MONASH GENDER AND FAMILY VIOLENCE PREVENTION CENTRE

Research Brief

Family violence perpetration and mental health

Introduction

Mental health impacts are a significant issue for people affected by family violence, and particular abusive tactics may be used against people with mental illness (e.g. see RCFV 2016b: 67-70). This research brief focuses on existing literature on mental health and the perpetration of family violence.

Terminology

The term 'mental health' refers to a broad range of different problems, illnesses and disorders with varied symptoms, pathologies and impacts on those experiencing them. As Sesar, Dodij & Simic (2018: 221) summarise:

> Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on. A psychological disorder, also known as a mental disorder, is a pattern of behavioural or psychological symptoms that impact multiple life areas and create distress for the person experiencing these symptoms.

Existing literature on mental health and perpetrators of family violence encompasses a wide variety of mental health diagnoses and problems. This research brief adopts a broad definition to include mental health problems and psychological disorders, while excluding literature on substance and alcohol use which have distinct and separately established fields of research (Corvo & Johnson 2013: 177).

Prevalence

Measures of the prevalence of different mental health problems for family violence perpetrators vary widely across existing studies. Victorian Crime Statistics Agency provided to the Victorian Royal Commission into Family Violence indicate that 20 per cent of family violence incidents recorded by police in 2013-14 identified mental health as a risk factor, and it was more prevalent for recidivist perpetrators (RCFV 2016a: 246, 251). In their final *Report and Recommendations,* the RCFV (2016a: 248) found that based on the data, for 'the majority of perpetrators, risk factors associated with substance abuse and mental illness are not present' (c.f. Corvo & Johnson 2013: 178), and emphasised 'the vast majority of people who have a mental illness are not violent' (RCFV 2016a: 250; see also Desmarais et al 2014: 2347).

Nevertheless, common mental health issues associated with family violence perpetrators across both genders emerge in relevant literature (predominantly from the US) including:

- posttraumatic stress disorder (PTSD) (Siegel 2013: 295; Davoren et al 2017: 641; Askeland & Heir 2014: 1-2; Corvo & Johnson 2013: 177; Crane et al 2014: 244);
- psychopathological, antisocial and/or borderline personality disorders (Ali & Naylor 2013: 376; Siegel 2013: 295; Shorey et al 2012b: 741; Davoren et al 2017: 641; Askeland & Heir 2014: 1-2; Shorey et al 2012a: 15; Corvo & Johnson 2013: 177; Brem et al 2018: 132-133; Iyican & Babcock 2017: 125);
- anxiety disorders (Davoren et al 2017: 641; Askeland & Heir 2014: 3; Corvo & Johnson 2013: 177; Hester et al 2015: 6-7);
- depression (Davoren et al 2017: 641; Askeland & Heir 2014: 3; Corvo & Johnson 2013: 177; Graham et al 2012: 740-741; Hester et al 2015: 6-7);
- suicidality (Heslop 2018: 15; c.f. Wolford-Clevenger et al 2018: 151);
- ADHD (Wymbs et al 2017: 662); and
- Bipolar disorders (Crane et al 2014: 244).

Numerous studies have also found high rates of co-morbidity of mental health problems and substance use in populations of family violence perpetrators (Siegel 2013: 295; Easton 2012: 90; Davoren et al 2017: 641; Askeland & Heir 2014: 1-2).

Association vs causation

Understanding the implications of mental health for family violence is critical for tailoring effective multi-agency responses for perpetrators. For instance, the occurrence of mental illness for a family violence perpetrator may 'affect the nature and severity of the violence, how it is experienced by the victim, and the appropriate judicial responses' (DFV Bench Book). However, while a number of studies have found evidence of greater rates of certain mental health problems occurring in different populations of both male and female family violence perpetrators, the nature of those associations remain unclear and researchers have been unable to establish a causal relationship or identify predictive factors between the experience of mental health issues and perpetrating family violence (Shorey et al 2012a: 16; Wymbs et al 2017: 662; Crane et al 2014: 244).

