Intimate Partner Domestic Abusers: therapeutic and legal interventions from a Counselling Psychology Perspective.

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Portfolio submitted in the fulfillment of DPsych Counselling Psychology, Department of Psychology, City, University of London.

November 2018.

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Section A. Preface

Preface to Portfolio of Work

This portfolio is made up of three sections: an empirical research project, a journal article for submission intended for the Journal of Family Violence and a combined process report and case study. Each of these pieces of work were completed during my time training as a Counselling Psychologist at City, University of London and together they demonstrate my competence. This portfolio evidences my knowledge and skills with research and practice as a Counselling Psychologist and it demonstrates my ability to think independently and critically at a doctoral level.

The portfolio opens with an empirical piece of research that has been informed by a Foucauldian social constructionist ideology. The study aimed to examine the role of language and how it was used by different professionals to construct the intimate partner domestic abuser (IPDA) within contemporary western society. The professionals who took part in this study consisted of: a forensic psychologist, Police officer, social worker, criminal law solicitor, family law QC and a domestic violence perpetrator programme facilitator. It explored how these professionals' constructions of the IPDA influenced the criminal, legal and therapeutic interventions they made use of with the IPDA. This is seen as being significant for Counselling Psychologists as the constructions utilised have implications for the therapeutic relationship, practice and research within the area of domestic abuse and violence. Six semi-structured interviews were conducted with the aforementioned professionals. A form of Foucauldian discourse analysis was used to explore how professionals' understood and made sense of the IPDA and, subsequently, how these understandings influenced the thoughts, feelings and behaviours that the professionals attributed to the IPDA.

What emerged from this research was the use of a variety of different discourses to construct a wide range of different IPDAs. Intersectionality was seen to be an essential component of work within the field of domestic abuse and this led to a complex use of discourses to construct different IPDAs. For example, a strong feminist discourse was drawn upon to construct the male coercive controller along with psychological discourses and class discourses. In contrast, feminist discourses were subverted when professionals' constructed the female IPDA and criminal/legal

discourses as well as psychological discourses were adopted. Furthermore, psychological discourses and criminal/ legal discourses were adopted to construct the IPDA as a volatile relationship. Three main constructions emerged which included: power, control and criminality, psychological vulnerabilities and the volatile relationship. The main struggles that were identified revolved around a 'mad' or 'bad' dilemma. Through the use of a more traditional feminist discourse, professionals positioned the IPDA as being 'bad' and in doing so made them responsible for their actions and choices. This led to the use of criminal and legal interventions in order to contain the IPDA. In addition to this, there was seen to be limited opportunity for change on the part of the IPDA. However, when the professionals drew upon psychological discourses the IPDA was positioned as being 'psychologically vulnerable' which suggested a diminished responsibility for their actions and which inferred that more therapeutic interventions, rather than criminal interventions, should be utilised. It suggested that there were opportunities for the IPDA to change their behaviour if they were able to access the correct support and interventions. By positioning the IPDA as psychologically vulnerable professionals made it possible for themselves to be empathic towards the IPDA in order to deliver therapeutic interventions.

The research concludes by suggesting that professionals need to be mindful of the way in which they construct the IPDA as they have powerful ramifications for the IPDA and can result in a loss of liberty on multiple levels. It suggests that professionals need to be mindful of how they can create more empowering positions for the IPDA in order to facilitate positive outcomes whilst maintaining the safety and well-being of the recipients of the abusive behaviours. Furthermore, it suggests that professionals do not over pathologize the IPDA as this in turn can be disempowering and remove their responsibility and agency. The second part of this portfolio consists of a research article version of the above empirical research. It narrows down the research to focus on the key themes that emerged throughout the analysis process.

The final part of this portfolio demonstrates my professional practice through a combined process report and case study. This case study represents my growing interest in working within the area of trauma and offers a critical reflection of my practice within this area. This piece of work was conducted as part of a placement within a low cost community counselling service that specialised in working

psychodynamically with individuals who were experiencing mild to moderate mental health presentations. This combined case study and process report also reflects my developing interest in trauma that is sustained through abusive relationships. The individual that is presented has been impacted by both domestic abuse within childhood and then later through an experience of bullying within the context of a cult. I came to realise that the impact of domestic abuse can have ramifications for the development of the self. Within this particular piece, I critically explore how traumatic bonding occurs and how it can lead to the enmeshment of the self with others. Indeed, this work also demonstrates my developing interest and practice within a psychodynamic approach to therapy.

These pieces of work are presented in order to demonstrate my competency within the different areas of Counselling Psychology practice. They are also intended to demonstrate my developing skills and knowledge along with my competency in research and practice. I hope that they also demonstrate my growing area of interest in working within the field of domestic violence and abuse with both those who are seen as IPDAs and those who are seen as recipients of abuse through a social constructionist lens. Indeed, they also aim to demonstrate my intention to be ever mindful of the language that I adopt in relation to my clients, with the aim of working in an empowering and de-pathologising way.

Professionals' discursive constructions of the intimate partner domestic abuser (IPDA) and their influence on the legal and therapeutic interventions they make use of.

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B.1. Abstract

This research study aims to explore how the intimate partner domestic abuser (IPDA) is constructed through available discourses by different professionals working within contemporary western society. In addition to this, it aims to explore how different constructions of the IPDA, by these professionals, influence the criminal, legal and therapeutic interventions that are utilised by them. A Foucauldian Discourse Analysis was conducted on a sample of six interview transcripts of different professionals working with IPDAs. The professionals that took part within this study included: a forensic psychologist, a police officer, a criminal law solicitor, a social worker, a family law QC and a domestic abuse programme facilitator. The analysis generated three major discursive themes in relation to the object of the IPDA. These included: Power, control and criminality, psychological vulnerabilities (internal and external) and the volatile relationship. Professionals struggled within available discourses, particularly when utilising criminal/ legal and psychological discourses to construct the IPDA. Professionals often adopted criminal/legal discourses to explain the use of interventions that focused on safeguarding and containment. By positioning the IPDA as 'bad' they were seen to have choice and responsibility for their actions, meaning they could be held accountable for them. However, professionals would often utilise a psychological discourse when introducing therapeutic interventions. Within this construction, the IPDA was positioned as 'unknowing' and 'vulnerable', which meant they could be seen as lacking control over their behaviours. The behaviours were often seen as separate to the core person and the use of more compassionate and less punitive interventions was described. Ideas for future research and developments within Counselling Psychology are discussed. These include more focus on social and contextual factors when working with IPDAs' and developing a greater awareness of how language can impact individual's experiences.

Domestic abuse is a complex phenomenon which presents a unique challenge to professionals working in a variety of different settings, including health and wellbeing as well as legal and criminal agencies. It is a phenomenon that is prevalent throughout society and is not limited to one class, gender, sexuality or culture. The Office for National Statistics (ONS) reported in 2017 that an estimated 1.9 million adults aged between 16 and 59, living in England, had experienced domestic abuse between March 2016 and March 2017. Over this period, the police recorded 1.1 million domestic abuse-related incidents and crimes, and found that domestic abuse and violence accounted for 32% of violent crimes reported to the police in the UK. However, the ONS estimated that 79% of victims of domestic abuse will not report the abuse to the police. It is also estimated that 1.2 million victims of domestic abuse are women whilst 713,000 are men, and the most common form of domestic abuse is that of partner abuse. Furthermore, 16 to 19 year olds were found to be the age group that were most likely to say that they had experienced domestic abuse. The ONS (2017) also found that 63% of people who access support from independent domestic violence advisors (IDVAs) had children living in their households at the time they were receiving the support.

With domestic abuse permeating all areas of society the costs to the UK economy is substantial. Walby (2004) conducted an analysis to determine estimates of the overall costs to the UK as a result of domestic abuse and violence. She estimated that in total the UK spends £22.869 billion a year on services relating to the management, prevention and rehabilitation of those impacted by or perpetrating domestic abuse. Domestic abuse is estimated to cost the criminal justice system £1.017 billion, with £0.49 billion being spent by the police. It is estimated to cost £1.396 billion in relation to health care, with £1.22 billion being spent on treating physical injuries and £0.176 billion being spent on mental health related injuries. Furthermore, social services spent £0.228 billion in the year 2001, emergency housing for victims is estimated to cost £0.158 billion and civil legal costs amount to £0. 312 billion a year. The economic output lost to domestic abuse is estimated at £2.67 billion.

This study adopts a social constructionist framework and has a particular interest in exploring how language is used to construct the intimate partner domestic abuser (IPDA) by professionals in contemporary western society. Throughout this research,

I have chosen to identify the abusive party as an IPDA rather than make use of the more commonly used ‘perpetrator’. Given the nature of the research methodology, Foucauldian discourse analysis, I wanted to ensure that I made use of a term that was as neutral as possible. Although I acknowledge that it is very difficult, near impossible, to create neutral terminology, I felt that the use of IPDA abated many of the underlying inferences and connotations that come with the term ‘perpetrator’. For example, ‘perpetrator’ can be associated with criminality and criminality is often constructed as a male attribute. This awareness of bias within language is particularly relevant to Counselling Psychologists as we are often based in the community and are responsible for supporting both recipients and abusers with their mental wellbeing. These constructions have far reaching implications for our research and practice, and the therapeutic alliance that we form with IPDAs as well as recipients of abuse.

This chapter will begin by exploring definitions of domestic abuse and violence and how it is understood within the current literature. It will then look at how the IPDA is understood in the current literature and will briefly look at cultural and historical understandings of domestic abuse and violence and the implications that these understandings have for policy and politics. Current interventions for IPDAs will then be reviewed and the theories behind each intervention will be discussed. Finally, this chapter will conduct a review of the empirical literature in this area and will present the current aims for this research study.

B.2.1. Definitions of Domestic Abuse and Violence

On 26 March 2013, the UK Home office updated its definition of domestic violence and abuse to:

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

B.2.2 Prevalence of Domestic Abuse and Violence

Despite this all-encompassing government definition, a central criticism from many academics is that domestic abuse is often viewed as a gendered issue, with men being seen as the primary perpetrators and women being viewed as the predominant victims (Dutton, 2005). Although this assertion of gender appears to be supported by many crime surveys across Europe and North America US National Violence Against Women Survey [UNVAW] (Tjaden & Thoennes, 1998), the Canadian Urban Victimization Survey [CUVS] (Statistics Canada, 2000), and UK Home Office British Crime Survey (Walby & Allen, 2004), when explored in more depth, academics suggest that the surveys are either flawed or relevant data regarding male victimisation has been ignored. For example, Dutton (2011) noted that the UNVAW asks respondents about incidents of victimisation that they would define as crimes. This is problematic as often, in cases of intimate partner violence (IPV), the victim does not recognise the victimisation as being a criminal act. Furthermore, the survey is geared towards the victimisation of women (US National Violence Against Women Survey) making it less likely that male victims would report victimisation, perhaps believing it to be irrelevant.

The CUVS tried to eliminate the under-reporting of IPV. They did this by asking about different types of victimisations:

1) Those defined as crimes and reported to police.

2) Those defined as crimes and not reported to the police.

3) Those not defined as crimes.

Straus (1999) analysed this data and discovered that category 2 is 4.5 times the size of category 1 and category 3 is 16 times the size of category 2 suggesting that any crime survey will be limited in assessing the prevalence of IPV.

However, this approach did generate much higher levels of reporting in both male and female victims, revealing that IPV prevalence among women was 70 per 1000 and among men 63 per 1000. This suggested that IPV victimisation was on a similar level for both men and women. However, it has been suggested by Dutton (2011) that, in an attempt to emphasise that IPV victimisation was more serious for women than men, the authors only asked women questions about injuries and medical care and neglected to explore these factors with male respondents.

Similarly, the UK Home office crime survey discovered that 89% of women and 11% of men had been subjected to four or more incidents of domestic assault in the past year, however, they too only reported on the injuries sustained by women. Furthermore, the survey relied on self-report and face-to-face interviews and subsequently more women may have come forwards than men. Thus, given that many men perceive domestic abuse as a crime against women (Dutton, 2005, 2009), it may be that male victimisation is largely under-reported if at all recognised as victimisation and a crime (Brown, 2004). This may have been further influenced by the sex of the interviewer and the lack of anonymity in the interview situation and consequent fear of being judged or stigmatised. In turn, this may even be reflected in the findings, as 2.8% of respondents revealed incidents of abuse in the self-report compared to only 0.6% in the face-to-face interview. However, these effects could similarly be true for female recipients of abuse, with many fearing the repercussions of disclosing abuse or failing to recognise certain behaviours as being abusive, thus, leading to under-reporting.

B.2.3. Feminist Definitions of Domestic Abuse and Violence

Intimate partner domestic abuse is a complex phenomenon and, as mentioned above, there is much debate surrounding whether it is, at its core, a human issue or a gendered issue. For example, although the UK Government constructs domestic abuse as a human phenomenon for both men and women organisations, such as Women's Aid, have a slightly different understanding. Woman's Aid defines domestic abuse as:

"…an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. It is very common. In the vast majority of cases it is experienced by women and is perpetrated by men. Domestic abuse can include, but is not limited to: coercive control, psychological and or emotional abuse, physical or sexual abuse, financial abuse, harassment and stalking, online or digital abuse. Domestic abuse is a gendered crime which is deeply rooted in the societal inequality between men and women."- Women's Aid (2018).

Within this definition, domestic abuse is seen to consist of the same behaviours as those stated by the UK Government, however, the intimate partner domestic abuser

(IPDA) is primarily constructed as being male and the recipient of abuse is constructed as female. In contrast to the UK Government's definition, domestic abuse and violence is understood to be a women and girls issue rather than that of a human issue. This split is frequently demonstrated throughout the literature that surrounds domestic abuse and violence and has led to the development of different interventions for IPDAs which reflect the different theoretical stand-points of the academic researchers. For example, Paula Nicolson reflects, within her book entitled *'Domestic Violence and Psychology: A Critical Perspective'* (2010), upon the tensions of identifying as both a feminist and a psychologist within the realm of domestic abuse research and practice:

"I have been in the role of a pro-feminist psychologist taking account of (what I have understood to be) women's voices in the context of gender power relations…It took relatively little time before I recognised that, for some activists and campaigners in the area of domestic violence and abuse, I was positioned as the enemy- as a psychologist and academic who was not on the 'front line'. It seemed that it was unnecessary to know anything else about me."- pg.2

Much of this tension arises as a result of ideological and epistemological underpinnings which relate back to the evolution of our understandings surrounding domestic abuse and violence over the course of time. Theses tensions will be further explored within the section entitled '*Cultural and Historical Influences'*.

B.2.4. Behaviours Identified as Intimate Partner Domestic Abuse

This study will focus specifically on intimate partner domestic abuse, as this has been found to be the most commonly documented abuse, and, consequently, is what most interventions have been designed to address. Throughout the literature a variety of different terms are used to discuss domestic abuse and violence which include: domestic abuse, domestic violence, battering, wife-battering and coercive control; see Appendix 6 for a comprehensive list of abusive behaviours.

Muehlenhard and Kimes (1999) examined the social constructions of domestic and sexual violence and emphasised that violence varies over time, and reflects power relationships within society. Indeed, people have an interest in defining domestic violence and sexual violence in ways that exclude their own behaviour (Baumeister, 1996). They note that:

"…whose behaviour gets defined as violent and under what circumstances, and who gets to decide this, reflects the interests of those in power." Pg. 237

When a less powerful group of people challenge the existing power relations and attempt to enact social change a war of words often begins. Language is the arena in which these problems and inequalities are discussed and is the tool that is used to create change within society (Kelly & Radford, 1998).

Within society, we rely heavily on legal definitions of domestic abuse and violence to help us identify and define abusive behaviour. These definitions are understood to be the most reliable as they are government approved and often have the weight of culture behind them. However, laws are not universal truths and are subject to change. Muehlenhard and Kimes (1999) note that laws are written by those with legislative powers, often white, middle class, men, who frame these laws from their own perspectives. Therefore, the law can never be seen to be an unbiased, universal truth.

They go on to reflect upon de facto definitions of domestic abuse whereby what constitutes domestic abuse can be seen to be the cases that successfully pass through the legal system. However, they argue that domestic abuse cases that receive successful convictions could only ever reflect the narrowest and most stereotypical definitions of what constitutes domestic abuse and violence (Estrich, 1987). This is because it depends upon the beliefs and assumptions of those who engage with and those within the criminal justice system. For example, it begins with whether a victim reports the crime to the police, whether police and prosecutors then decided to move the case through the criminal justice system and finally whether juries decide to convict or not. If at any point the incident in question does not fit the definition of domestic abuse, by any one of these groups, then it will inevitably drop out of the legal system. Thus, in relation to research, academics should be mindful and wary of examining merely the crimes of convicted offenders. This is because findings from this type of research will, subsequently, maintain and perpetuate these narrow definitions of domestic abuse.

The authors then went on to consider whether it should be those impacted by domestic abuse who define it, however, this was also found to be problematic. For example, IPDAs are often reluctant to acknowledge their behaviour as being abusive

and wish to distance themselves from this to maintain their self-image (Scully, 1990). Similarly, if recipients of abuse were to solely define what constitutes domestic abuse it would be reliant on the assumption that there is a clear a priori recipient of abuse or victim. A recipient of abuse may identify as either a victim or an aggressor and may subsequently label the domestically abusive incident in accordance with this. Koss, Dinero, Seibel and Cox (1988) highlighted that not all of those who were legally defined as victims of rape actually defined themselves as victims. Indeed, many women may be classified as victims of rape and domestic abuse by feminist academics but may not identify as being so as they may perceive these labels to be a threat to their self-image.

