes risk assessment important?

There are three important shifts within the field that make the issue of risk prediction an increasingly important issue for workers from NNSVS/TKWMP member agencies.

Firstly, as programmes work more closely with statutory agencies such as Community Corrections and Department for Courts it can be anticipated that workers³ will be dealing with men with patterns of more serious abuse and violence. This is based upon information that by the time statutory agencies become involved in intervention, the violence has often escalated in frequency and severity (Morris, 1996). Secondly, the issues of accountability and safety of those victimised either prior to men attending

¹ The reason for using the terminology ‘men who are violent to their female partners’ is to distinguish this population from men who are violent in same sex relationships and men who are generally violent, that is, violent against those whom they do not have a primary relationship with. The majority of men accessing stopping violence programmes are dealing with issues of violence located within the realm of the family.

² The National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga is the national umbrella group for programmes delivering stopping violence programmes throughout New Zealand. It has twenty-three (23) affiliated community based programmes targeted at stopping violence and four dedicated sex offender programmes. NNSVS/TKWMP groups are the main contractor to the State agencies such as Community Corrections and Department For Courts for the provision of community based stopping violence programmes.

³ The term “worker” is used throughout this study to cover the wide diversity practitioners such as social workers, psychologists, probation officers, and so forth that are involved in this field of intervention.

programmes, during or after they have completed programmes, is a serious concern for workers. The duty to warn the partners of the men attending programmes of potential risk requires workers to make accurate and at times rapid decisions based upon limited data. Thirdly, workers are increasingly being asked to make judgements on the efficacy of their work under legislation such as the Domestic Violence Act (1995) which has the power to restrict access to children (unless supervised) where a protection order is in place. Men who have a protection order issued against them are now mandated to attend a stopping violence programme and the onus shifts to each man to prove to the Court that he is a fit and safe parent to his children. This reappraisal of New Zealand's earlier domestic protection legislation follows a number of domestic homicides involving women and children.⁴ While it seems timely to undertake a much needed inquiry into the area of risk prediction of men who are violent to their female partners, the motivation and interest for this piece of work comes from a much more personal experience. During 1991 a colleague and myself were working on an evaluation project looking at the effectiveness of stopping violence programmes. My colleague described the following:

On 24 January 1991 I had to attend the Family Court on a personal matter.

Although it was summer it was a wet grey day and unseasonably cold. As I entered the building I noticed a woman sitting in a Court waiting room to my left. She was a professional woman, about 30, well dressed, well-groomed, with a briefcase at her side. Her gaze as it fell upon me struck me as inexpressibly sad and desolate. A short time later as I was filling out some forms on the next floor

⁴ For a significant review of the limitations of the previous legislation see Busch, R., Robertson, N., Lapsley, H., (1992). *Protection From Family Violence; A Study of Protection Orders Under the Domestic Protection Act*. Wellington: Victims Task Force.

I turned to see her sitting behind me, crying softly. I sat beside her. She said that she had just been granted interim custody of her two children and a non-molestation order. The week before she had taken her two children and fled from her husband to her parents in Nelson. She had returned for the court appearance that day.

Her husband had rung her to say he had bought another gun. (He had just been released from hospital following a suicide attempt. He had tried to gas himself in the family car but had been resuscitated by the ambulance attendants). As they were travelling in the plane to Nelson she explained to the children that they were leaving because, "Daddy made Mummy sad." The children, both pre-schoolers, replied, "Daddy makes us sad too."

After the children were born her husband forced her (against her wishes) to return to her previous job. He became a house-husband. Because of this she and her lawyer were not confident that she would be granted custody of the children. She showed me in her diary her appointment for counselling support almost exactly a week from the time of our meeting.

On 31 January, 1991 at mid-day, she kept that appointment. As she was leaving the counselling centre her estranged husband appeared in front of her. He shot her three times. He then turned the gun upon himself.

A man who chose to - died. A woman who chose not to - died also. She should not have.

(Lloyd-Pask & McMaster, 1991)

This story describes the ultimate tragedy that can occur in situations of men's violence to women. A woman is dead, two pre-school children aged three and four years are robbed and traumatised by the loss of their biological parents, the extended family are left to wonder how this could have happened, a social worker who saw the woman decides not to work with violence cases, and many of us in the field wonder when and if this could happen to us.

So how did all the systems apparently miss what are obvious risk factors - a history of violence within the relationship, forcing the woman to return to work after the birth of the children, intense emotional demands on the woman, persistent threats to harm, access to firearms, self harm behaviour, intense pressure on the woman to return, and the question of discharge to 'what' on release from hospital?

Workers in the field of intervention with men who are violent towards their female partners know only too well that one of the highest risk times for serious injury and homicide occurs in the three month period post separation. If this man had presented to the agency I was managing at the time, would we have assessed and identified the potential risk factors? I suspect not. While we would have undertaken a fairly careful initial assessment, it would not have been organised in a manner that would have allowed clinicians to articulate the level of risk and dangerousness that this man posed to his

female partner. If that man presented today, would we identify the signs? The honest answer is, 'I am not sure.' Not because we have not come a long way in managing our intake/engagement work more effectively but for the simple fact that risk prediction is a relatively new area of endeavour in the field of working with men who are violent to their female partners. Given the lack of published material on assessing the potential risk of men who are repeatedly violent to their partners this is an area that requires significant thought and development.

Outline of Thesis

The key hypothesis of this thesis is that despite the restraints that exist for workers operating under the auspices of NNSVS/TKWMP member groups, workers are able to make the type of life and death assessment of the safety of men who access stopping violence programmes. This hypothesis will be explored by investigating the relationship between risk factors as noted in the research literature and what workers involved in programmes view as critical to inquire about at initial assessment interview and throughout intervention.

Chapter 1 defines what is meant by risk and briefly reviews the debates within the field of risk prediction. A number of issues related to the ethics of assessing risk are explored against the backdrop of the question of demonstrated limited effectiveness of current approaches. The question is raised as to whether attempts at assessing risk should even be made. The issue of the growing recognition of violence as an important issue is discussed along with prevalence rates to provide a context for subsequent chapters.

A significant amount of research exists as to the factors common to men who are violent to their female partners. Chapter 2 reviews this research literature and identifies the main debates, providing a picture of the factors that are common to men who present for programmes, each of which assist in identifying risk. This data is reviewed in order to explore which of these characteristics are associated with high risk of future violence.

Chapter 3 outlines the methodology used for this thesis, identifying the inherent ethical issues as well as the limitations of the study. The field of family violence has certain ethical dilemmas for research methods that are not apparent in other fields of inquiry. These are explored as part of this chapter.

Developing a profile of men who identify themselves within a New Zealand sample was a preliminary piece of work for this study. The assumption was made that if a study of a relatively large sample of New Zealand men for risk factors of violence was compared with studies reported within the literature, then the risk factor research from outside New Zealand would also have local applicability. Three-hundred and seventy-three (373) client files were reviewed for a range of risk factors to develop a profile of men who present to stopping violence programmes in New Zealand. The resultant profile is reported in Chapter 4. The remaining material in Chapter 4 analyses the most important factors 23 workers from NNSVS/TKWMP member groups identify in assessing risk. The purpose in exploring this issue was related what workers within a New Zealand sample would see as indicative of risk of future violence with those factors identified in overseas studies. Also of interest was to ascertain the processes workers in a New

Zealand context use to make their assessments, what they perceive to be their competence level, and factors that make assessment of risk difficult are reported.

A discussion of the results and the literature review comprise Chapter 5. A comparison of potential indicators of high risk is drawn from 1) the reviewed research literature and 2) the workers' own assessments. In addition, the implications for front-line practice are discussed and recommendations for future work are noted. The chapter concludes with suggestions of areas of future research that build upon the findings of this study.

Chapter 1: Predicting Risk

1.1 Introduction

Risk assessment is essentially the use of frameworks, either conscious or unconscious, that any person uses to organise information related to assessing potential risk. It is such a normal aspect of daily existence that at times people may be unaware of the processes used and the outcomes from these processes if they are not harmed in some manner. Take for example the activity of driving a car. This is a relatively risky business given that around three hundred New Zealand citizens are killed and a significantly higher number are harmed in some manner as a result of motor accidents. This does not deter people from driving, although some may decide to use other means of transport that have been shown to be less risky, such as taking a bus. When a person drives a car he or she are constantly assessing risk factors (or we hope that is the case) such as the condition of the car, road and weather, speed restrictions and possible unforeseen hazards. The driver may slow down if the road conditions are wet, be on the lookout for children on bikes, and stay within the speed limit. What this driver has done is use a method of risk assessment to minimise the possibility of future harm.

Risk assessment in the field of violence and abuse incorporates a very similar process, with the exception that it has tried to be more precise as to which identified factors of risk are important, to capture the data in a consistent manner to allow comparability across cases, and to determine which procedures and calculations should be used to determine what the level of risk may be (Schene, 1997). A number of key questions in the field of risk assessment are therefore around the inter-relationship of factors that might indicate risk of repeated violence, severity of that violence if it were to occur, and

frequency of any future violence (Strachan & Tallant, 1997). The other important issue is separating the immediate risk of violence and the risk of violence occurring at some point in the future.

Strachan and Tallant (1997) in considering current issues of risk assessment across a number of practice areas, note the need for workers to become more aware of risk factors and improve the way these factors are incorporated into decision-making processes. They state (1997:15-16):

This is based on the belief that raising levels of awareness of the processes we go through when making decisions will enable a more accurate assessment to be made, thus enabling risk to be minimised and uncertainties reduced.

The question of how workers in NNSVS/TKWMP member organisations understand and assess risk is the focus of this study. This chapter reviews many of the issues related to risk assessment. It firstly defines much of the language used in the field of risk prediction. Secondly, it reviews many of the criticisms of undertaking risk prediction, namely, ethical issues of accuracy, the issues of civil liberties and how the role of workers may be compromised. Thirdly, the prevalence of violence is discussed to provide a context for this study.

1.2 Definitions of risk, dangerousness and violent behaviour

The field of risk assessment is littered with definitions and language, much of which has come from the insurance industry. However, there does not appear to be consistency as to how these terms are utilised within the literature (Kemshall, 1997, Schene, 1997).

Risk itself has been defined as “a calculation under conditions of uncertainty as to whether a loss, a damage or harm will occur” (Kemshall, 1997:234). Risk is understood in the criminal justice area (which is the closest area of study to the current research) as the probability or likelihood of harm occurring, not the harm itself. Harm instead relates to the impact or consequences of the risk having occurred. In the case of men’s violence towards their female partners harm would be defined as the outcome of any act of violence. Danger, another term that is used within the literature describes the actual or potential exposure to harm and in the current study relates to the propensity of men to harm their partners through further violence (Brearley, 1982:26-27).

The terms ‘dangerousness’ and ‘risk’ have been used interchangeably within the field of risk assessment, which is problematic as this leads to a lack of clarity about what is being assessed and what is being predicted (Monahan, 1981)⁵. For example, a man who has a history of violence towards his female partner may be defined as at risk across a number of factors (family of origin abuse, impulsivity, access to weapons), but may not act the factors out and be dangerous. Therefore the assessment of dangerousness and the probability that it will occur, that is, risk, are assessments of two different things; the first, the type of behaviour to be defined, the second the likelihood of the behaviour occurring (Schene, 1997).

“Dangerousness” refers to “risk of harmful behaviour to others” (Monahan & Steadman, 1994:1) but there is uncertainty as to whether this is viewed as a personality trait constant over time (e.g Monahan, 1981) or as a characteristic of a behaviour (Kemshall,

⁵ For a seminal piece of work that has greatly influenced debate within the are of risk assessment see Monahan, J. (1981). *Predicting Violent Behaviour*. Beverly Hills: Sage.

1997). Early definitions (see e.g. Scott, 1977, in Kemshall, 1997) stressed it as the former, and while the issue is far from resolved, greater attention is now being given to the alternative focus such as harm reduction or harm prevention. This alternative focus allows the possibility of understanding risk more from the perspective of the capacity to harm under certain conditions (Kemshall, 1997).⁶

Monahan (1981:25) argues that it is best to avoid terms that are vague and that the term 'dangerousness' confuses "issues regarding *what* one is predicting with the *probability* one is assigning to its prediction". He worries about the labelling process and how this can then be used to define the person in terms of personality rather than behaviour. For example, labelling a person a 'dangerous offender' does not indicate when, where, and how this person will be more or less at risk of violence at some time in the future.

Monahan & Steadman (1994) have argued that if the concept of dangerousness is to have utility in risk assessment it needs to be broken down into three inter-related aspects; risk factors, likelihood of harm and risk level. In order to give a reliable prediction of future dangerousness the complex array of variables related to these issues needs close scrutiny. Risk factors or predictor variables refer to issues that workers identify as creating higher risk, for example, family of origin abuse, impulsivity, alcohol and drug use, access to weapons. What constitutes "risk factors" may vary from population to population. For example, in the field of men's violence towards their female partners, given the heterogeneity of the population, different risk factors may exist for sub-groups

⁶ A significant amount of work in the relapse prevention area identifies differing levels of risk in the offending population related to a combination of precursors, thinking processes, high risk situations and issues of immediate needs being met.

(see e.g., Holtzworth & Stuart, 1992).

'Harm', rather than being viewed as a dichotomous variable, is better understood in terms of seriousness, that is, a graduation of behaviour from least to most serious (Monahan & Steadman, 1994). This raises an even more interesting debate on how we construct the notion of seriousness. Traditionally this has been developed on severity of impact of behaviour on others with serious physical violence (most visible harm) ranking highest with emotional and psychological violence ranking lower (Robertson & Busch, 1997). It should be noted that the Domestic Violence Act (1995) makes psychological abuse a ground for the granting of a protection order.

The level of risk is now generally argued as a continuous probability rather than a dichotomous variable (is there risk or no risk) (Monahan & Steadman, 1994). A number of writers (see e.g., Kemshall, 1997; Saunders, 1995; Williams, 1997) argue that assessment of risk needs to be ongoing as opposed to a one-off prediction, given that risk is mediated through a complex range of factors and rather than being a static phenomenon, fluctuates over time depending upon a number of variables (intra-psychic, interactional and situational).

1.3 Ethical issues in risk prediction

Hudson (1996) notes that while the discourse around risk assessment has been ongoing for some years within criminal justice settings, who is responsible for undertaking the actual assessment of risk is now changing along with the significance placed upon these assessments in decision-making.

Hudson (1996:154) notes:

Instead of social workers and sociologists, the new experts are geographers and psychologists; instead of prescribing treatment, expertise is now being used to calculate the risk. Risk of reoffending and risk of victimisation are now key issues on which social science expertise is being addressed.

The advent of the “risk society” (Beck, 1992) raises a number of important challenges for social work and those working with men who are violent towards their female partners. These important issues include; firstly, the quality of information used to base assessments upon and hence the accuracy of predicted dangerousness; secondly, the civil liberties of those who are assessed as being at risk if the prediction is wrong; and thirdly, the potential conflict between undertaking such assessments which can undermine the caring function and replace it with one of control (Williams, 1997).

1.3.1 Quality of information to base assessments upon

Despite the significant amount of research in the area of risk prediction, the general consensus is that predictions of risk are still very unreliable. Yet they have a major implication for the welfare of the person identified as being at risk as well as the community (Gottfredson & Gottfredson, 1988; Kemshall, 1997). The quality of information available to base assessments upon is often limited to self-reports by men who are violent to their female partners and is often viewed as somewhat unreliable given the extent of minimising, denying and blaming that is evident at initial contact (Gondolf & Foster, 1989; O’Leary & Arias, 1987). One overseas study found that women

reported twice the rate of violence by their husbands than their husbands reported (Gondolf & Foster, 1989).

There is another dilemma in expecting those men who have perpetrated violence to disclose the full extent of their past violence, knowing that this may operate against their short-term interests. If, for example, they are assessed as having a more significant and serious pattern of violent and abusive behaviour than their self-reports, how might the disclosure of this information work against their inclusion in a programme. For men seeking early parole, this may mean they are interned longer, given that they might be perceived as presenting a higher risk to society. The issue therefore of quality of information is critical for accurate assessment of risk.

The issue of quality of information and accuracy has also been commented on by other writers but from a different perspective. Dawes (1989) in responding to the criticism that many assessments are made without seeing the client, argues that information gained in a parole interview decreases rather than increases the accuracy of the prediction. The argument made is that when confronted by a person face-to-face, our judgements are influenced by the interactions and that workers be selective in which information they use in their assessments. In other words, offenders change their stories according to who is asking for information and why the information is being elicited.

Dalgleish (1995:2) has also identified a number of characteristics related to human judgement that compromise the clinical decision-making process:

- People usually form judgements very quickly.

- People find it very difficult to articulate the process of coming to a judgement and a decision.
- People are limited in their ability to process information.
- People use heuristics or mental short cuts to handle complexity and this can lead to systematic errors in judgement and decision-making.
- A remedy is to “divide and conquer” - separate the judgements and the decisions into components, focus on each component and then combine the components.

Workers often use constructs to assess individuals that may not have a great deal of bearing upon the behaviour being predicted. For example, according to Dutton (1988) and Gondolf (1988) diagnostic systems such as the DSM- III-R & DSM-IV Axis II variables (ie. personality disorders, anti-social personality, borderline personality and so on) although providing useful information to aid intervention, are not particularly useful in predicting future violence. This position however is debated by Holtzworth-Munroe and Stuart (1994) who argue that focussing upon the various sub-groups of men who are violent towards their female partners may allow for better prediction of types of violence. Some attention is given to this issue in the Chapter 3.

1.3.2 Civil liberties of those who are assessed is at risk

There is little doubt that the new culture of risk assessment impinges upon the rights of those identified either rightly or wrongly as being at risk. New Zealand’s criminal justice system operates upon the premise that if a person is caught, charged and found guilty for an act of violence, once that person has served their sentence, they are free to continue to move about in society. People are not sentenced on the basis of possible future

behaviour, with the one exception of where the sentence of preventive detention is given, which is an indefinite term of imprisonment. However, in the area of men's violence to their female partners, legislation such as the Domestic Violence Act (1995) acts against this principle and is based on notions of future risk prediction (many of which are not spelt out). This may result in respondents⁷ not having access and supervision of children. The Act clearly prohibits a person found to have been violent to have unsupervised access to children until that person can prove to the Court that he or she is safe. If that person seeks custody of or access to a child(ren), then the Court needs to be convinced he/she can discharge their duties as a safe parent to any children with whom they have a parental relationship. Freckleton (1996), commenting upon New Zealand's new Domestic Violence Act (1995) identifies three profoundly difficult issues to confront in this decision-making process: first, prediction of dangerousness has not been shown to be reliable, second, the man arguing that his attitude and behaviour has changed is unlikely to be believed, and third, the research into the long-term effectiveness of programmes is still equivocal. It is likely that in light of the above information the courts will take a conservative position (Freckleton, 1996).

Risk prediction is a highly political activity, reflecting current thinking about safety and dangerousness. What is acceptable behaviour within the household in the 1990's is very different from earlier times. A growing awareness of family violence issues has brought the issue of risk prediction to the forefront of current debate. Even what is deemed to constitute a risk is not fixed but related to the culture of the time and the environmental

⁷ The term "respondent" is defined within the Domestic Violence Act (1995) as the person against whom an application has been made for an order under the Act; and includes a person (other than an associated respondent) against whom an order is made.

issues that are prevalent (Kemshall & Pritchard, 1997). Williams (1997) argues that the very notion of risk assessment reflects political values. He sees the danger of “New Right” criminology within the criminal justice sector as undermining the “justice model” (treatment, rehabilitation and social reform) and replacing it with a more managerial approach which incorporates many of the non-legal factors such as race, employment record, homelessness and having grown up in a single parent household, as factors in risk decision-making. New right criminology has emerged within the context of higher incarceration rates and overcrowding of prisons and a growing belief that the older liberal ideologies have not worked. Interventions are focussed on less ambitious models focussed upon managerial and administrative processes designed to manage a group of people (offenders) who cannot change. According to Cohen (1994) new right criminology fails to address the social context of offending behaviour and in so doing loses its critical edge.

1.3.3 Risk prediction potentially undermines the caring function and replaces it with one of control.

One of the key dilemmas for workers is the need to balance the rights of the individual on the one hand, and the rights of the wider public, on the other. The question that underpins this debate is the “site” of where risk prediction should take place, in other words who is best placed to undertake this assessment. Debates within social work and other social sciences have occurred for many years regarding the balance between care and control, given its long history in care and protection, youth justice and mental health work (see e.g. Corrigan & Leonard, 1978; Day, 1993; Dominelli, 1997). Intervention with men who are violent to their female partners is a classic area for competing ethical

demands and the rights of those affected by the violence and those perpetrating the violence. Social control has become a dirty word in the minds of many practitioners in recent times (Dominelli, 1997:138) as it implies “pathologising those at the receiving end of unequal social relations, holds them responsible for their situation and obviates investigations about the role of social structures play in creating inequality”.

However, one of the key roles for workers involved in the violence field is the ethical responsibility to protect others from future harm. While this role is sometimes necessary and unpleasant, it is nevertheless an important one. But control can be much more insidious than obvious, operating to reinforce dominant societal norms which can work to increase risk and dangerousness. Relating this issue to the field of men’s violence towards their female partners some writers (see e.g., Dobash & Dobash, 1983; Pence & Paymar, 1990) view violence within families as supported within patriarchal structures, and if workers are not actively working to address the gender inequality inherent within these structures, then they are perpetuating a form of social control.

The debate within the field of intervention with men comes down to the key question, “Who is the client?” Some authors would take the position that the man who has been violent is the client (Patrick, 1997) while others take a more ecological model and see the clients located in the wider family/whanau grouping (Robertson & Busch, 1997). The clear reason for the latter position is that behaviour such as violence can be regarded as socially constructed within the gender politics of society (Jenkins, 1991). This latter position has underpinned much of the practice of NSVS/TKWMP member groups throughout New Zealand, which in addition to a role of intervention with men, has a social action agenda (NNSVS/TKWMP, 1996).

Despite the inherent problems previously noted regarding assessing risk, proponents such as Gottfredson and Gottfredson (1988:304) argue:

- (1) We can predict violence.
- (2) We should predict violence.
- (3) Since our predictions are highly inaccurate, we should seek ways to make them better.
- (4) We must acknowledge that mistakes will be made when we predict, and acknowledge also that they will be made if we do not predict.
- (5) The ethical issue should concentrate on the consequence of prediction, but cannot be divorced from the issue of accuracy with which we can predict.

Given the reality that men who are violent have already been identified as posing a risk to others, then the process of assessing and monitoring that risk becomes a fundamental aspect of the intervention process. As noted previously, judgements as to risk are being made constantly and the author is in agreement with Gottfredson and Gottfredson (1988) that workers in the violence area should and in fact do assess risk. How explicit the assumptions that these assessments are based upon forms much of the debate within the field of risk prediction.

1.4 Why become involved in risk assessment?

NNSVS/TKWMP member agencies operate within an area of practice where they are constantly working with violent behaviours that impact upon men themselves, a man's close and wider family/whanau and the wider community. Ultimately they are involved in assessing risk whether or not they want to. A changing context exists for the work of these organisations as violent behaviour by men becomes more apparent in today's

society. Researchers, theorists and practitioners have moved towards locating violence within a broader framework and as Edleson, Eiskovitz and Guttman (1985:232) argue:

A definition and estimated incidence of women battering⁸ must take into account many complex elements that together weave a web of terror extending over a battered woman's everyday existence. Battering is not just overt physical and verbal behaviour of a man towards a woman. It is living with a constant sense of danger and expectation of violence. These together bring about terror that is slowly constructed and eventually fills the woman's environment.

The definition used in most surveys is that developed by Straus and Gelles (1986:476) who define violence as: "Any physical, sexual or psychological behaviour carried out with the intention or perceived intention of causing ... pain or injury to another person." Building upon surveys carried out in the United States, New Zealand estimates of violence range from 21% to 39% of instances of victimisation are carried out by family members (Liebrich, Paulin & Ransom, 1995). A Christchurch study (Fergusson, Horwood, Kershaw, & Frederick, 1986) found that 8.5% of mothers had been assaulted by their partners over a five year period whereas Mullen, Romans-Clarkson, Herbison, & Walton (1988) found in a Dunedin study that 16% of women reported being physically abused as adults. A study released by the Department of Justice (Liebrich et al., 1995) found in a self report study on 2000 men that 21% of men reported at least one incident of physical violence within the past year. Of more concern in the Liebrich et al. (1995) study was the reported rate of psychological abuse within the previous year that ran to

⁸ The term 'battering' is used by US researchers to describe situations of violence by men towards their female partners. This term is not widely used within the New Zealand context. Preference is given to descriptor's such as wife abuse, partner violence and men's violence to women.

53% for a sub-sample of 200 men.

This rate of victimisation has been supported by the National Survey of Crime Victimization which found that 12% of women had experienced the use of force or violence which included being hit, pushed, grabbed, shoved or hit in a way that could hurt (Morris, 1996) at any stage during their lifetime. Serious threat including a weapon such as a knife or gun was noted by three percent of women surveyed.

Sexual abuse in the form of forced sexual activity was admitted by four percent of women. When this data is analysed for current relationship, 25% of women reported the use of physical force, use of a weapon or sexual abuse. The figure rises to 65% for previous relationships. Forty-four (44%) percent of women with current partners reported psychological abuse including insisting on knowing where the woman is, put downs, limiting contact with others, and other controlling behaviour (Morris, 1996).

Clearly what has emerged from the two surveys (Liebrich et al., 1995; Morris, 1996) is that rates of victimisation of women appear very high. Some concerns have been raised about the emphasis on minor acts of violence being included within the two surveys, but as Morris (1996:26) notes:

On the contrary, it seems probable from the differences between women's and men's reporting rates that Liebrich et al.'s findings may under-estimate men's violence towards female partners.

The surveys by Liebrich et al., (1995) and Morris (1996) had the advantage of being a random sample in gathering information about rates of victimisation. The Women's Safety Survey also identified that using formal State responses (e.g., Police, Department for Courts) to dealing with victimisation from men's violence occurred in around 11% of situations. This means that the reported nature of crime is dwarfed by the unrecorded private record⁹ of men who are violent to their female partners. Despite this, crime statistics (public record) for violent crime have shown a marked increase over the past fourteen years (Robertson, 1995).

Table 1.1 shows the range of convictions for violent offences during the ten year period from 1985 to 1994. While there has been an across the board 110% increase in violent crime during this period, the rates for murder, manslaughter and attempted murder have remained fairly stable. Significant changes in Police policy to one of arrest rather than mediation in domestic abuse situations have been implemented since 1987 following development work by Ford (1986). Robinson (1995), in surveying the changing pattern of arrest, notes that in 1985 there were 591 convictions for 'male assaults female' under Section 194(b) of the Crimes Act 1961. This figure had risen to 4171 by 1994, an increase of 606%. In the 1995-96 year this figure had increased to 9233 making up 20% of total recorded violence and two percent of all recorded offences (Morris, 1996). This cannot be used to argue that male assault on females has increased but reflects more the changes to Police practice that now treats assault within the home like any other crime. This figure in itself may be misleading in establishing base-rates for a number of reasons.

⁹ It is important to distinguish between data captured by the formal systems of the State and those which go unreported for a variety of reasons. Because men who are violent to their female partners occurs within the context of the private domain, then most goes unrecognised and unreported. This however does not mean it is any less serious or traumatic.