Some studies speculate on alternative or multiple possible explanations for findings of higher rates of certain mental health issues in family violence perpetrator populations such as:

- lack of treatment (Easton 2012: 90) or under-utilisation of services (Lipsky, Caetano & Roy-Byrne 2011: 846) by perpetrators of family violence;
- common risk factors being present – e.g. experiencing violence as a child being a common risk factor for both perpetrating family violence and developing certain psychological disorders (Davoren et al 2017: 641; Wymbs et al 2017: 664; Devries et al 2013: 2);
- high rates of co-occurring substance abuse, where substance abuse may be more predictive of reoffending (Heslop 2018: 14-15; Brem et al 2018: 132-133); and
- perpetration as a response to victimisation (Crane et al 2014: 244).

This has led many researchers to conclude that more research (especially longitudinal studies) is necessary to determine any possible causal relationships between family violence perpetration and certain mental health problems (Shorey et al 2012a: 15; Sesar, Dodij & Simic 2018: 221; Brem et al 2018: 132-133; Crane et al 2014: 244; Ali & Naylor 2013: 376-377). Existing research does provide significant implications for research, policy and practice however.

Implications for research, policy and practice

Longitudinal research is required to understand the interactions between mental health and the perpetration of family violence (Sesar, Dodij & Simic 2018: 231; Shorey et al 2012a: 16; Shorey et al 2012b: 742). Psychopathological explanations in particular should not be read narrowly or simplistically as indicating causality of family violence as it may 'displace the responsibility for the violence from the individual and reinforce batterers' tendency to project blame and accountability' (Gondolf 2007: 180, 178; also see Ali & Naylor 2013: 379; RCFV 2016a: 256).

Understanding these associations and the impacts of mental health on family perpetrators can inform prevention and intervention approaches (Krause-Utz et al 2018: 4). Existing research suggests that mental health and family violence practitioners should be both more alert to potentially co-occurring mental health and family violence experienced and/or perpetrated by their clients, and to the need for increased screening and training for identifying mental health issues when treating family violence and vice versa (Graham et al 2012: 740-741; Wolford-Clevenger et al 2018: 153; RCFV 2016b: 35-36;

Vaeth, Ramisetty-Mikler & Caetano 2010: 787; Shorey et al 2012b: 747; Armenti & Babcock 2018: 2; Chang et al 2011: 64; Crane et al 2014: 245).

Other implications for policy and practice include:

- Integrated or coordinated interventions for family violence and mental health may improve outcomes (Ali & Naylor 2013: 376; Lipsky, Caetano & Roy-Byrne 2011: 849), and there is a need for capacity building for services in both sectors to 'respond to clients with complex needs' (RCFV 2016b: 39). Blanket approaches were found to lack impact in one study on intervention programs (e.g. mandating mental health referrals), rather '[a]lternative or additional responses may be required' where mental health issues are present (Cerulli, Kenneth & Weisman 2004: 148; also see Gondolf 2007: 181);
- The extent to which identifying psychopathological traits assists in identifying risk factors and conducting risk assessments (Colins, Andershad & Pardini 2015: 555); and
- Potential impacts or opportunities for screening and referral in the criminal justice system (Heslop 2018: 28; also see Lipsky, Caetano & Roy-Byrne 2011: 849).

Conclusion

Reflecting the complex findings from research into mental health and family violence perpetration, the Victorian State Government states (in the *Chief Psychiatrist guideline and practice resource: family violence* developed in response to RCFV Recommendation 97):

> While mental illness is not a strong predictor of violent behaviour, some family members and other carers experience violence from the person with mental illness. …In some cases, the violence is directly related to the person's mental illness – for example, when individuals act on delusions such as voices telling them to harm someone. In these cases, addressing the symptoms of mental illness is likely to reduce the risk of violence. For others, the violence is not related to their mental health problems, and they are abusive or violent to their partner or family member irrespective of their mental state. (Victorian State Government 2018: 12)

References

Askeland, IR & Heir, T 2014, 'Psychiatric disorders among men voluntarily in treatment for violent behaviour: a cross-sectional study', *BMJ Open*, vol. 4, no. 4, pp. e004485.