Thus, there are different levels to how we define domestic abuse and violence and the process by which we do so encompasses many nuances. Laws and legislation that have been approved of by government and backed by culture can offer us essential and clear guidelines as to what constitutes domestic abuse and violence. However, it should be acknowledged that these are often not the entire picture. There is a level of individual identification which must be considered whereby a recipient of abuse my either define themselves as a victim but not be acknowledged as one by law or, conversely, they may not define themselves as a victim but be deemed so by law. This is particularly significant in relation to new policies surrounding mandatory arrest and prosecution in the UK which do not necessarily require the consent of the recipient of abuse (Kruttschnitt, 2008). How we construct the recipient of abuse and the IPDA is, therefore, inextricably interlinked with our definitions of domestic abuse and violence.

B.2.5. The Dominant Paradigms within Domestic Abuse Research and Practice

A paradigm can be defined as a set of assumptions or views relating to the world that are shared within specific groups. These beliefs are often staunchly defended by the relevant group when any data emerges to the contrary (Dutton, 1994). Within the realms of domestic abuse research the feminist paradigm has been the most prominent, until very recently. The paradigm itself emerged as a result of the mass feminist activism which occurred throughout the 1970s. This activism raised a great deal of awareness about domestic abuse, which had previously been a hidden phenomenon within society that was very rarely spoken about in any meaningful

way. The feminist paradigm predicates that with a patriarchal society, such as western society, men have power advantages over women. Therefore, all domestic abuse is perpetrated by men as a means to maintain their power advantage. Consequently, any violence elicited by women is defensive and is utilised as a means of self-protection (Bograd, 1988; Dobash & Dobash, 1979; Wilson & Daly, 1992) . Thus, male victims of domestic abuse were not acknowledged until the late 1990s when new research, on individual differences, caused a shift in our understanding and conceptualisation of domestic abuse.

With this plethora of new research on the causes of domestic abuse came an extensive critique of the original feminist paradigm and the research conducted around it. The major criticism, of the vast majority of research from this stance, was that it was not representative of the community as most of the samples in studies came from either women's shelters or were court mandated perpetrators, both extreme case studies (Dutton, 2011). Further to this, it was argued that crime surveys (as evaluated above) were leaving vast swathes of IPV victimisation undetected, specifically in regards to male victims. Indeed, it was also suggested that by viewing domestic abuse solely through the spectrum of patriarchy much research had been marred by confirmatory bias (Dutton & Corvo, 2006).

For example, Gelles and Straus (1988) highlight an effect which often appears throughout domestic abuse research that they term the "woozle effect". This effect stems from the children's programme 'Winnie the Pooh' where, in one episode, Winnie and Piglet hunt a creature called a woozle in the forest, whose existence they only know of due to tracks on the ground (tracks which, unbeknownst to them, are their own). This effect can be demonstrated by DeKeseredy and Schwartz (1998), amongst others including Langly and Levy (1977) and MacLeod (1980), who conducted a self-report survey on female undergraduate's levels of violence in intimate relationships. DeKeseredy and Schwartz (1980) asked the women to report the severity of the violence they utilised and state whether it was in self-defence. The results showed that 58% (205/356 participants) who reported using severe violence against their partners and 62% (422/678 participants) who reported using non-severe violence stated that they never used the violence as a means of self-defence. However, the authors still concluded that the main reason for female violence was a means of self-protection despite the data suggesting the opposite.

The most recent paradigm to emerge in the literature on domestic abuse is that of nested ecology. This paradigm was initially put forward by Dutton (1994) and its core assumptions revolve around the belief that domestic abuse is a very complex phenomenon and that it is too reductive to base research and practice solely around the idea that men are seeking to maintain power advantages over women. Instead, they suggest that researchers and practitioners should be focusing on individual pathology such as personality traits like aggression as these are the best predictors in western society of people who are likely to be perpetrators and those who are likely to be victims (Dutton & Corvo, 2006, 2007; Dutton, 2011).

Thus, Dutton (2011) designate four different levels, which interact to create the domestic abuse situation. The first level is referred to as the macro system: where a woman's socioeconomic and political power are believed to be significant. For example, Archer (2005) showed that the prevalence of domestic abuse perpetrated against women was negatively correlated with the amount of socioeconomic power that women held in society. The second level is that of the exosystem: at this level an individual's stress and isolation interact, with more isolated and highly stressed individuals being more vulnerable to a domestically abusive situation (DeKeseredy & Schwartz, 1998). The third level is the microsystem: this level represents couple conflicts and relationship dynamics. It suggests that couple conflict patterns interact with the other levels to influence the domestic situation (Leonard & Senchak, 1993). The fourth level is the ontogenetic level: this level incorporates individual traits into the interaction, suggesting that there may be certain traits which predispose an individual towards being in an abusive relationship or being an abuser (Dutton, 2011).

This approach has been criticised in several ways. Firstly, the paradigm suggests that men and women are victimised to the same extent with regards to domestic abuse and therefore it downplays the role of the patriarchal dynamics between the sexes. However, there is research which challenges the gender-neutral, findings that Dutton put forward (Belknap & Melton, 2005). Indeed, the researchers reliance on their analysis of crime surveys has been criticised as being highly selective and it has been shown that a plethora of victimisation surveys have consistently highlighted that women are more frequently victims of domestic abuse than men (Rosen, 2006). Therefore, the dynamics of the patriarchy cannot yet be downplayed. In addition,

research has shown that female perpetrators of domestic abuse have often been involved in a previously abusive relationship with a male who has perpetrated abuse against them (Miller & Melroy, 2006), unlike many male perpetrators.

Furthermore, within the level of the microsystem it is suggested that the most common type of domestic abuse is common couple violence or bilateral violence. However, research suggests that there is cause to question the mutuality and the motives behind the violence of men and women (Stark, 2006). Indeed, it has been suggested that the approach to common couple violence is far too generalised and does not take into account the different meanings that violence has for men and women (Tolin & Foa, 2006). The paradigm has also been criticised as many of its studies utilise the Conflict Tactics Scale (CTS). This scale was developed to look at conflict tactics between couples in the community and, to avoid under-reporting of victimisation, it makes no reference to domestic abuse. However, it is argued that the scale lacks specificity as it does not determine the severity of the violent act committed. For example, a person may kick their partner in a playful manner and this may be misinterpreted as a severe form of assault (Dobash, Dobash, Wilson & Daly, 1992; Gondolf, 2007). However, due to this a revised version of the CTS was released (CTS2) to account for levels of severity (Dutton, 2005).

Indeed, in the same way that researchers behind the new paradigm of domestic abuse argue that the feminist paradigm is politically and ideologically motivated, and thus has little grounding in empirical evidence, it is put forward that those behind the nested ecology paradigm also have a political agenda (Gondolf, 2007). Supporters of the feminist paradigm state that Dutton and Corvo (two of the leading developers of the nested ecology paradigm) have had their work promoted by father's rights groups which has led them to become biased.

Upon examination, the feminist paradigm would appear to sit more naturally with the underlying ethos of a Foucauldian discourse analysis (FDA); the methodological approach adopted by the current research. This is because, at its core, it is concerned with the power relations between men and women within society and the subsequent perpetuation of domestic abuse and violence. In a similar way, FDA seeks to examine how language, as a medium, is used to regulate groups within

society and, indeed, it has been adopted as an approach in much feminist research surrounding domestic abuse (Nicholson, 2010).

In contrast, the Nested ecology paradigm adopts a positivist approach at its core; arguing that 'true' knowledge can only be determined through the use of the 'scientific' method (Dutton, 2011). Indeed, FDA as an approach was developed as a response to the positivist stances taken within medicine and psychiatry. It holds a relativist perspective which claims that truth and knowledge are relative and rooted within a historical context. Consequently, there can be no one universal truth. However, different types of knowledge can reveal different perspectives of the same phenomenon. Given the relativist nature of FDA, it is well placed to evaluate and explore the impact of the above paradigms upon the therapeutic and legal interventions used by professionals in relation to IPDAs. Indeed, pragmatically, FDA provides an opportunity to integrate understandings of domestic abuse from both feminist and nested ecological perspectives.

B.2.6. Types of Domestic Violence and Abuse

Within the psychological literature, domestic abuse has been categorised into different typologies by Johnson and Ferraro (2000). They have argued that if we are to implement effective interventions for domestic abuse then distinctions between different types of violence need to be made in order to progress. The four categories of domestic abuse and violence that they have identified are:

1. ***Common couple violence (CCV)***: This type of violence arises out of the context of a specific argument which leads to one or both partners lashing out physically and verbally at each other. This type of abuse is not likely to escalate over time, is generally not severe and is more likely to be mutual violence rather than unilateral violence.
2. ***Intimate Terrorism (IT):*** Violence is understood to be one tactic which takes place within a general pattern of control. This type of violence is likely to escalate over time, is more likely to be perpetrated by one partner towards the other and tends to result in serious physical injury or death. The underlying motivation for this type of violence is understood to be that of control.

3. ***Violent Resistance (VR):*** This type of violence is seen to be perpetrated solely by women and is thought to be in response to prolonged violence of a male partner. There has been relatively little research conducted on this type of violence.
4. ***Mutual Violent Control (MVC):*** This type of violence is understood to be within a couple where both fit the criteria of intimate terrorists and both are vying for overall control. There has been relatively little research conducted on this type of violence.

Johnson and Ferraro (2000) emphasise that the above distinctions are not based on any single incident but rather they are based on more general patterns of control which take place across a variety of different encounters that comprise a romantic relationship between two people. These actions are understood to be rooted in the subjective motivations of the IPDA and their partner. However, it should be noted that some researchers contest these categories and state that they see no distinctions between types of domestic abuse and violence (Skinner et al. 2005; Sokoloff & Dupont, 2005). Despite this criticism of Johnson and Ferraro's work, other studies have found that categorising abusive behaviours and the relationships that they occur within has provided greater opportunities to explore the impact of different types of lived experiences. Furthermore, these insights have provided researchers with better understandings of what leads recipients of abuse to stay with or leave their partners and has subsequently helped to develop domestic abuse support services (Vetere & Cooper, 2003).

Categorisation of domestic abuse into different typologies has, however, provided dilemmas and struggles for those professionals who are engaged in supporting recipients as well as IPDAs (Sonkin, 1986; Goldner et al. 1990). Nicolson (2010) elaborates further on these dilemmas and discusses how the different categorisations have epistemological and ideological ramifications for those delivering interventions for people impacted by domestic abuse:

"Throughout what might seem to be questions of 'semantics' or 'linguistic fashion' in naming and classifying, there are ideological and epistemological struggles, avowals of meaning and 'operational' definitions applied by social scientists, lawyers and those involved in preventing violence and abuse between intimate partners. The

links between 'naming', explaining and challenging domestic violence however are crucial to understanding why domestic violence continues to happen across the world."- pg.46.

For example, if we are to understand domestic abuse as an act solely perpetrated by men then we take up an ideological standpoint that is in line with feminist theories of domestic abuse and thus deliver interventions that correspond to this. If, however, we are to acknowledge that there are different types of abusive relationships, in which IPDAs and recipients take up differing roles which sustain abuse, then we need to amend our underlying ideology to encompass a psychological perspective. This, in turn, requires us to amend the interventions that we enact and our epistemological standpoint in relation to research that we undertake, the vast majority of which is quantitative in nature and seeks to identify universal, objective truths.

B.2.7. Intimate Partner Domestic Abusers (IPDAs)

Indeed, these categorisations of domestic abuse have contributed to the development of different understandings and categorisations of intimate partner domestic abusers (IPDAs) themselves. Findings from a variety of different quantitative researchers (Hamberger & Hastings, 1986; Holtzworth-Munroe & Stuart, 1994; Saunders, 1992) over the years indicate that there are three broad categories of abusive men. Tweed and Dutton (1998) categorised two more specific types of abusive men. They also identified a third group which they labelled 'impulsive/ overcontrolled' but did not have a large enough sample to conduct an analysis. The two main categories they identified were:

1. ***Instrumental/ Undercontrolled:*** These IPDAs were characterised as having antisocial-narcisstic-aggressive-sadistic personality traits. They were seen to demonstrate high levels of jealousy, their violence was viewed as being predominantly enacted within intimate relationships, they were seen to have a fearful/ angry attachment type and experience high levels of depression, dysphoria and anxiety-based rage. IPDAs in this group were thought to be more self-absorbed and lacked empathy.
2. ***Impulsive/ Undercontrolled:*** These IPDAs were characterised as being borderline, avoidant and passive-aggressive. They were seen to demonstrate

higher chronic anger and had a fearful attachment style. Violent acts were seen to stem from impulsiveness which was thought to be exacerbated by hyper-emotionality within intimate relationships. IPDAs in this group were also seen to lack self-esteem and assertiveness.

The above analyses have supported the idea that there are two broad types of abusive man: those who encompass anti-social personality traits and those who encompass borderline personality traits. Within the literature the IPDA is thus constructed as either a cold and calculating abuser who enacts violence as a means to an end for their own gratification, or they are constructed as overly emotional and lacking the ability to regulate these emotions. Therefore, acts of violence and abuse towards intimate partners are a means to gain mastery over distressing emotional responses. Through positioning the IPDA as being 'mad' or 'psychologically damaged' the IPDA cannot been seen to have agency and, therefore, cannot be held accountable for their actions. This has been a resounding criticism that has been put forward by feminist academics who argue that this psychological understanding and construction of the IPDA minimises their accountability for their actions. Feminist academics view an IPDA's ownership of their actions as essential as it is through education surrounding patriarchal power dynamics that this behaviour can be altered. To a certain extent, constructing abusive men as being psychologically damaged provides them with an alibi for their crimes.

Other notable categorisations of IPDAs are those put forward by Lundy Bancroft (2002) in his book *'Why does he do that? Inside the minds of angry and controlling men'.* Appendix 7 contains an overview of his categorisations and the behaviours enacted within each type. In contrast to the previous categorisations of IPDAs, the above constructions are primarily underpinned by a feminist understanding of domestic abuse which postulates that IPDAs are men and their actions and beliefs are the result of patriarchal power structures within society. Subsequently, at the core of his construction of the IPDA, lies the idea that all abusive men hold the belief that men are intrinsically superior to women. Thus, in order to intervene in the perpetration of domestic abuse these beliefs must be challenged and altered. Mental health and substance misuse are seen to be factors which may co-occur but the central, driving force of the abuse remains gender power structures.

A review of the research conducted by Corvo and Johnson (2013) has examined the role of psychopathy and neuropsychopathology in the perpetration of domestic abuse and violence. They suggest that there is a lack of consistency and consensus with regards to the definition of patriarchy which plays a central role in feminist understandings of the IPDA. They argue that patriarchy is a metaphysical construct and it is, therefore, not bound by the epistemological requirements of 'empirical explanatory systems'. Subsequently, little empirical research could substantiate or demonstrate causality between domestic violence and patriarchy. They therefore suggest that quantitative research, within psychology and neuropsychology, is the most reliable form of knowledge to base IPDA interventions upon. They suggest that the use of an ecological or biopsychosocial perspective should be adopted in regards to domestic abuse and violence as these perspectives offer more comprehensive and reliable explanations of the phenomena.

Indeed, biopsychosocial models of domestic abuse have been put forward by other researchers and academics such as George, Phillips, Doty, Umhau and Rawlings (2006) who advocate for a model that links biology, behaviour and psychiatric diagnosis to explain domestic abuse. They identified that IPDA's have abnormalities in their central serotonin and testosterone metabolism, an increased sensitivity anxiogenic stimuli and an impaired neuro connection between their cortext and amygdala. They go on to suggest that changes in neurotransmitters lead IPDAs to have a heightened sensitivity to environmental stimuli, anxiety and conditioned fear. Thus, due to the impaired connection between the cortex and amygdala, the IPDA is unable to extinguish anxiety which leads to the activation of the fight or flight response or 'learned fear avoidant behaviour' such as alcohol consumption, self-harm or obsessive behaviours.

These positivistic research endeavours have lead some academics to question if the IPDA themselves is indeed a victim. Anderson (2004) noted that data on intimate partner victimisation and perpetration were very rarely analysed together. National surveys identified that around half of IPDAs had also been victims of partner assault and conducted a study to explore the relationships between perpetration, victimisation and three psychological variables (depression, self-esteem and substance misuse). She concluded that depression is associated with both IPDAs and recipients of abuse whilst substance abuse and self-esteem were mediated by

controlling for victimisation. She also found that mutual violence, depression and substance misuse were greater amongst women and suggested that the gender symmetry in reported violence and abuse does not correspond with violent outcomes.

Rode, Rode and Januszek (2015) attempted to compare the psychosocial characteristics of male and female IPDAs. They used a sample of 227 men and women (105 women/ 122 men) who had been convicted of domestic abuse related offences along with a control group. They used a number of questionnaires to measure personality traits, attachment type, emotional intelligence, socialisation conditions, family socialisation, past trauma, the IPDA's situation outside of the family, beliefs behind marriage and family and motives for acts of violence. Their findings suggested that IPDAs differed from the control group along the lines of attachment style. There was differences between male and female IPDAs in terms of openness for experience, emotional intelligence and avoidance-ambivalent style.

Indeed, further reviews into the conceptual frameworks for perpetrators' and victims' explanations for domestic abuse concluded that although there is extensive literature on individual and cultural factors for domestic abuse and violence very little research focuses on the perspective of victims and perpetrators themselves (Flynn & Graham, 2010). They attributed this in part to the fact that there is a lack of a conceptual model and, thus, a lack of comprehensive measures of perceived reasons why partner abuse occurs. They suggest that there is a need for more standardisation of measurements and larger representative samples in order to better identify reasons that are considered by victims and perpetrators to be the most significant contributors to intimate partner domestic abuse. They also noted that women were more effected by physical and psychological aggression experienced in childhood. They identified three factors that were associated with motives for IPDAs to commit acts of violence; advantage over their partner, influence and control.