Table 1.1: Number of Convictions for Violent Offences, 1985 to 1994 ⁽¹⁾

Offence Type	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	Overall % Change
Murder	15	41	47	24	24	38	28	45	25	31	--
Manslaughter ⁽²⁾ Attempted Murder	23	22	36	20	27	45	36	42	38	26	--
Kidnapping/ Abduction	5	14	14	10	5	9	14	12	7	13	--
Rape Unlawful Sexual Connection ⁽³⁾	41	73	82	49	51	45	81	59	73	88	+115%
Attempted Sexual Violation ⁽⁴⁾	94	119	139	82	134	112	159	149	242	263	+180%
Indecent Assault	-	16	80	111	150	197	267	341	423	382	--
Aggravated Burglary ⁽⁵⁾	37	26	47	40	48	33	56	55	86	74	+100%
Aggravated Robbery	317	401	463	468	555	522	728	934	1106	1179	+272%
Robbery ⁽⁶⁾	159	233	155	162	150	137	171	143	156	162	+2%
Injury or Wounding	176	210	234	286	328	314	370	354	312	458	+160%
Aggravated Assault	553	522	584	712	767	661	703	713	896	1043	+89%
Male Assaults Female ⁽⁷⁾	591	629	852	1284	1373	1263	1624	1903	2947	4171	+606%
Other Assault Threaten Kill/GBH ⁽⁸⁾	5182	5101	5445	5618	5233	4664	4596	4973	5827	6972	+35%
Other Violence	134	184	221	242	234	237	266	368	412	523	+290%
Total	7627	7988	8758	9548	9534	8654	9535	10680	13159	16003	+110%

(from Robinson, (1995) Department of Justice Report on Crime 1984-1995, Wellington, Department of Justice
Notes:

- (1) An overall percentage change figure between 1985 and 1994 has not shown for some offences in this table where the number of convictions was low, or where legislative changes have resulted in incomplete data.
- (2) Includes convictions for manslaughter which involved the use of motor vehicle.
- (3) Unlawful sexual connection was introduced by the Crimes Amendment Act (No.3) 1985 which came into force on 1 February 1986.
- (4) Before 1986 the figures shown for this category relate to the offence of attempted rape.
- (5) Aggravated burglary was introduced on 28 October 1986 by the Crimes Amendment Act (No.2) 1986. A person committing burglary or breaking and entering who carries, or uses, a weapon may be charged with aggravated burglary under this Act.
- (6) Includes both robbery and assault with intent to rob.
- (7) Offences under Section 194(b) of the Crimes Act 1961. In previous reports, the offence of "male assaults female" was included in the "other assault" category.
- (8) Threaten to kill or do grievous bodily harm.

Because it relies on reported data alone it may well under-report the true level of men's violence to their female partners. If the data is further analysed it could be assumed that violence by men towards their female partners may be hidden within other categories from Table 1.1 such as kidnapping, abduction, manslaughter, murder, injury and wounding and threatening to kill. Several other issues emerge however in relation to relying upon official statistics for an indication of the extent of male assaults on their female partners. Firstly, by the time of Police involvement there has often been a history of similar behaviour which may mean the Police are seeing more severe assault cases. Secondly, given the loyalty and privacy issues that operate within intimate relationships, many partners do not utilise formal systems to deal with the issues of violence or if they do, they may utilise the Family Court aspect of the Department for Courts which will not show up in police statistics; and thirdly, not all assaults that take place within the home by a man to his partner are coded under the category "male assaults female" by Police. A significant number (how many is not known in detail) will be coded to different offence categories under the Summary Offences Act (1986) as "aggravated assault", "threatening to kill" and "other violence".

The rate of domestic murders fluctuates annually according to the Otago Injury Prevention Research Unit who estimate that 38% of homicides in New Zealand involved family relationships, and of those 38%, two thirds of the adults killed were women (Fanslow, 1991). A recent report from the Department of Public Health (1997) acknowledges that homicide is the fifth leading cause of death by injury amongst women.

Half of these are caused by a woman's partner or ex-partner. In addition they note that 500 hospitalisations were the result of domestic violence during the 1993-94 year.

The Christchurch Health and Development Study (Ferguson et al, 1986) using a sample of 1,084 families studied over a six year period found that wife assault occurred at a rate of 2-3% per year with approximately 8.5% reporting assault over the time period noted. Of these women 58% had been abused on more than three occasions and 25% sought medical treatment for injuries on one or more occasion.

It appears from the prevalence rates that the issue of men's violence to their female partners is significant. The major problem still remains as to the exact levels across the general population, although there has been some progress in this direction (Liebrich et al., 1995; Morris, 1996). What is clear is that with more State activity via the Police Arrest policy along with the implementation of the Domestic Violence Act (1995), the identification of men who are violent to their female partners is now more visible as a social issue.

1.5 Summary

Clearly the task of assessing risk of future violence is not straight forward. Several ethical dilemmas are involved in balancing the safety of the community and that rights of the man assessed at posing risk. What level of risk is a critical question in this debate and the issue that risk is not a static event but one that fluctuates over time. Predicting future behaviour is in itself a difficult task for workers and as noted, is often done poorly.

Yet the judgements that workers make have a profound influence upon the lives of those assessed as posing risk of future violence.

Chapter 2: Factors In Predicting Risk In Men Who Are Violent Towards Their Female Partners.

2.1 Introduction

Over the past fifteen years a growing body of research has been generated seeking to understand the characteristics that predict risk in men who are violent to their partners. The focus has been on three areas; individual, relational and cultural factors. By distinguishing the characteristics of men who are violent to their female partners from those men who are not, researchers have attempted to shed light upon those factors that perpetuate violence and maintain violence towards women. As Tolman and Bennett (1990) note, violence is a complex issue and finding simple causal explanations is unhelpful. They use the example of the high correlation between depression and partner violence, making the point that it is important not to confuse cause with effects and vice versa. Men who are violent have a higher level of depression than the general population. Does the depression contribute to violence or is it an outcome of being caught up in a violent lifestyle? Or are violence and depression issues operating in tandem? Methodologically, focusing upon the individual characteristics of men who are violent may also obscure the similarities with men who are non-violent and obscure the societal acceptance that tolerates men's violence to their female partners.

Dynamic models have focussed on the relational aspect of violence (Hotaling & Sugarman, 1991). Many men will attribute the blame for their violence on their partners behaviour which may take the form of physical aggression ("She hit me first"), verbal abuse and criticism, name-calling, going out with friends drinking, inadequate parenting

and so forth. While there is a growing body of evidence (see e.g., O'Leary, Barling, Arias, Rosenbaum, Malone & Tyree, 1989; Straus, Gelles & Steinmetz, 1980) that women are abusive within intimate relationships, this is often accompanied by disclaimers which acknowledge that the amount of injury sustained is generally higher for women and that most female-to-male aggression is probably retaliatory.

Debates continue to exist between social explanations and those at the ontogenic level.

According to Gil (1989:238):

We have known for a long time how to reduce the incidence of intimate violence. To start the process we need to eliminate unemployment and poverty, humanize and democratize work, develop publicly maintained systems of comprehensive, quality education and health care for all, and provide means for voluntary prevention of unintended births.

Many would argue that resolving these issues would have a positive impact upon the lives of citizens in society, but would they eliminate men's violence towards their female partners? Given its long history in most societies and the pervasiveness, some would argue that it would not.

This chapter focuses upon the characteristics identified as predicting risk. These risk predictors and the current debates emanating around which factors signify higher risk than others are canvassed. The complexity of the issue of ascertaining which characteristics predict risk and which do not is complicated by the added dimension of

the heterogeneity of men who are violent towards their female partners. The chapter finally explores how these risk predictors relate to questions of severity and frequency.

However, a number of reservations need to be identified in analysing the research data available. Firstly, the field of family violence research is relatively new and inconsistency in methodology is compounded by the heterogeneity of workers and researchers in the area (Hersen & Ammerman, 1990). Rosenbaum (1988) notes that this has led to inconsistencies in methodology and unevenness in research quality. Widom (1989) also cautions about making too much of research studies and claims that overall they suffer from a number of methodological flaws including: a lack of control groups in which members are not perpetrators of abuse; most samples being drawn from clinical populations with their inherent biases; most studies are correlational in nature which attempts to make linear, causal links from behaviour experienced and that perpetrated; definitions vary enormously, and studies are normally retrospective in nature. This latter point is noted by Widom (1989:5) who states that, "retrospective data are notoriously unreliable". Secondly, samples have been mainly self selected which has led to sampling bias. This bias relates to identified populations of perpetrators of abuse which in many ways may not be representative of the total group of men who abuse their female partners. Thirdly, according to Hersen and Ammerman (1990:426) such a variety of approaches creates major difficulties in being able to compare findings across studies. They put this down to the fact that in addition to the newness of the area and the heterogeneity of researchers involved; "A standard system of assessment has not been established to evaluate (assess) perpetrators and victims or to uncover abuse and neglect in the first place". They go on to note that unlike the study of issues such as depression

and anxiety, what is needed are assessment instruments that have good reliability and validity.

Another significant issue affecting validity of research findings is that of attrition and attendance at stopping violence programmes which has received significant attention in the literature (Cadsky, Hanson, Crawford & Lalonde, 1996; De Maris, 1989; Gruszki & Carrillo, 1988; Hamberger & Hastings, 1989; Pirog-Good & Stets, 1986). Once men attend an initial session, then the drop-out rate is in the vicinity of 40% (Pirog-Good & Stets, 1986) but it may be as high as a 90% drop-out between initial contact and the assessment/engagement interview (Gondolf & Foster, 1991). From a clinical perspective this is important because the data does indicate that those who do engage and complete are more likely to be less violent on follow-up than those who do not engage or leave programmes early (De Maris, 1989). Hamberger and Hastings (1989) predicted drop-out correctly in 71% of cases in their study and found the signifiers of dropout were men who had other criminal activity, were younger, had alcohol and drug problems and were less educated.

With the above cautions in mind the significant areas related to risk factors are identified and discussed. But before embarking upon a review of the research on risk factors, brief mention is made of how violence is defined.

2.2 Further Defining Violence

Within the past fifteen years of research in the area, a number of competing definitions of violence have been used which has contributed to a lack of comparability across studies (Bachman & Pillemer, 1992). The original definition used by Straus and Gelles

(1986:467) which has tended to be widely applied across the field is “an act carried out with the intention or perceived intention of physically hurting another person”.

Intentionality is critical to this definition and begins to widen the context in which we might view the actions of men who are violent to their female partners.

Violence by men towards their female partners was originally seen as being either physical, sexual, emotional or towards property. This has been expanded to include more detailed explanation on the one hand, and a broadened construction of what violence is on the other. The Domestic Abuse Intervention Project (Pence & Paymar, 1990) in Minnesota has developed a power and control model which is now widely used by stopping violence programmes to give more clarity around this issue. It outlines ten potential areas of abusive tactics that can be used by men when being violent towards their female partners. These are:

- Intimidation which includes looks and gesture to frighten, smashing property and displaying weapons
- Emotional abuse which includes verbal put-downs, attacks on self-esteem, playing mind games, and making the woman feel guilty
- Isolation which includes controlling contact with who the woman sees and talks to, what she reads and using jealousy to justify actions
- Minimising, denying and blaming which refers to making light of abuse and not taking concerns seriously, denying the abuse happened and shifting responsibility to the woman for the abuse occurring.¹⁰

¹⁰ For more information as to the actual details of this process see Adams, P. (1996) *It Takes Two To Tango: A Language-Based Approach to Intervening With Men Who Abuse Women*, Department of Psychiatry and Behavioural Sciences, School of Medicine, University of Auckland.

- Using children to make the woman feel guilty, harassing during access times and threatening to take the children away.
- Male privilege which refers to the use of male entitlements and treating the woman as a servant. It also refers to defining the nature of the roles to be undertaken within the relationship.
- Using economic abuse by way of controlling money, expecting the woman to ask for money and making decisions about financial matters without discussion.
- Coercion and threats which includes threatening to leave, kill or commit suicide, to report the woman to Social Welfare, and to withdraw protection orders or from legal proceedings.

Where physical and sexual assaultive behaviour occurs, these other behaviours are often in evidence. It is possible for violence to occur in a relationship without the use of physical or sexual assault. However, from clinical experience physical or sexual violence are the ultimate threat that gives meaning to the other controlling behaviours. The data on types of violence used which forms a substantial part of Chapter 4 has been developed out of this framework.

Men's violence to their female partners obviously includes actual or threatened physical and sexual assault. Much of this refers to psychological violence¹¹ which can be defined as:

¹¹ I use the term 'psychological violence' in this context deliberately. Violence is the ultimate act of entrapment and silencing of those victimised and as such psychological tactics may be more significant than the acts of physical/sexual assault in this process (see Jenkins, 1993).

Including intimidation, harassment, damage to property, threats of physical, sexual, or psychological abuse, and (in relation to a child) causing or allowing the child to witness the physical, sexual, or psychological abuse of a person with whom the child has a familial relationship (Department of the Prime Minister and Cabinet, May 1995).

This position is consistent with that incorporated within the Domestic Violence Act (1995). Psychological abuse is defined in the legislation as including intimidation and of particular interest is the notion that a person psychologically abuses a child if that person:

- (a) Causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a domestic relationship; or
- (b) Puts the child, or allows the child to be put, at risk of seeing or hearing that abuse occurring; (Domestic Violence Act, 1995:11).

What is problematic in this move to a broader definition is the assumption that all children will be affected by witnessing any violence by an adult. While this may hold true for serious and frequent violence, understanding the impact of witnessing less serious violence is far from certain and remains an important area of inquiry.

There continues to be some debate within the field of family violence as to terminology. The field of study into men who are violent to their female partners has been often described by such terms as 'domestic violence', 'family violence' and 'spouse abuse' (Martin, 1994). This debate is both current and interesting. It arose recently in the

naming of the new protection legislation which some proponents wanted named the Family Violence Act and not the Domestic Violence Act (1995). Terms such as 'domestic violence' have the advantage of being comprehensive on the one hand, but on the other neutralises the gender question. Current data indicates a significant skewing in terms of who perpetuates violence in the direction of men towards women (O'Leary and Murphy, 1992). McIntyre (1984:249) expresses concern that newer terms have "the effect of shifting the woman victim from the centre of our gaze" which replicates the processes of violent practices within the family.

Other forms of family violence involve abuse of older people, sibling abuse, violence between gay and lesbian partners, children's abuse of parents and the abuse of men by female partners. At present, far less information exists about these forms of family violence than it does about men's abuse of women and children. However, this material is outside the scope of the present study.

2.3 *Exposure to Violence in Family of Origin*

The idea that 'violence begets violence' is generally embedded in the minds of both the professional community and the general public. The idea is appealing and is now embedded in our minds as an accurate assumption. In the words of Garbarino and Gilliam (1980:111):

The premier developmental hypothesis in the field of abuse and neglect is, of course, the notion of intergenerational transmission, the idea that abusing parents were themselves abused as children and that neglect breeds neglect.

It is perhaps not surprising that one of the areas of significant work has been around the intergenerational transmission of violence. In terms of modelling behaviour (Bandura, 1979) there is now widespread acceptance in a number of fields that early life experience can have a significant impact on adult operating patterns. Figures for the intergenerational transmission of violence for men who are violent to their female partners, and have also witnessed violence between their parental figures, range across a number of studies from 24% (Hamberger & Hastings, 1988) to 81.1% (Roy, 1988). Increasing attention is being given to the impact that living with family violence has on children (see Mullender & Morley; 1994).

The family violence field has shifted in its understanding of the hierarchy of impact of abuse with increasing attention being given to the witnessing of abuse and its sequelae. Jaffe, Wolfe, & Wilson (1990) found that although parents did not think their children were aware of violence, between 80% and 90% of children were aware. This violence may begin in utero with 50% of men who have a history of partner violence assaulting their partners during pregnancy (Gelles & Straus, 1988) and is associated with a significant incidence of low birth weight and birth defects (ABA Center on Children and the Law, 1994). At one end of the spectrum "failure to thrive" may be the eventual outcome with violence causing disruption to sleep and feeding patterns. Psychologically, female care-givers who are unable to provide the energy for children, may contribute to depression and lethargy in children (Jaffe et al., 1990). At the other end of the spectrum are the obvious dangers when children are caught in the 'cross-fire' of parental violence, increasing the risk of receiving unintentional physical injury.

Roy (1988) in a study of 146 children aged between 11 and 17 years found that apart from exhibiting signs of trauma, these children tended to hold views that violence was an appropriate way to manage conflict. Also children tended to personalise the violence as being their fault, thereby carrying the burden of responsibility from not being able to stop or defuse their father's/step-father's anger.

In situations where men are violent to their female partners, besides witnessing violence, it is thought children are likely to be the target of violence in around 30% of cases (Jaffe et al., 1990; Schechter & Edleson, 1994). However caution needs to be extended to these findings because violence (either direct or indirect) rarely occurs in isolation from other family difficulties such as lack of adequate housing, separation, financial hardship and stress (Widom, 1989).

Exposure to violence in the family of origin is consistently associated with relationship violence in adult life (Caesar, 1988; Hotaling & Sugarman, 1986; Rosenbaum & O'Leary, 1981). Men who are accessing stopping violence programmes as adults often minimise the extent and impact of violence perpetrated towards them as children. With increasing attention being given to the impact of violence on children, evidence has emerged that much of this violence would fit into the category of child abuse (Rosenbaum & O'Leary, 1981). Hotaling & Sugarman (1986), after reviewing the accumulated data, suggest that having witnessed violence between parents is a more reliable predictor of abuse as an adult than experiencing abuse directly.

Exposure to violence in childhood, which in this study is defined as; “either witnessing parental violence or as a victim of direct abuse”, is generally accepted as an important precursor for adult violence. Exposure alone, however, does not account for the total impact and it is now thought that the influence of gender socialisation is critical as a mediating influence. Fagan, Stewart and Hansen (1983) found a number of important outcomes. Firstly, men and women are more at risk to abuse their own children if they were abused themselves as children or adolescents. Secondly, both boys and girls, but particularly boys, are at increasing risk to abuse an intimate partner in later adult relationships if they were abused as children or adolescents. Thirdly, boys are at much greater risk of abusing adult female partners if they witnessed abuse between parental figures whereas girls were more likely to be at risk of victimisation. Fourthly, the combination of both witnessing and experiencing violence is most likely to place a person at risk of being violent in relationships as an adult compared to those without this dual experience.

However some authors (see e.g., Hotaling & Sugarman, 1986; Mullender & Morley, 1994) have been critical of what is now accepted as the ‘cycle of violence’ or ‘inter-generation transmission of violence’ assertion. In reviewing the large volume of literature on the issue they raise several important points. Firstly, the percentages of adult perpetrators that have violent childhoods varies enormously between studies (e.g. Hotaling & Sugarman, 1986). Secondly, despite the finding that it is more likely that adult perpetrators of violence have come from violent family backgrounds, the percentage difference between those that have and those that have not is not statistically significant (Mullender & Morley, 1994). Thirdly, most studies suggest a transmission of

violence based upon gender, in that boys are more likely to be aggressive and girls more likely to be victims. This is supported by the data on the number of men identified as violent to their female partners rather than the reverse. If the inter-generational theory has validity, the question of why boys grow up to be violent and abusive and not girls may be significant (Mullender & Morley, 1994).

Widom (1989) notes that statistical associations between behaviours from one generation to another do not support a direct or inevitable causality. Across the various sectors of the family violence area it now appears that the rate of inter-generational transmission of violence appears to be 30% plus or minus 5%. As Kaufman and Zigler (1987) state:

This suggests that approximately one-third of all individuals who were physically abused, sexually abused, or extremely neglected will subject their offspring to one of these forms of maltreatment, while the remaining two-thirds will provide adequate care for their children.

This finding is likely to continue to be contested within the research literature. It does appear from the research to date that maltreatment as a child puts that person at greater risk of continuation of abusive behaviours as an adult, but the link is not a direct or inevitable one.

Widom (1996) reported on a longitudinal study begun in 1986 to track children who had been exposed to violence through to adulthood. An important finding, while not statistical significance, was that when almost 100% of the sample was 26 years of age or older, 49% of the abused group and 38% of the control group had criminal convictions.

Of the abused group 18% were convicted for violent crimes compared to 14 % for the control group. Widom (1996) reported the important finding that neglect appeared to be just as damaging as physical violence in the development of violent patterns of behaviour in adulthood. An additional finding was that males growing up in the conditions of neglect seemed to be at an increased risk for developing anti-social personality disorder or psychopathy, whereas females seemed at increased risk of alcoholism and prostitution.

Caesar (1988) also raises the question of 'what' is being modelled, and found in her sample that 38% of men who were violent to their female partners had not witnessed aggression between parents nor were the subject of violence as a child. Kantor and Straus (1989) using data from the U.S. 1995 National Survey, found that observation of family violence was a better predictor of minor marital violence rather than severe violence. As will be argued at the end of this literature review, the severity of violence in family of origin, if linked to a number of other risk factors, may be the determining factor in whether a man continues with family patterning of violence during his adult life.

Overall there is general support for the notion that a relationship exists between family of origin violence and use of violence as an adult. The findings do appear to support Bandura's (1973, 1979) notion of social learning theory but this position is not without its critics. The point should be made that 62% of Caesar's (1988) sample did experience childhood violence and went on to be violent as an adult. Family of origin violence may not in itself form a causal relationship but in combination with a number of other factors may increase the level of risk of transmission of violent patterns of conflict resolution. It

is perhaps obvious that there may be many pathways into abusive and violent behaviour as an adult, intergenerational transmission being but one.

2.4 Gender, Sex Role and Self Image

Central to the debates within the violence field has been the notion of gender. Violence has been constructed as the ultimate expression of the male identity and is seen as a natural extension of traditional gender prescriptions (Jenkins, 1991). Wife assault is seen to be a systematic domination and control of women by men. According to Bograd (1988) all men as a group benefit from other men's violence. The saying "One man's violence to one woman is a message to all women and affects all men" is the catch cry that epitomises this position. Violence by men towards their female partners occurs within a socio-political-historical dimension according to Dobash and Dobash (1979:24) who state that; "Men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society - aggressiveness, male dominance and female subordination - and they are using physical force as a means to reinforce that dominance".

Sex role socialisation research has been examined to see if it relates to violence by males (Rosenbaum, 1986). It has been thought that men who are violent and abusive adhere to a "macho" role caricatured by media portrayal of the tough, no-nonsense man. However La Violette, Barnett and Miller (1984) found that instead abusers were more likely to score low in measures of undifferentiated sex-role identities. In other words they scored low on both feminine and masculine indicators which has led to the hypothesis

that “inadequate or poorly developed identity, more than hyper-masculine identity, may be associated with husband-to-wife violence (Rosenbaum & Maurio, 1990).

Dooley and Catalano (1984) have argued that trying to explain individual behaviour solely through aggregate social categories is an ecological fallacy. Dutton (1994) who supports this position has challenged the feminist analysis that postulates that patriarchy is a direct cause of wife assault. His criticism rests with a number of single-factor explanations (Dobash & Dobash, 1979, Yllo, 1988) and argues instead for an ecologically nested theory which examines the interaction of the broader culture (macrosystem), the subculture (exosystem), the family (microsystem) and individually learned characteristics (ontogeny). Dutton (1994) challenges these ideas by hypothesising that we could expect higher rates of violence towards women in cultures which are more patriarchal. He reviews a wide range of studies finding this not to be the case, arguing that micro-system and ontogenic issues are much more significant. He encapsulates these ideas in the following statement.

Distal macrosystem influences such as patriarchal structure seem to have little effect on rates of individual wife assault; they are poorly related both to individual male patriarchal beliefs and to violence. Exosystem factors, especially sub-cultural norms for assaultiveness, have a somewhat stronger effect, whereas microsystem and ontogenetic factors seem strongest of all. Powerlessness rather than power seems to be implicated in male use of intimate violence, and intimacy itself rather than gender politics seems to be the most crucial factor in violence (177).

Dutton (1994) points out that the evidence does not support the importance of macrosystem issues such as patriarchy being particularly significant and draws upon surveys that indicate that in 90% of relationships men are non-assaultive and that serious assault occurs once in around 7% of cases and serious repeated assault in around 3% of relationships (Straus & Gelles in Dutton, 1994). This is also supported in cross-cultural studies where it could be expected that in cultures which exhibit more traditional patriarchal values, higher rates of partner violence could be expected. He quotes research by Sorrensen and Telles (1991) who found in a Mexican-born Hispanic sample of 705, that reported wife assault rates were half the rate reported by a sample (n=1149) of non Hispanic whites. However given the reluctance of minority groups to report family violence, these findings must be viewed with some reservation (Carbonatto, 1997).

Dutton (1994) however does not rule out the impact that gender socialisation has on influencing men to be violent to their female partners but states the arguments are much more complex. He argues that men with severe identity problems and intense dependency needs may look for justifications in the wider culture. Cultures that teach men and women that responsibility for relationship outcome rests with women, provide a situation for borderline personality men to blame intimate partners when they perceive women not meeting relationship responsibility needs. This theme is traversed in more detail later in this chapter when discussing research by Holtzworth-Munroe and Stewart (1994).

The idea of power and powerlessness has been discussed by other authors who have tried to make sense of the links between gender socialisation and violence. Taubman (1986) described sex role socialisation as creating a sense of shame, powerlessness and retaliatory rage in boys who are punished for moving out of traditional gender prescribed roles. This results in denial of emotional experience and compensatory development of bravado. Tangey (1990) states that shame leads to feelings of powerlessness and that it is not power that men are reacting to in partner abuse but a real or perceived sense of powerlessness. Petrik, Olson, & Subotnik (1994) in reporting on a small scale sample of 36 men attending a six month programme, found widespread support for their hypothesis that abusers felt powerless (partners did not necessarily perceive this) and that the men had low tolerance to being controlled.

Dutton (1995) building upon his earlier work, has developed the ideas of the impact of shame at the ontogenic (intrapersonal) and microsystem level. He was interested in the group of men who exhibited intimacy rage within their interpersonal relationships. He found such men scored high on the following factors: rejection by their fathers, anger, domination, isolation, emotional abuse, trauma experiences and fearfulness of attachments.¹² What this suggests is that there remains a place for keeping some of the traditional models of dealing with anger, rejection, trauma, and attachment issues as part of intervention. From the perspective of risk, guilt-prone¹³ men who were violent towards their female partners had lower levels of severity for their violence than those

¹² It is interesting that rejection by mother, verbal abuse, and physical abuse scored in the 17-29% range, much lower than compared with scores of 48-66% for rejection by their fathers, anger, domination/isolation, emotional abuse, trauma experiences and fearfulness of attachments.

¹³ Dutton distinguished shame-based men as those who exhibited fearful or pre-occupied attachment in childhood which affected their global sense of themselves and guilt-prone men who felt bad about the violence they perpetrated but had relatively intact attachment.

who were shame-based. The shame-based men in Dutton's study were more angry and tended to externalise blame. Given their background of being humiliated in public by their parents, any perceived challenge from their partners is construed as a feeling of attack on their global self, rather than a challenge to their violent behaviour (Dutton, 1995).

One of the most contentious debates within the family violence intervention field is the role that socialisation and patriarchal elements play in the transmission of violence. With current data showing that around 20% of men utilise violence in their interpersonal relationships (Leibrich et al., 1996), the socialisation argument does not hold up to strong analysis. The key question perhaps is the role that traditional gender prescriptions play in the lives of men low in perceived power and how they compensate by the use of violence to bolster their sense of masculine identity.¹⁴ However, for those men who are violent an analysis of how they draw upon cultural supports for violence is worthy of further exploration. It seems important however to keep a balance between the sociological analysis of violence and the range of ontogenic (individually learned characteristics) issues of men presenting for treatment.