Ali, PA, & Naylor, PB 2013, 'Intimate partner violence: a narrative review of the biological and psychological explanations for its causation', *Aggression and Violent Behavior*, vol. 18, no. 3, pp. 373–382.

Armenti, NA & Babcock, JC 2018, 'Borderline personality features, anger, and intimate partner violence: an experimental manipulation of rejection', *Journal of Interpersonal Violence*, pp. 1-26, [epub ahead of print].

Brem, MJ, Florinbio, AR, Elmquist, J, Shorey, RC & Stuart, GL 2018, 'Antisocial traits, distress tolerance, and alcohol problems as predictors of intimate partner violence in men arrested for domestic violence', *Psychology of Violence*, vol. 8, no. 1, pp. 132–139.

Cerulli, C, Conner, KR & Weisman, R 2004, 'Bridging healthcare, police, and court responses to intimate partner violence perpetrated by individuals with severe and persistent mental illness', *Psychiatric Quarterly*, vol. 75, no. 2, pp. 139-150.

Chang, JC, Cluss, PA, Burke, JG, Hawker, L, Dado, D, Goldstrohm, S & Scholle, SH 2011, 'Partner violence screening in mental health', *General Hospital Psychiatry*, vol.33, no. 1, pp.58-65.

Colins, OF, Andershed, H & Pardini, DA 2015, 'Psychopathic traits as predictors of future criminality, intimate partner aggression, and substance use in young adult men', *Law and Human Behavior*, vol. 39, no. 6, pp. 547-58.

Corvo, K & Johnson, P 2013, 'Sharpening Ockham's Razor: the role of psychopathology and neuropsychopathology in the perpetration of domestic violence', *Aggression and Violent Behavior*, vol. 18, no. 1, pp. 175-182.

Crane, CA, Hawes, SW, Devine, S & Easton, CJ 2014, 'Axis I psychopathology and the perpetration of intimate partner violence', *Journal of Clinical Psychology*, vol. 70, no. 3, pp. 238-47.

Davoren, M, Kallis, C, Gonzalez, R, Freestone, M & Coid, JW 2017, 'Anxiety disorders and intimate partner violence: can the association be explained by coexisting conditions or borderline personality traits?', *Journal of Forensic Psychiatry & Psychology*, vol.28, no. 5, pp.639-658.

Desmarais, S, Van Dorn, R, Johnson, K, Grimm, K, Douglas, K & Swartz, M 2014, 'Community violence perpetration and victimization among adults with mental illnesses', *American Journal of Public Health*, vol.104, no. 12, pp. 2342-2349.

Devries, KM, Mak, JY, Bacchus, LJ, Child, JC, Falder, G, Petzold, M, Astbury, J & Watts, CH 2013, 'Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies', *PLoS Medicine*, vol. 10, no. 5, pp. e1001439.

Easton, C 2012, 'Co-occurring mental health problems among substance dependent offenders of intimate partner violence', *Advances in Dual Diagnosis*, vol.5, no. 2, pp. 86-93.

Gondolf, E 2007, 'Cautions about applying neuroscience to batterer intervention', *Court Review: The Journal of the American Judges Association*, vol. 43, no. 4, pp. 178-181.

Graham, K, Bernards, S, Flynn, A, Tremblay, P & Wells, S 2012, 'Does the relationship between depression and intimate partner aggression vary by gender, victim–perpetrator role, and aggression severity?', *Violence and Victims*, vol. 27, no. 5, pp.730-743.