All of the above research has been conducted from a positivist epistemological standpoint which aims to identify objective truths about human nature in relation to domestic violence and abuse. In order to achieve such an objective truth it attempts to control for compounding variables. However, it is frequently debated as to whether this is indeed possible within the social sciences. Carl Rogers in his article *'Toward a*

more human science of the person' (1985) suggests that positivist research which focuses solely on cause and effect only provides us with one aspect of the truth. He suggests that the researcher's own beliefs and biases will inevitably manifest themselves within the research process. Furthermore, he suggests that we cannot gain certain knowledge but rather new knowledge which has a degree of truth. He purported that this new knowledge would depend upon the methods and circumstances of any particular research study. Indeed, the method utilised must be appropriate to the question being asked and, thus, there are many questions that a positivist methodology could not answer. This view can be seen to be supported by more recent research (Nosek et al., 2015) which found that the vast majority of social science studies failed to be replicated (64% of studies). Nosek concluded that one positivist study in isolation should not be taken as an objective truth but rather suggested that science is 'a process of uncertainty reduction'.

In relation to the above research, many of the samples utilised were made up of IPDAs who have been convicted of domestic abuse related crimes. Thus, it could be argued that these make up an extreme sample rather than one that is representative in the same way that much feminist research has been criticised for only conducting research on women living in refuges (Muehlenhard & Linton, 1987). Furthermore, much of the positivist psychological research which has been conducted on IPDAs has been viewed, not only through the lens of empiricism, but also through a medical model understanding of psychological well-being. This medicalised understanding of psychological distress has frequently been criticised as being reductive. The medical model, by its very nature, deals with the subjective experiences of people and these experiences can only ever be known or experienced by that individual. They cannot be accessed through medical tests and examinations in the same way that physical illnesses such as cancer can be and therefore they are hard to objectify (Bentall, 2011). To construct the IPDA as being psychologically impaired via a medicalised understanding not only takes away their agency and responsibly for their actions but it also suggests that they need to be controlled and contained by others such as psychiatrists and psychologists who are thus assumed to know what is best for them.

Thus, positivistic research in the area of domestic abuse and violence can offer us valuable new forms of knowledge in relation to what constitutes an intimate partner domestic abuser, however, it cannot answer all questions and provide a complete

picture in relation to the nature of IPDAs. To gain a clearer picture of what transpires for IPDAs and recipients of abuse we must endeavour to ask and answer different types of questions utilising different methodological perspectives. The knowledge that is generated from different epistemological perspectives should be used in conjunction to provide us with a comprehensive understanding of the IPDA.

B.2.7. Cultural and Historical Influences

"Nowhere is the self-defeating factor in the victory of violence over power more evident than in the use of terror to maintain domination."- Ardent (2008, pg. 242).

Here Hannah Ardent explains that the use of violence is an attempt to gain and maintain power over others, however, she argues that, inevitably, violence destroys power as power and violence are opposites. Where one rules the other cannot exist. For example, from a feminist standpoint a man who uses violence to position himself as the head of the family is neither exercising nor gaining power but rather he is demonstrating his failure (Walker, 1989; Worden & Carlson, 2005). This concept of violence and power can also be understood from a psychological perspective. It would take the shape of an IPDA who uses violence over their partner in order to gain mastery over their own past trauma or feelings of anxiety. Thus, resorting to violence as a result of their own disempowerment over their intra-psychic experiences.

However, in some cultures, societies and historical contexts, violence within the family was legitimated by those with political power. For example, throughout the middle ages it was deemed legal and normal for women to be burned alive for threatening their husbands, committing adultery, talking back, having children outside of marriage, masturbating, lesbianism and miscarrying (Erez, 2002). In 16th century France, mocking ceremonies called *charivaris* were held within local communities to punish and humiliate those who did not adhere to social norms. It was documented that men who were beaten by their wives were often the subjects of these rituals of humiliation but women who were beaten by their husbands were not. This suggests that wife beating was seen as normal and acceptable throughout these communities (Davidsion,1978).

Indeed, in the 18th century, under the Napoleonic Civil Code, absolute power was vested in the male head of the family and a husband's violence towards his wife was

only seen as grounds for divorce if it constituted attempted murder (Davidson, 1978). The abuse of women was first brought under scrutiny by John Stuart Mill in his essay *'The Subjection of Women'* in 1869. Mill argued against *"bodily violence towards the wife"* which he understood to be the result of men's *"mean and savage nature".* Mill viewed this abuse and violence within the paradigm of class and postulated that it was only conducted within the lower classes. Subsequently, a report to the British Parliament was submitted in 1874. At this time, under British common law, it was deemed acceptable for a husband to beat his wife so long as he used an instrument that was no thicker than the width of his thumb. This law became known more colloquially as 'the rule of thumb'. Thus, it was only within the early 19th century that it became illegal for a husband to beat his wife. However, domestic abuse was still seen as a very minor criminal offence and was very rarely acted upon by the authorities (Dutton, 2010).

Domestic abuse and violence as a concept came to the fore within the 1970s after the sexual revolution took hold and the first wave of feminism came into being. Feminists documented cases of wife assault and asserted that it was not just lower class men who perpetrated abuse but rather men from all backgrounds within society. The first women's refuge was founded by Erin Pizzey in 1971 in Chiswick, London. The aim of women's refuges was to provide a safe space for women whose husbands assaulted them. However, it should be noted that Erin Pizzey has always asserted that some women are 'naturally' violent and consequently required special support. Her motivation to create the refuge came from her own experiences of witnessing her mother be abusive towards her father and, thus, her original ideas surrounding refuges were that they could be a space for both men and women who had experienced abuse at the hands of their partners (Pizzey, 1982). Furthermore, Pizzey postulated that women who engage repeatedly in abusive relationships develop a form of addiction to them. This was viewed by the women's movement of the time as a form of victim blaming and Pizzey was, subsequently, shunned.

Throughout the 1960s and 1970s social scientists would often view domestic abuse and rape as the fault of the victim. For example, Abrahamsen (1966) conducted research which examined rapist's wives to ascertain how they motivated their husbands to commit rape. Willie (1961) concluded that a rapist who had repeatedly offended had done so as a result of his treatment by various female figures in his life.

His mother had abandoned him, his foster mother had an incestuous and dominating parenting style and his female boss's unstable behaviour, along with his victim's unconscious desire to be raped was deemed to be the cause of his actions. A study by Rosewood and Robey (1964) looked at wife beaters wives and came to the conclusion that domestic abuse has arisen out of the wives' need to be punished for castrating behaviour and the husbands' subsequent need to re-establish his masculinity. The researchers suggested that the wives were aggressive, masculine, masochistic and frigid. They suggested that these women only called the police when a situation they had fostered became out of their control.

At this time, the works of C.H. Kempe highlighted 'battered child syndrome' which also brought family violence to the forefront of public consciousness (Dutton, 2011). Kemp's use of X-rays to reveal multiple fractures at different points of healing within children cast doubt on parents' assertions that their child had been injured in a single mishap. Subsequently, laws were passed which required professionals to report child abuse to agencies such as the police and social services. However, the preferred intervention for such cases has tended to be rehabilitation rather than punishment. Elizabeth Pleck (1987) argues that, as the field of child assault has been dominated by medical and social work professionals, it has come to be understood as a psychological illness whereby the parent requires social services intervention and treatment for mental health. In contrast, wife assault, having been dominated by feminists and legal professionals, has come to be understood as criminal acts driven by societal inequalities. Thus, the interventions deemed necessary have been legal and punitive rather than forms of rehabilitation.

NICE (2016) have published guidelines for professionals in relation to supporting those who have experienced or perpetrated domestic abuse. Within these guidelines they state that multi-agency partnership working is the most effect approach for tackling domestic abuse. They also suggest that a person-centred and integrated way of working, between different agencies, is essential in ensuring the wellbeing of people impacted by domestic abuse. They state that the following actions should be taken by professionals if they suspect domestic abuse has occurred. Firstly, the professional should have undergone training to be able to identify the indicators of

domestic abuse. Any individual who has disclosed or shows indicators of abuse should be asked about their experiences in a private and safe discussion. Professionals should respond to disclosure in an empathic and appropriate manner and should have undergone training in how to do so. They should assess safety and make a referral to specialist support agencies. In cases where an individual discloses that they are perpetrating domestic abuse, NICE guidelines state that these individuals should be referred to evidence-based specialist services as providing support for perpetrators of domestic abuse can reduce the incidence of it. They are also advised to undertake an assessment of the individual's attitudes to change, understanding of violence and accountability, their ability and willingness to seek help as well as the safety of their partner and children. Indeed, research has shown that partnership working is effective, however, resource pressures, insufficient information sharing and lack of clarity about roles and responsibilities of professionals often hinder the multiagency approach (Perkins, Pinkney, Hussein, & Manthorpe, 2007).

This information sharing process has been formalised through the use of MARACs (multi-agency risk assessment conferences) within the area of domestic violence and abuse. The aim of these meetings is to provide a forum for different agencies to share information and agree upon actions that need to be taken to reduce future harm to victims of domestic abuse. A variety of different professionals attend these meetings ranging from police, probation, local authority and housing to health practioners. Evaluative research of the effects of MARACs has concluded that they are essential in identifying the unique needs of victims and their children and are efficacious in preventing incidences of domestic abuse (Robinson, 2004).

In 2014 the Home Office set out an action plan entitled *'A call to end violence against women and girls'.* It emphasised the need for early intervention with young people through engagement with schools and advertising campaigns. It also implemented the domestic violence disclosure scheme (Clare's Law) which allows police to disclose information to the public relating to a partner's previous violent offending in order to empower people to make informed decisions about their romantic relationships. Furthermore, it led to the nationwide roll-out of domestic violence protection orders (DVPOs) which can be used to prevent intimate partner domestic abusers from returning to the home for up to 28 days. This is to enable the victim to

have space to consider their options moving forwards. The report also emphasised the importance and effectiveness of multi-partnership working with regards to addressing the prevalence of domestic abuse.

B.2.9. Interventions for Intimate Partner Domestic Abusers.

The feminist paradigm has led to the vast majority of interventions being based around strong punitive policies in the legal sphere which target male perpetrators. It has also led to the construction of shelters for female victims, such as the Chiswick Women's Aid shelter that was opened by Erin Prizzy in 1971. In 1981 the Duluth Domestic Abuse Intervention Programme (DAIP) was instigated. This was a community intervention that targeted male perpetrators who had not been given prison time. The central premise was to use the 'power and control' wheel to educate male offenders on their sexist socialisation and, thus, get them to acknowledge this as male privilege. In doing this, the programme aimed to protect female victims of domestic abuse by holding the offenders solely accountable and making the community responsible for intervention and the women's safety. This model is still the most common form of intervention used across North America and Europe, however it is often blended with other therapeutic approaches such as cognitive behavioural therapy (CBT) and psychodynamic approaches (Dutton & Corvo, 2006; Gondolf, 2007).

The ideological foundations of this model have been extensively critiqued in recent years, however, with many researchers suggesting that it is far too reductive and fails to take into account any risk factors such as stress on perpetrator, impulse control problems, trait anger, communication skills deficits, couples' negative interaction and personality disturbance. Indeed, it has been suggested that the Duluth model actively seeks to avoid the term 'therapy' or the use of clinical diagnosis as this implies that there is a rationalisation for perpetrators' behaviour other than the overarching patriarchal power structures (Dutton & Corvo, 2006; Dutton, 2011; Trevillion, Oram, Feder, & Howard, 2012).

Furthermore, outcome studies of Duluth model interventions have found little empirical evidence to suggest any significant efficacy. Babcock, Green, and Robie (2004) conducted a meta-analysis of 22 studies of treatment outcomes; most of these intervention programmes were a mixture of the Duluth Model and CBT

approaches. The authors discovered that the mixture of the Duluth model with the CBT approach was causing a lack of improvement due to the Duluth model working against therapeutic bonding. It has been suggested that this is because the Duluth model takes a judgemental stance which insists the perpetrator is solely to blame, thus limiting the utility of empathy and unconditional positive regard. Other outcome studies have also found there to be a lack of efficacy when the Duluth model is used in conjunction with therapy (Babcock, Green, & Robie, 2004; Davis, Taylor & Maxwell, 2000; Dunford, 2000; Feder & Wilson, 2005). It should be noted that many of the studies included in the outcome research focus solely on male perpetrators. Furthermore, as all participants in the intervention programmes are court-mandated, the sample is focused on the extreme use of domestic abuse and is thus not representative of the community as a whole (Dutton, 2011).

However, it has been suggested (Gondolf, 2007) that the authors who critique the Duluth model have been highly selective in the research they utilise, choosing it based on their own activist biases. Further, Gondolf (2007) suggests that they present “a distorted caricature” of the current concept of the Duluth model and that their position shuts off dialogue and debate rather than furthering developments in domestic abuse research. Gondolf (2007) further argues that the Duluth Model is primarily grounded in the therapeutic approach of CBT as the types of offenders enlisted in the programmes benefit more from a directive approach. In addition to this, he argues that the participants of programmes are such that, similar to alcoholics anonymous where they begin every session with “my name is X and I’m an alcoholic”, perpetrators of IPV need to confront and accept their faulty beliefs. Indeed, he argues that therapists working from this stance do not make it their aim to ‘shame’ their clients rather they discuss their client’s beliefs in a tentative manner. However, recent research findings seem to indicate that a more generalised approach to therapeutic interventions with intimate partner domestic abusers (IPDAs) is more efficacious than the Duluth model approach (Day, Chung, O’Leary, & Carson, 2009; Eckhardt et al., 2013; Murphy & Ting, 2010).

Much of the empirical evidence for current intervention programmes for IPDAs is mixed and the structure and content of the programmes are frequently determined by the ideological underpinnings of their creators. Far more research has been conducted on intervention programmes that are utilised within the United States than

has been conducted on programmes that are used within the UK (Babcock et al., 2004). Graham-Kevan (2007) notes that there is a lack of cohesive policy within the European Union regarding intervention programmes and suggests that the curriculum of intervention programmes for IPDAs could be influenced by politics rather than evidence-based science. Hamilton, Koehler and Losel (2012) conducted a review of perpetrator programmes throughout Europe and discovered that the most common approach was that of CBT which accounted for 70% of programmes, pro-feminist programmes such as the Duluth Model accounted for 54% of programmes, psychodynamic perspectives accounted for 31%, and 41% used a combination of CBT and pro-feminist approaches.

At present, many of the IPDA intervention programmes in the UK are influenced by the pro-feminist model (Eadie & Knight, 2002). The current organisation which accredits intervention programmes in the UK is Respect, a government-funded charity. Dixon, Archer and Graham-Kevan (2012) conducted a review of the validity of Respect's position statement which included an analysis of the assumptions underlying the models they use and approve of. The assumptions are that: the majority of domestic abuse is committed by men, violence and abuse committed by women is defensive, and gender is the most significant factor in relation to perpetration and victimisation. These underlying assumptions have been criticised by researchers who state that a plethora of evidence exists that contradict these assumptions. In addition, the research methodology has frequently been critiqued (Dutton & Corvo, 2007; Dutton & Corvo, 2006). In 2012 Debbonnaire and Todd wrote a commentary defending Respect's approach and stating that intervention programmes were informed by quality research and practice. However, this paper was criticised as lacking references and highlighted that most of the literature that was being utilised was feminist in nature (Archer, Dixon & Graham-Kevan, 2012).

Bates, Graham-Kevan, Bolam, Lauren and Thornton (2017) conducted a review of IPDA intervention programmes in the UK and discovered that these were predominantly delivered as groups, however, 61.9% of these groups had an add-on option for one-to-one work and 4.8% had an add-on option of family therapy. All of the current programmes aimed to provide IPDAs with skills surrounding identifying and managing emotions, communication skills, general self-awareness, general coping skills and life skills. They found that 92.5% of providers also taught anger

management, impulse control-related skills and conflict resolution. Furthermore, 90.5% of programmes provided psycho-education around the impact domestic abuse and violence has on partners and children. They noted that many service providers also offered skills around meditation and relaxation, consciousness about gender roles, education around socialisation factors, challenging pro-violent and irrational thoughts, understanding childhood experiences and assertiveness training. They noted that far fewer agencies provided work around past trauma, identifying mutual conflict cycles and grief. The authors of the study noted that they found some feminist-oriented programmes were reluctant to engage in their research if they felt that the research was coming from a different ideological position. They observed that there was a sense of suspicion around the researchers' motives, funding and agenda and how the data would be used.

B.2.10. Qualitative Research Perspectives

Perspectives of Intimate Partner Domestic Abusers

At the time of writing there appeared to be relatively little qualitative research conducted on the experiences of intimate partner domestic abusers and their understanding of their abuse. The research that does exist has primarily focused on the IPDAs lived experiences and their life narratives.

Morran (2013) conducted interviews with eleven men who had voluntarily attended IPDA intervention programmes in the UK. They noted that there was a lack of research examining the dynamics and contexts which led to and impacted on IPDA's actions and their choice to desist with these. Moran concluded that greater attention to IPDA's motivations for engaging in abusive behaviours could aid in the development of more tailored and personalised interventions which could help prevent further incidences of abuse. This finding has been in contrast to what underlies most pro-feminist models of intervention programmes. For example, Dobash and Dobash (1998) argue that the only reliable accounts of programme effectiveness can come from recipients of the abuse as IPDAs views could be ongoing attempts at abusive tactics. However, Morran highlighted how IPDAs accounts of their abuse is often multi-faceted and with many of the issues they discussed being similar to issues faced by other types of offenders. Morran recommended that a re-evaluation of current interventions in order to consider other

issues effecting men's life experiences such as disrupted attachment which could be a key factor in their desire to control.