2.5 Behavioural Deficits

A long held belief around male socialisation in general has revolved around the notion of women being able to express their ideas both verbally and emotionally while men often have verbal skills deficits (Maurio, Cahan & Vitaliano, 1986). Assertion or lack of it, in men who have been violent towards their female partners has been the major focus of

¹⁴ For a review of the gender prescription material see Jenkins, A. (1993). *Invitations to Responsibility*, Adelaide: Dulwich Publications, and McMaster, K.J. (1993). *Feeling Angry, Playing Fair*, Auckland: Reed.

early research in the violence area (Dutton & Strachan, 1987; Maiuro, et al., 1986; Rosenbaum & O'Leary, 1981). These writers found that men who were violent to partners were deficient in assertive skills. Maiuro et al. (1986) found however that men who were violent were no different to non-violent controls for assertiveness requiring refusal of a request, but significantly different in the ability to initiate requests. What they contend is that men can defend their rights and territories but have difficulty expressing themselves in socially appropriate ways. Given that interpersonal relationships are the place of most vulnerability, deficits in this area could contribute to the use of violence to deal with perceived situations of threat. Dutton and Stachan (1987) found that men who were violent to their partners, lacked assertiveness related to interactions with their spouses and not others. Dutton (1995:574) drawing upon Bowlby's (1977) research on attachment contends that "chronic frustration of attachment needs may lead to adult proneness to react with extreme anger when relevant attachment cues are present". This is particularly relevant to men who have developed "fearful" attachment patterns; who on the one hand desire social contact and intimacy, but experience fear of abandonment and separation. This may account for the controlling tactics that many men use to isolate their partners from contact with others external to the relationship as well as the high levels of criticism of partners. These men manifest high levels of anxiety in intimate relationships and develop a strong approach-avoidance pattern.

The research on behavioural deficits of men who are violent to their partners has focussed upon lack of assertiveness. Current literature would suggest a complex relationship between attachment issues and spouse-specific assertiveness in terms of

request making and communicating in an intimate manner. The research does suggest that the site of most difficulty for men is not necessarily in the public realm but in being able to initiate assertiveness in the privacy of intimate relationships.

2.6 Alcohol Abuse

Recently there has been growing debate over the role that alcohol plays in family violence. According to Bennett (1995:760):

Besides a statistical association between alcohol and violence, families where alcohol abuse occurs and families where partner abuse occurs often share similar characteristics: intergenerational transmission of problem, frequent crisis states, the abuser blaming the partner for his behaviour, the abuser forgetting details of the episode, isolation of the nonabusive partner, retarded emotional development in the family, impulsiveness and low self esteem among other family members, loss of control used as a coping mechanism, and a short-term pay-off in tension reduction.

In all forms of family violence (with the possible exception of elder abuse) alcohol abuse is strongly correlated. Although incident rates vary widely it is generally agreed that abuse of alcohol is a factor in 40% to 50% of domestic assaults (Fagan, Stewart, & Hansen, 1983; Hotaling & Sugarman, 1986, Gondolf, 1996). Kantor and Straus (1986) in a review of 15 studies which reported on the linkage between alcohol and wife abuse found incident rates of between 6% (Bard & Zacker, in Kantor & Straus, 1987) to 85% (Roy, in Kantor & Straus, 1897). Kantor and Straus (1987) also examined drinking behaviour at the time of violent incidents and found that in 74% of incidents neither party had been drinking. They found in the 1985 National Probability Survey (4032

households) high and binge drinkers were 2.3 to 3 times more likely to abuse their wives than moderate drinkers.

In another national survey of 5159 households (Kantor & Straus, 1987) controlled for respondents usual drinking patterns and found a positive correlation between drinking immediately prior to acting violently. Forty-eight (48%) percent of binge drinkers were drinking prior to a violent episode compared to 19% of 'infrequent drinkers'. An interesting finding however was that 80% of the highest frequency drinkers had not assaulted their partners at all in the previous year and that two-thirds of blue collar workers were non-violent. In summary, what appears to be occurring is that the rate of violent incidents rose with the reported rate of "drunkenness" until the highest level of consumption was reached with a significant drop off rate for heavy drinkers. Kantor and Straus (1986) suggests a curvilinear relationship between alcohol consumption and spouse abuse may exist. They state: "Alcohol use is associated with increased probability of wife abuse, even though the linkage is neither necessary nor sufficient" (p.13).

Gondolf (1996) reporting on a four site evaluation of 840 men who had been violent to their partners found that 56% of men surveyed may be considered alcoholic. Thirty-eight percent (38%) of the men admitted to heavy drinking (at least weekly), while a further 57% indicated they had been drunk within the last three months. Approximately a third of the sample have alcohol-related behavioural problems such as drunk driving arrests and fights. Contrasting this, one third (31%) of men reported that they did not drink

during the past year. Nine percent (9%) of these men identified themselves as being in “recovery”.

An interesting finding that Gondolf (1995) reports was that men claimed that their partners were heavy drinkers (32%) or were frequently drunk (48%). This may not be a surprising finding for three reasons. Firstly, when women form relationships with alcoholic men they often join them in drinking given that this takes up the bulk of social/leisure time (Plant, 1997). Secondly, given the differential fluid to body mass ratio women can develop drinking problems at a more rapid rate than men (Plant, 1997). Thirdly, alcohol may be used as a release from the stress of living in a climate of intimidation and violence (Gondolf, 1996). The issues of women’s drinking in situations of family violence requires further consideration (Gondolf, 1995).

Eberle (1982) reported data from 390 battered women for the role that alcohol played prior to an assault. Only 16 percent indicated that their partners had used alcohol excessively prior to the past four assaults. Nineteen percent (19%) reported their partners had not used alcohol at all, whereas 65 percent reported an inconsistent pattern.

Closer to home a number of Australian studies report on the relationship between alcohol and domestic violence. Wallace (1986) in a study of 300 spouse killings in New South Wales from 1986 to 1991 found almost half (46%) had involved alcohol consumption by the victim, the offender or both the victim and offender. The level of intoxication however was not quantified in this study. Jacobs (1986) in reviewing Australian

domestic-violence reports and applications for protection orders found that alcohol was present in over 50% of incidents surveyed.

The Queensland Domestic Violence Task Force (1988) in a phone-in survey involving 661 domestic violence victims in Queensland found that alcohol was present in 67% of cases. A further break down in these figures shows that alcohol was always involved in 31% of cases, usually involved in 16% of cases, sometimes in 20% of cases and never in 32% of cases.

In a recent New Zealand survey of 4,232 New Zealanders aged between 14 and 65 years, Wylie, Millard and Zhang (1996) found that in the 14 year to 24 year age group, 22% of men and 12% of women reported they had been physically assaulted in the last 12 months by someone who had been drinking. Twenty seven percent (27%) of women surveyed stated they had been sexually harassed by drinkers.

There is a widespread belief within the community that alcohol causes violence. An Australian study of 1504 persons aged 18 years and over (Office of the Status of Women, 1988) found 78% regarded alcohol as a major cause of family violence. A Saulwick Age Poll (1993) in Victoria reported that 33% of respondents indicated alcohol caused family violence. This was close to the 33% of women canvassed in a Queensland Domestic Violence Task Force phone in survey of 661 victims who saw alcohol as the cause of violence.

Leibrich et al. (1996) in a survey of 2000 New Zealand men asked what they considered the three most important causes of men hitting their partners. Fifty-seven percent (57%) thought alcohol was the major cause, a further 5% both alcohol and drugs, while 2% said drugs alone. This finding however was disputed in the smaller survey of 200 men by the same researchers (Leibrich et al., 1996). Nine-two percent (92%) of men said that alcohol was just a trigger compared to 8 percent who saw alcohol use as a real cause. When asked further, only four respondents thought that alcohol in itself made people violent effectively increasing the “just a trigger’ grouping to 98%. While alcohol and drug use may not be viewed as a causal factor, it is nevertheless a contributor for men who are violent to their female partners.

Fagan (1990) in reviewing the American literature found that alcohol was blamed by both spouse abusers and victims in a range of studies. This belief appears to hold currency in the popular culture that views intoxication as a causal factor for violence rather than seeing the two as co-incidental.

While the presence of alcohol use has been noted in a range of studies few have attempted to examine the frequency and volume of alcohol consumption. As Fagan (1990) concludes it is difficult to compare results of studies due to:

- variations in measures of spouse assault
- variation in measures of alcohol use (frequency, volume, level of intoxication)
- differences in sampling techniques
- differences in methodological design

The key question is whether alcohol use is a pre-cursor to domestic assault or a parallel problem behaviour given that a significant number of men with alcohol problems do not assault their partners and that a significant number of men who assault their partners do not have significant alcohol problems. It may be more useful to use the term co-incidence when talking about alcohol abuse and partner abuse.

It appears that although there is a widespread belief in the causal link between alcohol and violence, this is equivocal. It may be that a process of minimisation is occurring at a community level in that by trying to find explanations for the abhorrence of family violence, blaming alcohol abuse is seen as more acceptable. It is far easier to state the person was drunk at the time than explore the beliefs and attitudes that underpin family violence.

A more pertinent question is not one of causality, that is, does alcohol abuse cause physical violence, but which groups of men are more likely to be affected by alcohol abuse and how does alcohol use/abuse increase the risk of violence occurring. These questions remain to be answered.

2.7 Psychopathology and Typology Research

Research into men who assault their female partners started in the area of psychopathology (e.g. Hotlzworth-Munroe & Stuart, 1994) but has a somewhat chequered history. While no researchers constructing typology's have directly used these for risk prediction (most have been more interested in detecting those clients who would most benefit from treatment) their value is widely acknowledged. Increasingly researchers have moved to explore the heterogeneity of the population of men who

assault their partners. Initially researchers used psychometric tools to identify common factors but have more recently turned their attention to exploring personality types using the Millon Clinical Multi-Axial Inventory (MCMI) (Millon, 1983). What is clear is that a significant number of abusive men do exhibit maladjustment in the form of personality disorder.

Cadsky and Crawford (1988) collected data on 172 wife assaulters who presented at the Forensic Mental Health Clinic in Edmonton, Canada. They coined the term 'mixed assaulters' to identify men who were violent to partners and to strangers in public. This distinction has continued to be developed by other researchers in other studies (see e.g., Saunders, 1992; Shields, McCall, & Hanneke, 1988). Cadsky and Crawford (1988) found that mixed assaulters were more likely to have a history of violence and antisocial behaviour as children, more likely to abuse alcohol, and perpetrate more severe violence against past and current partners.

Gondolf (1993) reported three major groups of men who had been violent to partners; "sociopathic", "antisocial," and a group he called "typical" partners abusers. The sociopathic and antisocial partner abusers had the longest police records with "typical" partner abusers using less severe violence and having the shortest police records. A study by Hamberger and Hastings (1986) using the MCMI found that Cluster 2 partner abusers (these equate to nonpathological men) showed the lowest levels of depression, anger proneness, violence severity and self reported violence frequency. They were also less likely than Cluster 1 (narcissistic, antisocial-aggressive, histrionic-gregarious) and Cluster 4 (dependent-submissive and passive aggressive-negativistic, avoidant) to report

alcohol problems, have had prior counselling, been abused as children and have witnessed parental violence. They found that discernible pathology existed in all but 15% of their sample.

Holtzworth-Munroe and Stuart (1994) in reviewing the available literature recently proposed a theoretical model for predicting violence severity and generality from personality "type" (Table 2.1). They argue that three main clusters emerge; nonpathological, antisocial and dysphoric/borderline. Nonpathological men had the lowest maximum violence and frequency with violence restricted to intimate relationships and with few police contacts. Antisocial and dysphoric/borderline men did not differ in maximum violence, but antisocial men were the most generally violent, had most police contacts and most significant alcohol related problems. Dysphoric/borderline men¹⁵ had high frequency of violence, moderate alcohol problems but generally few police charges.

Genetic prenatal factors such as impulsivity, irritable temperament have been found to be associated with aggressive criminal or antisocial behaviour patterns (Mednick & Kendel, 1988; Mednick, Pollock, Volavka & Gabrielli, 1982; Rutter, Macdonald, Le Couteur, Bolton, & Bailey, 1990, in Holtzworth-Munroe & Stuart, 1994). General theories of personality suggest that certain personality dimensions, specifically impulsivity, can be inherited (that is specific neurological substrates for each personality dimension).

The second distal factor, early childhood family experiences, (i.e., witnessing parental

¹⁵ Dutton (1995) labelled this group of men "fearfully attached" and hypothesised that they were at high risk whenever they perceived their partner moving away from their realm of control.

violence, experiencing child abuse in methods of child discipline) has been extensively discussed earlier in this chapter. Although a genetic link may be argued, the most commonly held theoretical explanation is that of social learning theory which proposes that men who are violent observe the use of marital violence in their family of origin, learn to use violence and fail to learn non-violent methods for resolving marital disputes. Social learning theory maintains that a behaviour such as violence and abuse is reinforced vicariously because it provides short-term effectiveness in managing conflictual situations and recalibrates the maintenance of power within intimate relationships. Also this vicarious reinforcement occurs within the wider social context such as school, media and neighbourhood, and may predispose males rather than females to utilise violence.

The other commonly held explanation relates to attachment theory which proposes that men who were violent were unable to form trusting relationships with an abusive parent and thus have relationship difficulties as an adult (Holtzworth, Hutchinson & Stuart, 1994).

Most data now point to the fact that those exposed to severe family violence are more likely to use physical violence both inside and outside the family than those who witnessed small amounts (Holtzworth-Munroe and Stewart, 1994). What is more significant is that the more a person witnesses parental violence the higher likelihood they are of becoming generally violent and antisocial as an adult (see Widom, 1995).

Table 2.1: Suggested Impact of Influence of Variables Upon Male Subtypes

Variable	Non-violent/ non-distressed	Non-violent/ distressed	Violent Subtype		
			Family Only	Dysphoric/ borderline	Generally violent or antisocial
Genetic influences	Low	Low	Low	Moderate	High
Childhood family experiences					
Parental violence	Low	Low	Low-moderate	Moderate	Moderate-high
Child abuse/rejection	Low	Low	Low-moderate	Moderate-high	High
Association with deviant peers	Low	Low	Low	Low-moderate	High
Attachment	Secure	Secure	Secure or preoccupied	Preoccupied	Dismissing
Dependency	Moderate	Low	Moderate	High	Low
Empathy	High	Moderate	Moderate	Low-moderate	Low
Impulsivity	Low	Low	Low-moderate	Moderate	High
Social skills					
Marital	High	Moderate	Low-moderate	Low	Low
Non-marital	High	High	Moderate-high	Moderate	Low
Attitudes					
Hostile attitudes toward women	No	No	No	Moderate-high	High
Attitudes supporting violence	No	No	Low	Moderate	High

From: Holtzworth-Munroe, A. & Stuart, G.L., (1994). Typology's of male batterers; Three subtypes and the differences among them. *Psychological Bulletin, Vol. 116, No.3, 476-497.*

The third distal variable comprises peer experiences. Anti-social personality men are more likely to be involved with delinquent and deviant peers. Bowker (1983) found that men who engaged in frequent and severe marital violence were less likely to make efforts to end their marital violence and spent more time with male peers (i.e., daily contact). Bowker (1983) suggested that these men may be immersed in a subculture of violence with peers.

A number of proximal correlates of violence have also been identified. The first variable, attachment to other individuals (including dependency on others and empathy for others) is generally viewed as resulting from childhood experiences with care-givers. Secure or insecure cognitive representation of relationships or working models of attachment that one takes into later life are based on these experiences (see e.g., Dutton , 1995). It is interesting that men who are ambivalently attached to and preoccupied with their wives (e.g., experiencing pathological levels of dependency, jealousy and fear of rejection) are at risk of engaging in marital violence when threatened with the loss of their relationship. These men are also consistently found to be more volatile, to experience higher levels of anger and to have a propensity to over-react during interpersonal disputes. It is most often the case that men who are generally violent and have antisocial personalities feel little remorse and are most likely to externalise blame for problem behaviour. This is in contrast to men whose violence is only towards other family members (family only violent men) who feel remorse and engage in help-seeking behaviour. Anti-social subtypes score higher on scales of substance abuse, criminal behaviour, alcohol abuse and contact with police.

Social skills are generally thought to be developed and practised within family and peer relationships. Most data would agree that men who are violent towards their female partners lack many skills in assertion, communication, managing conflict and relationship skills. However teaching these skills in isolation to shifts in thinking has not been shown to be only minimally effective (Hotaling & Sugarman, 1986).

The clinical implications of this material are that domestically violent men are a heterogeneous group, for which no one treatment or intervention approach will be universally applicable. While no accurate predicting may be possible for an individual, assessing the probabilities of recidivism within a particular group may be possible.

While Holtzworth-Munroe and Stuart (1994) developed this model in terms of violent offending the model may have a certain amount of validity across the offending population as a whole. As Hamburger and Hastings (1990:399) caution: "One potentially limiting factor ... is the source of subject selection. Subjects consist of individuals who have been arrested. As a result the findings are based on those who were caught and may not represent abusers who go undetected." Given the different levels of severity evident in various sub-groups of the partner abuser population, further work needs to be carried out in matching offenders with treatment approaches.

2.8 What Does This Mean for Risk Assessment?

If we are serious about the prevention and elimination of men's violence towards women, then it seems critical that we have to rely upon the risk markers in men who assault. A risk marker refers to any attribute or characteristic that is associated with an increase in the potential for an assault (Hotaling & Sugarman, 1990). Risk markers do not refer to the consequences of assault and are

not necessarily causal. They can be identified as relating to either occurrence of violence, to levels of severity or both concurrently (Sedlak, 1988). As Hotaling and Sugarman (1990:389-399) state:

Much of the research work on wife assault has been inadequate for the purpose of identifying risk markers and, consequently unhelpful in the design of primary prevention measures. Two major problems are relevant here. First, the design of many studies does not allow for a calculation of risk. A second problem that affects risk markers centers on the potential relationships between markers.

What they are arguing is that much of the research can best be described as profile analysis and lacks the use of control groups to set out clearly the significance of a factor or not. For example, if 70% of men who are violent in their adult lives towards their partner witnessed violence in their family of origin, this cannot be shown to be a risk marker without interviewing a control group of men who witnessed violence in family of origin but were not violent as adults.

The inter-relationship between various risk markers as in the case of Holtzworth-Munroe and Stuart's (1994) research goes some way to hypothesising the relationship between the various risk factors, but caution does need to be given to the weighting that each factor has. For example, if the issues of age, unemployment and less education are identified as significant risk markers, these cannot all be seen as indicative of risk. A clear overlap exists between each and if a person has less education and is young, then the chances of being unemployed are significantly increased. The likelihood of arrest for crime also increases .

Hotaling and Sugarman (1990) in reviewing the literature found that the risk markers that did emerge for men who were violent towards their female partners were: exposure to parental

violence as a child, witnessing parental violence as a child, low occupational status, low assertiveness, low income, frequent alcohol use and low self esteem.

Of interest is the finding that the bulk of empirical research points to the clear connection between assault and low family income. It appears that assault by men of their female partners is more frequent and severe in poorer families, a contentious but clear finding (Hotaling and Sugarman, 1990) Two possible interpretations come to mind; firstly, the stress of living in poverty, and secondly, the lack of modelling a wider repertoire of conflict management skills. A third possible explanation would be that poverty and violence are manifestations of the some other underlying problem. We however need to be cautious at such a finding for two reasons; the hidden violence within middle and upper class families, and the class bias in the intervention of the State into the lives of citizens.

Saunders (1995) identifies a range of factors in terms of continuance of violence, severity and frequency. Table 2.2 outlines his findings of the probable risk factors drawn from recent writing. In terms of continuance, most violence towards women is part of an ongoing pattern of abusive behaviour and research indicates (Straus et al., in Saunders, 1995) that the average number of repeat episodes is around six times in the year following identification. This is relying upon police statistics and given the bias in this sampling¹⁶ caution does need to be taken in accepting these figures. It is clear from Sherman's work (1992) that 20% of couples account for up to fifty percent of police call out to incidents of violence.

¹⁶ See the debate around the low number of notifications in Chapter 1. It may be that the group that the Police have most contact with are those men who are likely have exhibited serious and frequent patterns of violence towards their female partners.

Table 2.2 Risk Factors For Wife Assault

<i>Risk Factor</i>	<i>Degree of Risk</i>		<i>Comments</i>
	<i>Any Assault</i>	<i>Severe Assault</i>	
Violence in family of origin	a	a	More risk if man both saw abuse and was abused
Low education and income of man	a		More risk if woman higher status
Alcohol	a	a	Chronic abuse may be key factor
Behavioural deficits	b		Especially if combined with need for power
Personality disorders	b		Wide variety of patterns and disorders
Child abuse	b	c	Half of violent husbands severely abuse a child
Anger	b		Especially for marital situations
Stress	c		“Stressor” may be the result of violence
Depression	c		Low self-esteem may be better risk marker
Generalised aggression		a	Violent both inside and outside the home
Antisocial traits		c	Criminal lifestyle and no remorse for violence

a = prominent risk; b = probable risk; c = possible risk

(from Saunders, D.G. (1995). Prediction of Wife Assault. In J.C. Campbell, (Ed.), *Assessing dangerousness; Violence by sexual offenders, batterers and child abusers*. Thousand Oaks: Sage Publications, 68-95.

In terms of continuation of violence Walker (1979), who was one of the first to describe a cycle of violence¹⁷, found that women reported that, firstly, assaults became more public (from 17% to 40%), secondly, women became better able to predict assaults (from 13% to 48%), and thirdly, men became less remorseful (from 82% to 59%). Precipitating events from first assaults according Giles-Sims (1983) include; pregnancy, illness, a new job for the woman, moving house and divorce from another partner. Verbal aggression seems to be an indicator of future physical assault as this may signal personality traits of defensiveness and aggressiveness (O’Leary, et al.,

¹⁷ For an adapted version see McMaster, K.J. (1993:39). *Feeling Angry, Playing Fair*, Auckland: Reed.

1994). As noted by Saunders (1993) separation does not signal an end to violence. Harassment of ex-partners is a common occurrence (from one quarter to two thirds of cases) (see Gondolf, 1988, Morris, 1996). The dysphoric borderline group in Holtzworth-Munroe and Stuart's research could account for a significant percentage of these men. It is clear also that the majority of men continue to be abusive in subsequent relationships if intervention does not occur. These figures range from 57% (Pagelow, 1981) to 86% (Ganley & Harris, 1978).

Little is known about the risk factors related to frequency of violence but there appears some indication that frequency and severity are not necessarily correlated (Saunders, 1995). It appears that women who experienced the most frequent violence were also subjected to sustained threats (87%) and high rates of marital rape (87%) (Snyder & Fruchtman, 1981).

2.9 Summary

It is clear from this review of the research that a significant amount of research has been undertaken on the factors associated with men who are violent towards their female partners. Despite this, a clear number of caveats need to be placed upon the finding as many are contradictory and based upon methodologies that make comparison difficult. The study of how these factors relate to the prediction of risk is relatively new. To date however there continues to be little in the way of useful tools that take into account the inter-relationship between various factors such as violence in family or origin, alcohol and drug abuse, personality variables, and behavioural deficits.

How these factors are assessed locally is where this study now moves. The next chapter reviews the methodology used for this study before, firstly, reporting upon factors present in 373 men accessing a stopping violence programme within the New Zealand context, and secondly, what

risk factors workers employed under the auspices of NNSVS/TKWMP member groups look for in assessing risk.

Chapter 3: Research Method

3.1 Introduction

Men who are violent towards their female partners are a difficult population to study in terms of reluctance to participate in either treatment or research, transience in living situations and demonstrating instability in relationships. Family violence research and intervention also raises a number of serious ethical issues not evident in other research endeavours. According to Finkelhor (1990:113):

No research on family violence can avoid confronting serious ethical issues. This is in part what makes it so difficult. Certain features of the subject - the risk of future serious or fatal injury to victims, the presence of criminal sanctions for offenders, the intense media interest in the matter - all combine to make ethical issues more salient in the study of family violence than in most other scientific fields.

This point was noted earlier by Rosenbaum (1988:99) who suggests that, "Research with violent populations introduces ethical considerations beyond those normally impinging on the investigator."

Researchers therefore need to account for a number of critical issues such as: protection from further harm; informed consent; accountability to victims, service providers and funders; choice of subject and the utilisation of findings. This chapter discusses the relevant issues to this study, particularly those of informed consent and participation in the study. As the study did not involve face-to-face interviewing with either the men or their partners directly, the question of potential harm to those victimised was not considered a significant difficulty. However ethical issues are

raised and discussed. This chapter explores the methodological detail of the study undertaken and deals with a number of important ethical issues that are inherent in research of this nature.

3.2 *Goals of the Study*

Before exploring details regarding methods, the goals of the study are reviewed. Firstly, to report on the research on risk predictors (factors that appear to be common amongst men who are violent towards their female partners) and compare these predictors to what front-line workers look for in assessing risk in men presenting at stopping violence programmes. As part of developing the survey for front-line workers, a data set of information from a New Zealand based sample of men who were violent towards their female partners which was not previously analysed was used. Secondly, I was interested in ascertaining both the processes that workers utilise to assess risk and the restraints that may impact upon this task. This study needs to be viewed as a preliminary piece of work given the paucity of prior work in predicting risk in men who are violent towards their female partners. As such conclusions do need to be viewed with a degree of caution.

3.3 *Selection of participants of clients self-report*

There were two different pieces of data used in this study. Client self reports (Appendix 1) refers to a self report assessment that men accessing a stopping violence programme fill in at the point of intake. The second, was a survey of front-line workers (Appendix 2) who regularly assess men presenting at stopping violence programmes.

The respondents to the clients self report consisted of a cohort of male clients (373) who accessed Stopping Violence Services (Inc) (SVS) in Christchurch during the 1994-1995 years. The

information was gathered from client self report which provided information regarding family situation, alcohol and drug use, mental health related data (for example, depression, head injury), protection orders issued, charges related to domestic assault and the types of abusive behaviour men reported having carried out within the six months prior to making contact with the programme. In order to test the validity of overseas research for the New Zealand context, it was important to ascertain if men presenting to programmes within New Zealand exhibited the same general characteristics. In addition, this profiling of men informed the development of the workers survey in terms of the list of factors that could be potentially seen as indicative of risk. This allowed for the research on risk factors to be related to the New Zealand context in which workers are operating.

The Management Team of SVS agreed to release the client files for data analysis for this study (Appendix 3). This has been formalised in the minutes of their meeting and a formal agreement signed by both parties. Men who access the service are invited to sign a written consent form (Appendix 4) which outlines that data gathered from them can be used for research purposes on the condition that all identifying details such as names, addresses and telephone numbers are not published. While these privacy issues regarding clients' data are covered in the client contract and also in the Manual of Standards for Stopping Violence Programmes (McMaster, 1996), a clear ethical dilemma regarding informed consent arose.

The client contract deals with the issue of informed consent at two points. Section 4 of the client contract states:

- a) I understand that the programme has both a research and training aspect. This will mean that from time to time I will be asked (but not required) to participate in

research projects and that from time to time trainee workers will participate in the programme. I will be informed when this is to occur.”