Heslop, L 2018, 'The Relative Contribution of Mental Illness in Intimate Partner Violence Recidivism', Unpublished masters thesis, University of Toronto.

Hester M, Ferrari G, Jones SK, Williamson E, Bacchus LJ, Peters TJ & Feder G 2015, 'Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey', *BMJ Open*, vol.5, no. 5, pp. e007141.

Iyican, S & Babcock, JC 2017, 'The relation between the two factors of psychopathy and intimate partner aggression', *Journal of Aggression, Maltreatment & Trauma*, vol. 27, no. 2, pp. 119-30.

Kivisto, A & Watson, M 2016, '12-month prevalence, trends, gender differences, and the impact of mental health services on intimate partner violence perpetration among discharged psychiatric inpatients', *Journal of Family Violence*, vol.31, no. 3, pp.379-385.

Krause-Utz, A, Mertens, L, Renn, J, Lucke, P, Wöhlke, A, van Schie, C & Mouthaan, J 2018, 'Childhood maltreatment, borderline personality features, and coping as predictors of intimate partner violence', *Journal of Interpersonal Violence*, online first.

(DFV Bench Book) National Domestic and Family Violence Bench Book 2018, *4.4.8 People with mental illness*, DFV Bench Book.

Lipsky, S, Caetano, R & Roy-Byrne, P 2011, 'Triple jeopardy: impact of partner violence perpetration, mental health and substance use on perceived unmet need for mental health care among men', *Social Psychiatry and Psychiatric Epidemiology*, vol. 46, no. 9, pp. 843–852.

(RCFV) Royal Commission into Family Violence 2016a, *Volume III: Report and recommendations*, No 132 Session 2014-16, Victorian Government Printer, Victoria.

(RCFV) Royal Commission into Family Violence 2016b, *Volume IV: Report and recommendations*, No 132 Session 2014-16, Victorian Government Printer, Victoria.

Sesar, K, Dodaj, A & Šimić, N 2018, 'Mental health of perpetrators of intimate partner violence', *Mental Health Review Journal*, vol. 23, no. 4, pp.221-239.

Shorey, RC, Elmquist, J, Ninnemann, A, Brasfield, H, Febres, J, Rothman, E, Schonbrun, YC, Temple, JR & Stuart, GL 2012a, 'The association between intimate partner violence perpetration, victimization, and mental health among women arrested for domestic violence', *Partner Abuse*, vol. 3, no. 1, pp. 3–12.

Shorey, R, Febres, J, Brasfield, H & Stuart, G 2012b, 'The prevalence of mental health problems in men arrested for domestic violence', *Journal of Family Violence*, vol. 27, no. 8, pp. 741-748.

Siegel, JP 2013, 'An expanded approach to batterer intervention programs incorporating neuroscience research', *Trauma, Violence and Abuse*, vol. 14, no. 4, pp. 295-304.

Vaeth, P, Ramisetty-Mikler, S & Caetano, R 2010, 'Depression among couples in the United States in the context of intimate partner violence', *Journal of Interpersonal Violence*, vol. 25, no. 5, pp. 771-790.

Victoria State Government 2018, *Chief Psychiatrist guideline and practice resource: family violence*, Victorian Government, https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/family-violence-guideline-practice-resource.

Wolford-Clevenger, C, Elmquist, J, Zapor, H, Febres, J, Labrecque, LT, Plasencia, M & Stuart, GL 2018, 'Suicidal ideation among woman court-referred to batterer intervention programs', *Victims & Offenders*, vol. 13, no. 2, pp. 143-157.

Wymbs, B, Dawson, AE, Suhr, J, Bunford, N & Gidycz, C 2017, 'ADHD symptoms as risk factors for intimate partner violence perpetration and victimization', *Journal of Interpersonal Violence*, vol.32, no. 5, pp.659-681.

Author: Kate Thomas (2019)

For further inquiries: arts.monash.edu/gender-and-family-violence