Watt & Scrandis (2013) explored male IPDAs experiences of childhood trauma and their current experiences of abusive behaviour towards female partners. They found that four key themes emerged: childhood and family issues, school and mental health issues, substance abuse issues and legal issues. They concluded that traumatic childhood experiences often led to school problems, substance abuse and illegal behaviour in later life. They highlighted the importance of identifying traumatic violent exposure in childhood and recommended that intervention programmes take this into consideration by including more individualised approaches to treatment.

Vignansky & Timor (2015) explored the constructions of lifestyle and life meaning of IPDAs. A narrative analysis was conducted and two main themes emerged. The first was perception of childhood, identity and parents and the second was the IPDA's worldview of violence in general and violence towards an intimate partner. They found that IPDA's often experienced feelings of worthlessness, inferiority and violation during childhood along with experiences of chaos and a lack of existential meaning. In order to avoid these feelings in adulthood the IPDA's chose violence as it gave them a sense of control and meaning in their lives. The implications for intervention programmes are that some healthy sense of existential meaning and value needs to be developed so that IPDAs can develop feelings of security and value without the use of violence.

Flinck and Paavilainen (2010) explored the lived experiences of female IPDAs through open ended interviews by utilising a Husserlian descriptive phenomenological approach. They discovered that some women who opposed all violence on ethical grounds did not identify their behaviour as being violent or abusive whilst other women minimised or justified their behaviour. Subsequently, the researchers called for *'a readjustment in approaches to work in the area'.* They concluded that prevention of domestic abuse and early identification of it required professionals to have greater knowledge of the different manifestations and individual meanings of violence to the IPDA.

Currie (1998) conducted a qualitative study which examined the meaning of domestic violence to both women and men who had been involved in it. She used

the Conflicts Tactic Scale (CTS) along with added written explanations of abusive behaviours on the part of the participants. She found that men often reported more violent incidents than did women, however, they would frequently downplay these incidents and view them as being trivial. She also discovered that women would frequently minimise the violence that they experienced as well as the violence that they perpetrated whilst men would often maximise the impact of the violence that they perpetrated. She concluded that the CTS frequently underestimated the violence that women experienced. She suggested that gender roles in society make domestic abuse and violence difficult to quantify as they rely on subjective experiences and understandings of what constitutes domestic abuse. Thus, she suggested that research into domestic abuse should seek to answer political rather than empirical questions.

Worley, Walsh & Lewis (2004) interviewed male IPDAs using the Adult Attachment Interview and went on to conduct a discourse analysis of the interview transcripts to establish how early childhood relationships impacted IPDA's current romantic relationships. They identified three constructs that corresponded with parenting style which were unloving, rejecting and dangerous. All of the participants included in the study had completed a psycho-educational and cognitive behavioural IPDA intervention programme and were still found to minimise their use of violence and abuse against their romantic partners. The authors of the research suggest that reflective functioning may never be developed in adults who perpetuate intimate partner domestic abuse and suggest that earlier interventions with children should be utilised in order to identify and prevent domestic abuse. As the research participants were men on probation who had received a conviction for domestic abuse the study explored the very extreme end of IPDAs. It is also based on the assumption that short term, group psychoeducation and therapy is an effective solution for IPDAs. However, as demonstrated in the previous section, these programmes have been found to have little efficacy which suggests that the approach, rather than the IPDA, may be what requires amendment.

Tharp, Sherman, Holland, Townsend & Bowling (2016) conducted a phenomenological analysis of 25 interviews with male army veterans who had experienced PTSD and who had recently been abusive towards their partners. The sample also consisted of a set of veterans who had a diagnosis of PTSD but who

had not committed domestic abuse towards their partners. Two main themes were identified; coping mechanisms used to avoid and handle violent incidents and perceived barriers to and preferences for intimate partner violence. They discovered that most of the IPDA's viewed the abuse that took place between themselves and their partners to be mutual and subsequently suggested that treatments should include the partner or family. The authors noted that they had initially attempted to recruit the veteran's partners to gain their understandings of the abuse, however, only two female partners agreed to take part in the research. The research also identified that alcohol consumption frequently occurred prior to abusive incidents. The findings are in line with quantitative research in the area and offers more in depth insights into IPDAs understandings of their abuse. The sample used is very specific, however, and should not be generalised to the wider population.

Nikupeteri & Lailtien (2016) used a discourse analysis to examine women's experiences of perpetrating violence within a family context. They discovered that society's expectations of women often left them with an agency that is unrealistic and burdensome in violent situations. Constructions of motherhood placed a heavy degree of responsibility upon women who perpetrated domestic abuse. Furthermore, women that perpetrated domestic abuse felt that professionals would often place them into cultural categories and, subsequently, overlooked their individuality. The female participants asserted that these assumptions and categorisations impacted their emotions, actions and sense of self in a negative way. The researchers concluded that violent women often did not receive the support that they needed as they were seen to be unconventional IPDAs.

Gad, Corr, Fox & Butler (2014) examined teenage IPDA's responses as well as the responses of young people who were not IPDAs to anti-domestic violence publicity by utilising a discourse analysis. Young people, as well as IPDAs, were shown video campaigns which aimed to raise awareness about domestic abuse and were then interviewed afterwards in the context of a focus group in order to gain their perspectives. Three teenagers who were identified as IPDAs had in depth one to one interviews regarding their reactions to the media. The constructs that emerged were that of: shocking behaviour, condemnation the calculative perpetrator, sympathy for the harmless sexual aggressor, the woman scorned and the paranoid freak, untrustworthy women and predatory scumbags and looked after kids looking after

themselves. They concluded that media campaigns to prevent domestic violence could have an impact on young men who are abusive towards their partners, however, they warned that the messages within these mediums could easily be distorted given the complex subject positions that young men who had perpetrated domestic abuse often took up.

Perspectives of professionals

Similarly, at the time of writing, there was relatively little qualitative research which looked at the perspectives of professionals in relation to IPDAs and intervention programmes. Furthermore, no qualitative research of a social constructionist nature could be identified which explored how different professionals construct and understand the IPDA.

Some qualitative research focused on how male IPDAs positioned female therapists working within a rehabilitative programme in Finland (Päivinen & Holma, 2012). The treatment programme combined various treatment approaches by integrating specific knowledge of violence and safety planning, a feminist perspective and psychotherapeutic principles. Initially, the men completed individual sessions and they then moved on to group therapy. The groups consisted of 26 male IPDAs out of which two dropped out during the course of therapy. The researchers videotaped five therapy groups for male IPDAs and used a methodology of grounded theory to explore how the female therapist was positioned by the male IPDAs. However, when performing the constant comparison of the data the researchers used the concept of positioning from discourse analysis as a tool to better conceptualize the phenomenon. This approach was taken as the aim of the research was to examine the kinds of positions that were constructed for the female therapist and if/how she accepted the positions offered to her. In addition to this, the study aimed to examine whether the positions offered to the female therapist enabled her to reject the position and reposition herself. The researchers identified three different positions that were constructed by IPDAs for female therapists; women in general, women as spouse and woman personally as herself. They concluded that these positionings stemmed from IPDA's constructions of differences between men and women. They recommended that female therapists should aim to re-position themselves to

diminish the differences between genders when working with IPDAs and to make the fear experienced by their spouse visible to them in therapy.

One of the limitations to the above study was a lack of research triangulation as videotaped group sessions were the only form of data collection. For example, the dynamics within group therapy may differ from the dynamics within individual therapy, as men within the group may have positioned the female therapist differently in order to be accepted by other group members. However, within individual therapy with a female therapist the male IPDA may not have felt as much pressure to adhere to social expectations. It is therefore difficult to generalise these findings although they are in line with the current literature. In addition to this, choosing to make use of grounded theory as a form of analysis ensured that the researchers' hypotheses and concepts developed out of the data in a systematically polished way. However, grounded theory has elements of positivism encompassed within its epistemology and as such it tends not to focus on reflexivity or the role of the researcher within the research process. Although the researchers used the concept of positioning to inform their analytical process they choose not to make use of a social constructionist version of grounded theory that incorporates reflexivity (Charmaz, 2006).

Hester (2013) tracked domestic violence cases over the course of six years through the criminal justice system in the UK. Hester also analysed cases where there was a single male or female IPDA along with cases where both partners were recorded as IPDAs. They analysed 32 sole male IPDAs, 32 sole female offenders and 32 dual IPDAs (in this situation it was deemed that the domestic abuse was bi-directional and that both partners were abusive towards one another). The data consisted of police interviews and statements with the respective IPDAs. A grounded theory approach was used to code and analyse the data. Hester analysed the narratives and progression of the cases and discovered there were differences between male and female IPDAs but overall found that violent and abusive behaviour between heterosexual partners who had been in contact with police was asymmetrical.

One of the strengths of this research was that it was conducted over an extended period of time and was therefore able to gain a more in depth understanding of the phenomenon of domestic abuse. However, the data itself was limited to what was

reported to and recorded by the Police. There were significantly less female IPDAs than there were male and the interviews and case progression may have been impacted by preconceived ideas of who can perpetrate domestic abuse. The researchers noted that female IPDAs were three times more likely to be arrested per incident compared to their male counterparts suggesting there was a gendered injustice. A limitation to this study was that it only focused on heterosexual relationships and therefore should not be generalised to all.

Husso et al. (2012) explored health professionals' responses to identifying domestic violence and abuse in service users in a hospital in Finland. They conducted six focus groups that consisted of nurses, physicians, social workers and psychologists. Four of the focus groups consisted of a single group of professionals such as psychologists and two of the groups consisted of a mixture of professionals such as physicians and nurses. A total of 30 professionals took part in the focus groups. All of the focus groups were audio recorded, videotaped and manually transcribed. A frame analysis was conducted and identified four types of framing that professionals utilised to make sense of violence interventions and organisational practices. These were: practical frame, medical frame, individualistic frame and psychological frame. The researchers concluded that all of the frames highlight a tendency for health care professionals to come to sense-making practices which focus on the symptoms and injuries rather than the underlying causes of domestic abuse. They suggest that new perspectives are needed in order to create more appropriate practices for victims of violence seeking help and the professionals who are working with them. A criticism of frame analysis is that it does not do justice to the ideological complexity of phenomena such as domestic abuse as it reduces down the richness of culture. This could potentially be why the researchers found professionals focused more on symptoms rather than what would appear to be the underlying causes of domestic abuse. In addition to this, participants may have been influenced by others in the group. Given that the focus groups were conducted within the hospital, participants may have been unconsciously influenced by their setting and, consequently, relied more heavily on their respective clinical discourses.

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Hester (2011) utilised a discourse analysis to explore the tensions and contradictions across professional discourses and practices when working with victims and perpetrators of domestic violence within a children's safeguarding context. She

analysed interviews with social workers from different areas of social care including: child protection, child contact and domestic violence. She suggests that often professionals inhabit different 'planets' where they encompass different assumptions and practices depending on which professional group they belong to. These three planets were identified as being the domestic violence planet, the child protection planet and the child contact planet. She concluded that co-ordinated and cohesive responses were needed in order to bridge the gap between these different planets and help enable women who have been recipients of domestic abuse make safer choices when it comes to the protection of their children.

A strength of this research is that she utilised social workers from different areas of the social work field in order to gain greater insights into the nuances between each area. However, given that the aim of the research was to explore the tensions and contradictions across professional discourses within a child safeguarding context it may have been beneficial to include other professionals alongside social workers. This would have enabled the researcher to gain a better understanding of the nuances and contradictions between separate agencies and shed more light on the difficulties underlying a multi-agency approach to safeguarding children.

Woodtli (2001) conducted an exploration into nurses' attitudes towards victims and perpetrators of domestic violence. It adopted a holistic ecological health promotion framework to guide the qualitative analysis. The researchers interviewed thirteen people who were deemed to be experts in the care of abused women using semi-structured interviews. Any significant factors were identified, clustered and were then placed into categories of responses by the nurses. They discovered that nurses' attitudes had a significant impact when it came to aiding victims in getting support and identifying women who were victims of domestic abuse. As nurses are often the first port of call for victims of domestic abuse the researchers suggest that more training should be provided so that nurses can better identify women who have experienced domestic abuse and violence. One limitation in the design of this study was that a small sample of nurses were used and they were, specifically, nurses who were deemed to be experts in domestic abuse. Consequently, it is difficult to generalise these findings to all nurses as this specific group may have undergone specialist training that other nurses may not have.

Sinden & Stephens (1991) conducted a discourse analysis in order to explore police officers' constructions of victims and perpetrators of domestic abuse and violence and how this impacted their responses. They interviewed 21 officers from five different departments which were located in a semi-rural county in New York State. They also interviewed 6 chiefs of Police from 6 different departments. They found that most of the police officers who were interviewed constructed the perpetrator as a criminal, however, some officers also constructed the perpetrator as a victim of undesirable behaviour on the part of their female partners. Police officers constructed victims in a contradictory manner. On one hand they were constructed as being vulnerable and in need of Police protection whilst on the other hand they were constructed as being difficult and at times aggressive. The latter, subsequently hindered the Police officers' efforts to help them. The authors concluded that the analysis highlighted the complexity and tensions that Police officers face when intervening in domestic abuse incidents. Furthermore, they stated that more research was needed to investigate the use and impact of mandatory arrest policies when intervening in domestic abuse cases.

A strength of this study was that it included a large sample of Police officers all of whom had different levels of experience. In doing this the researchers were able to ascertain whether beliefs surrounding domestic abuse had been passed down through the different generations of Police officers. However, the procedure of the analytical process was not very clear and could have been better documented in order to aid replication of the study and to provide transparency and validity surrounding the researchers' analytical process.

In summary, the feminist paradigm and the nested ecology paradigm are at odds with one another due to their perceived underlying suspicions of the others political and ideological motives (Nicolson, 2010). The feminist position maintains that domestic abuse is the result of men sustaining a power advantage over women within society (Murray & Powell, 2009). However, within the nested ecology paradigm, there is a greater emphasis placed upon focusing on individual risk factors and how these may trigger and influence domestic abuse within society (Dutton, 2011). Both positions have been engaged in a stalemate whereby they sustain

constant criticism of the other's research methodology as well as their basic assumptions and, thus, through lack of integration, they have hindered developments in the research field (Nicolson, 2009).

Those in favour of the feminist paradigm accuse psychologists, and other supporters of the nested ecology paradigm, of 'pathologising' and 'psychologising' recipients of abuse and intimate partner domestic abusers and, thus, redirecting the blame onto the recipient and alleviating the IPDA of responsibility. Consequently, this has led to the perpetuation of the patriarchal status quo (Dobash, Dobash, Wilson, & Daly, 1992; Humphreys & Thiara, 2003; Murray & Powell, 2009; Nicolson, 2009; Romito, 2008) . In contrast, the supporters of the nested ecological theory have accused supporters of the feminist paradigm of reducing the complexity of the situation and, as a result, depriving many recipients and IPDAs of effective interventions. They also claim that current interventions do not match up to rigorous research standards and lack empirical support due to the ongoing investment in the feminist approach (Dutton & Corvo, 2006; Dutton, 1994, 2011; Hamel, 2009.).

The most recent studies and reviews of interventions for IPDAs highlight that it may be beneficial to focus on risk factors and more generalisable approaches to intervention rather than focusing solely on the Duluth model approach. Indeed, many advocate new approaches and restructuring of the intervention programmes (Day et al., 2009; Eckhardt et al., 2013; Murphy & Ting, 2010). However, it should be noted that these are tentative suggestions and further research in this area needs to be conducted as there is some research support for the efficacy of the Duluth model (Gondolf, 2007).

Michel Foucault asserted that:

"Power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society."- Michel Foucault (Foucualt, 1978, pg 93).

Within the realms of domestic abuse research this statement appears to be increasingly salient as both supporters of the feminist paradigm and the nested ecology paradigm accuse the other of hidden agendas and political and ideological motivations. With the stalemate that has ensued (Nicolson, 2009) it is important to examine what these motives are and how recipients and IPDAs may be regulated

through their respective discourses. For this reason, it would be beneficial for research to focus on what these motives are and how these two paradigms can be reconciled to ensure the best interventions are utilised for IPDAs as well as recipients of domestic abuse.

B.2.12. Relevance to Counselling Psychology

Counselling Psychology, as a profession, locates itself within a 'human science model' which embraces humanistic values at its core whilst simultaneously endeavouring to engage in evidence based practice (Strawbridge & Woolfe, 2010). The central premise of Counselling Psychology is to facilitate wellbeing as opposed to responding to sickness or pathology; which is demonstrated within a medical model approach. The helping relationship is essential within Counselling Psychology and there is a strong emphasis on 'being with' people rather than 'doing to them'. Much of the debate and discussion surrounding domestic abuse, and the interventions that are utilised by different professionals, is centred on two opposing paradigms. The feminist paradigm which emphasises the role of patriarchal power structures within society and the nested ecology paradigm, which focuses on individual differences along with other societal and interpersonal contexts. Frequently, these paradigms are seen as opposing and, subsequently, they have produced differing approaches to intervening in the perpetration of domestic abuse.

As Counselling Psychology attempts to bridge the gap between values based practice and evidence based practice it can, thus, provide a unique perspective on criminal, legal and therapeutic interventions for intimate partner domestic abusers (IPDAs). For example, there is concern that through utilising a psychological perspective on the IPDA they will be pathologised and, consequently, not held accountable for their criminal actions. However, by neglecting to acknowledge psychological perspectives there is an over-reliance on the single factor of patriarchal power structures which leads to a heteronormative response to domestic abuse. This response often side lines those IPDAs and recipients of abuse who do not fit within this construction. Counselling Psychology can, thus, provide a more nuanced perspective which takes into account the need for the IPDA to take ownership for their actions whilst simultaneously facilitating wellbeing within them.