Section 5, Use of Information, states:

I understand that personal information collected from me (intake questionnaire, phone sheets etc.) are used for the purpose of programme planning, research and policy decisions by the programme. While this information may be grouped and presented for funding application, media releases etc. it will not identify me as an individual in any way.

The key ethical dilemma relates to which aspect of the contract comprises informed consent for this study. Section 4 of the contract developed by SVS was envisaged to provide a means of dealing with current research such as programme evaluation. In the development of the contract, retrospective data analysis would be covered by Section 5.

A reason for having a formal contract in place to meet multiple needs (training, research and privacy of information) relates to the context in which programmes operate, one in which the safety of others is often at either immediate or future risk. Providing a written contract for partner contact provides clinical safety for the men themselves, their partners and programme workers. The nature of the abusive and violent behaviour that a man presents with to the programme can mean that workers are uncertain as to how the man will present at intake, which necessitates the need for caution at all times. While the programme does not turn men away who refuse to sign the contract, clearly not having this mandate to work in a more systemic manner acts as a constraint on intervention.

Because the agency operates in a relationship with external funding providers , it is required to provide certain information in order to comply with contractual obligations. This information relates at times to unique identifiers (name, address and personal information related to progress while on the programme) in the case of a direct referral from Community Corrections.

De Vaus (1995) raises the issues of the boundary between research and bureaucratic form filling. He uses the example of a university who asks intending students about their educational background, ethnicity, age, income and so forth as part of an enrolment process. This information is subsequently used for planning, dealing with equity issues and policy formation. Universities often argue that while participation is not voluntary, the confidentiality with which the results are handled outweighs the risks to participants.

Mark (1996) states that in a number of circumstances it would not be practical or even possible to gain totally informed consent for the actual study undertaken. The justification is that there is minimal risk to the participants. It could therefore be argued that participation in the programme and research using retrospective information is therefore not totally voluntary. The critical issue is perhaps 'how informed' is the consent. Clearly consenters must have enough information (information about the programmes, what will happen with information and so forth), they must comprehend what they are consenting to, and finally consent must be given voluntarily. This was done to the best of the ability of the agency at the intake group phase where the contract is talked through in depth with prospective participants. No client self reports were analysed as part of this study unless a signed contract was attached.

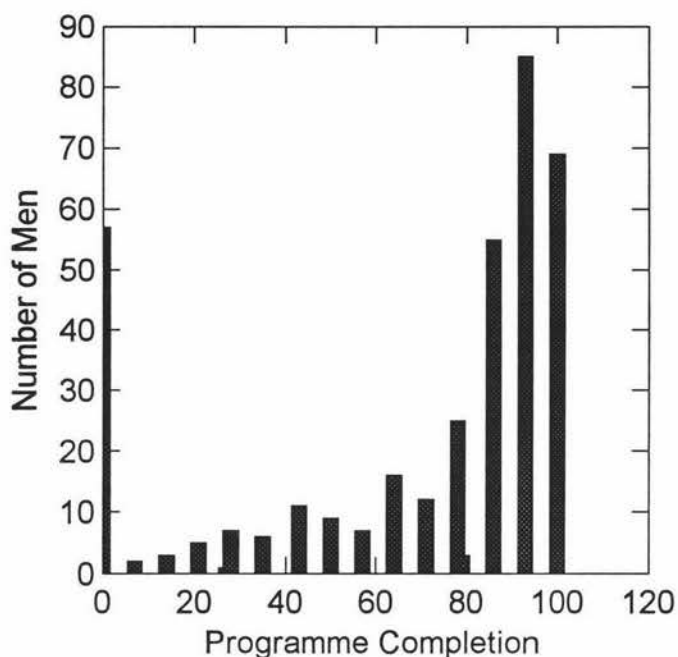
3.3.1 Client self-report sample

The sample was drawn from 912 client files of men contacting SVS (Christchurch) Inc. between January 1994 and December 1995. Files were included where there was a signed contract and face sheet, where there were clear indication of violence against their female partners, and where the client self report had sufficient detail to be meaningful.¹⁸ It is interesting to note that 53.42% of men who made initial telephone contact with the service within the two year period did not follow through to the stage of a face-to-face interview and intake process. It is during this stage that clients of the service are asked to fill in the information gathering self report and return it to the programme. The final sample was therefore 373 client files representing 41% of men who made initial contact with SVS. This is consistent with other research (Cadsky, Hanson, Crawford & Lalonde, 1996; De Maris, 1989; Gruszki & Carrillo, 1988; Hamberger & Hastings, 1989, Pirog-Good & Stets, 1986) which reports the drop-out rate for men after the first session of a stopping violence programme as in the vicinity of 40% but may be as high as 90% between initial contact and the assessment/ engagement interview (Gondolf & Foster, 1991).

Returning to the current study, once men engaged in the programme, a relatively high percentage (64%) complete at least 71% of the programme (Graph 3.1). This is important as the data on risk supports the idea that the longer men stay in programmes the better the eventual outcome (Cadsky et al., 1996).

¹⁸ A small percentage of clients (3.25%) were referred directly for public violence and did not disclose any private violence. Questionnaires were excluded if they had insufficient information (2.43%) to be meaningful.

Graph 3.1 Length of Time Men Spend In the Programme



3.3.2 Age and Ethnicity:

Age distribution of the sample shows the mean age of the men in the sample is 33.740 (SD=8.487) which matched closely to a median age of 33. The sample covered a range of 47 years with the youngest respondent being 18 years and the oldest respondent being 65 years of age. The distribution of the sample is certainly towards younger men with 80.70% of the sample being 40 years of age or younger. The mean age for this sample matches that from other studies (Gondolf, 1996:5) which found that two-thirds of men accessing similar programmes were between 23 and 41 years (mean 32 years). The cultural representation of the sample of this study shows a much higher representation of Maori men accessing the programme (13.94%) compared to the proportion in the local population.¹⁹ Pacific Island men accessing the programme is low (1.61%) which has been a constant feature of the programme since its inception in 1983.²⁰ The

¹⁹ Maori males between age 15 - 60 years represented 3.63% of the population of Christchurch according to the Population and Dwelling Census (1991), Christchurch: Statistics New Zealand.

²⁰ This observation is based upon personal experience as having been manager of the programme from 1989 to 1996.

majority of the sample were Pakeha (80.70%) with a small percentage (3.75%) of other cultures represented including Asian, South American and European.

3.3.3 Income

Overall income levels for the clients were in the poverty range with 50% of men stating they had incomes of \$14,999 or below.²¹ A further 15.5% had incomes within the \$15,000 - \$19,999 grouping. Only 4.5% of the sample had incomes in the \$40,000 + range. Eighty-four percent (84%) of the sample had income less than \$30,000 which is skewed towards the lower incomes.

When income is related to work status it appears that the 58.4% of the sample who are employed fit a normal distribution in terms of income. However, as would be expected the income of unemployed men is significantly lower with 60.5% falling in the income category of between \$5,000 - \$9,999, 33.3% between \$10,000 and \$14,999, and the remaining 6% in the between \$15,000 and \$19,999 category. The data from Stopping Violence Services did not profile job categorisation so a comparison cannot be made. A small percentage of men who were not unemployed or working were in the categories of student (1.6%), superannuitant (.27%) or on the Domestic Purposes Benefit (2.4%).

Information was also analysed to do with the length of time that men were in work or unemployed. A significant number (21.73%) of unemployed men (n= 139) had not been working for a period of greater than five years. The majority however had been unemployed for less than one year (42%) or between one and five years (36.2%). Employed men were asked how long they had been in their current jobs, not how long they had been in paid employment. Twenty-eight percent (28%) had been in their current jobs for less than one year, 33% for between one

²¹ Income was certainly skewed to the lower end with 27.5% of the sample in the \$5,000 - \$9,999 range and 22.5% in the \$10,000 - \$15,000 range.

and five years and 39% for five years plus. This shows that more than two-thirds of the men in the sample who were employed were in relatively stable work, defined as greater than one year.

3.3.4 Education

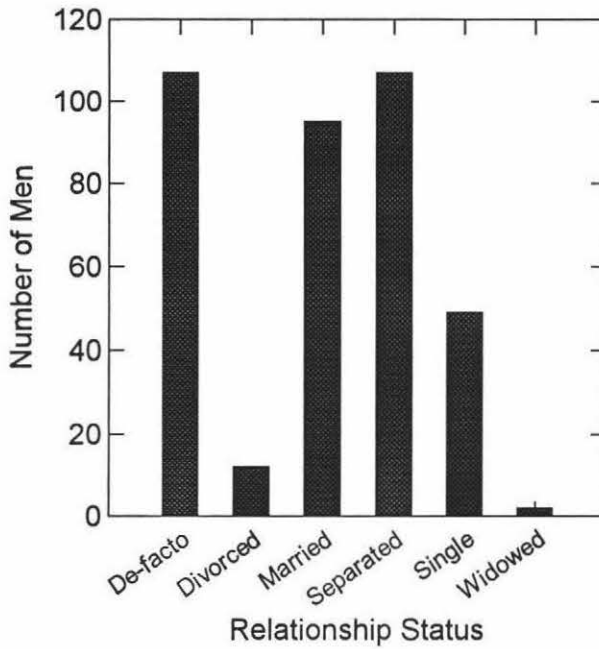
When number of years at High School for the men accessing the programme was analysed, the majority (66.4%) had attended high school for three years or less. Of these over half had completed one or two years high school education.

3.3.5 Relationship Status at Intake

The client self report asked men to describe their relationship status on entry to the programme, which is shown in Graph 3.2. It should be noted that the client self report form has a methodological problem in that it has overlapping categories which are open to interpretation. For example, a man may describe himself as married while legally separated. It may also be that a man who has been in ongoing relationships for a length of time has returned to a state of 'singleness' as a result of violence against his partner.

Nearly half (46%) of the men in this study were living with children at the time of accessing the programme with the most common arrangement being living with one child (15.3%) or with two children (18.2%). A significant number of men fall into the category of recently separated (25%), which may not accurately reflect the number of children affected by the man's violence.

Graph 3.2 Relationship Status At Time Of Entry To Programme



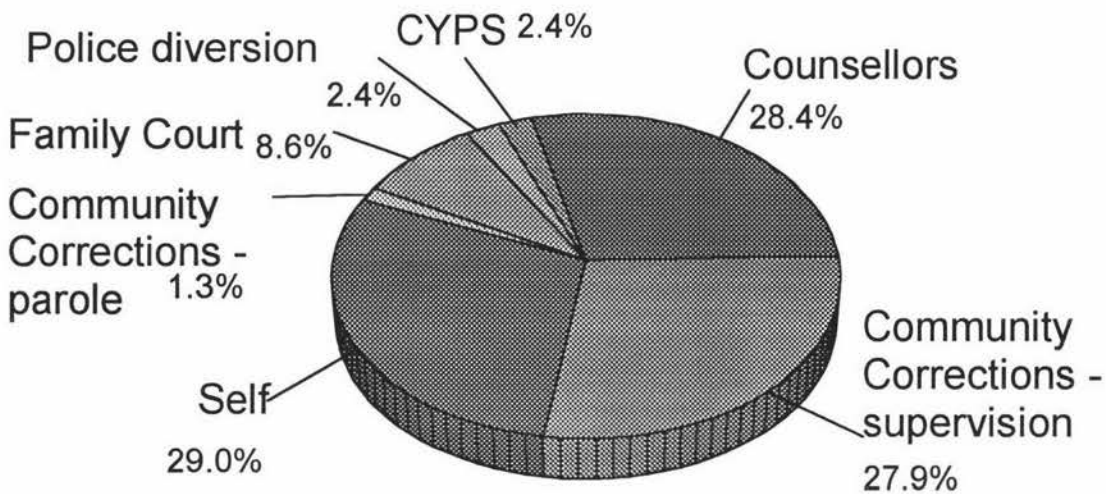
3.3.6 Referral source

Chart 3.1 shows the referral source of clients accessing the programme. There appears to be an even spread between self-referrals (29%), referrals by counsellors (28.4%), and admission into the programme following sentencing to supervision through Community Corrections (27.9%)²². The high referral rate by counsellors may attest to the agency's standing within the counselling community and the recognition that specialist group intervention is more effective than individual work. Family Court (now referred to as Department for Courts) accounts for a mere 8.6% of the referrals which reflects the pre Domestic Violence Act (1995) situation described earlier. Of interest is the low number of referrals from Children Young Persons and their Families Service (NZCYPS) which although a major agency intervening in family violence cases, refers few clients (2.4%). Diversion (2.4%) on the other hand is a direct referral from the police where the offender is apprehended for the first time and the crime is regarded as of a lower intensity. There are

²² 'Supervision' is a sentence where clients are managed in the community with the support of a Probation Officer. This sentence is administered by the statutory agency Community Corrections.

differences of opinion in the field as to whether diversion should or should not be used due to the evidence that once formal systems are called upon to intervene in situations of men's violence towards their female partners, the severity and frequency of the behaviour often escalates to a serious point (Sherman, 1992).

Chart 3.1 Referral Source (N=373)



The number of self referrals and referrals from counsellors accounted for over half of the sample (57.4%) which is markedly different from many other studies (see e.g., Hotaling & Sugarman, 1991).

3.4 Selection for Worker Survey

A survey of how front-line workers undertake assessment was also undertaken. Member agencies of the NNSVS/TKWMP were canvassed at their annual conference in June of 1996 regarding the research and their possible participation in the study. Most workers undertaking assessments saw this as a valuable exercise, especially if it enhanced more competent practice in assessing men who present at programmes.

Sampling was carried out by sending four worker surveys to members of 32 stopping violence agencies in the hope that a representative sample of workers could be achieved. Subsequently, however, only 25 of these were found to be operative. Agency members were asked to determine which workers, if any, should respond to the survey. The covering letter (see Appendix 2) outlined the purpose of the study, a description of the benefits of the study, an offer to answer any questions raised, a statement of the voluntary nature of participation, the identity of the researcher, the reasons for the research, and the potential outcome. By completing the survey and returning it, workers were consenting to participate in the research. This was made clear in a covering page to the survey which stated:

I understand that filling in the questionnaire implies consent to participate in this research.

I also understand that I have the right not to fill in any aspects of the questionnaire. On this basis I agree to participate in the project, and I consent to publication of the results of the project with the understanding that anonymity and confidentiality will be preserved.

De Vaus (1995:335) states that the use of consent forms is not always necessary because it seems reasonable that “returning a postal questionnaire demonstrates consent”. Anonymity was dealt with in two ways. Firstly, I did not require names or contact numbers on the returned questionnaire. Secondly, a separate form for those interested in the results was provided in an additional freepost envelope (Appendix 2). This provided the ability to feedback results without knowing which survey was returned by which worker.

Twenty-three (23) workers responded to the survey though, which precludes saying whether this is a representative sample. Given the low response rate to the mail-out, the results need to be viewed conservatively. For the workers survey, twenty-three respondents replied out of the 120

survey questionnaires mailed out to workers undertaking assessment/engagement work with men who are violent to their female partners. According to de Vaus (1995:107)

The response rate obtained in a particular study will be due to the combined effect of the topic, the nature of the sample, the length of the survey, the care taken in implementation, the particular survey and other related factors.

He goes on to note that in surveys to more homogeneous groups, mail surveys are as good as other techniques, particularly when the topic under study is of relevance and interest to the population of possible respondents. If the response rate is calculated as a percentage of the mail-out, the response rate appears very low at 17.42%. However, several factors need to be taken into account in determining the meaning of this response rate and whether it is low or relatively high. Firstly, as indicated earlier only 23 groups were operative. Secondly, demographics of the member groups of the NNSVS/TKWMP suggest a number of groups operate in small towns and rural locations (68%). It is reasonable to expect that these would have one or two workers, at most, undertaking initial assessment and engagement rather than four as initially expected. In larger programmes too, the bulk of assessment may be undertaken by only a small number of workers, since there are normally three people out of a total of 18 workers in larger groups, assigned assessment responsibilities. In light of these comments the possible sample would more realistically be in the vicinity of 40 respondents and not 128 as originally thought. The final number of responses would then give a response rate of 57.5%.

Despite potential limitations in the sample, the results may provide an indication of the issues facing the workers who responded, and the constraints that exist for their practice. The majority of respondents were male (73.13%) but an interesting trend within the organisation is to have women engaged in assessment/intake work. If this research had been undertaken five years ago,

then the sample would have been solely male. Respondents were grouped according to age categories in five year intervals from under twenty years through to 60 years plus. No one under the age of 35 years returned the survey. Respondents were distributed in age as follows: 35 - 40 years (21.74%), 40 - 44 years (21.74%), 45 - 49 years (26.09%), 50 - 54 years (13.04%), 55 -59 years (4.35%) and those over 60 years (13.04%). The overwhelming ethnicity of respondents was Pakeha (91.30%) with the remaining being equally split between Maori and Pacific Island.

3.5 Methods Used

There are two separate sources of data used in this study. Each is to some extent a survey of information utilising a survey format. Both are heavily quantitative with the second survey (of workers) allowing room for qualitative comments. Survey design for collecting data has been widely utilised within the social services and despite criticism, if done appropriately and effectively, can provide useful and insightful information (de Vaus, 1995). However the quality and reliability of the original data is crucial for meaningful information to be generated as a result.

3.5.1 Self Report of Men Accessing a Stopping Violence Programme

The self report of men accessing the stopping violence programme at SVS is a standard intake tool given to men who present at intake covering factors such as: education achievement, current work status, current and past relationship status, consequences of violence, alcohol and drug use, physical and mental health, and childhood experiences. In addition the client self report asked men about types of abusive and violent behaviour they may have perpetrated within the past six months.

The clients self report was designed by SVS primarily as a clinical instrument for programme workers to quickly establish the main issues facing men who present. It was developed at a time

when due to resourcing difficulties the agency undertook group intake processes rather than face-to-face assessments. While there exists limitations to the client self report it does provide a significant amount of information as to risk predictors in the men presenting.

Questionnaires have potential advantages as they can provide a relatively quick assessment of presenting issues (O’Leary & Murphy, 1992). Being able to cover the same breadth of data in a group assessment process is impossible and unwieldy, given that there may be up to sixteen men present for that process. The checklist as noted has been used primarily as a clinical assessment instrument, but also provides clients with a prompt to enable them to talk about the nature and extent of their violent and abusive behaviour.

There are however limitations to checklist type questionnaires due to their quantitative nature which has the prime focus upon the occurrence, frequency and often severity of events of violence. Surveys often fail to capture the meaning, outcome or context that surround violent behaviour (O’Leary & Murphy, 1992). The question of the validity of questionnaire design has also been noted as respondents may have differing interpretations of terms commonly used such as “occasionally”, or “frequently”, which makes comparison of data difficult (Saunders, 1992).

A number of methodological problems exist for the client self report.²³ Relying upon self report data provided by men who are violent to their female partners is often viewed as somewhat unreliable given the extent of minimising, denying and blaming that is evident at the stage of initial contact (Gondolf & Foster, 1989 in Hart, 1992; O’Leary & Arias, 1987). One overseas study

²³ In discussion with the agency regarding the difficulties in data analysis, work is currently underway to redesign the questionnaire and utilise a number of normed scales which can provide frequency and severity indicators of behaviour men are presenting to the programme. In addition better screening of alcohol and drug issues, mental health status and childhood experiences is likely to be undertaken.

found that women reported twice the rate of violence of their husbands (Gondolf & Foster, 1989, in Hart 1992), a similar finding to a New Zealand based study (Lloyd-Pask & McMaster, 1991). One possible explanation for the tendency of men to under-report is posited as a social desirability factor of being seen in the best possible light. However as noted earlier Arias and Beach (1987) found the counterintuitive finding that social desirability was not a significant factor in men's reports as to their level of violent behaviour.

This research cannot be generalised to all men who are abusive towards their female partners for the simple reason that the sample is biased towards those men who attended the initial assessment session. Data on those men who did not present after initial contact are absent. No control group data are presented which significantly weakens the research. The data are also not tightly specified with definitions and rely very much upon the interpretation of each person filling in the questionnaire. They must therefore be viewed as descriptive and indicative of the population of men who eventually end up on programmes. The large sample size however does give an indication of trends and correlations between various aspects of the data.

The format for answering much of the client self report relied on yes/no answers. At times the categories in the client self report overlapped, for example, the question 'How many years in most recent job?' had 0-1, 1-5 and 5+. The categories overlapped and the time within each category is also different which creates problems of comparison. Also certain questions could be answered several ways, such as the question on current relationship status. The respondent could be married, separated and divorced depending upon the perspective taken.

The client self report also lacked frequency measures for certain behaviours which is of concern when trying to ascertain risk. Increasing frequency is one of the significant indicators of risk

(Saunders, 1995). From the data it remains unclear as to the number of times a man may have hit, punched or slapped his partner. Was it a one-off or a continuous pattern of violent behaviour within the relationship? In terms of the sequelae of impact this is critical. Linked to the lack of specificity on frequency are data related to severity. While some variables obviously are indicative of more severe violence, for example, partner hospitalisation as a result of violence, threatening to kill, hit with a weapon or object and forced sexual behaviour, they are not in a form that can give easy recognition to the levels of risk.

3.5.2 Survey of Workers

The workers survey was focussed on how workers in NNSVS/TKWMP member agencies assess risk. This part of the study is based upon a similar methodology used by Conte, Sorenson, Fogarty and Rosa (1991) who surveyed professionals evaluating children's reports of sexual abuse. Their study asked respondents how they undertook their assessments and whether they used protocols. They then presented 41 physical, behavioural and emotional indicators commonly cited in research literature and asked respondents to rank these in levels of importance. They finally examined descriptive data about the respondents. The workers survey drew upon this methodology and replicated it in the area of risk prediction of men who are violent to their female partners.

One hypothesis was developed for this survey which was:

Despite the restraints that exist for workers operating under the auspices of NNSVS/TKWMP member groups, workers are able to make the type of life and death assessment of the safety of men accessing stopping violence programmes.

Respondents for the workers survey were asked to complete a survey consisting of three sections. Section one explored questions about how workers undertook assessment of risk in their clinical practice. This question was explored through having workers identify what protocols are used to undertake risk assessment, who receives recommendations and what use is made of the information. This descriptive aspect of the research provides valuable information on the current practice of workers.

The second section of the survey asked workers to rank thirty-nine (39) physical, behavioural and psychological variables commonly cited in research studies as indicative of risk. Respondents were asked to rank how important they thought each indicator is in assessing risk. An Importance Index was calculated for each variable by reverse scoring out of thirty-nine (39) and then multiplying the mean by 2.564 to develop a percentage out of 100. A score of 100 would indicate that all respondents identified this as the most important factor in the ranking.

The third section provided descriptive details of the respondents which included age, number of years working in the field, formal and informal training, primary area of employment, amount of time working with men who are violent, and qualifications. This information was deemed important to the survey because of the context in which workers operate, namely small scale, not-for-profit agencies. In testing out the hypothesis that the context in which workers operate would have an effect on the amount of attention that workers can give to assessment of risk, then this information was of critical importance.

In addition to quantitative information, qualitative information was also gathered. Qualitative methodologies have grown within the context of dissatisfaction with more “positivist” endeavours where the idea of an objective truth exists (Mark, 1996). These dissatisfactions relate to a

number of criticisms which include: positivist research does not provide an accurate view of reality; knowledge gained is often limited in its application in the wider spheres of life; the world view of oppressed groups are often not reflected in results; and the development of the approach which had its genesis in the hard sciences has little utility in the area of human interactions which are far more complex. Qualitative research is more interested in description and explanation, often using narrative approaches.

The survey of workers in addition to capturing quantitative data, also allowed for personal comment from workers at various points to round out the information. Although the survey structure did limit the amount of information provided valuable addition material was generated utilising this approach.

3.6 Data analysis

Data from the clients self report were analysed to assess the frequency of various risk predictors in the sample. This was achieved by developing frequency tables for the various issues covered in the client self report which included:

- the demographic characteristics of men in the sample.
- the identification of what men themselves reported as factors around their abusive and violent behaviour such as mental health issues, use of alcohol and drugs and family background.
- consequences of their behaviour, some of which could be indicative of risk
- level of contact with children.
- extent of contact with criminal justice system
- the nature of abusive/violent behaviour the men had perpetrated within the past six months

Fifty-one (51) variables that referred to behaviours perpetrated by men towards their female partners were identified from the research literature. These variables were subsequently grouped into sixteen variables (Table 3.1) The reason for collapsing the data was, firstly, to make them more manageable for analysis, and secondly, types of abusive behaviour have often been grouped around a number of common themes in earlier research (see Hotaling & Sugarman, 1990; Gondolf, 1996). These themes were used by the Duluth Abuse Intervention Project from Minnesota (Pence & Paymar, 1990) a model of domestic violence commonly referred to as the “Power and Control wheel” which has been widely adopted by stopping violence programmes throughout the country (see Appendix 5).

The sixteen redeveloped variables generally follow the themes developed in the power and control wheel. Several factors however have been kept separate due to the purpose of this study, namely, to identify those predictors of high risk possibly relevant to the New Zealand context, such as, threatening to kill a partner and threatening to kill oneself. In analysing the data, if men acknowledged they had undertaken one behaviour within the grouping of variables, they were included within the new variable category. The data were not analysed for each original variable except in the case of the single variables noted. This grouping around particular themes allowed for better consistency of data related to measures used in other settings. The data from the client self reports and workers survey were analysed using Systat 6 for frequency and in some cases for correlation between datum.

Table 3.1 Redefinition of Variables

Redefined variable	Client self report variables
Physical force- partner	Hit, slap, punch
Physical force - children	Push, shove, trip
Shake, choke, throttle - partner	Hit, slap, punch
Shake, choke, throttle - child	Push, shove, trip
Hit with object, use weapon - partner	Shake, choke, throttle
Hit with object, use weapon - child	Shake, choke, throttle
Intimidate	Hit with object, use weapon
Threaten to kill - partner	Hit with object, use weapon
Threaten to kill - self	Make intimidatory threats, gestures
Destroy property	Threaten to kill them
Criticise	Threaten to kill yourself
Psychological abuse	Throw or smash deliberately
Male privilege	Destroy their property
Control money	Name call, criticise negatively
Rude to friends	Criticise appearance
Control contact	Suggest uselessness, incompetency
Force sex	Call them crazy, stupid
	Use guilt, be sarcastic
	Play mind games
	Keep important information secret
	Treat others like servants
	Be “master”, insist on male rights
	Force your decisions, opinions
	Make big decisions unilaterally
	Control the money mostly
	Control money completely
	Be rude about their friends
	Be rude to their friends
	Control what they do, where they go
	Control how long they are anywhere
	Control who they see
	Sabotage plans
	Have sex when they don’t really want to
	Force sexual behaviour they don’t like

Data from the workers survey were analysed to ascertain if any patterns emerged in criteria that workers used to assess risk and dangerousness. Again descriptive statistics were used to analyse demographic variables with the use of bivariate analysis of a number of inter-related factors such as roles undertaken and time employed. Bivariate analysis allowed the researcher to see whether

two variables are related in order to better explain the data. While bivariate analysis is only a first step in looking for a relationship between data it is often a fundamental one and it can give initial indication of theory confirmation (de Vaus, 1995).

3.7 Ethical Issues

The research met the requirements of the Code of Ethical Conduct for Research and Teaching involving Human Subjects (Massey University, 1994) and received approval from the Massey University Human Ethics Committee. While the issues of informed consent and access to participants are dealt with earlier in the chapter, a number of other important ethical concerns warrant mention.