Community based counselling psychologists working within the realm of community psychology, as well as counselling psychology, focus upon the individual and the systems that individuals are placed within. At the heart of community counselling psychology is the aim of inspiring self-aware social change in the purist of social justice (Kagan, Tindall & Robinson, 2010). Domestic abuse was acknowledged as a criminal act due to grass roots feminist activists in the 1960s and 70s who fervently pursued justice for women and girls subjected to violence and abuse by their male partners. It, therefore, stands to reason that community counselling psychology is well placed, within the contemporary context of western culture, to integrate both feminist perspectives on domestic abuse with psychological perspectives.

'It is community psychology because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is community psychology because it is nevertheless concerned with how people, feel, think, experience and act as they work together, resisting oppression and struggling to create a better world. (Burton et al., 2007, pg. 219).

Thus, Counselling Psychology, particularly within the context of the community, has the potential to offer powerful insights into a phenomena that has plagued society for decades.

This study aims to explore how different professionals, working within the realm of domestic abuse and violence, make sense of the IPDA and how these understandings subsequently influence the therapeutic and legal interventions they use when working with IPDAs. This study utilises a Foucauldian Discourse Analysis to explore how professionals construct the IPDA through their use of language and how these constructions impact on their thoughts, feelings and behaviours towards IPDAs. This involved an in-depth qualitative analysis of six semi-structured interviews with a variety of different professionals who have come into contact with IPDAs and are responsible for implementing interventions with them. This approach was deemed necessary due to the lack of qualitative research within this area and the current divisions in the literature around the ideological underpinnings of both legal and therapeutic interventions for IPDAs.

The objectives of the study were to examine how health professionals' constructions of the IPDA influence their use of interventions. It was also to explore how discourses were being mapped out by professionals and how professionals utilised certain constructions when making use of different interventions for IPDAs. Furthermore, it also aimed to explore how professionals position IPDAs and themselves and what the implications are for behaviour and subjectivity.

The main research questions that were used to guide the research were:

1. How do professionals construct the IPDA and how do these influence the interventions they use?

i) How was the IPDA constructed within the available discourses?

ii) What discourses were drawn upon to construct the IPDA?

iii) What functions do the constructions serve?

iv) How does their discourse position the IPDA and themselves in relation to the IPDA?

v) How do their constructions of the IPDA shape the IPDA's behaviours and subjectivity?

My background in psychology began when I took it up as a subject at A level. I became particularly interested in Forensic Psychology, and the motivations behind abusive and destructive acts, after a series of rapes occurred in my local area and became widely reported in the press. This led me to start reading around the subject, as I tried to make sense of how and why a person could end up behaving in such a destructive manner. I went on to study a BSc in Psychology at a University with a well renowned Forensic Psychology department. Within my BSc there was a heavy emphasis on positivistic research, however, my form tutor at the time was very outspoken in his views regarding different types of research. He held the view that different forms of research could offer us different understandings of what we considered to be 'truth'. He differentiated between natural kinds of knowledge and truth and human kinds of knowledge and truth. The latter he felt could not be understood solely through a positivistic lens.

By the end of my undergraduate degree, I had realised that I wanted to practice within a field of psychology where I could experience working with different types of people from different walks of life. I considered continuing my training in Counselling as well as Clinical Psychology. I settled on Counselling Psychology as I felt that the underlying ethos fitted well with my views and values surrounding mental health; particularly when it came to diagnosis of mental health presentations. Before conducting this research, I had never experienced the qualitative research process and I was very keen to do so. Subsequent work experience with women who had experienced domestic abuse and violence led me to form an interest in the motivations behind intimate partner domestic abusers. From researching the area of domestic abuse, I became aware of the divisions between different professionals and academics who held different ideological standpoints. Around the same time, I started to learn about Foucauldian Discourse Analysis and felt that the use of this methodology could provide a different kind of human knowledge surrounding intimate partner domestic abusers. I liked that it did not adhere to the idea of one universal truth and how it focused on the regulation of different groups in society. This study came into being through a wish to bring together the different kinds of knowledge we possess within the realm of domestic abuse, both feminist and psychological, in the hope that integration might provide a new perspective on how we work with those who are abusive as well as those who experience the abuse.

B.3. Method

B.3.1. Research Framework and Rationale

Aims and Design

This study aims to explore how professionals, working within the arena of intimate partner domestic abuse, make sense of the intimate partner domestic abuser (IPDA) through the use of Foucauldian Discourse Analysis (FDA) (Parker, 1992; Willig, 2001). Furthermore, the study aims to gain a greater understanding of how specific professionals, such as police officers, solicitors, barristers, judges, psychologists, domestic violence intervention programme facilitators and social workers, use language to construct IPDAs. In addition, this study further aims to explore how the professional's constructions impact their subjectivities (thoughts and feelings) and behaviours towards IPDAs. Specifically, it focuses on how these constructions

influence the development of therapeutic, legal and policing interventions for intimate partner domestic abuse and the subsequent implications this has for current practice within counselling psychology.

As FDA focuses on examining social processes and constructions a wide variety of texts can be utilised within the analysis. As there is currently a collaborative, multi-agency approach taken, with regards to domestic abuse in the UK, it is important to ascertain which discourses the differing agencies draw upon when constructing the IPDA. The discourses, that each type of professional make use of, are significant as they in turn influence the interventions (therapeutic, legal and criminal) that are then employed by society with regards to rehabilitating IPDAs and preventing domestic abuse.

As a result, semi-structured interviews were conducted with a variety of different professionals who represented the different agencies that currently work together to address domestic abuse within the UK. The aim of using semi structured interviews was to allow the professionals to engage in more spontaneous descriptions and narratives in relation to IPDAs. This was done in order to gain a better understanding of any potential divergent discourses between the various agencies and the impact these could have on the interventions drawn upon by them. In addition to this, the semi structured interview provided the author of this research with the opportunity to further explore any relevant or novel discourses that arose within the interviews. It was decided that a smaller number of discourses would be focused upon in order to gain a more in depth analysis of the most frequently used discourses across professional groups. This decision was made to keep the amount of discourse concise as a vast majority of differing discourse were drawn upon across the range of professionals.

It was decided that this study would not include an in depth analysis of other texts such as court reports and government policies relating to domestic abuse. This was due to inevitable time constraints and a wish not to overload myself with too much data. Although in depth analysis would have provided added context and understanding of the constructions formed by different agencies it was felt that eight hour long semi-structured interviews would be sufficient. However, due to the elaboration of context these materials could provide, they have been taken into

consideration and a brief reflection on them can be found within the discussion section of this thesis.

Rationale for a Qualitative Approach

After conducting a literature review, it was discovered that there are very few qualitative studies that look specifically at how different professionals, working within the area of domestic abuse, socially construct the abuser. There were a significant amount of qualitative studies which explored the social constructions of the victim of domestic abuse. However, only one study was found that examined how social constructions of abusers influence intervention programmes for this group (Mankowski, Haaken & Silvergleid, 2002). Furthermore, only one discursive study was identified which examined the social constructions of professionals and this study was limited to social workers (Peckover, 2014). Domestic abuse is a highly politicised arena. Consequently, it was felt that an in depth exploration of the social constructions of abusers, by the professionals working within this area, was very important as most of the current qualitative and discursive research focuses primarily on victims.

Furthermore, quantitative methodologies and other qualitative methodologies were deemed to be inappropriate as a means to answer the current research question. With regards to quantitative studies, these would not have allowed for an in depth exploration of social constructions. In addition, other forms of qualitative analysis do not go beyond the individual lived experience. Discourse analysis does not just examine the lived experience of the individual it also explores wider explanations (Willig, 1999b) which may have implications for current practices within the area of domestic abuse as well as implications for the current practice of counselling psychologists in this area.

Social Constructionism

The methodology of Foucauldian discourse analysis can span both a social constructionist and a critical realist epistemology; depending on how it is utilised (Willig, 2001). Within this research, however, the underlying epistemology adopted is that of social constructionism. A social constructionist stance views knowledge as something that is constructed rather than created. It does not deal in objective truth but rather explores subjectivity. Furthermore, it suggests that knowledge comes from

specific “knowledge communities”. This is a group of people, such as scientists, who agree about what constitutes the “truth” through discourse. Kuhn demonstrated how, when a body of evidence emerged which challenged a current paradigm, the community of experts would discuss and develop a new paradigm which better fitted with the evidence. Kuhn termed this a “paradigm shift”. Thus, the ideas of an individual are given meaning through their social context (Kuhn, 1970).

Social constructionism emerged as a theoretical orientation in response to the modernist view which had come about during the Enlightenment period. Modernist understandings revolved around the premise that there were objective truths which could be discovered through methods such as observation and reason. However, in the search for objective and definable truths the modernist approach became individualistic and was criticised as being a new totalitarianism (Gergan, 1999) where science had become the new and only valid source of knowledge and power. Thus, the postmodern movement was born in response to this and began to question the modernist understandings of reality and its search for truth.

Social constructionist approaches share some similar characteristics in places, however, there is no one feature that unites them. Instead they share a family resemblance (Burr, 2015). Gergen (1985) noted that you could think of any approach which accepts one or more of the following assumptions as being of a social constructionist approach. Firstly, a critical stance is generally adopted towards all taken for granted knowledge. Social constructionism is always cautious and suspicious of our assumptions of how the world appears to be. Thus, it opposes positivism and empiricism and suggests that what exists may not be the truth just because we have observed it. Secondly, it emphasises that the ways in which we commonly understand the world and the categories that we use are historically and culturally specific. Thirdly, social constructionism suggests that knowledge is constructed between people and is sustained by social processes. Finally, it assumes that knowledge and social action go together. Thus, the way people construct the world sustains certain patterns of social action and excludes some others. This means that how a person constructs the world is inextricably interlinked with power relations. This is because their constructions have implications for what behaviours are acceptable for one group of people to enact upon another group of people within society.

Indeed, within the realms of the social sciences, social constructionism tends to be more frequently aligned with sociology than it does psychology. However, it began to emerge within psychology during the 1970s due to a 'crisis' within the realms of social psychology (Gergen, 1985). However, as there is no one unifying feature of social constructionism there are several strands of theory and research methodology that tend to be utilised. These include critical psychology, discursive psychology, deconstructionism and FDA and constructivism (Burr, 2015). Although these approaches all meet the key assumptions of social constructionism they each have different views and interpretations when it comes to aspects such as: research focus and methods, realism and relativism, embodiment and materiality and power (Burr, 2015).

Discursive Psychology and Foucauldian Discourse Analysis (FDA)

There are currently two significant forms of social constructionism which are referred to as 'light' and 'dark' by Danziger (1997) and as micro and macro by Burr (2015). The micro structures that are focused on within language use is what Danziger referred to as light social constructionism. The dark social constructionism that he referred to is the FDA approach which examines the macro structures of our social and psychological lives. Discursive psychology (Harre, 1995) tends to be the most popular area of social constructionism. It makes use of conversation analysis as a means to explore the role of everyday language and how this impacts social interactions. Thus, language is not seen as a simple representation of internal emotions and thoughts; although the existence of these is not necessarily denied within this sphere. Rather, it is merely seen as unnecessary to their aims (Burr, 2015). Instead the focus is on the action component of language, for example, how people use language to build up specific accounts of events and as a means of doing things. In contrast, FDA widens the focus of research away from the individual's use of language in order to incorporate the historical and cultural influences of knowledge and the relationships between knowledge, social action and power (Burr, 2015; Hook, 2001).

Foucauldian ideas surrounding the nature of knowledge came about in the 1970s through a series of French debates between Marxism and humanism. Foucault argued that Marxism reduced social movements, such as the anti-psychiatry

movement, to merely a class struggle. Instead, Foucault and others, put forward a model of power that operates within a specific local setting and is dependent upon the specific historical conditions. In this sense, Foucault extended structuralist ideas by suggesting that discourse was not merely the underlying deep structure of the mind and psyche (Lacan) but that it also had a praxeological interpretation which meant that it could be utilised to study human action and conduct also (Foucault, 1966). Thus, the post-structuralist movement came into being.

For Foucault, discourses produce a representation and perception of social reality. He suggests that these representations form part of hegemonic strategies which establish a dominant interpretation of "reality". For this reason, discourse can be seen as a mediator and a tool of power through the production of knowledge. It should be noted, however, that power is seen to operate through individuals when they are acting upon their actions but it is not possessed by them (Foucault, 1966). Spivak (1987) further elaborates on this idea though his term "worlding". He suggests that discourses are a way of appropriating the world through knowledge. This occurs as people engage with strands of knowledge in order to try and understand and describe the world. However, these strands of knowledge are produced in complex power relations whereby different actors and institutions attempt to establish a dominant interpretation of what "reality" is.

In his book, "The Archaeology of Knowledge" (1969), Foucault sets out his methodological approach. He attempts to gain a pure description of the discursive events by treating the material in its original neutrality and making few assumptions about the world and nature of reality. This is because Foucault suggests that all periods of history hold their own epistemological assumptions that determine what reality is acceptable. Foucault termed these assumptions the epistemes and thus was able to examine shifts in paradigms throughout different periods in history. Initially, Foucault attempts to scrutinise aspects such as "tradition", "discipline", "development" and "order" as he suggests that these assume historical continuity which he sees as an illusion. Thus, where any representations of continuity are asserted Foucault introduces the idea of discontinuity and problematizes the category of meaning. This is achieved through identifying and analysing systems of statements. These statements are bearers of rules of formation. For example, the rules that allow the statements to be possible already simultaneously reside in the

system of proceeding statements. Therefore, they are not separate from the statements and must be understood in the context and as a result of the socio-historic process in which the discourse rules emerged. Thus, discursive practices are productive as they produce the semantics of the words that are used. In turn they relate words to objects and to strategies of acting towards and thinking about specific groups of people.

The methods used within Foucauldian discourse analysis depend upon the research question that is being answered, as different questions require the analysis of different texts. A text can be anything that has meaning such as semi-structured interviews, court reports, architecture and paintings (Willig, 2001). This study is attempting to explore how professionals, such as police officers, lawyers and psychologists, construct the perpetrator of domestic abuse through their discourses. Further to this, it seeks to explore how the discourses that are drawn upon impact the interventions that are utilised by these professionals.

Rationale for choosing FDA

There are several reasons why a Foucauldian discourse analysis is an appropriate methodology, with regards to the above questions. Firstly, in recent history there has been a dramatic change in the way that society views perpetrators of domestic violence (Dutton, 2011). Over time we have come from viewing the perpetrator of domestic violence as “normal” to that of a modern day “monster” (Corvo, Dutton & Chen, 2009). As a Foucauldian discourse analysis focuses on the socio-historical context of any given discourse it will enable the author of this research to identify the underlying epistemes of the current thinking of professionals within this area. Thus, if the author of the research is able to understand the assumptions underlying the discourses they will better be able to understand why professionals use certain interventions. The fact that this methodological approach takes into account the social and historical context of current “truths” about perpetrators of domestic violence allows for reflexivity and a greater awareness of potential biases that affect how they are constructed.

Further to this, there is currently an ongoing debate within the domestic violence literature which suggests that a paradigm shift may be approaching (Dobash & Dobash, 1979; Dutton & Corvo, 2007; Dutton, 2011; Gondolf, 2007). As Kuhn (1970)

stated when this occurs “knowledge communities” engage in discussion around what the acceptable “truth” should be. Therefore, acceptable knowledge and truths can be seen as being regulated through discourse. As it would appear a process of discussion is ongoing within the domestic violence literature, a Foucauldian discourse analysis allows for the differing strands of discourses to be untangled. In turn, this will enable the author of the research to gain a better understanding of the different roots of the debate. As Foucauldian discourse analysis also emphasises how discursive practices are productive, it will allow for an understanding of any underlying agendas of the different discourses and how they may manifest themselves as interventions and, consequently, impact on perpetrators. This will, again, act as a reflexive exercise so that a better awareness can be developed with regards to the opposing sides of the debate. This is relevant as within the research literature many claims have been made from both feminist academics and psychologists about the motives underlying the stance that either side takes (Dutton & Corvo, 2007; Gondolf, 2007).

In addition to the above, a Foucauldian discourse analysis operates on a macro level and enables us to understand how power operates through individuals (Spivak, 1989). As many different people, from different professions engage with perpetrators of domestic violence, and have authority over their lives, it is important to examine how this power operates. Indeed, specific institutions may have different agendas when it comes to approaching perpetrators of domestic violence. Thus, it is important to explore which discourses are drawn upon by different professions and why. Being able to explore the subjective aspects which shape every day “truths” relating to perpetrators of domestic violence allows for a more accurate evaluation of the interventions that are utilised by different professionals.

On a larger scale, domestic violence as a topic is not often spoken about within wider society (Garside, 2003) which has led to the suggestion that the reality of domestic violence is often distorted. Indeed, the media and much research focuses on extreme cases of physical violence which obscures the routine nature of most domestic violence. The majority of domestic abuse tending to be psychological, non-physical and emotional (Dutton & Corvo, 2006; Dutton, 2009). Indeed it has also been highlighted that there has been very little research into the construction of perpetrators of domestic violence (Hester & Westmarland, 2006). For this reason a

Foucauldian discourse analysis will be advantageous as it can also be used to home in on the meaning behind a lack of discourse (Willig, 2001).

There are, however, several limitations to this research approach. Firstly, it had been questioned whether or not we can theorize subjectivity based solely upon discourse as is the case within Foucauldian discourse analysis. For example, within this approach human beings are made subjects and, as a result, they gain access to seeing and being in the world in specific ways. However, psychoanalytic researchers have argued that focusing purely on discourse neglects to take into account any individual differences which may contribute to subjectivity. Harre & Gillett (1994) propose that there are many different types of public persona that can be put forward by an individual person. Furthermore, they suggest that discourse cannot account for the emotional investments that people make in certain subject positions. Indeed, Urwin (1984) highlights the roles of fantasy, identification and separation in the production of subjectivity.