3.7.1 Potential Harm

In terms of the issues raised by Finkhor (1990) the methodology chosen presented little potential harm to either the clients of SVS or the workers from NNSVS/TKWMP. In relation to Te clients self report in this study files were of an historical nature and did not require face-to-face interaction with clients. Most clients had little ongoing contact with the agency since completion of programmes and given the transient nature of the clients, they would be difficult to locate. Potential harm could have been an issue in relation to the workers survey where comments from professionals may have alerted the researcher to practice issues that might promote harm. While breaching of confidence is always a serious matter in the case of dangerous practice, it would be incumbent upon the researcher to discuss these concerns with the respective respondent first, then with the agency manager of the respondent. However, given that all responses were anonymous the only way to deal with this issue would have been to send a general letter to all programmes outlining the concerns as part of the feedback of results.

Family violence research can often pose harm for the researcher as it does with practice in the area. This harm is often in relation to being in situations of dangerousness and inquiring as to issues of a sensitive nature. The methodology chosen for this study did not pose harm as it did not involve face-to-face interviews, being in potentially unsafe situations or raising dangerousness for those at risk of victimisation.

There can also be potential harm to the University in approving a piece of work of this nature. The role of the researcher was to communicate honestly with supervisors and the Academic Board of Massey University. This included being aware of issues of plagiarism that might discredit the researcher and the University and any other unethical behaviours engaged in during the research process. The researcher is familiar with these issues and has taken every precaution to ensure such issues did not arise.

3.7.2 Use of information.

The prime use of the information was for the researcher to complete the requirements of a Master in Social Work degree. However given the small number of researchers within New Zealand focussing upon men who are violent, this piece of research should be of particular interest to workers. SVS are keen to have the data from client files analysed for use in programme planning, publicity for fund-raising purposes, and in the development of resource material.

The NNSVS/TKWMP, given its prominence in the intervention field within New Zealand, will also be interested in the results. One of its main functions is to support programme delivery to a high standard of proficiency. This material may well provide useful information that it can include in its training programme as well as the development of resources.

The researcher is also keen to develop a number of journal articles and perhaps engage in further research in this area. It will also inform training work that the researcher undertakes, as well as any conference addresses and workshops that the researcher regularly undertakes. My ultimate hope is that it might make a difference to the clinical practice on the ground with the purpose of keeping women and children safe.

3.7.3 Conflicts of Interest.

The researcher has been involved for the past fourteen years running programmes for men who are violent and abusive to their female partners. I was until recently employed as Manager of Stopping Violence Services (Christchurch) Inc. (formerly the Men's Violence Project) but resigned this position in November 1996. I was also National Chairperson of the National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakaoti Mahi Patunga for a three year period but resigned from that position in June of 1996. My main work activities are as a Lecturer in Social Work (0.5FTE) and as a private trainer in the social services. While I have an ongoing passion for the work I have stepped back and see my contribution in the research/writing area at this time. I am not therefore aware of any conflict of interest.

3.8 *Legal Concerns*

Researchers have to work under a number of legal statutes that are important methodological issues. This and any subsequent publication which emerges as a result of the work undertaken will be the writer's responsibility and/or that of the publishers. Any sources are clearly referenced and acknowledged. No substantial material from other sources was utilised so copyright permission did not need to be sought.

The Human Rights Act (1993) makes it incumbent upon the researcher to treat all participants'

material fairly and with respect. This has been achieved by adhering to the provisions of the Privacy Act (1993). The NNSVS/TKWMP has written the Privacy Act 1993 legislation into its Standards Manual for Stopping Violence Programmes.

3.9 Cultural Concerns

Maori comprised 14% of the programme participants at SVS during the time when the client self report were generated. During the 1994-95 year Kia Pakari, a parallel Maori stopping violence programme (the researcher was a board member) was running in Christchurch so it is hard to judge whether this number is accurate for that period. This research was not an in-depth interviewing of individual clients or an evaluation of a kaupapa Maori programme so cultural safety issues are not a primary issue. Nevertheless, it is important to be aware of the cross cultural issues in analysing data from Maori clients accessing the programme. A decision was made to include Maori clients accessing services in the data set, with the researcher having a sensitivity to issues of bi-cultural practice.

3.10 Significance

Risk prediction for domestically violent men is in its infancy within this country and internationally. Given that 40% of murders are domestic related (Mullen et al., 1988), this research is potentially significant. It is also significant for no other reason than that on a daily basis workers are faced with clients who pose a risk to themselves, family members and to workers themselves. Programme development and intervention is often targeted at minimising risk of a relapse of abusive and violent behaviour at some time in the future. The goal of all programmes is to stop violence, but this is a hard task given the nature of the clients and the multiplicity of issues they present with. It is hoped that this study will contribute to the growing

debate about the nature of the men accessing programmes and the types of processes used to assess risk at the intake, during programme delivery, and the termination stage of intervention.

3.11 Summary

Although descriptive research can be more concrete than other types of research methodologies, it is important for the development of sound theory, and can highlight the existence of issues that warrant social action (de Vaus, 1995). The assessment and judgements regarding risk can have significant impact upon the lives of citizens. This makes any inquiry into this area potentially political in nature and significant from the perspective of the impact that violence has on the lives of women and children.

This chapter has sought to elaborate the methodological details of the study into risk prediction of men who are violent towards their female partners. It has dealt with the issues of participation in the study and the issue of informed consent. As noted, these are not easy issues to traverse within the family violence area of practice. A number of methodological caveats were identified in regard to the material and the limitation in the design of clients self report. A range of ethical considerations were noted which impact upon the nature of this study. The next chapter (Chapter 4) reports on the results of the survey of workers operative under the auspices of NNSVS/TKWMP who are involved in the assessment of risk. It also reports on the preparatory work of identifying risk factors that men self report in a New Zealand sample.

Chapter 4: Results

4.1 Introduction

This chapter reports on the results of a survey of workers from NNSVS/TKWMP member agencies as to how they go about the process of assessing risk, the factors they look for and what makes this task difficult. Before reporting upon these results, information from a profile analysis of a sample of men accessing a stopping violence programmes within a New Zealand context is provided.

4.2 Profile of a New Zealand Sample

As a preliminary piece of work for this study I was interested in how men accessing programmes within New Zealand exhibited similar or different characteristics associated with risk, to other men reported in overseas research literature. The following material profiles from men's own self-reports as to the types of abusive and violent behaviours they engage in, the consequences of those behaviours and factors associated with those behaviours such as mental health issues and family of origin experiences.

4.2.1 Family Of Origin Experiences

As noted in Chapter 2, the connection between family of origin behaviour and behaviour as an adult has been highly correlated. Men were asked several questions regarding childhood experiences, particularly related to any violence perpetrated against them as children and the types of behaviours that they observed from significant adults in their lives. The men were asked to rate their childhood across five descriptive statements varying in intensity from 'Very positive and supportive' at one end to 'Very negative and abusive' at the other. Of the 368 men who

answered this question, 33% rated their childhood either very or fairly positive. Thirty-one percent (31%) of men ranked in the middle (not bad, not good) while 35% rated in the fairly negative and abusive, and very negative and abusive end. Men in this study were also asked to state whether they were hit or physically punished as children on four point scale (never, rarely, occasionally or frequently). When this is correlated with childhood experiences an interesting pattern emerges.

Table 4.1 Childhood ratings with hit/physically punished as a child (N=366)*

Childhood ratings	Frequently	Occasionally	Rarely	Never	Total Percentage	N
Very positive	0	3.28	4.65	1.64	9.56	35
Fairly positive	0.82	12.30	9.02	2.46	24.59	90
Not bad not good	4.65	19.40	5.74	1.09	30.87	113
Fairly negative & abusive	8.74	7.10	1.91	0.55	18.31	67
Very negative & abusive	12.57	2.19	1.64	0.27	16.67	61
Total %	27.77	44.26	22.95	6.011	100	
N=	98	162	84	22		366

* Note that five men in the sample did not answer this question in the self report.

Table 1 shows that thirteen percent (13%) of men stated they were rarely hit and signalled positive childhood experiences. However, this same group accounted for 12% (N=153) of arrests for assault amongst the sample group. Twenty-two percent (22%) of men frequently hit or punished, rated their childhoods as fairly and very negatively abusive. Men who rated their family

experiences as not bad /not good or fairly positive and were occasionally hit as children accounted for 32% of the sample who were arrested for their violence. This latter group may not see themselves as having been seriously affected by their victimisation but accounted for a high percentage of arrests compared to other men.

Previous research (Gondolf & Foster, 1991; Tolman & Bennett, 1990) has noted that a substantial proportion of men accessing programmes come from troubled backgrounds where their parents were physically abusive or had alcohol/drug problems. Table 4.2 summarises these issues from the men in the sample.

The majority of men reported growing up in what might be described as emotionally/psychologically abusive households. How much this is the norm in family of origin households of men who are not violent as adults is unclear as a control group was not used in this study. Factors such as parental sulking, ignoring and walking out (60%); sarcasm and mind-games²⁴ (48%); and swearing, yelling and put-downs (75%), tell us a great deal about the emotional climate within the family of the men surveyed. It paints a picture of a conflictual place where issues are dealt with through non-productive means which include avoidance, verbal abuse or passive-aggressive tactics such as sulking and mind-games. This is bound to have a profound impact on many developmental areas for the men as children.

One fifth (21.04%) of the sample acknowledged witnessing beatings and/or the use of weapons. This suggests serious abusive behaviour (Saunders, 1993). A third (33%) of men who witnessed beatings/use of weapons in disputes between adults used weapons in their own adult behaviour

²⁴ “Mind-games” is a term that refers to psychological abuse in the form of trying to catch a partner out, interrogation and trying to unsettle.

towards their female partners. What remains unknown from the data is how these weapons were used and the extent of injury as a result.

Table 4.2 Behaviour Witnessed As Children (N = 366)

Behaviour Witnessed	N	%
Witnessed violence	219	59.78
Beatings, use of weapons	77	21.04
Hitting, slapping, pushing	172	47.81
Swearing, yelling, put-downs	274	74.86
Sulking, ignoring, walking out	218	59.56
Sarcasm, mind games	175	47.81
Alcohol & drug misuse	163	44.54

Men were also asked to rate whether they had received help for child behaviour problems when they were young. Just under a sixth (14.75%) of the men acknowledged this to be the case which tells us that the signs of developing behaviour problems were evident early in their life experience. What is not clear from the data is what this result specifically relates to, as it could indicate either serious or minor involvement from health, welfare or educational professionals.

4.2.2 Mental Health Status

Increasingly writers (e.g. Hotaling & Sugarman, 1986; Holtzworth-Munroe & Stuart, 1994; Rosenbaum & Hoge, 1989) refer to a number of mental health issues facing men who are violent. The client self report asked men to identify a number of issues related to their mental health. These figures do need to be seen as speculative because many of these issues tend to be seen as

private and may be under-reported (O’Leary & Murphy, 1992). On the other hand as men search for explanations for their violent and abusive behaviour, they may over-report. Table 4.3 identifies a significantly high percentage of men reporting depression on assessment (31.6%) compared to what might be expected in the general population²⁵. This was reported from the men’s perspective and not by way of a clinical depression assessment or a screening tool such as the Beck Depression Inventory. If the figures for clinical depression are accurate, it is unclear whether this high percentage is reactive depression related to relationships ending or more an ongoing issue for the men. Sixteen percent (16%) of men who were depressed also noted that violence was a reason for a relationship ending. While the time-frame for this last factor is not specified, it may be that the last incidence of violence was a precipitating factor for the relationship to end. Or the rates of depression, if reactive, may be related to the stress of being at a turning point in the man’s life and “taking stock” of their past history of violence and own victimisation.

Table 4.3: Mental Health Issues Identified (N=373)

Mental Health Issues	N	%
Depression	118	31.64
Mental Illness	34	9.12
Head Injury	44	11.80

A noticeable number of men with mental illness have presented to the programme during the past five years, who would have been traditionally dealt with by the mental health system. The percentage of men (9.11%) who reported ongoing mental illness presents very real problems for

²⁵ The DSM IV identifies that the lifetime risk of major depressive disorder in community samples of men varied between 5% to 12%. The prevalence rates appear to be unrelated to ethnicity, education, income, or marital status.

service delivery. These disorders tend to fit into two categories: schizophrenia or personality disorder.

4.2.3 Alcohol & Drug Use

Men in this study showed patterns of both alcohol and cannabis use that is consistent with other research (see e.g., Gondolf, 1996) (Table 4.4). However, it appears from the sample that both alcohol (38.48%) and cannabis (19.51%) are regularly used. Occasional use of alcohol could be related to binge patterns (Kantor & Straus, 1987), and could account for the not insignificant number of men (48%) who were drinking prior to a violent episode compared to 19% of ‘infrequent drinkers’ from the assessment instrument responses.

Table 4.4 Use Of Alcohol & Cannabis (N=369)*

	Alcohol Use		Cannabis	
	N	%	N	%
Never	40	10.84	193	52.30
Occasional	187	50.68	104	28.18
Regularly	142	38.48	72	19.51

* Note there were missing sets of data for this question.

While the client self report is limited in its lack of specificity around alcohol/drug use, two significant risk markers of having an alcohol problem are incorporated. The first was a question which asks; “Have other people told you they are worried by your drinking?”, while the second inquires; “Have you ever changed your alcohol or drug use to modify your behaviour?” Forty-one percent (41.62%) of men answered affirmative to the first and 49% to the second. One hundred

and thirty-two (36%) men in the sample answered yes to both questions, indicating that just over a third of the sample could be regarded as having difficulties with alcohol abuse.

4.2.4 Types Of Violent and Abusive Behaviour

Of most interest and concern is the range of tactics that men who are violent to their female partners use to maintain a sense of power within their relationships. The 132 behaviours identified on the client self report were collapsed primarily into dichotomous variables to facilitate interpretation of the large set of variables and ease comparison between the factors related in the literature to risk (see Chapter 3: Methodology). These data do not seek to identify frequency nor severity but more reported patterns of behaviour.

Table 4.5 shows the violent and abusive behaviours towards their female partners and children that men reported for the six month period prior to contacting SVS. What emerges from Table 4.5 is a significant level of abusive behaviour towards their female partner by the men in the sample. The physical risk indicators (physical violence, shaking, hitting with an object) are significant in themselves, but when the psychological indicators (intimidation, threatening to kill, destroying property, criticising, isolating partners from contact with others) are taken into account, along with sexually abusive practices, a clearer picture of family life for many women and children becomes apparent (see Chapter 2 for a detailed discussion of how these risk indicators are related). Indicators such as criticism while apparent in “normal” relationship, take on a different meaning when they occur within the context of violence.²⁶

²⁶ For a more in-depth discussion on these matters the reader is referred to a doctoral thesis by Carbonatto, H. (1997) *The Criminal Justice System Response to Domestic Violence in New Zealand*, Victoria University of Wellington.

Table 4.5: Male Respondent Behaviours In Relation To Their Female Partners

Behaviour	N	%
Hit partner	295	79.09
Hit children	112	30.03
Shake partner	153	41.02
Shake child	39	10.46
Hit with object	62	16.62
Hit child object	19	5.09
Intimidate	355	95.17
Threaten to kill - partner	93	24.93
Threaten to kill - self	111	29.76
Destroy property	196	52.82
Criticise	306	82.04
Psychological abuse	235	63.00
Male privilege	248	66.49
Control money	118	31.64
Rude to friends	199	53.35
Control contacts	186	49.87
Force sex	121	32.44

It is not surprising that men accessing a stopping violence programme would have a high rate of physical violence towards their female partners (79%) and towards their children (30%). It has been noted that violence towards children can occur when children intercede in violence between adults and may not necessarily be primarily directed at them (Jaffe et al., 1990). Of concern is the

other physical behaviour of shaking a partner (41%) or child (10%). A significant degree of head injury can occur for children as the result of shaking. Shaking which may not be seen as a serious behaviour, however, is both intimidating and potentially physically dangerous.

Use of weapons in domestic assaults has been equated with serious injury (Straus, 1979) yet men tend to under-report serious levels of abusive behaviour despite their partners seeking medical attention for injuries. In the sample, 16.62% of the men reported assaulting with a weapon within the previous six months. Around one-tenth (9.95%) of men in the current investigation reported that they had used weapons and that their partners required medical treatment as a result of their violence which is higher than what Straus (1979) identified in two large, though dated population studies. He found that serious assault occurred in 2-3% of relationships (Straus, 1979).

Much has been said about the psychological tactics that men use towards their female partners (Morris, 1996; Pence & Paymar, 1993) and it is clear from the sample that intimidation is extremely high (95.17%). Intimidation, control over contacts with others (49.87%), rudeness to friends (53.35%), psychological abuse (63%) and criticism (82.04%) have all been associated with tactics of 'power and control' that men use when they are seeking to maintain a privileged position within their relationships (Pence & Paymar, 1993). The Women's Safety Survey (Morris, 1996) in a random sample found that 44% of women reported at least one type controlling behaviour within their current relationship.²⁷

Threatening to kill is also highly correlated with serious violence and is of particular concern post-separation. In the current study nearly a quarter of the men (24.93%) reported threatening their

²⁷ Morris (1996) used six questions to ascertain psychologically abusive behaviour which included knowing who the woman was with and where, puts down, limiting contact with family and friends, frightening behaviours, limiting knowledge about the family income, and preventing outside the home employment.

partners in this way, which has the impact of entrapment of women into not leaving the relationship.

Threatening to kill oneself is also of concern and has been generally used by men as a means of inducing guilt in the woman to stay and shifting responsibility onto her for his behaviour. It is unclear from the data whether threatening to kill oneself is related to threats (power and control) or related to depression and reactive in terms of separation issues. Where threats of suicide are evident, a major concern is that of murder-suicide. In this sample nearly a third (29.76%) of men threatened to kill themselves. Just over sixteen percent (16.35%) of men in the present study had threatened to kill their partners as well as threatened to kill themselves. This figure is high and may indicate that within the population under study a number of men do contemplate the possibility as well as verbalise it.

4.2.5 Consequences of Violence

Men's violence to their female partners results in a number of significant consequences for the men themselves, their partners and children. Table 4.6 shows the range of consequences men identified as resulting from their violence.

It is clear from the data that women are making choices to leave after a fight (60.48%). In the current study around a fifth (18.2%) of the men said that their partners had gone to refuge as a consequence of their violence. In New Zealand, Women's Refuge is the major provider of safe housing for women caught up in situations of family violence with more than 9,000 women being accommodated in refuges with a further 7,500 contacting the organisation for support and advice during the period of July 1995 to June 1996 (NCIWR, 1996). However, accessing a system of support such as Women's Refuge (and for that matter other formal systems such as the Police or

Family Court), often comes after utilising a range of other responses such as immediate family, friends, neighbours, counsellors, extended family/whanau, general practitioner and marriage guidance (Morris, 1996). It is often at the point when these other resources have been utilised and the violence continues to escalate in terms of severity and dangerousness, that women will tend to seriously consider escaping from the situation they find themselves in (Morris, 1996).

Table 4.6: Consequences of Men’s Violence To Their Partners (N=372)

Consequences	N	%
Partner left after a fight	225	60.48
Partner gone to refuge	68	18.20
Partner required medical attention	104	27.98
Has violence ended a relationship?	193	51.88
Ever had Non-Molestation Order?	139	37.37
Has anyone called the Police?	210	56.45
Assault charges	125	57.80

One of the key indicators of violence severity is when women seek medical attention for injuries. In the sample, over a quarter (27.98%) of the men stated that their partners had sought medical attention for injuries sustained. The nature and extent of these injuries is not known, due to the design of the client self report. The Department of Public Health (1997) noted that 500 hospitalisations were the result of domestic violence during the 1993-94 year. The Christchurch Health and Development Study (Ferguson et al., 1986) as part of a longitudinal study found that 25% of women sought medical treatment for injuries from men’s violence on one or more occasion, which is consistent with the figures derived within this research.

It is interesting that nearly two-fifths (37.37%) of the sample had had a non-molestation order in place at some time within the past six months, despite the fact that referrals from Family Court accounted for less than one-tenth (8.6%) of the referral source. These referrals would have been made under the Domestic Protection Act (1983) which did not require a mandatory attendance at a stopping violence programme for the person being violent as part of granting a protection order and that Non-Molestation Orders ceased at the point when the couple cohabited. It does however indicate that there is significant contact with formal systems although very few men followed through into engaging in programme work.

The figure for whether anyone had called the police is extremely high (56.45%) and may indicate that in this sample a higher level of severity and frequency of violence is occurring, given that accessing interventions of the State, tends to be used as a strategy of last resort (Morris, 1996). The client self report asked the men whether they had been charged with assault during the previous six months. A high proportion had (57.80%) but what is unclear is whether these assaults are in the form of male assaults female or related to common assault which tends to be of a more public nature. This is just over double the number of men who were referred from Community Corrections (27.7%) which may indicate that although many men are being charged with assault, they are not being found guilty, given sentences of supervision or may be being dealt with through fines, periodic detention, community service or diversion. While a strong correlation between the police being called and charges for assault may seem obvious, this may not have been the case pre-arrest policy, when mediation was the strategy employed.

4.3 Survey of NNSVS/TKWMP Workers

The main aspect of this aspect of the study was to ascertain the views of front-line workers as to how they undertake assessments of risk. This was seen of interest due to new programme standards developed by the NNSVS/TKWMP (McMaster, 1996), which stipulates that not only do workers have to assess risk as part of the assessment process but they also have an accountability towards the partners of the men accessing programmes, to inform them as to potential dangerousness. Gottfredson and Gottfredson (1988:314) note:

In the area of violence prediction - as in many other areas - we are considering decisions that routinely are made *not* on the basis of the base rate, but on the judgements of people. And very often, these people are not trained to make such decisions.

Workers' views of what they understand by risk and knowledge of how they conduct risk assessment are therefore of interest. Just over a quarter (26.88%) of the sample worked less than 5 hours per week, two fifths (39.13%) between five to nine hours, while the remaining third (34%) were evenly spread between working ten to forty hours per week. If this is a reflection of the part-time nature of work within the organisations, then this has implications for the amount of time and attention that workers can give to assessing risk. Most respondents had been working in the field for a minimum of 3-4 years (36.36%) while just under a quarter had been working between 5-6 years. Only two respondents had been working in the field for more than 13 years. One of the interesting questions, given the above, are the roles that these workers undertake in the limited time available. Table 4.7 explores the relationship between the hours that workers are employed and the tasks they undertake.

Table 4.7: Time spent and roles undertaken in this work

Roles	Hours in work										Total %
	Not involved	> 5	5 - 9	10-14	15-19	20 - 24	25-29	30-34	35-40	40 +	
Assessment/ intake	21.74	8.70	39.13	4.35	00.00	8.70	4.35	4.35	4.348	4.348	100.00
Report writing	21.74	8.70	39.13	4.35	00.00	8.70	8.70	4.35	00.00	4.348	100.00
Individual work	17.39	17.39	34.78	4.35	00.00	8.70	4.35	4.35	4.348	4.348	100.00
Groupwork	00.00	26.09	39.13	4.35	00.00	8.70	4.35	4.35	4.348	4.348	100.00
Management	26.09	17.39	34.78	4.35	00.00	8.70	4.35	4.35	00.00	4.348	100.00
Fundraising	56.52	4.35	21.74	00.00	00.00	8.70	4.35	4.35	00.00	00.00	100.00
Training	26.09	8.70	30.44	4.35	00.00	8.70	8.70	4.35	4.348	4.348	100.00

It is clear from Table 4.7 that workers undertake a variety of tasks in the course of their employment. It appears that in addition to the role of groupwork facilitator, which is the main intervention utilised by the member groups of NNSVS/TKWMP, workers within their work time are also undertaking a variety of other tasks such as training, fundraising, report writing and management. This may be consistent for the nature of organisations working within the not-for-profit sector but does have implications for the development of specialist skills in assessing risk and dangerousness.

Many of these workers appear to be balancing this variety of diverse tasks within a short time each week. Just over three-fifths (65.22%) of workers were employed less than ten hours per week. If this is the case across NNSVS/TKWMP member groups, it may be one explanation for the low response rate to the workers survey.

Table 4.8 explores the relationship between tasks undertaken and the length of time workers have been involved within the field. A fifth (22.73%) of the sample stated that they were not involved in intake assessments, but were involved in group work. For those involved in front-end assessments, around two-fifths (40.90%) of the sample had six or fewer years experience in the field. This table gives a mix of responses to the worker survey from newer to more experienced workers.

Programmes run under NNSVS/TKWMP use groupwork interventions and all workers who responded are actively involved in this area of practice. This would indicate that workers would have the opportunity to assess risk of repeated violence by men at initial assessment as well as throughout the duration of contact with the programme.

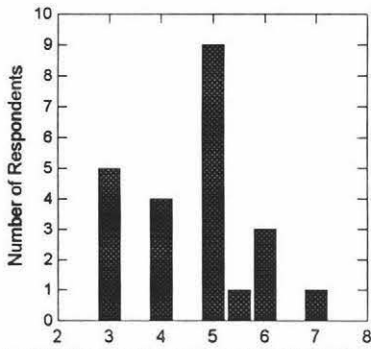
Table 4.8: Years spent and roles undertaken in this work

Roles	Years in work as a percentage									Total %
	Not involved	< 1	1 - 2	3 - 4	5 - 6	7 - 8	9 - 10	11 - 12	13+	
Assessment/ intake	22.73	00.00	00.00	27.27	13.64	18.18	9.09	4.55	4.55	100.00
Report writing	22.73	00.00	00.00	27.27	18.18	13.64	9.09	4.55	4.55	100.00
Individual work	18.18	00.00	00.00	22.73	22.73	18.18	9.09	4.55	4.55	100.00
Groupwork	00.00	00.00	00.00	36.36	22.73	18.18	9.09	4.55	9.09	100.00
Management	27.27	00.00	00.00	27.27	9.09	18.18	9.09	4.55	4.55	100.00
Fundraising	59.09	00.00	00.00	9.09	9.09	13.64	4.55	4.55	00.00	100.00
Training	27.27	00.00	00.00	31.82	13.64	13.64	4.55	4.55	4.55	100.00

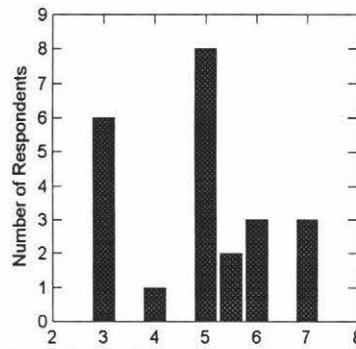
4.3.1 Workers' Perceived Knowledge

Workers were asked to rank themselves on a seven point scale (1=not much knowledge through to 7=a great deal of knowledge) across nine areas that relate to the practice of assessment. These issues (Graphs 4.1 - 4.9) related to knowledge of alcohol and drug issues, understanding of abnormal behaviour, legal issues, impact of violence, assessing social skills, assessing motivation for change, assessing risk and dangerousness, assessing patterns of violent and abusive behaviour and assessing post intervention outcomes.