Another limitation is the uncertainty surrounding whether or not discourse constructs reality. If this is the case then discourse may be constrained by reality. Consequently, there has been a divide with some researchers taking a social constructionist stance and stating that power is maintained and enacted through discourse, however, it does not originate in the discourse. On the other hand, some researchers have taken a more critical realist view and suggested that power is in fact produced by discourse and therefore it is an aspect of discursive relations rather than a resource that is controlled by a specific group of people within society (Willig, 2001).

Finally, it should be noted that one of the assumptions of Foucauldian discourse analysis is that all forms of knowledge are constructed through discourse and discursive practices. This means that a researcher does not discover knowledge but rather authors it. Therefore, any reports of analyses are themselves constructed, thus, they cannot be evaluated outside of their own discursive framework (Willig, 2001). For this reason, it is important that the author of the research remains reflective and aware of the discourses that they themselves draw upon and any agenda that may underlie them.

B.3.2. Recruitment and Sampling

Participants

Research to date has tended to focus on how victims of domestic abuse are socially constructed and how this impacts others behaviour towards them (Hanmer & Stanko, 1985; Baly, 2010). Furthermore, most of the research examines how the general population understand victims and IPDAs with relatively few research studies exploring specifically how different professionals understand victims and IPDAs. Given the lack of research on professionals working with IPDAs and the many disagreements within the current domestic abuse literature on what causes an individual to be abusive and their capacity to change this study chose to focus on professionals understandings of the IPDA.

A purposive sampling technique was utilised within this study in order to follow an idiographic form of enquiry. Thus, this study aimed to gain a detailed understanding of individual cases rather than identify generalisations across populations. The sample in this study included: a police officer, a social worker, a family law solicitor/judge, a criminal law solicitor, a forensic psychologist and a domestic violence intervention programme facilitator. These professionals were chosen to represent the multi-agency approach that is currently recommended for domestic violence and abuse in the UK (NICE, 2017). This study also aimed to interview a counselling psychologist, however, very few counselling psychologists had experience working with IPDAs which made recruitment problematic. Instead, most counselling psychologists found themselves working with victims of domestic abuse. As a result of this, no formal interviews were conducted with counselling psychologists. This was because the study criteria specified that the professionals included have a year or more of experience working directly with IPDAs. However, several informal discussions were had in order to gain a sense of how counselling psychologists understand the IPDA. Reflections on these discussions have been included in the discussion section of this thesis as a means to examine the role that counselling psychologists currently play within the arena of domestic abuse.

B.3.3. Procedure

Recruitment

To recruit the differing professional participants, initially a google search was conducted in order to identify the different agencies that were operating within

London. For example, the search term *'domestic violence perpetrator intervention programme London'* was entered into the search engine when looking to identify potential therapeutic programme facilitators. Once an appropriate programme and facilitator was identified an email (Appendix 1) was sent out to them inviting them to participate in the study which included a copy of the participant information sheet (Appendix 2). This initial email was then followed up by a phone call to elaborate on the aims and objectives of the study and answer any questions the professionals may have had. The same recruitment technique was used to identify a social worker, a family law barrister/judge, a forensic psychologist, a police officer and a criminal law solicitor.

For the purposes of this study, the term 'domestic abuse' was made more specific in its definition. The UK government currently defines domestic abuse as:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional." (Home Office, 2016).

This study chose to focus specifically on domestic abuse that occurs between two intimate partners rather than family members more generally. For example, domestic abuse that occurs between two family members where there is no intimate relationship such as a child and parent was not explored. As there are time limitations on the research it was felt that encompassing the broad definition of domestic abuse would be too demanding. As a result of this, the professionals sought to take part in the study all worked specifically within the realm of intimate partner abuse.

A total of eleven professionals expressed an interest in the research and requested further information. At their request a participant information sheet was sent out and a follow up phone call was made to further elaborate on the aims of the study. The participants were asked to reply if they were still interested in taking part in the study. There was a dropout rate from the point of contact to the actual interview with four participants failing to respond after requests for further information and one participant unable to take part in the study. This participant could not take part as the

Ministry of Justice felt the topic of the research to be too sensitive with the potential to cause tension within certain community groups. There was an even split between the gender of the professionals with three being male (domestic abuse therapeutic programme facilitator, forensic psychologist and police officer) and three being female (family law barrister/judge, criminal law solicitor and social worker). A total of six participants were finally interviewed: these were mainly white British with one black British, female. An attempt was made to recruit a counselling psychologist to take part in the study. A search was conducted on the BPS contact list along with advertisements being sent out by email at the South London and Maudsley NHS trust, however, none of the individuals contacted worked with IPDAs but rather worked with those who had been abused and therefore did not meet the criteria of the study.

Once consent had been given, face to face semi-structured interviews were conducted at a location of the participants choosing. Most participants were interviewed within a private office or meeting from at their place of work with one participant being interviewed in a public café. Each participant was audio recorded and a flexible agenda was utilised in order to guide the process of the interview (Appendix 4). This was a tentative guide which contained open ended questions to encourage the participant to explore their understandings of the IPDA and the interventions currently used. The first part of the interviews focused on exploring the reasons behind why a person is domestically abusive towards an intimate partner with a focus on whether the IPDA has the capacity to change. The second part of the interviews explored the current interventions and the professional's views on their efficacy. Following each interview, an opportunity was given to de-brief in case anything had arisen for the professionals over the course of the interviews.

B.3.5. Methodological Reflexivity

I feel that the skills I have gained throughout my training as a counselling psychologist aided me when it came to conducting the interviews with my participants. It enabled me to deal sensitively with the subject matter and it also helped me to listen to and respond empathically to what was being said. I was able to contain the discussion and structure my interviews to ensure that all material was covered within the hour specified on the participant information sheet. However,

given that I was a counselling psychologist in training I am aware that the responses of my participants may have been shaped by the fact that they perceived me to be another professional. Furthermore, there is currently much debate within the domestic abuse literature between psychological theorists and feminist theorists and, given that I am professionally associated with the former, participants may have responded in a way that was more in line with psychological views on domestic abuse. Thus, this may have implications for the final analytical process.

I noticed in the first two interviews, that I conducted, that I had a tendency to bring more of my professional self into them. In subsequent interviews, I attempted to address this by disclosing less about my work and allowing the interviewees to lead the encounter more. As I was viewing these encounters as 'research' rather than 'therapy' I initially felt freer to speak about the work that I did, as there was often curiosity on the part of the professionals I interviewed. However, in hindsight, I realised that giving away too much about my professional self and experiences may inadvertently have been impacting the data. My initial reasoning behind disclosing aspects of my professional experiences was in order to foster trust and build rapport, however, in later interviews I attempted to do this in other ways and reserved any discussion of my professional experiences for the de-brief.

Each of my participants choose the location of the interview as I felt it was important that they felt safe and contained in order to facilitate the discussion. However, I ensured that I put measures in place to safeguard myself when conducting the interviews. For example, all interviews had to be conducted in a public building or space and I made others aware of my whereabouts before and after each interview.

Data Handling, Coding and Transcription

Each interview was tape recorded and then transcribed verbatim. A Jefferson Lite system was utilised (Parker, 1999) as this approach indicates specific speech emphases, points of interruption and overlap, hesitations, delays and pauses (which are measured in seconds) and other non-verbal events. This approach was adopted as the aforementioned non-verbal events can affect meaning and, thus, hold significance for accurately interpreting the participant's constructions (Willig, 2001). All of the transcripts were anonymised and any identifying details were changed to protect the confidentiality of the participants. The interviews had a duration of

between 45 and 70 minutes and the transcription occurred at a ratio of 5/60. Therefore, five minutes of text took an hour to transcribe, with six interviews overall. The transcription times are detailed in Appendix D.

Backup copies of the transcriptions and recordings were made and were stored in a secure location. Each sample of data was coded in order to make it more manageable.

Analytic Procedure

The analysis process within this piece of research follows the stages set out by Willig (2001). I chose to follow this method of Foucauldian Discourse Analysis as it has a focus on the discursive constructions and endeavours to link these to the individual's experiences and behaviours. In addition to this, it also examines the wider social implications through the exploration of the positionings of the individual. Although this is not a 'full' Foucauldian Discourse Analysis such as that of the 20 step method that is put forward by Parker (1992) I believe that it is sufficient for the purposes of this research study.

Stage 1: Discursive Constructions

The initial stage of the analysis examined how the different professionals constructed the IPDA. This was done by highlighting any references in the text that either made direct or indirect references to the IPDA. For example, a direct reference to the IPDA was understood as a reference such as *'the perpetrator', 'they'* or *'he'* whilst an indirect reference could be seen as any behaviour that has been outlined in the literature as domestically abusive such as *'pushing', 'shouting' or 'controlling'.*

Stage 2: Discourses

In the section stage, the constructions were identified within the social discourses that were drawn on by the different professionals. The discourses were noted in different coloured ink on the transcripts and separated them out into boxes.

Stage 3: Action Orientation

The third stage consisted of examining the purpose of constructing the IPDA in a certain way at a certain point in the text. I held questions in mind such as: what is the

participant doing with their discourse and how does it relate to the construction of the IPDA at this point in time.

Stage 4: Positionings

The fourth stage explored the different ways of being in the world that were made available to the IPDA as a result of their location within a discourse in relation to others.

Stage 5: Practice

The fifth stage explored any opportunities for action that were made available to the IPDA or restrictions that were placed upon them as a result of constructions and positionings utilised by the participant within their discourse. It then explored how these actions, in turn, legitimised the constructions that were held by the participant.

Stage 6: Subjectivity

The sixth stage examined how the participants discourse constructed psychological and social realities for the IPDA. The ways in which the participants discursively positioned the IPDA influenced how they could view the world as well as what they could think, feel and experience.

The analytic procedure began with me familiarising myself with the transcripts. This was done through reading and re-reading them. After familiarising myself with them, I went on to annotate each transcript with detailed analytical notes that corresponded to each of the six stages identified above. Summaries were then created for each transcript. These included a summary of each of the six analytic stages as well as additional notes surrounding thoughts and reflexivity. A Microsoft Excel spreadsheet was then composed in order to identify the different ways in which the IPDA was discursively constructed. For example, as a criminal, as psychologically vulnerable, as a relationship etc. Corresponding excerpts from the transcripts were identified by page number and line number, in brackets. Therefore, all of the text which constructed the IPDA as a criminal was listed under this coding label and identified through page and line number e.g. 20(115). The aim of this analytic process was to create a comprehensive list of discursive constructions for each interview transcript in order to map out the key analytic themes.

Improving the quality of the research

In order to meet research standards it is essential that a study can demonstrate both reliability and validity (Yardley, 2008). However, these terms are representative of a positivist approach to undertaking research rather than that of a constructionist approach which is demonstrated within the current study. A constructionist approach does not attempt to make claims to universal, objective 'truths' and therefore utilising measures which attempt to match our findings to the 'real world' futile. For example, as this study consists of a small sample size, any generalisations from this study would be limited. Instead, the aim of qualitative research such as this is to gain a detailed understanding of groups of people who have not been extensively researched in the current literature. The aim of undertaking qualitative research with these groups is to increase our understandings of them, highlight areas of future exploration through research and identify areas of improvement within practice. Furthermore, as the current study is that of a Foucauldian Discourse Analysis, a large sample size was not deemed necessary. Indeed, it follows that if a discourse is available to one person then it can also be available for others to adopt. Despite this, it is still important to demonstrate that this research is rigorous and of a high quality. Subsequently, different ways of improving the quality of qualitative research have been proposed within the discussion section of this thesis. These means of improving the quality of the research have been incorporated into this study and are based on the guidelines of Yardley (2008) as well as Willig (2001).

B.3.6. Ethical Considerations

An essential part of this research study was to ensure that all ethical considerations were held in mind throughout the process of designing and undertaking the research. The current study concerns a sensitive topic, domestic abuse and violence, and as such ethical considerations were deemed to be of even greater importance. As a result, participants in the research were made aware of the aims and procedures involved within this study to ensure that they were as fully informed as possible. Indeed, before proceeding with the interviews, participants were given the opportunity to read through an information sheet which detailed what to expect from the study and what the study was attempting to do. They were then given the

opportunity to ask any questions that they had in relation to the study. At the end of the interview, participants were de-briefed in order to allow them to discuss their experience of the interview and to talk about any concerns that they may have had. The participants were also given a de-brief sheet to aid with this.

Once the participants had agreed to take part in the interview they were informed that they could stop the interview at any time. For example, if they did not feel comfortable the interview could be stopped and if they did not wish to answer any questions they did not have to. In addition to this, participants were informed that they could withdraw from the study at any time without prejudice. They were also assured that confidentiality would be maintained throughout. This was particularly important within this research given that domestic abuse and violence is a rather politicised topic and discussions surrounding it could have had funding implications for some of the participants. Consequently, all of the recorded data was kept anonymous through the use of coding. Recorded data included: transcripts, digital recordings and research notes. The interview recordings were kept digitally and were password protected to ensure security in case of accidental loss of data through theft. The recordings were kept until after the examination of the research thesis after which they were destroyed.

It was made clear to all participants that the interview consisted of a research endeavour and that it should not be seen as a form of therapy. It was acknowledged that discussing domestic abuse and violence could be distressing for the participants, however, being listened to by someone empathically could be a positive experience. Indeed, if any of the professional's felt that they were experiencing vicarious trauma it could potentially encourage them to seek out counselling and support. This was discussed at the end of the interview, however, none of the participants felt that they needed any support resources. Mine and my supervisor's details were provided to all participants in case they wished to either of us regarding questions or concerns about the research. Furthermore, this study was granted ethical approval from the Psychology department at City, University of London.

B.4. Analysis

B.4.1. Prelude to the analysis

Throughout the course of the research, the analysis came from six sources of information. These sources consisted of six interview transcripts which were conducted with six different professionals all of whom came into frequent contact with intimate partner domestic abusers (IPDAs). Each professional represented a different agency and each encompassed different areas of expertise. Consequently, each had different resources at hand to intervene in cases of intimate partner domestic abuse. The professionals included: a police officer, a forensic psychologist, a family law QC, a criminal law solicitor, a domestic violence intervention programme facilitator and a social worker.

This analysis has been presented in two separate chapters in order to make it more comprehensible and more manageable. The first section presents the different themes that were generated in relation to how professionals understand and explain the IPDA. It has the aim of mapping out the different discourses and constructions that were available to them and focuses on how the different professionals utilised these to make sense of the IPDA. The second chapter focuses on how the different professionals then utilised their understandings and different constructions of the IPDA to implement, or resist the use of, a variety of different legal and therapeutic interventions. All of these interventions have the aim of managing and rehabilitating the IPDA and safeguarding those around them.

The constructions have been grouped within wider discursive themes in order to more effectively separate out related constructions and discourses. Within each theme, the main constructions are identified and are followed by commentary on how they have been reached and my interpretation of the function that they appear to serve. Within the analysis, excerpts from the data sources appear within quotation marks and their source of origin is indicated (e.g. FP- Forensic Psychologist).

Professional	**Abbreviation**
Forensic Psychologist	FP
Criminal Law Solicitor	CLS
Domestic Violence Programme Facilitator	DVPF

Family Law Queens Counsel	FLQC
Social Worker	SW
Police Officer	PO

Table 1 shows the abbreviations for the different professionals used throughout the text.

Further to this, there is an exploration of the subject positions (the roles that the IPDA can inhabit) that have been made available and the subsequent impact that these may have on subjectivity and action. It is important to note, firstly, that the professionals are generally making reference to heterosexual couples and, secondaly, that the themes are not separate categories and that they frequently overlap with one another. As a result, examples from the data appear within several themes.

It has been documented by many qualitative researchers that any analysis or interpretation is merely one of many possible readings (Harper, 2003; Willig, 2012). Thus, it should be mentioned that the interpretations made within this analysis are simply one way to understand the data. These interpretations will have been influenced by my own interests, lived experiences, political views and motivations and will have inevitably caused me to focus on elements of the text that I view to be of the greatest significance. In order to account for this, I have endeavoured to be transparent and reflective throughout the process of the analysis in order to increase the quality of the work and allow readers to come to their own conclusions in relation to my interpretations. Furthermore, as a social constructionist approach has been utilised throughout this research, I have not sought to achieve any objective neutrality as is often demonstrated within positivistic research.

There are three main discursive themes into which I have grouped the constructions that emerged throughout the course of the research. These are as follows:

- Discursive Theme 1: Power, Control & Criminality
    - i) The Coercive Controller
    - ii) Psychopathy, Class and Power
    - iii) Culture and Criminality

iv) The Female Intimate Partner Domestic Abuser

- Discursive Theme 2: Psychological Vulnerability
    i) Internal Psychological Vulnerabilities
    ii) External Psychological Stressors
- Discursive Theme 3: The Volatile Relationship.

B.4.2. Theme 1: Power, Control and Criminality

The Coercive Controller

A strong feminist discourse of power and control was present throughout the texts and was frequently accompanied by a criminal discourse. The feminist discourse was used to discuss the male IPDA in terms of his need to have power and control over his female partner. It was interwoven with a criminal discourse which emphasised the fact that male IPDAs, who were classed as coercive controllers, were, at their core, deviant and unchangeable.

"…ultimately is about power and control. Again, obviously it's the highest percentage is men, not women, that are perpetrators of DV but yes, more often than not it's about power and control and perhaps a man feeling out of control and then needs to be able to take control again. I think also, whether we like it or not, there are also men that are…seem to just be violent by nature…" - SW.

"…If you sort of punch someone and give them a nasty mark, everywhere they go, someone will see it. But if it's insidious coercive control, you separate them from everybody who cares about them and don't let them see their friends."- FLQC.

"The coercive control, some of the acts are designed to degrade or subjugate… might be done in a very controlled way that's devoid of emotion but whereas… if there's a potential rupture in the control… For example if the partner is thinking of leaving, and the perpetrator cottons on, then there might be explosive, catastrophic acts of violence that are driven by rage ."- DAPF.

Within this construction, the male IPDA is positioned as a criminal who is consciously aware of his actions and who lacks any empathy or remorse. In contrast, the female recipient of the abuse is positioned as a victim who is unaware of the male IPDA's

intentions towards her until she is trapped and powerless and can, thus, be acted upon by the male IPDA as he pleases. It is suggested that, if the female recipient displays any form of agency, the male IPDA will act in a physically violent manner towards her to reassert control. An underlying assumption appears to be that criminality is a position primarily taken up by men and the victim position primarily taken up by women.

The feminist discourse was also used to construct the IPDA as a man who was insecure in his masculinity and, thus, needed to reassert his superior masculine status within the family.

"…a lot of the time it is about…perhaps about their manhood if you like and actually they don't like that being questioned or challenged. It is a lot about 'Do as I say' and when you talk to a lot of perpetrators I think, initially, they will talk about not knowing why they behave that way but actually, when you unpick it with them, they do actually know why they're behaving that way. But a lot of the time it's about them as men and being questioned about their status in the family etc."- SW.

***PO**: "I've seen it where violence has started between partners and ex-partners about the kids and it's almost like…so…where the man had all the control in the relationship and then when they split and then the wife has main custody over the kids and then she starts calling the shots regarding when the kids will see their dad and stuff like that then all of a sudden the dad just loses it because he's not got control over everything anymore."*

***E:** "I see so a reaction to that if she's left and then he wants to regain the control in the relationship, it's about controlling everyone?*

***PO:** "Yes. I think that's probably the main thing. It's almost like an obsession with maintaining the control."*

Within the above extracts, the IPDA is positioned as being paradoxically both fragile within their masculinity and tyrannical in their micro-management of their female partner as a means of reconfirming their superior masculine status. The woman is positioned as being empowered through legal intervention which, equally, further disempowers the male IPDA's sense of masculinity and creates an element of

psychological vulnerability within the male IPDA. Consequently, the IPDA then seeks mastery over this vulnerability through his controlling behaviour.

It should be noted here that, throughout the process of the interviews, I made a conscious attempt not to use the word “perpetrator” to describe the male IPDA. However, I noticed that, at times, I was unconsciously making use of this terminology. Consequently, this may have impacted the responses of the interviewees. This was an effect that I also noticed within some of the interviewees themselves, who would make a conscious effort not the use the term perpetrator, however they would also unconsciously fall into using it as a descriptor at different points in conversation.

“…because I’ve always promoted perpetrator services although that’s not a word that I use particularly.”-FP.

The underlying, unconscious assumption on both parts would seem to be that the male IPDA is a criminal, someone who has deliberately behaved in a way that has broken the law in order to regain a sense of empowered masculinity. This assumption will be explored in further detail within the next themantic section (T2).

Psychopathy, Class and Power

In addition to the use of feminist and criminal discourses, some interviewees also utilised a class discourse to construct the more specific, middle class, male, coercive controller.

E: *Does that translate into court?*

FLQC: *Yes. So if you’re cross-examining some wealthy, powerful business man or something, someone who’s built up some vast business empire or something, they will treat you as if you’re an idiot, as if you’re a cretin to think that they could possibly have done this. And so you need to be quite tough with them when you’re cross-examining them and they can be very fluent, they can be very articulate. They can get witness training.*

“It’s really difficult. There have been some really disturbing cases like that actually (…) with clever guys and people who are obviously quite adept at exerting control over other people in that way to the extent that I’ve seen (…) to some extent the

social workers start to doubt themselves, doubt their own abilities because they feel undermined by these men, these quite powerful men in a sense that they're intellectually they're quite powerful."- DAPF.

The male middle class coercive controller is positioned as being high status, intelligent and powerful in comparison to the professionals who are positioned as being of lower status within society, intellectually inferior and less articulate. In this way, the middle class, coercive controller can make the professional doubt their capacity to do their job. They require the professional to be *'tough'* with them in order to withstand their belittling and contemptuous manner. Furthermore, they are paradoxically positioned as being both criminal and pro-social.

"I think that yes, it's certainly in some cases that kind of lack of empathy as well or that lack of being able to process emotion and stuff like that which again, quite stereotypically, might make them successful in their job. Again, it's stereotypically you've got your successful psychopath, the non-criminal psychopath."- DAPF.

"So with the middle classes, there tends to be a bit more of a peeling back and I find them a lot more difficult to work with as well because there's more reflected back to them that they're (…) there's nothing wrong; they're normal. They're pro-social."- DAPF.

The interviewees draw upon a psychological discourse as well as a class discourse to construct the middle class coercive controller as a non-criminal psychopath who lacks empathy and exerts their power within society over the recipient of their abuse, as well as the professionals who come into contact with them. This makes them difficult to work with in a constructive way as there is an underlying sense of entitlement. It also makes them hard to classify. A psychological discourse, rather than a criminal discourse, is drawn upon in order to associate what would be considered traditionally criminal traits, such as a lack of empathy, with someone who is, paradoxically, viewed by wider society as being pro-social and good. The male middle class coercive controller is also positioned as being elusive and unknown in comparison to his working class counterpart who is highly visible within these agencies.

E: *I guess in a way social services are more likely to be involved with people from poorer socio-economic backgrounds than say from wealthier socio-economic backgrounds?*

DAPF: *Yes, but actually, I found that coercive control is more prevalent in the middle classes, that kind of abuse. I find that it takes some degree of, I don't know, (…)You have to have resources to exert that kind of control, sort of physical resources, the kind of, there are some emotional intelligence in a sense to exert that control over someone else.*

"I think yes, again, in social work it tends to be the unemployment is probably the biggest factor in terms of pockets of people (…) deprived areas is probably what comes to our attention the most. But what I would also say is we are probably less likely to be referred to when it is (…) I don't like to class but if it was middle working class white British families, mortgage owned home etc.(…) we're probably less likely to be referred to if there is domestic violence in those families."- SW

"I think with coercive control, we're tipping, it's tip of the iceberg stuff and I wonder how much of this is going on and it only comes to our attention, as I say, when other things present themselves, other problems present themselves."-DAPF

Through utilising a class discourse, the male, middle class, coercive controller is constructed as being dangerous and unknown. It emphasises how the male IPDA can use their monetary resources and status in society to conduct their abuse and to evade detection by the wider agencies. The agencies are positioned as powerless in that they are lacking the resources and means to detect middle class abuse effectively.

Culture and Criminality

In some cases, professionals drew upon cultural discourses, along with feminist and criminal discourses, to explain gender-specific, coercive control.

"So, I found it occurs in quite a lot of (…) so I'd say you can get it Asians and Blacks even when they're middle class but that's because a lot of these guys are probably first generation so that's to them it's acceptable because back in their own countries

it's perfectly fine…that's just the way it's done where they come from. In this country they don't realise that it's actually illegal and there's anything wrong with it."- CLS.

"And again, in some cultures it's absurd that you wouldn't be able to correct your partner or your wife if she doesn't toe the line."- CLS

"I think that's also around the cultural aspect of that and keeping that in the family (…) you don't get other agencies involved, you don't tell other people our business but added to that it can also be something they're quite accepting of in their own culture that actually the man has the right to (…) of course he doesn't but the belief within their culture is the man has the right to treat another in that way so therefore they don't view it as domestic violence and they're less likely to phone the police as well."- SW.

Here a cultural discourse is used to construct the male IPDA as a first generation immigrant who is unaware of the laws within the UK. They are positioned as being 'other' and as a result they encompass different, contradictory values, to the professionals. A cultural and feminist discourse is used to explain why both the recipient of the abuse and the IPDA themselves may not even recognise the actions as domestic abuse. Domestic abuse is positioned as being an alien concept within certain cultures outside of the UK. Furthermore, a class discourse is drawn upon here to further emphasize the influence of culture. Even the middle classes, who are positioned here as being good and pro-social, have the capacity to be abusive towards their female partners as culture is seen to supersede class.

"Yes, definitely also people from middle class backgrounds, especially, from those communities where English is not the first language- so Asian, African, Chinese, whatever- because there will be a lot of family pressure. While the victim may have felt quite strongly about prosecuting at the time of the alleged offence and at the time the perpetrator was arrested; subsequently you'll find it in those communities because they are extended communities, there is a lot of pressure put subsequently (…) the victim no longer will want to proceed."- CLS.

"…you see it with a family where they don't speak English and it's almost like the male has a control over the wife or the woman by maybe the fact that she doesn't speak English and he can sort of say things. I went to one where he was like 'oh yes, my wife she's not all there. She's a bit silly.' And I can see in his head, he was

convinced that what he was saying was like convincing us and making us think 'oh yeah alright. We'll leave it then'. But he still had to be arrested. We arrested him and the wife was like didn't really know what to do, didn't know what to say."- PO.

Class, feminist and cultural discourses are further drawn upon to construct the male IPDA as the all powerful, head of the family who maintains control whilst the female recipient of the abuse is constructed as being powerless, vulnerable and subservient. This is further exacerbated as the female recipient is restricted by others within her community and family, as well as by her inability to speak English. In addition to this, a criminal discourse is drawn upon which positions the female recipient as victim and the male IPDA as perpetrator. Thus, it is seen as the duty of the professionals to intervene through arrest and prosecution in order to protect the female recipient and reprimand the male IPDA.

Throughout the process of the interviews, culture was frequently acknowledged as being a factor but most of the professionals preferred not to engage in discourse surrounding it. Most notably, the only interviewee who felt able to talk about culture in depth identified herself as being black British. With many of the interviewees who identified as being white British, there was an air of caution around discussing culture. Indeed, throughout the recruitment process, potential discussions around culture became a barrier to engagement with the research for some professionals. For example, the Ministry of Justice felt that it would not be appropriate for a family law judge to take part in the research as they were concerned that discussions surrounding domestic abuse and culture may create tensions within the wider community. They emphasised that a judge must remain neutral.

The Female Intimate Partner Domestic Abuser

Throughout the process of the interviews, feminist discourse was resisted and psychological and criminal discourses were frequently adopted to construct the female coercive controller.

E: *I wonder with umm a woman who is perhaps violent towards a male partner (…) is it a similar experience do you think? A similar kind of psychological aspect going on?*

FP: *Yes, because part of that division or split or polarisation is to make this gendered into a men or a woman problem. And in fact, it's a human problem. So, the response is, there is a gendered expression of it and there are gendered effects. So, if violence is involved then women, in a fist fight with a man, 99% of the time are going to come off worse. But if you look at case studies involving men who are in the traditional victim role and women who are in the traditional perpetrator role; apart from the fear of death, because she literally can't beat him to death which can happen the other way around, the psychological and emotional effects on that male victim are exactly the same. Now, you can argue that it's a significant difference that they are aware that they can't be beaten to death- and I wouldn't deny that. But, what the woman is doing is having a vastly similar effect on him and what is driving the women to do it, I would argue, is vastly similar to what might drive him to do it to her.*

When asked about the experiences of a female IPDA and a male recipient professionals often drew upon psychological and criminal discourses to construct the female IPDA. Within this instance, I may have inadvertently prompted the interviewee to think along psychological lines as I expanded my question from being merely about the *'experience'* to being about the *'psychological aspect'*. Within my line of questioning, I also make the assumption that domestic abuse is focused around violence, which is often interpreted to mean physical violence rather than psychological and emotional violence.

However, the interviewee is balanced in their response; resisting a feminist discourse but also acknowledging aspects of it. They construct the female and male IPDA as being *'human'* first and foremost rather than male or female. They then draw upon a feminist discourse to construct the female IPDA as being capable of physical violence to a lesser extent than that of the male IPDA. However, criminal and psychological discourses are then used to explain why the impact on the male recipient is predominantly similar to that of the female recipient. The female IPDA is positioned as a perpetrator whilst the male recipient is positioned as a victim. The

same psychological and emotional behaviours are attributed to both male and female IPDA's and a psychological discourse is used to explain that they are driven by the same psychological factors which lead them to commit criminal acts. Thus, the female and male IPDA's are constructed as being human and criminal.

SW: *…and again it's not just about the physical; it's about the emotional abuse and the manipulation and I think the women that I've worked with particularly when there's probably far more emotional abuse, they're far more manipulative I think.*

E: *That can have as big an impact because it must be horrible to live in a situation where there is someone who's constantly being manipulative and psychologically belittling.*

SW: *Absolutely and quite nasty and evil almost in terms of actually the emotional abuse. I kind of find men a lot more direct about that and understand that a bit more than women who again it's the bit about the weaker sex but also they can be a lot nastier verbally and a lot nastier really get under men's skin if you like but actually it's hard for them to see that, that actually what the damage is causing to that man, the damage that's being caused to your children being exposed to that and the harm that's being harmed to the man is equally as damaging as it is the other way around.*

The interviewee draws on a criminal discourse to construct the female IPDA as being *'nasty'*, *'evil'* and *'manipulative'* capable of doing great harm and damage to the male recipient of their abuse. The female IPDA is constructed as being verbally and emotionally aggressive as well as being physically aggressive. A feminist discourse is resisted and subverted to explain why it is harder for professionals to work with female IPDA's. As they are seen to be the *'weaker'* sex they struggle to understand their actions as being abusive. It should be noted that I may have unintentionally lead the interviewee through my use of *'that can have a big impact'.* My intention was to paraphrase what I felt the interviewee was saying in her previous statement to check that I had understood correctly. However, this may have caused the interviewee to over-emphasise the position they were putting across as they felt that I agreed with them.

"I work a lot with student social workers as well and the perception is quite interesting because it's a female and for some reason females are seen as being the weaker sex therefore DV then being perpetrators is often viewed as less of a

*problem and it's anything but really. It's equal to a man and I will often say to people it's not about the sex of the person; it's about the act. It's about whether you're hitting out, whether you're being emotional and quite abusive."- **SW**.*

Here the interviewee uses a feminist and criminal discourse to construct the female IPDA. In order to be an IPAD, you must engage in certain behaviours that are accessible to both sexes. These include criminal acts, *'hitting out',* and being *'emotional and abusive'.* Thus, the IPDA is constructed as being inherently criminal as they behave in ways which violate the law. Subjectively, they are seen to be overwhelmed by emotion which leads them to act in criminal and abusive ways. The professional is positioned as being a teacher within this text through the part they play in training other social workers with the IPDA being positioned as the subject which they are learning about. Further to this, the female IPDA is constructed as being quite rare and elusive.

***E:** I was going to say what's it like when you get called out and it's a woman who's actually being abusive towards the man?*

***PO:** I've never actually been to one where it's been that so I've never. It's actually quite strange. I've never actually arrested a woman I don't think. It's always just been blokes so yes, I don't know. I imagine it would be different but I don't know.*

Within this extract the interviewee is unable to construct a female IPDA. A criminal discourse is used to explain how the interviewee has never come into contact with a female criminal *'I've never actually arrested a woman'*. The inference being that it is predominantly men who act in criminal ways and who are frequently acted upon by outside agencies as criminals. This positions the female IPDA as somewhat of an anomaly; a rarity within society.

***E:** But it's gender, so it's only for males. It's that kind of, what was their thinking around that, only making it for males? What that just because it was more, that's more common to get?*

***DAPF:** Frankly, I think it was just down to their preconceptions and sort of yes, maybe kind of taking a more traditional view on domestic violence and the dynamics between men and women. But as we've gone on over the years, there's been a demand for a service for female perpetrators but it's just been seeing I'm not the*

person to deliver that. The reasoning was that I might leave myself open to allegations of inappropriate behaviour and stuff like that. It's all one to one.

Other professionals also comment on the rarity of the female IPDA however they resist the more traditional feminist and criminal discourses in order to make the role of *'perpetrator'* available to woman too. Within this, female IPDAs are constructed as being elusive, dangerous and manipulative. As women are not traditionally constructed as having criminal agency, female IPDAs are more able to manipulate the system. For example, it is seen as risky to have a male facilitator working one to one with a female IPDA as the female IPDA may exploit the current understanding of gender power dynamics to make *'allegations of inappropriate behaviour'* against the male facilitator. In this sense, the male professional is positioned as being vulnerable whilst the female IPDA is positioned as powerful and dangerous.

E: *I was going to ask have you had any experience of the opposite where it has been a female?*

FLQC: *Yes, and you feel sorry for the men because first they're too embarrassed to disclose it quite often and then they'll turn up at the police station and, they're not quite laughing at them but they're amused by it. And men get treated very differently (…) male victims get treated very differently.*

E: *Yes, it's always this very kind of (…) there's a level of suspicion it feels like with male victims?*

FLQC: *And they say that too. They say 'I got treated as if I was just a time waster' or something like that.*

E: *As well I know that women who are abusive (…) it tends to be more psychological?*

FLQC: *Very often, yes. But they'll also know how to push the buttons quite often.*

E: *So, wind the person up?*

FLQC: *Yes and there are women who engineer a situation 'Go on, hit me. I know you want to' (…) that sort of thing and then when they get hit, they immediately call the police and say 'He hit me' and then they're the victim.*

Within the above text female IPDAs are constructed in a similar manner. Once again, criminal and feminist discourses are drawn upon and subverted to construct the female IPDA as being devious, deceptive and dangerous. A feminist discourse is utilised to explain why there is very little opportunity for action available to the male recipients of abuse who are positioned as victims. As women are not traditionally seen to have criminal agency, male recipients of abuse are often disbelieved or seen as lacking masculine agency. In addition to this, the female IPDA is experienced as subverting the role of victim and making use of its power. They are seen to *'engineer'* a situation whereby they entice the male recipient of the abuse into playing the role of perpetrator in order to gain the support of outside agencies. As a result, professionals from different agencies are positioned as tools that can be used instrumentally by the female IPDA.