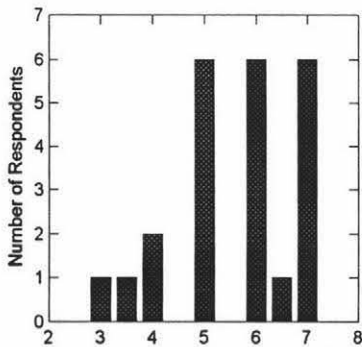
Graphs 4.1 - 4.9: Perceived Knowledge Across A Range of Clinical Areas



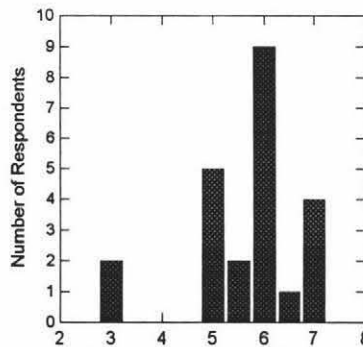
Graph 4.1: Perceived Knowledge of Alcohol & Drug Issues



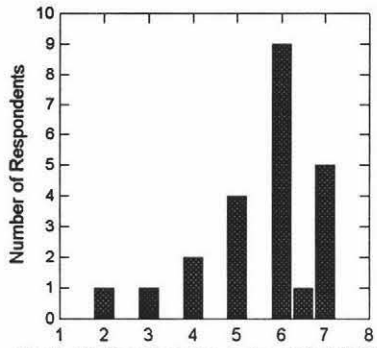
Graph 4.2: Perceived Knowledge of Abnormal Behaviour



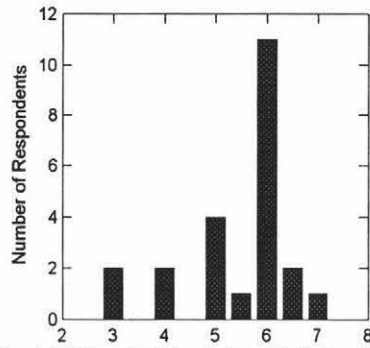
Graph 4.3: Perceived Knowledge of Legal Issues



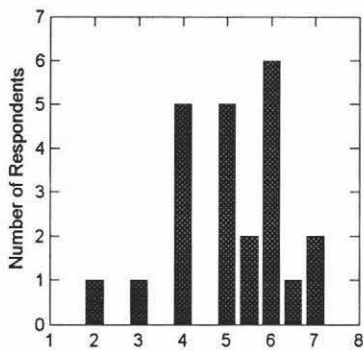
Graph 4.4: Perceived Knowledge of Impact of Violence



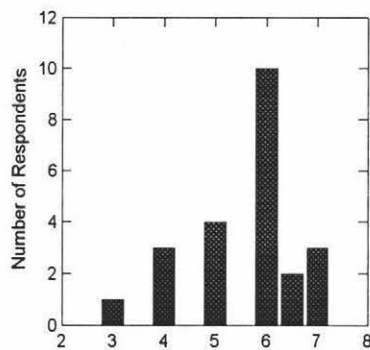
Graph 4.5: Perceived Knowledge of Social Skills



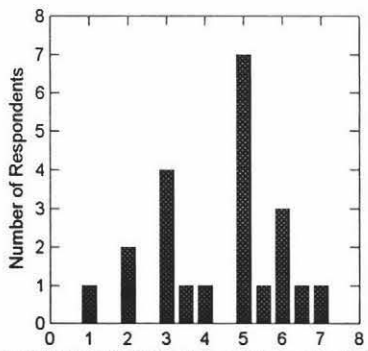
Graph 4.6: Perceived Knowledge of Motivating Clients



Graph 4.7: Perceived Knowledge of Assessing Dangerousness



Graph 4.8: Perceived Knowledge of Assessing Patterns



Graph 4.9: Perceived Knowledge of Assessing Outcome

What is immediately visible is the lower mean score and distribution for understanding alcohol and drug issues ($X = 4.63$, $SD = 1.13$), abnormal behaviour ($X = 4.87$, $SD = 1.35$) and assessing post intervention outcome ($X = 4.38$, $SD = 1.61$). The first two factors are of some significance and strongly indicative of risk of violence towards women (Gondolf, 1996; Holtzworth & Stuart, 1993). Workers felt they had a higher degree of knowledge in the other areas with a mean score above five ($X = 5.51$) across the remaining five areas. What however is evident from Graphs 4.1

- 4.9 is that a small number of workers feel they do not have much knowledge - scoring below four.

Workers were asked to identify their level of formal qualifications as this would give an indication of prior learning. The majority of workers had undergraduate (28.57%) or post graduate (38.09%) qualifications, while the remaining third (33.33%) had formal qualification below University Entrance. A tenth (9.52%) of the sample had no formal qualification. Workers identified a range of training that they had undertaken outside of formal qualifications that contributed towards their skill to undertake this work. This question demonstrated the richness and diversity of the sample with workers identifying a potpourri of training courses and backgrounds. Workers identified training at certificate or diploma level in teaching or adult education (4), clinical supervision (3), group work and group leadership (4), and counselling (8). Others noted more informal training courses.

When a bivariate analysis is undertaken for qualification against each of these areas, although not statistically significant, an interesting pattern emerges. Those with graduate and post-graduate qualifications do not necessarily score themselves highly (> 4) in terms of knowledge of the issues noted. Where this is most evident is in the area of understanding abnormal behaviour (23.81%) and assessing dangerousness (23.81%).

4.3.2 Training undertaken to work with men who are violent

A more specific question was asked to ascertain training undertaken to specifically work with men's violence. Until very recently, there has been little formal training for workers specialising

in working with violence.²⁸ Several workers identified on-the-job training within agencies as a major source of new knowledge and skills, which for many occurs on a monthly basis. This often involved either mentoring relationships with experienced workers or as one respondent stated, “Episodic courses arranged by local Men for Non-Violence Groups”. Some workers noted that going through a programme was the best way to learn and be trained, while others identified resource manuals and books such as that produced by the Duluth Abuse Intervention Project and Alan Jenkins.

Workers also identified a range of other training opportunities which, while not specifically with a family violence focus, were used to inform their practice. These included intensive family therapy training, Te Tiriti O Waitangi workshops, as well as general group facilitation and counselling training. Across sector workshops, seminars and training (e.g. Police, Women’s Refuge) were also mentioned as a source of knowledge and skills. Mention was also made of training workshops conducted at the annual conference of NNSVS/TKWMP, which provided a forum for workers to meet and discuss issues of praxis. A number of training events which workers noted were focussed upon new initiatives such as the Domestic Violence Act 1995.

During the early 1990’s the Hamilton Abuse Intervention Project (HAIP) provided a number of workshops with overseas experts including Ellen Pence of D.A.I.P. A number of workers had attended training in this forum, in addition to accessing local expertise.²⁹ One worker noted that he had undertaken a two year internship in family violence work and spent time working in programmes in Canada.

²⁸ A Certificate and Diploma in Violence and Trauma Studies is now offered by the Auckland Institute of Technology.

²⁹ Trish Kirk and Gavin Mickell have undertaken extensive training in processes of co-gender facilitation across the country, while Ken McMaster has trained workers in working with reluctant clients and in motivational interviewing.

What is evident is there does not appear to be a training pathway for workers entering the field and much of the responsibility for ensuring workers are suitably skilled, competent and safe in their practice rests with local groups. Given the size and resource base of these organisations, this may create unevenness of delivery.

4.3.3 Training in risk assessment

When workers were asked to identify training specifically in the area of risk assessment over half of the sample stated they had had none. Most training in risk assessment was related to issues such as suicide prevention, general assessment skills, and addiction training. One worker summed up the comments by stating that, “I have attended SVS Training on assessment which covers procedures where we conclude there is a high risk but doesn’t cover in any detail how to assess that risk.”

While workers (as noted later) have a clear indication of some risk factors, what appears to be absent is a clear process or procedure of how to go about assessing risk. Workers were very reliant upon “experiential learning”, “knowledge gained from working in the field” and “observing and taking groups” as the training ground for these endeavours. One person noted a series of in-depth training events related to abnormal psychology and working with trauma as a result of head injury, as useful training in risk assessment. Two workers noted that ‘hearing victims’ stories’ was an important influence on how they view risk.

4.3.4 How workers assess risk

The responses indicate that workers rely on clinical assessments predominantly in their work to assess levels of risk. All workers did assessment to some extent (Table 4.9) with the majority undertaking individual assessment with clients (78.26%), relying upon information from other

sources (91.3%) and ongoing monitoring through-out the programme (86.95%). Assessment of men may be a relatively reliable source of information if the research by Arias and Beach (1987) is reliable. They found that once men were identified as being abusive, social desirability was not a significant factor in reports of frequency, severity or the combination of frequency and severity. They put this down to the fact that after initial identification, an individual's presentation of himself in a favourable light is related to admitting or identifying what he has done. This is not to be confused with minimising or blaming others, for the reasons underlying the behaviour. This goes against the praxis wisdom which would indicate that men do minimise the seriousness and extent of abusive and violent behaviour.

Table 4.9: Methods used to assess levels of risk

Method	%
I don't	00.00
Interview (individual)	78.26
Interview (group)	34.78
Screening tools	26.08
Partner reports	60.87
Reports from others e.g. Probation, Police	91.30
Ongoing monitoring	86.95

It is clear from the responses to this question that workers utilise a broad range of information to inform their assessment practice. A general theme that emerged was that while workers are very aware of the risk potential in men they assess, they do not appear to have a framework to make sense of the information. As one clinician commented:

These are all methods that I personally use to assess level of risk, but without any “formula” or any consistency. This becomes more a gut feeling assessment rather than quantitative. Degree of information available via Police, Probation, Family Court and partners is variable.

There were varying degrees of utilisation of screening tools reported by workers. As one respondent stated:

I use an eclectic set of screening/assessment tools - that are assimilated into my work practice and are somewhat subjective - areas of self-harm; depression - DSM-4 and the man’s social and world view; court and social history of his violence from others; the man’s story.

What most workers stated was that the prime purpose of the assessment was to find out the extent of past abusive and violent behaviour and engage men into a programme to address these issues. Assessing the future possibility or immediate risk level, although part of this process, was not central and few respondents articulated clear processes or models that they utilised to do this.

The majority of workers who undertook individual assessments with the man did not use a written protocol at the assessment phase of the programme (69.56%) and relied on clinical assessment skills. Written protocols were used at various times throughout contact with the man; at initial assessment (30.44%), during intervention (26.09%) and at termination (8.69%). Few of those who used a written protocol during assessment were also likely to use one during intervention (4.35%) and at termination (4.35%), however.

Information from partners can be vital in terms of accurate assessment of risk. It was of interest how much weight was given to partner information in assessing risk levels in the men assessed. As noted partners' information was sought by well over half (60.67%) of the workers. Table 4.10 identifies the methods used to gain this information.

Table 4.10: Partner reports

Method	%
Face-to- face interview	30.44
Telephone	39.13
Questionnaire	13.04
Other	52.17

Many programmes ran a parallel partner support programme which provided an opportunity for ongoing assessment of men's behaviour while undertaking intervention. This accounted for half of the responses (52.17%) and was a significant method. Many workers utilised a mixed method in terms of allowing partner information to be heard by programme staff and as one worker noted:

Most partner reports are from (a) telephone interviews (b) women attending the parallel partners programme c) women attending the monthly information meetings especially for partners of men attending the programme.

Most programmes have as part of a contract with the men accessing services an agreement to have contact with partners as a condition of participation. Current legislation was noted as strengthening this position (particularly the Domestic Violence Act, 1995) which allows contact between programme providers, although not direct contact with a woman who has been victimised. However the low engagement rate of female partners into support programmes makes

this a difficult task. The Hamilton Abuse Intervention Pilot Programme reported contact with thirty-eight percent (38%) of women, a figure similar to that identified in research from Stopping Violence Services in Christchurch (Davidson, 1996). As noted by one worker:

Telephone interviews may be used at times but time constraints seldom allow this for a significant number of participants. Our organisation is currently developing a programme monitoring process involving partner feedback, which I believe will contribute to risk assessment.

Workers were also asked a number of questions related to who they assessed, how they recorded assessment information, and what they did with information if they have concerns about high levels of risk. Over three-quarters (78.26%) recorded assessment by way of case-notes while the remainder did not do any recording of assessment information. Not recording information is of concern for both clinical tracking of risk and potential legal issues in the future.

Table 4.11: How are assessments done

Method	%
Assess the man only	82.61
The man and his partner (together)	17.39
The man and his partner (separately)	47.83
Rely on other information (Police reports)	65.22
Other	30.44

Overwhelmingly assessments are done with individual men only (82.61%) as shown in Table 4.11.

However, workers relied upon information from other sources (e.g., Police Pol. 400 forms,

Family Court referrals, Community Corrections referrals sheets) to inform their assessments.

What is not known from the survey is the quality of this information from the point of referral.

Workers were also asked what they did with the information if they assessed a man as being at high risk. The results of this question indicated that workers were acutely aware of the issue of informing others when they identify a client at high risk. Table 4.12 indicates that very few workers kept this information to themselves (8.69%); the vast majority ensuring that supervisors knew about their concerns (91.30%). How this was done is summed up by the comments of one worker who stated:

I take such action as will ensure the safety of the people at risk and make it clear that I will do that to the client. Whenever I'm aware of such a risk I endeavour to make sure I am acting ethically and conservatively in the interest of safety for all parties.

Table 4.12: What workers do if the man is assessed as high risk

Method	%
Keep this to yourself	8.69
Talk to supervisor	91.30
Talk to another worker	73.91
You or another worker talk to the man's partner	73.91
Record this in a case file	65.22
Other	26.09

A number of workers noted that they would talk with the man in the first instance to develop an immediate safety plan. As one worker noted:

The man is brought in for a session to address this and hopefully a process is negotiated whereby the risk is addressed and dealt with, lessened.

Where the man was not deemed to be receptive, then a number of other strategies would be utilised including contacting the Police, partner, or bringing in another worker to assist with a further risk assessment. The following accounts capture the direct interventions that workers utilise:

If a statutory referral from Community Corrections or NZCYPS, discuss case and risk assessment with the Probation Officer or Social Worker and plan accordingly to keep risk levels, e.g., for partner and/or children, as low as possible including prioritising their safety in whatever case work planning

We also ring the referral source if appropriate, particularly if he's Court (Community Corrections) referred. We usually also discuss this directly with the client.

I have rung police directly and reported a threat to kill from a man about his ex-partner during a phone call with me. Went to police station and made a statement.

Advise police of concern, that any calls to a certain address be given urgent attention. Police are informed if a person leaves the group in a state considered to be high risk. Sometimes men turn up for group drunk or drugged or both or are hypomanic in their behaviour.

Advising a man's partner directly was a strategy that was utilised by nearly three-quarters (73.91%) of the workers surveyed. Increasingly programmes have attempted to operationalise

the concept of accountability in a very concrete way. The following quotes make clear the themes that emerged as to how partners' safety is dealt with:

Attempt to identify whether partner has realistic plans for her safety - via whoever is working with her.

Encourage the man's partner to establish a detailed safety plan

Talking with colleagues to share the anxiety that is often present in situations deemed to be high risk was also a significant strategy for nearly three-quarters of workers (73.91%). Strategies ranged from regular staff meetings, case conferences, team meetings, and case reviews.

Undertake a case conference with Family Worker who may then inform partner of assessment of risk

I share information with women's group coordinator.

I may invite an "observer facilitator" into the programme with a specific assessment role with respect to a particular client. Discussion with man's partner may be used to ascertain her perceived level of risk and to check out her safety plan, supports.

One worker noted a sense of powerlessness in certain situations of knowing how to proceed:

There is also a sense of powerlessness when everyone knows, e.g., ex Mental Health, dramatic suicide attempt, sometimes misses medication, she has TPO³⁰ And he can still get her.

³⁰ TPO refers to Temporary Protection Order.

4.3.5 Assessing risk and dangerousness

As one respondent quite pointed out, assessing risk has to be undertaken within a cluster type analysis, given that some indicators will make a significant difference and be weighted differently depending on the situational variables.

For me, risk assessment is a cluster factor form of analysis. I find it difficult to use the 1-40 protocol as many of the factors on their own aren't necessarily important but when taken together to build a picture certain items may jump - 20+ factors, e.g. child abuse - many men abuse their children - it's socially condoned or has been and so its normal virtually but taken with other factors, i.e., alcohol, previous child abuse, borderline personality etc. I might say child abuse went from 27 to 3.

Despite this reservation, what is of interest in having workers rank the variables is that given the apparent lack of formal training in the area of risk assessment, how do their views match those identified within the research literature as significant risk predictors (see Table 4.13). The thirty-nine risk predictor variables can be grouped into a number of sub-categories:³¹ childhood factors (5), pattern of behaviour (9), situational variables (10), mental health issues (9), attitudes (4), and skill factors (2). It is interesting that the pattern of behaviour variables were overwhelmingly seen as the most important predictors of risk. These were: increasing pattern of severity (80), frequency (79), threatening to kill (78), severity of current incident (72), abuse of children (69), severity of prior incident (69), and publicly and privately violent (67), along with situational variables such as access to weapons (69) and fear level in the victim (67). The research studies identify a more complex blend of variables comprising patterns of violent behaviour, situational variables, childhood experiences and mental health factors (Hotaling & Sugarman, 1990;

³¹ Each risk predictor variable has been assigned to a category with the number of items in that category noted in brackets.

Table 4.13: Workers Ranking of Risk Factors for Importance in Descending Order

Risk Predictor	X =	SD	Median	Range	Import Score*
Increasing pattern of severity of abuse	7.9	8.26	10.00	31	80
Frequency of abuse	8.3	5.57	7.00	21	79
Has the abuser threatened to kill to victim?	8.7	9.36	5.00	33	78
Severity of current incident	10.9	8.54	10.00	29	72
Abuse of children	12.0	8.99	12.00	28	69
Severity of prior incident	12.0	8.77	11.00	36	69
Does the abuser have access to weapons?	12.0	11.50	6.00	36	69
Publicly & privately violent	12.9	7.14	10.00	28	67
Fear level in victim	13.0	9.96	12.00	31	67
Hostile attitudes towards women	13.2	7.35	12.00	36	66
Attitudes supporting violence	13.7	6.65	13.00	28	65
Association with violent peers	16.3	9.03	16.00	31	58
Has the abuser a substance abuse problem?	16.7	7.75	17.00	28	57
Anti-social personality	16.6	10.72	14.00	35	57
Impaired mental functioning	16.6	10.43	13.00	39	57
The abuser has a protection order	18.3	10.02	16.00	36	53
Borderline personality	18.2	9.58	19.00	33	53
High stress	19.0	10.85	19.00	37	51
Is the abuser socially isolated?	19.6	10.37	17.00	37	50
The abuser acts impulsively	19.7	7.78	20.00	27	50
Onset of violence before age 15	20.3	9.18	18.00	30	48
Recency of abusive incident	20.3	11.24	21.00	34	48
Previous police arrest	20.5	9.95	18.00	33	48
Abusers own victimisation - physical/sexual	21.3	10.36	24.00	37	46
Witnessed parental violence	21.5	7.29	23.00	23	45
Abuser has traditional attitude towards discipline	23.0	9.26	26.00	34	41
Depressed	24.3	11.16	24.00	36	38
Fear of rejection	24.6	9.86	26.00	37	37
Dependency on victim	25.2	8.25	27.00	23	36
Anger proneness	25.3	7.25	23.00	39	35
Low level of parenting knowledge/skills	25.7	9.54	28.00	37	34
Other criminal activity	26.5	6.26	25.00	27	32
Low social skills in non intimate relationships	28.0	9.32	31.00	34	28
Genetic factors	29.0	7.76	29.00	35	26
Trauma experiences	30.1	6.56	31.00	28	23
Attachment in childhood	30.9	10.26	35.00	35	21
Rejection by father	31.0	6.38	30.00	23	21
Evidence of remorse & empathy	32.7	10.73	37.00	37	16
Age of abuser	33.1	9.06	36.00	38	15

* Rounded to whole percentage

Saunders, 1995). Abuse of children has not been noted within the literature which is the one exception. What is also apparent from Table 4.13 is that the range of responses was wide over the sample.

Hostile attitudes towards women and attitudes supporting violence are more likely to be held by men who exhibit anti-social and borderline personality tendencies (Hotlworth-Munroe & Stuart, 1994). The respondents in this survey ranked these fairly highly (66 and 65 respectively) which may indicate that they are identifying a key indicator noted in the typology research. For example it may be that the combination of, for example, anti-social personality, alcohol and drug issues, contact with deviant peers and public as well as private violence, is a better indicator of serious assault in the future. For personality disordered men, the combination of factors such as separation, emotional volatility, high levels of anger, alcohol and drug issues and preoccupied attachment may predict greater risk of murder/suicide. One worker rightly pointed out that a significant variable left off the list was recent separation from a partner as a particularly high risk time for women.

4.3.6 Factors that may make it difficult to assess risk

Workers were asked to respond to a number of issues that could potentially make it difficult to assess risk. No-one who responded did not see potential problems (Table 4.14). Overwhelmingly the lack of a relevant tools was the most significant factor (82.61%), followed by resourcing (52.17%) and time allocation (47.83%).

Workers acknowledged the dilemma between engaging men into work and assessing risk. This was often noted as a clear resourcing problem and as one respondent noted:

Because of more demands particularly in the area of violence in the Pacific Island community, we have limited time to assess and run programmes, not many skilled people or qualified people. In my own work, there are no back ups for me. I do most work, e.g. Admin, Facilitating, Counselling, Family programmes.

Table 4.14: Factors making it difficult to assess risk

Issue	%
Time allocated	47.83
Resourcing e.g., financial cost	52.17
Skill level	34.78
Demand for service	34.78
Does not apply	00.00
Availability of relevant tools	82.61

Given the earlier discussion regarding the multiple roles that workers undertake these comments could be generalised to other respondents. Nearly half (47.83%) of the workers saw the lack of time as one of the most problematic issues in being able to undertake a thorough assessment of risk:

One hour is normally allocated for an assessment. This includes some paperwork, negotiation of fees, signing of contract etc. It is barely enough time when attempting to build rapport and also enhance motivation at the same time. Some reliable valid tools would clearly help in this task.

Raising a partner's awareness to potential risk takes time - then co-operation and resources which includes skilled workers.

Initially exploration of risk is balanced against engagement needs to maintain contact and involvement in a programme. Having one additional female worker to work with partners carries additional cost both in direct payment but also administratively. At the moment we do not have such a person.

No paid time to do this apart from actual interview or group situation.

Our organisation relies predominantly on the initial group induction process to ascertain availability for the programme, and it would be the obvious forum for undertaking risk assessment if appropriate tool was available. Time and resources (human, particularly) do not allow us to undertake 1:1 pre-induction interviews, currently.

The way the group runs at the moment does not lend itself to assessing comprehensively where each man is at as far as potential risk toward partner or family that night.

The availability of relevant tools was noted by four-fifths (82.61%) of the sample.

Risk assessment tools I use are ad-hoc, subjective, and not formalised. I haven't sat down with others and talked through the risk management or formalised any protocols.

A predictor or profile of dangerousness would be very useful eg this man rates 8 factors out of 10. It would be great to get partner involvement to corroborate his story - but monetary difficulties.

Lack of training in the area of risk assessment was reported by many workers:

There is little training available in this area, and little information or as you say relevant tools. It is something we learn as we go along.

No relevant tools currently in use.

We do individual assessments which take one and a half hours which includes risk assessment. We know we could do more, ie direct calls to partner but we need to be careful about not putting the victim/partner in danger. Also, we know the literature on risk assessment (part by psychologists) is notoriously inaccurate so some risk assessment protocol would be useful.

It is obvious that there are a number of restraints that make a specific focus on risk assessment difficult, the major ones noted by workers being time, resourcing costs and the availability of relevant screening tools.

4.3.7 Gaps in knowledge base regarding assessing risk

Workers were open about their perceived gaps in knowledge regarding the assessment of risk. The following comment from one of the workers sums up much of the thinking reported in the survey.

When it comes down to it my risk assessment is done by the brain cells in my stomach. Sure I interview and ask questions and intuitively I get a feeling about a client. It's a cluster of factors - it would be useful to know what others use and what they regard as "high" risk factors and what the literature says is "high" risk factors.

Workers identified a whole range of areas that they felt they required further training in relation to risk. These included knowledge of the effects of head injury; post traumatic stress disorder, assessing suicide risk, assessing drug and alcohol problems, and mental illness.

One worker noted that women living with men showed a naivety as to their own potential risk:

Many women have very little concept of risk - comments like “I knew he wouldn’t really hurt me/the kids” are what they believe. It is hard for workers not to come across as “anti-male” in their effort to present facts.

Obviously finding ways to communicate concerns as to safety may be an area that needs further development. Many workers identified that a more formal protocol or process for assessing risk would be useful in their work. One of the issues raised was how to collate and integrate information gathered in a meaningful manner in order to make the critical assessments about current dangerousness. As one worker responded, “Probably some formal tools rather than gut feel”. Clearly for front-line workers there are no actuarial or even linear models being utilised to integrate the information presented at assessment.

Some workers identified that there were gaps in up-to-date knowledge of the research and of any assessment aids that are currently available, while others were healthily sceptical about which tools were reliable. For example, one worker stated; “Tools I have seen have been over-intellectual, too long and contain assumptions I would dispute, e.g., “drug use” per se”.

The balance is arriving at a tool that can aid assessment but also be utilised within the limited time period that is available to workers. Workers wanted a comprehensive written questionnaire, up-

to-date knowledge of the research into what are the most important factors relating to assessing risk, and training in the administering of questionnaires or protocols. Lack of courses and skilled personnel to provide courses was also identified by some respondents as being a major issue.

While the knowledge base does exist in other areas for assessing issues (for example, depression, alcohol and drug consumption), what workers are reflecting upon is that the issue of risk prediction and management with men who are violent to their female partners is in its infancy. As one worker stated, “I have never received any training from someone who has specialised experience in this area of assessing risk”. This may simply reflect a fact of the developmental issues within the field which will in the future have to move into more effective identification and responses to the question of risk.

One of the issues is around sourcing information in order to make a realistic assessment of risk.

As one worker noted;

“The organisation does not encourage partner or ex-partner involvement in the man’s process to any significant degree. In other words, the women are not encouraged to give the organisation any feedback while the man is on our programme.

This has implications for the degree of accuracy of assessment, because as noted by Gottfredson and Gottfredson (1988:317) “recidivism predictions could be improved if person-environment interactions are included in the models developed”. What is referred to here is the need for information from sources other than the man to inform assessments of risk.

4.4 Summary

These results demonstrate that the risk factors noted in overseas research are relevant to the New Zealand situation. The one difference however is the higher rates of reported abuse in this study. However given the limitations of the client self report some caution does have be given to this finding. The higher rates of disclosure may be related to the timing of when the client self report was delivered, the format of and the willingness of men presenting to understand the factors related to their violence towards their female partners.

The results of the survey of workers clearly shows that workers are hard pressed in many situations to have the time and focus to undertake a rigorous assessment of risk, which is exacerbated by a lack of necessary training and resources. This may not be a reflection of the interest and energy of workers to undertake such a task but more a reflection about the development of the field of risk prediction of men who are violent towards their female partners, which to date has not been developed in the same manner as the sex offender, child abuse and mental health fields. The implications of these results is discussed in the following chapter.

Chapter 5: Discussion and Recommendations

5.1 Introduction

So, how well do workers predict risk of future violence and abuse in the population of men who are violent towards their female partners? This question is of growing importance across the family violence sector in general, but of particular concern to front-line workers who are asked to make clinical judgements about these issues daily. The context for this growing debate, as argued within this study, is located within a growing concern for greater accountability to those who either have been or are likely to be victimised at some time in the future. Assessing levels of risk in men who access stopping violence programmes is therefore a core concern for workers, a task that they bring a variety of perspectives and skills too.

The method used in this chapter to discuss the results from the client self report and the worker survey is as follows. The self report data set from a New Zealand sample of men accessing stopping violence programmes was to be used to see if a match could be found from men's self reports in the international research on indicators of risk. If a match was found between the New Zealand data and that identified within overseas research, it could be argued that the international material on risk predictors would have relevance to an exploration of risk within the New Zealand context. This would then give some validity to a comparison between workers' perception of risk and those identified within the international research literature. Following on from this, isolating the points of convergence and divergence within the data from clients and workers and implications that this may have for the assessment of risk within a New Zealand context is of interest.

5.2 *New Zealand versus International Identification of Risk Factors*

It has been noted by Monahan et al., (1993:388) that risk factors for violence generally fall into four broad areas or domains which include:

“(a) dispositional factors (e.g., age, gender, and neurological impairment), (b) historical factors (e.g., family, work, mental hospitalisation, and violence history), (c) contextual factors (e.g., current social supports, stress, and presence of weapons), (d) clinical factors (e.g., types and symptoms of mental disorder, personality disorder, and level of functioning).”

Factors within each of these domains are consistently noted within the research on men who are violent towards their female partners (see Chapter 2). Of interest is how these factors may match with those identified within a sample of New Zealand men.

5.2.1 Family or origin

Historical factors such as family of origin appears almost universally accepted as an indicator of risk of future violence (see e.g., Jaffe et al., 1990, Schechter & Edleson, 1994). Saunders (1995) argues that men who were both abused and witnessed abuse are at risk of carrying out a severe assault in their adult lives, whereas Holtzworth and Stuart (1994) argue that it is men who are generally anti-social are most at risk of being severely violent as an adult. This group is more likely to have witnessed and/or experienced moderate to high levels of parental violence and high

levels of child abuse and/or rejection. The profile of men may illustrate this latter point³² which indicates that 60% of the men reported witnessing violence as a child, with the 28% of these same men having experienced frequent violence and 44% occasional violence against themselves as children. Holtzworth and Stuart (1994) argue that approximately 25% of men accessing stopping violence programmes would fit into the category of anti-social personality disorder which is close to the 28% of men in this study acknowledging frequent abuse as a child. While this study cannot categorically make this connection, the research literature is consistent in the factors that contribute to the development of anti-social personality; child abuse and parental violence (see e.g., Gondolf, 1988), dismissive attachment (see e.g., Dutton, 1995) and genetic influences (see e.g., Holtzworth and Stuart, 1994). This may indicate that within the sample a significant percentage of men have been at risk of developing anti-social personality disorder.

When other factors associated with childhood experiences of the men in the profile are added, it is clear that a significant percentage of men in the sample have sustained frequent physical assault as children and have witnessed violence within their family of origin. In addition the profile indicated high levels of psychologically and emotionally abusive practices within families, with a fifth (21%) of the sample witnessing beatings or use of weapons in assaults between adult caregivers. This is consistent with the experiences of men reported in other research (Jaffe et al., 1990). However, there is not necessarily a direct relationship between the process of growing up with violence and being violent within one's adult relationship (Widom, 1996). It has been suggested that a two step process exists for the transmission of violence from childhood to perpetrating violence in adulthood (Hyden, 1995; Stets, 1990). The first step is the development of verbal fighting, which

³² One of the weaknesses of the design of the client questionnaire of SVS is that it did not screen for personality disorder and anti-social personality disorder. Many of the overseas studies have used the Millon Multi-Axial Inventory to allocate men to various categories.

reflects differences in beliefs, attitudes and understanding. Violence is perceived as an endeavour to silence the woman and redefine her reality as the man's reality (Adams, 1996). Physical violence occurs when a man does not want to hear any more words and is used as a tactic to close down the conflict. While the causal route for men is not necessarily a linear one, family experience may socialise men into recreating the emotionally abusive context in which physical violence is likely to occur. And, of course, recreating the family context intergenerationally has major implications for the children within these families.

However, the prevalence of abuse and violence in men's childhood in the profile may not be overly high compared to other New Zealand data of children's experiences of violence. Maxwell and Carroll-Lind (1996) found in a survey of 259 children aged 11-13 years that high proportions of witnessing violent behaviour were reported. The most notable results that relate to this data are: watching adults fight one another (51%); watching adults treat others unfairly, or bully them (33%); watching other children being smacked or belted by adults (45%); watching children punched, kicked, beaten, or hit by adults (26%); and watching someone hurt/threatened by a weapon (20%). Therefore caution must be given to the notion that "violence begets violence". What is absent from this data and a difficulty inherent within the methodology is the meaning attached to such behaviour and how this may impact on the intergenerational transmission of violence.

5.2.2 Mental health issues

The profile did indicate a number of issues from the clinical domain related to mental health (depression, mental illness and head injury). As indicated in the results just under a third of men (32%) reported depression as a factor on presentation. This is much higher than noted by

Gondolf (1996) who found 19% of his sample in the clinical depression range. However, given that the assessment of depression was undertaken utilising different methods (the Beck depression inventory for overseas research and self report perception for the local profile) some caution does need to be given to this result.

However, the role of depression in risk of future violence does need further exploration, particularly in relation to other factors such as personality disorder and the use of alcohol/drugs which can contribute to depression. What remains unclear from the data and has been noted in other settings is whether depression pre-dates presentation to programmes or whether it is more likely to be correlated with separation issues. The effective diagnosis and treatment of depression is therefore of concern at presentation due to the relationship of depression with self harm behaviour and in the case of men who are violent to their female partners, its combination with factors that could increase levels of risk of serious or homicidal behaviour. Gondolf (1996) found that nearly a third (31%) of men with depression reported previous suicide threats or attempts. The New Zealand profile indicated just over two-fifths (42.4%) of men with depression had threatened suicide. What is unclear from the data are the numbers who had translated this threat into suicide attempts.

The other clinical factor affecting just over a tenth (11.8%) of the sample was that of head injury. Head-injury in men who are violent towards their female partners has tended to be omitted from the research in the family violence field (Rosenbaum, Hoge, Adelman, Warnken, Fletcher & Kane, 1994). The very few studies indicate significant prevalence of head injury amongst men accessing stopping violence programmes from 61.3% (Rosenbaum & Hoge, 1989) to 79% (Lewis, Pincus, Feldman, Jackson & Bard, 1986). However this high rate needs to be viewed with caution due to methodological problems such as small sample size, the problems with assessing head injury, and

the absence of control groups. Head injury has long been associated with personality changes such as irritability, outbursts, and reduced impulse control (Fahy, Irving & Milac, 1967). Many of the same behaviours are noted in men who are violent and abusive. There is no indication, however, of the extent of the injury (mild, moderate or severe), or sequelae in the profile but the fact that it exists does have implication for concentration on material delivered in a cognitive-behavioural framework. It is interesting that Rosenbaum et al., (1994) found in their sample that the most common causes of head injury were motor vehicle accidents (34%), falls (25%), sports injuries (17%), and fighting (13%).

Explaining the correlation between head injury and men's violence towards their female partners is difficult. While this relationship could be explained as a causal one, another explanation could be a reciprocal one in that impulsive behaviour could contribute to antisocial behaviour patterns where men are also likely to be engaging in high risk behaviour, which could in turn increase the likelihood of further head injury, such as drunk driving and generalised aggression (public violence). In this sample 16% of men with head injury also had assault charges.

Around the same number of men presenting in the profile also had diagnosed mental illness in the form of schizophrenia and personality disorder (9.11%). Gondolf (1996) found a rate of 16% of men demonstrated evidence of severe personality pathologies such as schizotypal, borderline, or paranoid disorders. It could be anticipated that as the mental health system within New Zealand moves from an institutional model to utilising community resources, the number of men presenting with mental health issues at programmes may increase.

5.2.3 Alcohol and drug use

In all forms of family violence (with the possible exception of elder abuse) the clinical factor of alcohol abuse is strongly correlated. Incident rates vary widely and it is generally agreed that abuse of alcohol is a factor in 40% to 50% of domestic assaults (Fagan, Stewart, & Hansen, 1983; Hotaling & Sugarman, 1986, Gondolf, 1996).

Gondolf (1996), reporting on a four site evaluation of 840 men who had been violent to their partners, found that 56% of men surveyed may be considered alcoholic. Thirty-eight percent of the men admitted to heavy drinking (at least weekly), while a further 57% indicated they had been drunk within the last three months. Approximately a third of this study's sample have alcohol-related behavioural problems such as drunk driving arrests and fights. Contrasting this, one third (31%) of men reported that they did not drink during the past year. Nine percent (9%) of these men identified themselves as being in "recovery". It is interesting that the figure derived from Gondolf's (1996) research of men who are considered to be heavy drinkers is identical to that derived from the New Zealand profile (38%). This would provide evidence of the role that alcohol plays in violence for nearly two-fifths of men who are violent. Occasional use of alcohol which has been associated with violence (Kantor & Straus, 1987). High and binge drinkers were 2.3 to 3 times more likely to abuse their wives/partners than moderate drinkers.

What is also consistent with other research is that 45% of men in the New Zealand profile identified a parent as having an alcohol problem, reinforcing the apparent link between violence and alcohol misuse in family of origin. As noted earlier, it is important to view the role of alcohol from the viewpoint of co-incidence rather than causality, and as risk markers they must be separated. In a similar manner to issues of emotional climate within families, the data on family functioning where significant alcohol and drug abuse is occurring within one or both parents

consistently points to difficulties for children. What remains unclear from the data is the association between parental drinking and drinking patterns in adult life. Gondolf (1996) found that men who grew up in families with parental problem drinkers were more likely to report being heavy or binge drinkers themselves.

5.2.4 Types of Violent and Abusive Behaviour

This is the one area where there is a wide difference in what is reported in international research and what was reported in the New Zealand profile. As noted previously, men tend to under-report violence they perpetrate (O'Leary & Hastings, 1992). In this sample however there were high rates of reporting of abusive and violent behaviour. A number of explanations can be given for this counterintuitive finding. Firstly, the timing of when the client self report was delivered, which was during the intake process and not as part of an initial assessment interview, is different than the timing reported in other research. The latter tend to capture data at initial contact prior to the development of a therapeutic relationship being established. Secondly, the collapsing of the categories may have skewed this data but this is unlikely. Gondolf's (1996) research indicated that less than 5% of their sample acknowledged making threats of serious harm (threatening to kill the partner, take or harm the children, kill or hurt oneself) compared to 25% in the profile who threatened to kill their partner and 30% who threatened to kill themselves. Thirdly, it may be that those men who do persevere with the process of engagement in a stopping violence programme are more amenable to treatment than those who drop out, and are therefore more prepared to be open regarding their violent and abusive behaviour. It should be noted that no self report data is included within this study from those men who made initial contact but did not follow through to intake stage. It would be interesting for future research to explore levels of disclosure of those men who move to engage in programmes and those who do not.

5.2.5 Behavioural deficits

Clinical factors in terms of behavioural deficits appear to be different across the men who present at programmes. As noted by Maurio et al., (1986) men who are violent tend to have difficulty in initiating requests within interpersonal relationships. Control of anger while not specifically mentioned by Holtzworth and Stuart (1994) is indicated in terms of questions of impulsivity and genetic factors.

The one significant indicator that has been associated with any assault and also risk of severe assault is low education and income of the man (Saunders, 1995). This issue could of course be hidden in terms of other behaviours and related to the issue of gender, sex role and self image. It may be that for a sub-group of men who are violent towards their female partners that this is an important issue. Taubman's (1986) and Dutton's (1995) work may indicate that this issue may be more pronounced for a group of men (possibly the dysphoric/borderline group) than for other men who are violent. This area requires further exploration.

5.2.6 Psychopathology

The typology research has gone some way to attempt to isolate various sub-groupings of men who present for assessment as a result of their violence towards their female partners. Antisocial personality has been associated with the issue of risk for severe violence (Holtzworth and Stuart, 1994; Saunders, 1995) and tends to be closely correlated with a number of factors such as substance abuse problems, other criminal activity, sexual violence and public as well as private violence.

Personality disorder is associated with risk of violence but not necessarily strongly. Saunders (1995) identifies personality disorder as a moderate indicator of any assault taking place, which is in contrast to Holtzworth and Stuart (1994) who see this as a significant risk predictor. The latter position is based upon the notion that for this group of men dependency needs are much more significant due to pre-occupied attachment to partners. This group of men requires further study because if information around attachment issues, power issues and behavioural indicators are relevant, then it could be hypothesised that post separation is a potentially dangerous and difficult time for this group. These men may be relatively controlling of their partners up until that time, but if the threat or actuality of separation occurs, then the level of risk may escalate rapidly. Unfortunately the client self report did not adequately assess for these factors.

In reviewing the risk factor research a case can be made that factors identified within a New Zealand based sample are consistent with those identified in samples of abusive men in overseas research. Given this, it is possible to compare the factors that workers identify as significant indicators of risk with those that have been identified in the overseas research literature. The next part of this discussion chapter deals with what workers within a New Zealand setting see as prominent risk factors and those identified from the research literature.

5.3 Workers' Identification of Risk Factors

There are two frameworks that are useful in making sense of the question of risk factors in men who are violent towards their female partners. The first, the proposed typology by Holtzworth and Stuart (1994, see page 56), the second the framework developed by Saunders (1995, see page 61). Each takes a slightly different approach to the issue but a number of factors appear to be in common between the two frameworks.

The question of how successful workers in NNSVS/TKWMP member agencies are at identifying risk in men who are violent towards their female partners was posed at the beginning of this study. This descriptive piece of work has focussed on members of one organisation (NNSVS/TKWMP) given its prominence as a major service provider in intervention with men who are violent. Like any piece of research many more questions than answers emerged, but it would be fair to say that although workers are faced with making decisions as to risk on a daily basis, the processes are not necessarily clearly spelt out. This is not to say that many workers are not accurate in their assessments - some are probably very accurate depending upon their background training, skills and qualification. This research, however, has shown up a number of limitations and gaps that if filled could go some way to providing better safety for abusive men, their partners and programme workers.

The survey results suggest that workers were more focussed upon what Monahan et al., (1993) would call risk factors from the contextual domain at the expense of the other domains which include dispositional, historical, and clinical. Workers placed significant stress upon; increasing patterns of severity (80), frequency of abuse (79), threats to kill the victim (78), severity of current incident (72), severity of prior incident (69) and access to weapons (69). The models developed by Holtzworth and Stuart (1994) and Saunders (1995), stress factors from the historical and clinical domains more than those in the contextual domain. Holtzworth and Stuart (1994) give paramountcy to clinical factors such as dysphoric/borderline personality and anti-social personality. They postulate that risk of severe violence is related to both of these personality categories with historical factors (childhood abuse experiences, attachment) and clinical factors (social skills, impulsivity, and attitudes supporting violence) being highly

significant in the anti-social personality men and to a lesser extent in the dysphoric/borderline group.

Saunders (1995) on the other hand plays down the inevitability of anti-social personality (this is noted as a possible risk factor) and gives prominence to violence in family of origin, alcohol abuse, and generalised aggression as significant indicators of severe assault. It is worth noting however that substance abuse and generalised aggression are highly correlated with men with anti-social personality disorder. Alcohol abuse was ranked by workers in the survey in the mid-range (57) which indicates that they are aware of this as a potential factor. A number of workers identified better assessment of alcohol abuse as a weakness in their skill base around assessing risk of future violence.

There were a number of surprises emanating from the survey. For example, anger which has been consistently correlated with violence did not rate highly (Importance score of 28). This was in marked contrast to both Saunders (1995) and Holtzworth and Stuart (1994) who rated it as a significant risk factor. This may reflect an indication that the field of intervention within New Zealand has moved away from an anger management focus, locating violence more within a macrosystem focus of gender dynamics. This may be problematic with a significant number of men who act impulsively, with anger arousal still being a significant factor in their violence towards their partners.

Attachment in childhood was also ranked very low (21) but is consistently correlated with both severe violence in anti-social and dysphoric/borderline men who are violent. This could be assumed to be inherent in the ranking of anti-social personality (57) but it would be expected that workers would have ranked these at similar levels. The issue related to this is rejection by fathers

(21) which Dutton (1995) notes is related to attachment and is a significant predictor of violence in adulthood. With growing debate as to the role of fathers in families, further study needs to be undertaken to see if the issues for men who are violent are different than those facing men who are non-violent in their interpersonal relationships with women.

An abuser's own victimisation (46) and witnessing parental violence (45) both scored in the mid-range of importance according to workers. The research is unequivocal as to the role of growing up in families where there is abuse and the impact this has on adult functioning. However, as noted, a direct causal relationship does not appear to exist (Widom, 1989) but the more likely impact is the recreation of family of origin dynamics within adult relationships. It would have been expected that these factors would have been ranked higher in their importance as signifiers of risk.

One area noted by workers that was not reported by either Sanders (1995) or Holtzworth and Stuart (1994) was the abuse of children as a risk factor. Jaffe et al., (1990) noted that children are abused in around 30% of households where violence is occurring. This figure is consistent with figures from the New Zealand profile. Workers may therefore be accurate in identifying this as a predictor of risk in that the abuse of children may be underpinned by attitudes that support the use by men of violence as a problem solving technique within family situations.

One of the areas that was overlooked in the study was how risk is not a constant but may be more acute at various times. Campbell (1995) notes the severe danger for women during post-separation, and if we accept Holtzworth-Munroe and Stewart's (1994) dysphoric group as being extremely sensitive to rejection and loss of power over partners, then a high risk for self harm and harm to others from this group at such times may be a predicted outcome.

Dobash and Dobash (1979) found that 88% of their sample of women had left the relationship at some stage and that a third had left six or more times. Many women may perceive a lack of choice and leaving is not given a great deal of thought, particularly at the early stages of an abusive relationship. As Morris (1996:50) notes:

She must decide whether to leave the relationship - with all the financial and emotional consequences of this - or remain within the relationship knowing that the abuse is likely to recur. She may have no job, no house and no money; and she may have responsibility for children. She may accept traditional roles in and have traditional expectations of relationships. She may believe, for example, that her partner will change his behaviour or she may succumb to social or familial pressures that it is better to stay 'for the children's sake'.

From a risk perspective, leaving after an incident of violence has also been viewed as a very dangerous time for women when significant serious injury is likely to be sustained in the form of homicide and assault. The Otago Injury Prevention Research Unit estimates that 38% of homicides in New Zealand involved family relationships, with two thirds out of the 38% of the adults killed being women (Fanslow, 1991). Homicide is the fifth leading cause of death for women (Department of Public Health, (1997) half of which are carried out by the woman's partner or ex-partner.

Clinical experience supports this view that leaving is very dangerous for women with the understanding that two opposing sets of behaviours are often occurring for men during the post separation period; firstly, to get their partners back and resume 'normality'; and secondly, ongoing persistent abusive behaviour. Morris (1996) found that women reported a range of

behaviours including unwanted phonecalls (25%), threats (18%), standing outside the woman's house or workplace (17%), following the woman (14%), attempting to get extended family/whanau on his side (13%), entering the woman's home without permission or when the woman was not there (13%), writing to the woman when asked not to (10%) and a range of other behaviour such as following the children, destroying the woman's property, leaving unwanted or unpleasant items, breaking court orders and assaulting the woman (28%). If the model postulated by Hotlzworth-Munroe and Stuart (1993) is accurate, then the process of separation in itself may not be indicative of risk for all men. It is more likely to pose risk for the dysphoric/borderline group of men who exhibit greater dependency needs on their partners. It is this group of men who are more likely to have experienced preoccupied attachment in childhood. It could be postulated that this group are more likely to breach protection orders and enact homicide of partners and suicide of themselves

5.4 Barriers to assessing risk

Before beginning to explore in-depth a comparison of factors that workers identify as indicative of risk, the context in which risk prediction occurs is worthy of mention. The genesis of the development of NNSVS/TKWMP member groups within New Zealand has a relatively recent history, the first approaches arising during the early 1980's.³³ These organisations developed outside of the mainstream State-provided social service delivery and as such have operated within the not-for-profit sector, relying upon charitable donations, fees from clients, grants and more latterly, contracts with statutory agencies such as Department For Courts and Community Corrections to sustain programme delivery.

³³ For a review of the early development of these approaches see McMaster, K.J., & Swain, P. (1989). *A Private Affair: Stopping men's violence towards women*. Wellington: GP Books.

This has effectively meant that organisations have operated within an underfunded environment which, as reported by the workers who responded to the survey from NNSVS/TKWMP member agencies, creates a number of difficulties in assessing risk. The most noted restraint was the lack of time to undertake the induction/assessment phase of the process. Engaging men into programmes is obviously a high priority for workers and as identified, the longer men are engaged the lower the level of risk. Hamberger and Hastings (1990) found recidivism rates of 28% for those completing programmes with recidivism rates climbing significantly for non-completers. Palmer, Brown and Berrera (1992) report recidivism rates of 10% for those completing at least 70% of the programme compared to 30% for controls who did not attend programmes but were supervised by probation officers. Shepherd (1992) in a five year follow-up study of 100 men found a 40% recidivism rate. Shepherd found that variables related to intervention, completion, and court process did not predict recidivism. Instead she found that duration of abuse, chemical dependency, child abuse victim in family of origin, and previous convictions for non-assault crimes were more likely to be correlated with recidivism. Of interest was a counterintuitive finding that shorter duration of abuse was correlated with higher recidivism. She postulates that it may be related to a pattern whereby men's behaviour does not change until the costs become increasingly higher and risks greater. It may be that men who have been abusive for a long time are more, not less, receptive to treatment.

The issue therefore of engagement and retention may be a factor of critical importance in long-term reduction of risk. However as noted this may also not be the case. Perhaps a more important issue is assessing the risk level in the significant numbers of men who do not even get past the first step in the process. The profile of men making contact with SVS identified this issue, with 41% of men who actually engaged in the intake process after making initial contact with the agency. What remains very unclear is the risk level of men who do not engage compared

to those who do engage. The interesting question remains: are the men who engage, 1) more amenable to intervention and/or 2) more likely to be those exhibiting a lower level of risk such as family violence only men, compared to dysphoric/borderline or anti-social personality men (Holtzworth and Stuart, 1994)?

The challenge therefore exists for workers to balance the needs of engaging men while at the same time assessing their immediate and longer-term risk to engage in further violence. Clearly this is a difficult task and what workers report was the lack of reliable and useful tools to undertake this screening of risk. However, this does not mean that the clinical intuition of workers as to which men exhibit higher risk than others is not operating to a high degree. This study did not look directly at this issue and so a comment cannot be given. Comments from workers indicated that many wanted to have a more formalised approach to risk assessment, giving a guide to the factors in men presenting at engagement which would be indicative of risk. They were not looking for actuarial models, but more indicators of when further information was required to aid in the processes of intervention. While workers have to date not been asked to provide expert evidence for the Courts as to levels of risk, their assessments do form the basis for decision-making by partners, Probation Officers and programme staff which affects clients' lives. This raises a very real ethical question as to the basis of such judgements and the implication if they are wrong. As noted by Williams (1997) the assessment of risk reflects current political values and can be used as a form of social control. How workers continue to balance the rights of the men accessing programmes and the issues of accountability and safety of those victimised or at risk of future victimisation is one of the ongoing challenges of working in this field.

5.5 Limitations of the study

As Hotaling and Sugarman (1990) note, two major problems exist for the identification of risk markers and subsequent calculation of risk. The first relates to the absence of appropriate comparison groups and the fact that profile analysis generally reports on samples of identified men who are violent towards their female partners. For example, growing up in a family where there is violence can tell us nothing unless a comparison group is used to ascertain the number of men who then go on to perpetrate violence within their own families as adults. They do not however rule out the usefulness of profile analysis and see this as “immensely valuable for the purpose of secondary or tertiary prevention where detailed knowledge of a client population is a clear asset” (390). This is clearly the case for NNSVS/TKWMP workers who need to know as accurately as possible the nature, extent and frequency of behaviours that are presented. For example, from a clinical perspective, the presence of a head injury can have a profound impact on the processing of information given that stopping violence programmes are structured using a cognitive-behavioural framework.

The second issue relates to the relationship between various risk markers (Hotaling & Sugarman, 1990) and that univariate analysis is limited in that a number of factors, for example, low income, unemployment and less formal education, may not be independent variables.

A number of flaws in the design of this research (particularly the client self reports) must make the results tentative. The agency (SVS) had been collecting the data for a number of years and while using it for clinical purposes had not had the opportunity to have it analysed in a systematic manner. Hence, the data is retrospective which may limit its usefulness. What did become apparent was that the manner in which the client self report is structured creates a number of methodological problems. The lack of specificity and ambiguity of many of the questions, along

with the absence of severity and frequency measures does not allow easy comparison with other research in the area. However, as a view of the issues facing many of the men accessing the SVS programme at that time, it does provide some useful data. Cooper and Werner (1990) argue that accuracy can be improved with the inclusion of more situational variables or indicators of the person's environment interactions. Unfortunately workers, as noted in the survey results, do not often have access to the necessary situational information to enhance prediction. This is due to either unavailability or financial/cost/time limitations.

A number of limitations are also evident in the workers survey. The response rate is relatively low so it is not possible to generalise these issues across NNSVS/TKWMP agencies. Also due to the anonymity of responses it remains unclear as to the representation of programmes across New Zealand in the sample. Finally, there are issues of interpretation of the survey on the part of respondents which may compromise the consistency of the responses.

5.6 The Way Ahead - Conclusion and Recommendations

As argued at the beginning of this study, workers can no longer avoid the process of making assessments of risk levels in men presenting to stopping violence programmes run under the auspices of National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga. Whether or not the assessment of risk is acknowledged as an important and integral aspect of the task of engaging men into programme work around their violence, the fact remains that workers do and are making assessments, and therefore judgements, as to the risk level in men presenting. The challenge perhaps for workers in such an integral organisation that provides the bulk of community based stopping violence programmes, is to join this growing debate. The issue of risk prediction with men who are violent towards their female partners,

unlike other areas of social service delivery such as mental health, child abuse and sexual abuse, is just beginning. Workers within the New Zealand context are well placed, given their geographical spread, to explore this issue further and contribute to this debate in a manner that can promote the safety of women and children.

What is clear from the results of the survey of workers active in NNSVS/TKWMP member agencies is that the amount of time that workers have to undertake the task of assessing risk in men presenting is limited. It has been shown that this limited amount of time is further eroded by the multiple tasks that encroach upon direct client contact work. This study has shown that many workers do not feel confident and perceive themselves to be under-prepared for the task of assessing levels of risk. A number of issues were noted to account for this: lack of time, lack of training and lack of relevant user friendly tools. If this sample reflects the wider issues facing workers from NNSVS/TKWMP member groups, then attention may need to be directed at addressing this gap in knowledge and skill.

This survey could have been enhanced by looking at grouping various risk predictors together as opposed to straight ranking. It may be that the combination of, for example, anti-social personality, alcohol and drug issues, contact with deviant peers and public as well as private violence, is a better indicator of serious assault in the future. For personality disordered men, the combination of factors such as separation, emotional volatility, high levels of anger, alcohol and drug issues and preoccupied attachment may predict greater risk of murder/suicide. An exploration of the inter-relationship between risk predictor variables would have allowed better comparison with other research. This would fit the idea that men who are violent towards their female partners are not an homogenous group but quite the opposite. This may make the prediction of risk easier given that it may be possible to categorise certain men on presentation.

There are of course inherent dangers in labelling men but there does appear to be convincing evidence for several diverse groupings of men who present at programmes (see e.g., Holtzworth-Munroe & Stuart, 1993).

5.6.1 Future Research

At the end of any study of this nature one is left with more questions than answers. However this study has highlighted a number of possible future directions that require further investigation:

- Testing the hypothesis that there are three predominant sub-groupings of men who present to programmes (anti-social, dysphoric, and family only violent), each one comprising different levels of risk at different times.
- Developing a standardised assessment protocol for programmes throughout New Zealand to assist workers to quickly identify which men are likely to present higher risk to their partners than others. Some design work is currently being done by SVS as a result of feedback on the limitations of the current client self-report. This would need to be piloted in a number of settings. This would not necessarily have to follow a quantitative model but could follow the format of clinical assessment currently utilised by the risk management team of New Zealand Children, Young Persons and Their Families Service. This model has utility in that it can enable risk identification at any point in time which is important given that risk will vary depending upon the inter-relationship of various factors.
- That further in-depth research is undertaken in conjunction with front-line workers to explore the relationship between clinical assessment accuracy of risk prediction.

5.6.2 Practice Implications

In addition to recommendations for further research, workers within NNSVS/TKWMP member agencies are ultimately in the business of intervention with men who are violent towards their female partners. The respondents to the survey, while having good clarity about a number of key predictors that denote high risk, do not appear to have consistent processes in place to undertake the task of risk prediction. The task as reported by workers is restricted due to competing demands upon them and the diversity of roles that they carry out in the course of their work (that mainly is of a part-time nature). Workers surveyed commented upon their lack of expertise in assessing risk and expressed a desire for more training in relation to, and discussion around these issues. A number of recommendations for practice arise from this:

- That NNSVS/TKWMP look to developing a project around supporting agencies to ensure workers are skilled in the processes of risk prediction and assessment through development of training resources. This training would also look at how agencies operationalise contact with the partners of men who are deemed to be at high risk, given the complexities of these issues.
- That workers are trained in a diversity of risk assessment processes including clinical assessment, pathway analysis and assessment of potential self/other harming behaviours. In addition workers need training in how to evaluate outcome and risk at completion of intervention.
- That agencies identify the amount of time necessary for thorough in-depth assessment of risk and build this into their budgeting processes.

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RELATIONSHIPS

Current Status

Married	De Facto	Single
Separated	Divorced	Widowed

For how many years? 0-1 1-2 2-5 5+ 20+

How many children (including step-children) are living with you? _____

Their ages? _____ _____ _____ _____ _____

Recent Significant Previous Relationship

How long ago did this end? 0-6mths 6mths - 2yrs 2yrs +

Were you: Married De Facto Not living together

For how many years? 0-1 1-2 2-5 5+ 20+

Who most wanted to finish it? Self Partner Both Neither

How many children were in this relationship? _____

Are custody or access managements satisfactory? Yes No

CONSEQUENCES

Have any of your partners -

Left you after a fight or argument?	Yes	No
Stayed at Women's Refuge?	Yes	No
Needed medical attention for injuries received from your violence?	Yes	No
Been to Hospital as a result of your violence?	Yes	No
Has your violence been a major reason for any relationship ending?	Yes	No
Have you ever had a non-violence or non-molestation order taken out against you?	Yes	No
Are there any still in force?	Yes	No
Has anyone called the police or tried to call them because they felt they or other people were in danger?	Yes	No
Have you been charged with assault or a similar offence?	Yes	No
Within the last 6 months?	Yes	No
Within the last 6-12 months?	Yes	No
More than 1 year ago?	Yes	No

ALCOHOL AND OTHER DRUG USE

Mark your usage.

	Regularly	PAST Occasionally	Never	Regularly	PRESENT Occasionally	Never
Tobacco	-	-	-	-	-	-
Alcohol	-	-	-	-	-	-
Cannabis	-	-	-	-	-	-
Valium(or other downer)	-	-	-	-	-	-
Speed (or other upper)	-	-	-	-	-	-
Solvents (glue)	-	-	-	-	-	-
Others	-	-	-	-	-	-

WHAT AFFECT DO THESE DRUGS HAVE ON YOUR BEHAVIOUR?

	Less likely to be violent	No effect	More likely to be violent	Don't know
Tobacco	-	-	-	-
Alcohol	-	-	-	-
Cannabis	-	-	-	-
Downers	-	-	-	-
Uppers	-	-	-	-
Solvents	-	-	-	-
Others	-	-	-	-

Have other people told you they are worried by your drinking Yes No
 Have you ever changed your alcohol or drug use to modify your Yes No
 behaviour?

TICK YOUR BEHAVIOURS

	RELATIONSHIPS			
	PRESENT*		PAST	
	Partner	Children	Partner	Children
Hit, slap, punch	-	-	-	-
Push, shove, trip	-	-	-	-
Shake, choke, throttle	-	-	-	-
Kick, bite, burn, beat up	-	-	-	-
Pull hair, spank	-	-	-	-
Squeeze over tight, hurt deliberately	-	-	-	-
Hit with object, use weapon	-	-	-	-
Throw things at person	-	-	-	-
Threaten to do any of above	-	-	-	-
Make intimidatory threats, gestures	-	-	-	-
Threaten to kill them	-	-	-	-
Threaten to kill yourself	-	-	-	-
Threaten to kill someone else	-	-	-	-
Shout, yell, roar	-	-	-	-
Order silence	-	-	-	-
Order out or throw out	-	-	-	-
Throw or smash deliberately	-	-	-	-
Destroy their property	-	-	-	-
Threaten to leave relationship	-	-	-	-
Threaten punishments	-	-	-	-
Use angry looks	-	-	-	-
Name call, criticise negatively	-	-	-	-
Criticise appearance	-	-	-	-
Suggest uselessness, incompetence	-	-	-	-

* PRESENT = WITHIN THE LAST 6 MONTH

TICK YOUR BEHAVIOURS

RELATIONSHIPS

	PRESENT*		PAST	
	Partner	Children	Partner	Children
Call them crazy, stupid	-	-	-	-
Use guilt, be sarcastic	-	-	-	-
Play mind games	-	-	-	-
Keep important information secret	-	-	-	-
Treat others like servants	-	-	-	-
Be "master", insist on male rights	-	-	-	-
Stick to male/female roles	-	-	-	-
Force your decisions, opinions	-	-	-	-
Make big decisions unilaterally	-	-	-	-
Believe men make better decisions	-	-	-	-
Control the money mostly	-	-	-	-
Control the money completely	-	-	-	-
Refuse to discuss any issues	-	-	-	-
Ignore, sulk, walk out, storm out	-	-	-	-
Insist on last word	-	-	-	-
Have big mood changes	-	-	-	-
Be rude about their friends	-	-	-	-
Be rude to their friends	-	-	-	-
Control what they do, where they go	-	-	-	-
Control how long they are anywhere	-	-	-	-
Control who they see	-	-	-	-
Sabotage plans	-	-	-	-
Keep them from getting a job	-	-	-	-
Use the kids to hurt or hassle	-	-	-	-
Harass over access arrangements	-	-	-	-
Have sex when they don't really want to	-	-	-	-
Force sexual behaviour they don't like	-	-	-	-
Harass sexually	-	-	-	-
Use sexual put-downs	-	-	-	-

* PRESENT = WITHIN THE LAST 6 MONTHS

MOTIVATION AND SUPPORT

Who most wants you to change your attitudes and behaviours?

Yourself Partner Children Family Friend
Counsellor Probation Court Other _____

Who most wants you to come to a Stopping Violence Programme?

Yourself Partner Children Family Friend
Counsellor Probation Court Other _____

What is your attitude towards attending a Stopping Violence Programme?

Hostile Reluctant Cautious Willing Enthusiastic

How do you feel about making changes to your attitudes and behaviour in relationships?

Hostile Reluctant Cautious Willing Enthusiastic

Write in the names of the people whom you care about and who support your changing.

<i>Your name</i>	<i>Very close friends</i>	<i>Quite close friends</i>	<i>Not very close but supportive</i>
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Did you manage the reading and writing on this questionnaire on your own? Yes No

Appendix 2:

ASSESSING RISK OF MEN WHO ARE VIOLENT TOWARDS THEIR PARTNERS INFORMATION SHEET

Massey Letterhead here

24 December, 1997

«FirstName» «LastName»
«Address1»
«Address2»

Dear «FirstName»

I am inviting four members of your team to participate as subjects in the research project 'Assessing Risk Of Men Who Are Violent Towards Their Partners'.

The aims of this project are three fold. Firstly to assess what methods of assessing risk are currently being used in community based stopping violence programmes affiliated to the National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga.

The second aim is to gain an understanding of the factors that workers view as the most important as indicators of risk levels in clients. The factors listed have been drawn from what is a growing body of literature related to men who are violent to their partners.

The third aim is develop from the data presented a user-friendly risk assessment instrument that workers can use in their practice with men who are violent to their partners. This is envisaged in two parts; an initial screening tool and a follow-up instrument for post treatment. This instrument will not be able to be tested within the time-frame of this study.

Workers in the violence area are constantly making judgements about the degree of risk that their clients present. While the area of assessing risk has a long history in the criminal justice field, it is relatively undeveloped in the family violence field. With the introduction of the Domestic Violence Act 1995 workers will be asked to make predictions on clients' ability to be safe with their children. Using risk prediction instruments based on other types of criminal activity may not be particularly useful at this stage. This is what makes this study important.

The results of the project will form the basis of a thesis to be submitted to Massey University in *partial* fulfilment of the requirements of the degree of Masters in Social Work. It is also envisaged that the results will be submitted to a journal for publication. In addition the results should inform and be of interest to the workers who daily make assessments of their clients level of risk.

The project is being carried out by Mr Ken McMaster who can be contacted at (03) 328-7082 or on 021-662-521. I will be pleased to discuss any concerns you may have about participation in the project.

The project has been approved by the Massey University Human Ethics Committee.

Key Issues of Consent and Anonymity.

The questionnaire will take you about thirty minutes to complete. When completed, your part in the exercise is over. Filling out this questionnaire implies consent to your information being used for research purposes. You have the right to not answer any of the questions within the questionnaire.

You also have the following rights:

- to decline to participate
- to withdraw from the activity at any time
- to have your privacy and confidentiality protected
- to turn off a recording device at any time
- to ask questions at any time
- to receive information about the outcome of the activity in an appropriate form

Given my long involvement in this work and my relationship with many workers in the family violence field, in order to protect the privacy of your information I do not need to know who has returned questionnaires. The questionnaire will be coded and are anonymous and so none of the material could be used to point to the identification of any person.

In order for you to receive a copy of the results however, please send the enclosed signed form in the separate stamp addressed envelope from the questionnaire.

The time-frame for the questionnaire part of the project is tight and needs to be completed by 17 February 1997. I would therefore appreciate that you don't put the questionnaire to the bottom of your stack of busy things to do but find time over the next fortnight to sit down and complete it.

I appreciate your willingness to be involved in this study as it will assist in establishing where we sit in relation to the issues of assessing risk. Thanking you in anticipation.

Yours faithfully

Ken McMaster, B.S.W., C.Q.S.W., M.N.Z.A.S.W.
Researcher

P.S. Before sending back the questionnaire please take a moment to check you have:

- Filled out sections 1,2 & 3 of the questionnaire
- Included relevant examples of risk assessment tools you use
- Filled in the "I Would Like A Copy Of Results Form."

“I Would Like A Copy Of Results Form.”

Risk Assessment of Men Who Are Violent To Their Partners

Yes, I would like a summary of the results of the above research.

Signed Date

Name (Please print clearly)

Address

Phone Number

Questionnaire

Risk Assessment of Men Who Are Violent To Their Partners

NOTE: You are invited to participate in the research project Risk Assessment of Men Who Are Violent To Their Partners by completing the following questionnaire. The aims of this project are three fold. Firstly to assess what methods of assessing risk are currently being used in community based stopping violence programmes affiliated to the National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga.

The second aim is to gain an understanding of the factors that workers view as the most important as indicators of risk levels in clients. The factors listed have been drawn from the literature related to men who are violent to their partners.

The third aim is develop from the data presented a user-friendly risk assessment instrument that workers can use to inform their practice and intervention with men who are violent to their partners. This is envisaged in two parts; an initial screening tool and a follow-up instrument for post treatment. This instrument will not be able to be tested within the time-frame of this study.

I have read and understood the description of the above-named project. My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

I understand that by filling in the questionnaire implies consent to participate in this research. I also understand that I have the right not to fill in any aspects of the questionnaire. On this basis I agree to participate in the project, and I consent to publication of the results of the project with the understanding that anonymity and confidentiality will be preserved.

I understand that the questionnaire will take me approximately 30 minutes to complete.

--	--	--

Section One: How you assess risk

1. What methods do you use to assess levels of risk? (Tick all appropriate)
- I don't
 - Interview (individual)
 - Interview (group)
 - Screening tools Please list below
 - Partner reports
 - Reports from others eg. Probation, Police
 - Ongoing monitoring in programme

I use the following screening tools or assessment questionnaires (please list name of instrument author, source and include a copy)

2. If you undertake individual assessments do you use a written protocol?
- Yes No

3. If you use a screening tool at which points in the process do you use this tool?
- At initial assessment
 - During intervention (programme)
 - At end of programme

4. If you use partner reports as part of your assessment of risk how do you collect this information?
- Face-to-face interview
 - Telephone interview
 - Questionnaire
 - Other (please specify over page)

(Question 4 continued)

5. How do you record your assessment of risk? (Tick all appropriate)
- I don't
 - By written case-note
 - By audio-tape
 - By video-tape

6. When assessing "do" you (Tick all appropriate)
- Assess the man only
 - The man and his partner (together)
 - The man and his partner (separately)
 - Rely on other information (Police reports) Please specify
 - Other - please explain

7. If you assess a man as being at high risk what do you do with this information? (Tick all appropriate)
- Keep this to yourself
 - Talk to your supervisor
 - Yourself or another worker talk to man's partner
 - Record this in a case file
 - Other - please explain

8. What, if any factors make it difficult for you to adequately assess risk? (Tick all appropriate)

- Time allocated
- Resourcing eg. financial cost
- Skill level
- Demand for service
- Does not apply
- Availability of relevant tools

Please explain your response

9. Other comments you may wish to make:

Section Two: Assessing risk and dangerousness

Below are 39 factors that the literature identifies as issues related to men who are violent. Please rank these from 1 - 39 with *1 being the most important factor* that would give you more concern about the level of risk of the man, *2 being the second most important factor* down and so on down to 39 *being the least important factor* in your view. There are no right or wrong answers to these questions. These factors are in random order. I have enclosed two sheets of this page - one for you to do your rough working out on and one final copy to return to me.

Factor	Ranking
1. Age of abuser	_____
2. Attachment in childhood	_____
3. Onset of violence before age 15	_____
4. Is the abuser socially isolated	_____
5. Association with violent peers	_____
6. Severity of current incident	_____
7. The abuser has a protection order	_____
8. Hostile attitudes towards women	_____
9. Has the abuser a substance abuse problem	_____
10. Previous police arrest	_____
11. Severity of prior incident	_____
12. Low level of parenting knowledge/skills	_____
13. Antisocial personality	_____
14. Impaired mental functioning (eg. head injury)	_____
15. High stress	_____
16. Frequency of abuse	_____
17. Abusers own victimisation - physical/sexual	_____
18. Abuser has traditional attitude towards discipline	_____
19. Recency of abusive incident	_____
20. The abuser acts impulsively	_____
21. Genetic factors (eg. temperament, anger arousal)	_____
22. Borderline personality	_____
23. Publicly & privately violent	_____
24. Witnessed parental violence	_____
25. Other criminal behaviour	_____
26. Low social skills in non intimate relationships	_____
27. Attitudes supporting violence	_____
28. Dependency on victim	_____
39. Fear of rejection	_____
30. Increasing pattern of severity of abuse	_____
31. Does the abuser have access to weapons (eg. a gun)	_____
32. The abuser threatened to kill the victim	_____
33. Depressed	_____
34. Rejection by father	_____
35. Evidence of remorse & empathy	_____
36. Anger proneness	_____
37. Trauma experiences	_____
38. Fear level in victim	_____
39. Abuse of children	_____

Section Three: Yourself

1. My gender is: Male
Female

2. My age is:

Under 20 <input type="checkbox"/>	40-44 <input type="checkbox"/>
20-24 <input type="checkbox"/>	45-49 <input type="checkbox"/>
25-29 <input type="checkbox"/>	50-54 <input type="checkbox"/>
30-34 <input type="checkbox"/>	55-59 <input type="checkbox"/>
35-39 <input type="checkbox"/>	60 + <input type="checkbox"/>

3. I identify my ethnicity as:

Pakeha	<input type="checkbox"/>
Maori	<input type="checkbox"/>
Pacific Island	<input type="checkbox"/>
Other	<input type="checkbox"/> Please specify

4. How many hours do you spend each week working with men who are abusive?

Less than 5 <input type="checkbox"/>	20-24 <input type="checkbox"/>
5-9 <input type="checkbox"/>	25-29 <input type="checkbox"/>
10-14 <input type="checkbox"/>	30-34 <input type="checkbox"/>
15-19 <input type="checkbox"/>	35-39 <input type="checkbox"/>
40 + <input type="checkbox"/>	

5. How many years have you worked in this field?

Less than 1 <input type="checkbox"/>	7-8 <input type="checkbox"/>
1- 2 <input type="checkbox"/>	9-10 <input type="checkbox"/>
3-4 <input type="checkbox"/>	11-12 <input type="checkbox"/>
5-6 <input type="checkbox"/>	13 + <input type="checkbox"/>

6. What roles do you or have you undertaken in this work?

Assessment/intake	<input type="checkbox"/>
Report writing	<input type="checkbox"/>
Individual work	<input type="checkbox"/>
Group-work	<input type="checkbox"/>
Management	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Training	<input type="checkbox"/>

7. Rank yourself in terms of your knowledge on the following issues (1=not much knowledge through to 7=a great deal of knowledge). Try to avoid where possible a middle score of 4.

Understanding of alcohol & drug issues

1 2 3 4 5 6 7

Understanding of abnormal behaviour

1 2 3 4 5 6 7

Understanding of legal issues regarding violence

1 2 3 4 5 6 7

Understanding of the impact of violence on children

1 2 3 4 5 6 7

Assessing social skills

1 2 3 4 5 6 7

Assessing motivation for change

1 2 3 4 5 6 7

Assessing dangerousness and risk

1 2 3 4 5 6 7

Assessing patterns of violent and abusive behaviour

1 2 3 4 5 6 7

Assessing outcome post intervention

1 2 3 4 5 6 7

8. What training have you undertaken to work with family violence? Please list.

9. What training have you undertaken to assist you with assessing risk levels?

10. What do you consider to be the gaps in your knowledge base related to assessing risk?

Appendix 3:

Agreement Between the Men’s Violence Project (Christchurch) Inc. and Ken McMaster (Researcher) Covering Access To Client Information

This is an agreement between the Men’s Violence Project (Inc.) and Ken McMaster (Researcher) to access client information for research purposes only.

The Men’s Violence project agrees to:-

- 1) Allow access to file information for research purposes only
- 2) Allow access to client information only at the premises of the Men’s Violence Project (Inc.)
- 3) That the Privacy Officer of the organisation review the procedures involved and the data sheets used to capture the information required

Ken McMaster (the Researcher) agrees to:

- 1) Abide by the Privacy Act 1993 and is aware of the penalties of breaching that Act
- 2) Abide by the Men’s Violence Project contract with participants for use of information
- 3) Abide by the privacy provisions of the National Network of Stopping Violence Services (NZ) Inc./Te Kupenga Whakoati Mahi Patunga embodied in the Manual of Standards for Stopping Violence Programmes (Section 2.11 - see enclosed)
- 4) Use the information for research purposes only
- 5) Use information supplied in an ethical and professional manner in accordance with the ethical procedures laid down by the Human Ethics Committee, Massey University
- 6) Be open and honest in his dealings with the Men’s Violence Project regarding any ethical problems that may arise in the use of information supplied

Signed:

Arthur Wells - Chairperson

Date: _____

Ken McMaster - Researcher

Date: _____

Appendix 4:

Contract for Participation in Stopping Violence Programme

This contract is between _____

And _____
(name of programme representative)

made on the ____ day of _____ 19 ..

1) The Programme

a) I hereby consent to participate fully in the programme offered by MVP. I understand that the programme is for a total of ____ hours run over a _____ week duration. I understand that during the programme I will be involved in work designed to assist me to change my attitudes and beliefs about abusive behaviour, as well as develop a non abusive lifestyle.

b) I understand that the treatment offered is not a cure but will provide me with skills and knowledge to stop abusive behaviour. The programme involves group work for myself, the opportunity for work with my partner and may involve family meetings. I also understand that I will be expected to undertake tasks set by the group leaders away from the group, attend the programme alcohol and drug free, and be on time.

2) Confidentiality

I understand that confidentiality works in two ways;

a) Outside the group I agree not to talk about anybody or give information which may identify another group member.

b) The programme will treat the information I share in confidence, except where it believes that someone's safety may be at risk. Where the programme is required to report to statutory bodies such as Community Corrections, Family Court or New Zealand Young Persons and Their Families Service the report remains confidential to the programme and the statutory body concerned.

3) Accountability

a) I understand that to be accountable to victims of my violence and abuse the programme will inform my partner, ex partner or person most closely affected by my behaviour of my attendance at the Stopping Violence programme.

b) The programme will also invite this person to meetings set up to keep partners informed and supported while men are attending a Stopping Violence Programme. I give my permission for these contacts to be made.

4) Research and Training

a) I understand that the programme has both a research and training aspect. This will mean that from time to time I will be asked (but not required) to participate in research projects and that from time to time trainee workers will participate in the programme. I will be informed when this is to occur.

5) Use of Information

a) I understand that personal information collected from me (intake questionnaire, phone sheets etc.) are used for the purpose of programme planning, research and policy decisions by the programme. While this information may be grouped and presented for funding applications, media releases etc. it will not identify me as an individual in any way.

b) I understand that I am able to request copies of such personal information for correction.

c) I understand that personal information on me will be protected against loss; unauthorised access, use, modification or disclosure; or any other misuse. I understand that this information will be kept in a locked filing cabinet.

d) I understand that personal information shall not be disclosed to another person unless I have given my permission first or it fits under Section 2 (b) of this contract.

6) Changes in Living Situation

a) I agree to inform the group leaders of any change in my living situation as soon as possible.

7) Payment

a) I agree to pay \$ _____ as my contribution towards the cost of running the programme.

b) I will pay this;

i) in one lump sum

ii) in weekly amounts of \$ _____

iii) by weekly automatic payment of \$ _____

iv) through NZ Income Support Service advance payment of \$ _____

v) through disability allowance of \$ _____ per week

vi) other, please say: _____

vii) Community Corrections, Family Court NZCYP&FS or other agency paying.

b) I also understand that I am responsible for paying for missed sessions.

8) Leaving the Programme

a) I understand that I have the right to leave the programme if I should choose. I agree to talk with the group leaders before doing this and exploring the implications of this decision.

b) I also accept that the group leaders have the right to discharge me from the programme if my behaviour is unsatisfactory.

My signature indicates that I have read, understood and accept the above conditions of entry into the programme.

Signed

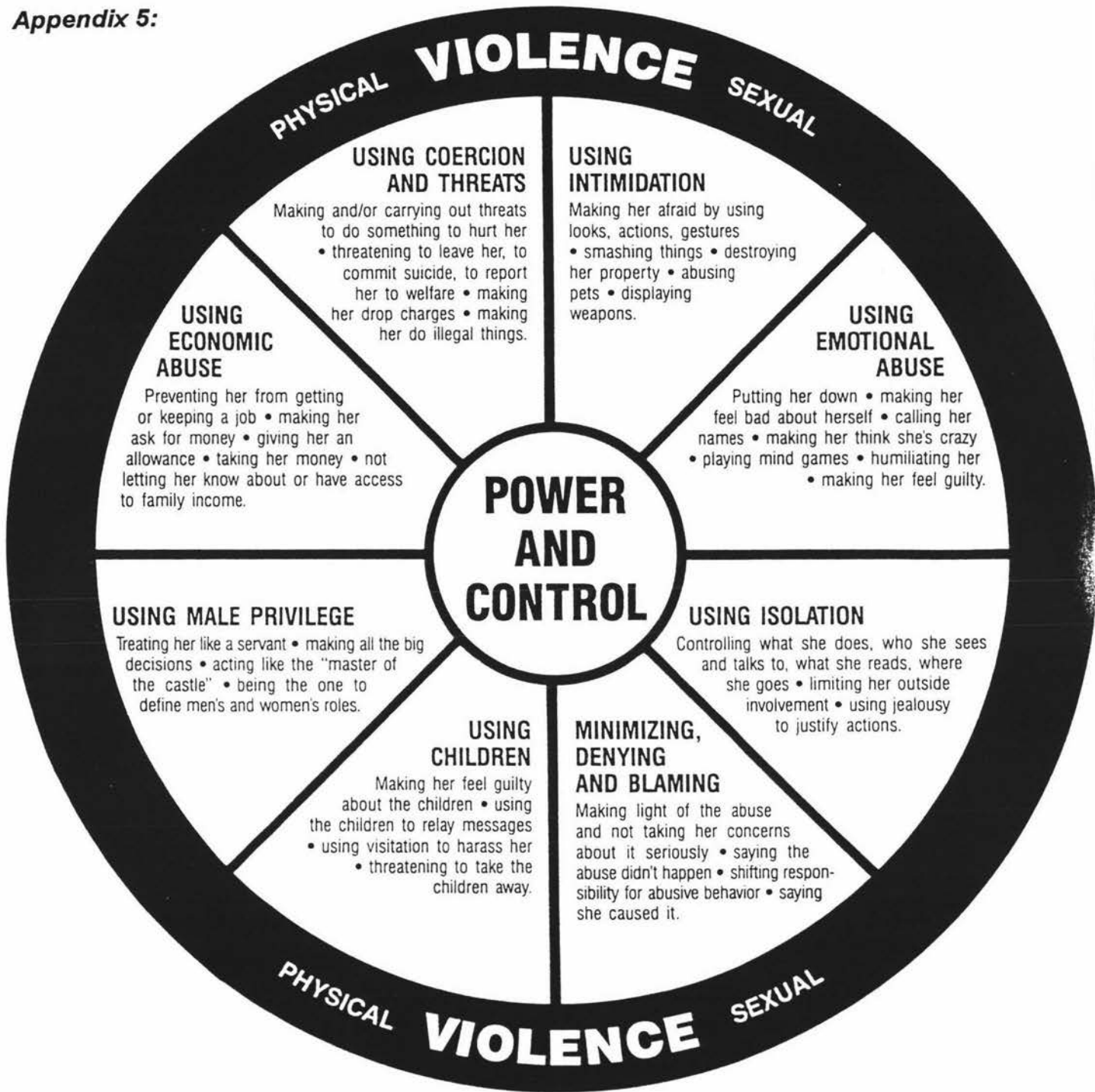
Participant: _____ Date: _____

MVP

Programme

Representative: _____ Date: _____

Appendix 5:



DOMESTIC ABUSE INTERVENTION PROJECT
 206 West Fourth Street
 Duluth, Minnesota 55806
 218-722-4134