B.4.3. Theme 2: Psychological Vulnerability

Throughout the course of the research there was a strong psychological discourse which the different professionals utilised to construct the IPDA as someone who is psychologically vulnerable or wounded. It is important to note that the professionals taking part in this study were aware that the research itself was contributing towards a professional doctorate in counselling psychology. Thus, they may have focused more on psychological factors, rather than others, as they positioned my research as being psychological in nature. The IPDA's psychological vulnerability was seen as stemming from internal psychological factors as well as external psychological stressors. Consequently, the following thematic section has been split into two parts: internal psychological vulnerabilities and external psychological stressors.

Inability to mentalise and regulate emotion

When talking about the most abusive IPDAs, a psychological discourse was often used to construct the IPDA as someone who lacks the ability to mentalise or, alternatively, empathise. The more extreme IPDAs were positioned as criminal psychopaths who were severely damaged and beyond rehabilitation. The

professionals were often positioned as protectors of the recipients of the abuse whilst the recipients of the abuse were frequently positioned as victims. Consequently, the role of the professionals was seen as one of containment of the IPDA in order to safeguard the recipients of the abuse. This seemed to be because the abusive behaviour was constructed as stemming from a psychological impairment on the part of the IPDA that was, more often than not, beyond repair.

DAPF: *But again, with psychopathy and this extreme end of antisocial personality disorder, the response is to be punished, punishment doesn't really resonate either.*

E: *It feels that's much more deep-seated. It's to do with a psychological issue.*

DAPF: *…Once you get to the psychopathy and the extreme end of antisocial personality disorder or the extreme end of borderline personality disorder then that's it; the chances of changing are slim.*

E: *It must be incredibly difficult if you do have a person like that, it must be very hard to sit with that I guess.*

DAPF: *Yes, yes. Looking at the reasons why you do the job and things that you get job satisfaction from, yes absolutely. But it's not to be honest- I don't lose any sleep over it.*

E: *I guess with every group or person that you'd work with, it's not always going to be able to be successful or make changes. There will always be people who can't?*

DAPF: *Yes but the flip side to that is there are some cases where I've worked with people who were like that who I believe haven't got the capacity to change and I've reported that and we've got a care with a child and that's (…) I see that as a win because that's a child that's being protected.*

Within the above exchange, I make several assumptions within my responses. Firstly, I assume that psychopathy is the result of a psychological issue as well as assuming that the purpose of therapeutic intervention is to change the IPDA in some way for the better. However, these assumptions were mirrored by the name of the therapeutic intervention programme the interviewee facilitated which indicated to me that these assumptions may also have been held on the part of the interviewee. The name of the programme, in turn, may have influenced my own assumptions. Within

the above text, the interviewee constructs the more extreme IPDA as suffering from a personality disorder; either antisocial or borderline. Thus, the IPDA is positioned as being psychologically damaged. This means that there are seen to be limited availabilities for action on the part of the professionals, as the IPDA may be psychologically damaged beyond the reach of therapeutic intervention. Consequently, the only available action that may be taken by the professionals is to manage and contain the IPDA and act in ways that can protect the recipients of the abuse from further harm. Subjectively, the IPDA is constructed as having an inability to empathise. This could lead the IPDA to lack remorse or guilt for their actions and could mean they have little motivation to amend their behaviour. Thus, acting merely to contain them could seem justified.

"…When we talk about the ability to mentalise as well, the kind of, the inability of a lot of my clients to mentalise when the attachment system is stimulated. There's one guy that I work with who would- if his partner was at work and he texts or messages and she wouldn't or couldn't reply- it would immediately spark 'she's seeing someone. She's supposed to be on lunch. If she's not replying to me' (…) and that would quickly turn into psychic equivalence where he's thinking she is seeing someone; it became very real. And then the feelings that were (…) that came from that, the feelings of rage, very real feelings of rage it's almost as if that was a physical reality for him like he caught her in bed with someone. So that kind of inability to, I suppose, to have a healthy bit of doubt about what you're thinking."- ***DAPF****.*

The interviewee further elaborates on the IPDA's experience as a result of their inability to mentalise. Those IPDAs who struggle with mentalisation are constructed as either having antisocial personality disorder or borderline personality disorder. Within the latter, a key aspect of the construction is the IPDA's inability to regulate their emotional responses, leading to impairment in the IPDA's capacity to mentalise. The IPDA is constructed as being emotionally overwhelmed and, thus, unable to think. Consequently, the IPDA is seen to lack control over their behaviours and to be unable to contain themselves or their rage. Paradoxically, the IPDA is positioned as being psychologically vulnerable and dangerous as a result of this vulnerability.

"So, that's stuff about well, yeah, okay, I can understand why they said that but that's cold cognition.- it's understanding the intellectual position of somebody else. But you need to move beyond that to an empathic position which is where role reversal comes in. That actually enables you to feel why they said that. That's the big thing for these guys when you're using that technique- they may be resistant initially, it doesn't always work, but it's often the biggest thing is walking in their shoes. So, they're in their partner's role. Through the techniques you're enabled to re-have the conversation or recreate the situation and what that develops is an affective insight not just a cognitive insight because, you know, when something is just cognitive it's like 'well yeah, I entirely see that point but I don't agree with it.' Whereas the affective stuff you actually (…) it's like 'that's what it feels like when you're on the receiving end of what I do.'- ***FP.***

The inability of the IPDA to mentalise and regulate emotion is seen as being on a spectrum and, for those IPDAs who are not constructed as having a personality disorder, mentalisation and emotional regulation are seen as things that can be developed and improved through therapeutic intervention. The above text specifically refers to the use of drama therapy to achieve this. Thus, the IPDA is constructed as being psychologically wounded and vulnerable and their abusive behaviour is seen as an attempt to master and manage this. The professionals in the above examples, both of whom are psychological practitioners, are positioned as being the instruments which facilitate that change. They can use their knowledge to facilitate change in the IPDA and, in doing so, safeguard the recipients of the abuse.

In a similar way, non-clinical practitioners also constructed the IPDA as lacking in emotion and struggling to regulate emotion.

E: *…How do you think the person who's committing the violence or the domestic violence feels when they're doing it?*

PO: *I don't know. I'd like to think, I don't know, because we see them as suspects. I see it they're feeling powerful and good like they're the big man but then it's very, very quickly followed on the ones where you see it quite often where the person will break down afterwards and they'll be like 'I can't believe I've done that'. So it can sometimes almost be like in a fit of rage that something comes over them and they don't know how to control it. But how they actually feel at the time of doing it would*

be a difficult one. I don't really know. I can't personally ever imagine inflicting pain on someone I was meant to love.

E: *It feels very alien to you?*

PO: *Yes. And how that would feel. It's bad enough when you upset someone and they start crying, it's like 'Oh God, what have I done?' but if you actually physically hurt them, God knows. I don't know.*

In the above text the interviewee positions the IPDA as being incomprehensible and draws on a criminal discourse to construct the IPDA as a suspect who is more powerful than the recipient of the abuse and is exploiting their power and position to harm another. This places the professional, a police officer, in the role of protector who is an instrument that can be used to safeguard the recipient of the abuse and it, thus, justifies the use of police intervention via arrest and containment in custody. However, the interviewee also draws on a medical discourse to construct the IPDA as being driven by *'a fit of rage'.* This places the IPDA in a position of vulnerability. They are not being driven by their own agency but rather by a compulsion or reflex response which they have no control over. In this instance, the interviewee constructs the IPDA as a *'person'* rather than a suspect as they are capable of experiencing remorse and guilt for their actions. Indeed, unlike the IPDA who is constructed as purely suspect criminal, the IPDA who is driven by something 'other' and 'external' is constructed as being somewhat of a Dr Jekyll and Mr Hyde figure.

Inability to communicate

The second internal psychological vulnerability which was addressed by professionals within this research in constructing the IPDA was an inability to communicate with their romantic partner. This was frequently used to construct an image of those IPDAs who were seen to be at the lower end of the abusive spectrum. These IPDAs were frequently positioned as being *'inarticulate'* throughout the interviews and their use of abusive behaviour was seen as a means to communicate complex emotions. These were understood to be emotions that they struggled to express verbally or through more pro-social behaviours.

"But the vast majority of what goes on for people is a maelstrom of unconscious previous experience and it's highly emotionally driven. It may be an attempt to

*somehow communicate or control what's going on in that interaction. But as a human thing, rather than this idea of perpetrators and victim, all of the research is about the complexity and damaged-ness of people who behave in these ways. Because if you're not damaged you don't need to. So, you know, it's about all of those things. Previous experience of having been in care, lack of a good attachment style, lack of a model of what relationships are about, lack of self-esteem, lack of other strategies for behaving when you become physiologically aroused…"- **FP.***

Within the above text, the interviewee uses a psychological discourse to construct the IPDA as human, damaged and unaware of the psychological processes that are driving their abusive behaviour. They are positioned as being subservient to their unconscious processes which are, unbeknownst to them, being re-activated through their interactions with their romantic partner in the present day. This inability to control or understand their distressing emotional response is seen to leave the IPDA with limited availability for alternative actions unless an external intervention is made. As the IPDA does not comprehend their psychological pain/ drivers, they are seen as unable to communicate safely and effectively with their romantic partner.

*"…there's a treatment table that gives you a number of particular research-related treatment needs that this population tends to have. And a lot of them are relational things. They're about the development of empathy, they're about communication skills that are under management which in itself is something often very poo-pooed within the field. And then what you do via the psychodrama and the experiential work is embody what those are about…"- **FP.***

The interviewee explains, in a later stage of the text, how an external, therapeutic intervention in the form of psychodrama can help the IPDA develop an ability to communicate with their romantic partner. The professional is positioned as being an instrument that can be used to empower and facilitate the IPDA in understanding what they are trying the say to their romantic partner and how to say it in a safe way.

Other professionals use a psychological discourse to construct the IPDA who lacks the ability to communicate as a distinct type who is separate from other types of IPDA such as coercive controllers.

"…What they're actually dealing with a lot of the time is (…) the solutions that they're offering are more catered for situational couple violence where it's all about regulate

*your emotions and stuff, where it's about communication techniques so assertiveness, so eye statements and things like that whereas some of the coercive controllers that I've worked with are some of the most polished communicators I've ever met so they don't need to know about how to express things; they've got the skills, they just (…) it's a conscious choice not to use it because that's not what their abuse is about…"- **DAPF.***

The less severe IPDA is positioned as being overwhelmed and controlled by their emotions and lacking in agency. This leaves the clinical professional in a position of empowerment once again where they can provide the IPDA with techniques to improve their communication skills with their romantic partner. The skills and knowledge that the clinical professionals encompass make them legitimate authorities on how social interaction and communication within interpersonal relationships should take place. Through no fault of their own, the IPDA is constructed as being limited in their knowledge and, consequently, psychologically vulnerable and at risk of inadvertently harming their romantic partners. Thus, the intervention is justified as, through the external intervention of clinical professionals the IPDA will be empowered to contain themselves and their emotions. Therefore, containment by other external agencies will no longer be necessary.

For some clinical professionals the IPDA was constructed as being inarticulate and lacking the ability to communicate, not only with their romantic partners, but with the different professionals surrounding them. In the context of a court case, the family law QC drew on discourses of austerity and psychology to demonstrate how the IPDA is limited in their capacity to share their story and defend themselves in a court of law.

*"…He's not going to get funding and so he might just, particularly, if he's a very inarticulate person, he might just walk away and allow findings to be made in his absence…"- **FLQC.***

The IPDA is positioned as being powerless within the justice system as they cannot comprehend their actions and thus cannot articulate them to the legal professionals. Furthermore, as a result of austerity, the IPDA is left in a vulnerable position where they cannot afford to have a legal professional to articulate on their behalf. Thus, the IPDA is limited in what actions they can take which in some cases can lead them to

take no action at all: *'he might just walk away and allow findings to be made in his absence'.* In this instance, legal professionals are positioned as being a key instrument in the process of justice, as the language of the law is primarily accessible to those who encompass knowledge of the law. Thus, some IPDAs are left facing a double disadvantage: an inability to understand and communicate with the romantic partners, as well as an inability to communicate with the legal professionals who have the power to regulate them.

External Psychological Stressors

Along with internal psychological vulnerabilities, many of the professionals drew upon discourses of psychology, austerity and substance misuse to construct different types of IPDA who are impacted by external psychological stressors. It should be noted that there is no one factor is seen to stand alone and cause a person to become domestically abusive. Rather, the professionals frequently draw upon different discourses to construct the IPDA as being complex, and the result of a number of internal psychological vulnerabilities as well as external psychological stressors. Thus, many of the following factors are seen to occur simultaneously with the aforementioned internal psychological factors. Indeed, they are often seen as being inextricably interlinked by different professionals, with both internal and external factors feeding into each other to maintain the IPDA's equilibrium.

Upbringing and Socialisation

The first external psychological factor that was touched upon by all of the professionals who took part in this research was that of upbringing and socialisation. The IPDA was frequently constructed as being a part of a dysfunctional family system. Having grown up within a dysfunctional family, the IPDA then goes on to create a dysfunctional family system of their own in later life. As such, this cycle of violence and abuse is seen by the professionals as a phenomenon that is passed from generation to generation. In some sense, domestic abuse is constructed as contagion which is contracted by one family member and passed down to the next. Psychological and criminal discourses are used to position the IPDA as being trapped and over-powered by this contagion and seen to require external assistance to break the cycle.

E: *What do you think contributes or causes a person to become domestically abusive towards their romantic partner?*

CLS: *I think probably the environment. When I say the environment I mean the environment that they come from, their family background, sometimes their peer groups and sometimes I would say substance abuse.*

E: *With the family background, what have you normally experienced when working with these cases? What's the family background like?*

CLS: *Not always, but in some cases, when it isn't so much about substance abuse, it's just maybe, poor socialisation so they may come from a family where they've seen it themselves or where there's been a lot of violence and violence is really their way of dealing with situations they're not happy about.*

E: *So it's like a learnt behaviour?*

CLS: *Yes, it's a learnt behaviour. It's a natural response for them, something doesn't go right for them and they deal with it with violence an*d *that's probably something that's been there in childhood.*

Within the above text the professional, a criminal law solicitor, uses a psychological discourse to position the IPDA as being at a disadvantage. Due to their *'poor socialisation'* they have learnt dysfunctional and inappropriate ways of behaving towards their romantic partners. This process is constructed as *'social learning'* which becomes so engrained over time that it eventually becomes a *'natural response'.* It should be noted that, within my line of questioning, it is I who labels the phenomenon as social learning initially rather than the interviewee. This may have been a result of my being a psychological professional and drawing upon my own psychological knowledge to explain the phenomenon. However, the interviewee may also be drawing upon this discourse due to their position as a criminal law solicitor. By constructing the formative process of an IPDA as learnt behaviour it leaves open the possibility that the behaviour can be unlearnt with the appropriate intervention.

E: *And you were talking about peer groups as well. What sort of peer group influences? Again, would that be violent influences with peers?*

CLS: *Yes, I would say so and there may be sometimes just peers who also treat partners in the same way so it's almost acceptable to do so.*

E: *So it's acceptable, there's a certain view within those groups about the way you can treat your partner?*

CLS: *Yes, and maybe they've come from families where they've seen their parents behaving in that way.*

Again, the interviewee uses a psychological discourse to position the IPDA as being unaware and unknowing and domestic abuse is constructed as a form of intergenerational contagion. This contagion becomes so normalised that IPDAs are drawn to other IPDAs which further sustains their understanding that the abusive behaviour is normal and acceptable. In some ways, the contagion of domestic abuse can be seen as spreading from the isolated family to the community itself as peer groups subsequently emerge where abusive behaviour is a norm.

*"…Like I've mentioned earlier what they've learnt from their parents and from a lot of people around them so that's made them think that this is the way you act. So although they're only 20 years old, they think that you need to be in watching TV every night and if one of you goes out then, well, hang on, that's not normal, that shouldn't be happening but then for them to say 'Well no, you can't go out' then that's instantly, well, that's not a healthy relationship is it? For any normal person they'd see that and they'd go 'Yes, that's not a healthy relationship' but for them, they can't see it."- **PO.***

Once again, the interviewee draws upon a psychological discourse to construct the IPDA as being unaware. They also use this discourse to construct domestic abuse as a form of contagion that is passed down from parents and those around the IPDA. This positions the IPDA as being powerless in the face of what they perceive to be social norms and positions the professionals as educators who can inform the IPDA of what a normal, healthy relationship looks like. A medical discourse is also used to construct the abusive romantic relationship as unhealthy. This means that there is limited availability for action on the part of the IPDA as they '*can't see'* that their relationships and behaviours are abnormal. Thus, this justifies actions from outside agencies to contain the abusive behaviours and protect others in the family and

community. The IPDA may also need to be acted upon in the same way a medical doctor may act upon their patient so that they can return to healthy functioning.

E: *It feels like there's a real place because you were talking about earlier empathy so really being able to empathise with them and get alongside them.*

CLS: *Yes. You know what? We're all broken to a certain extent but these guys are showing how and where they're broken. So, yes, just trying to get into that and helping them to fix, be fixed somehow.*

The IPDA is constructed as being broken and the professional is positioned as the fixer. As the IPDA can't identify their own brokenness but professionals can, the professionals have an opportunity to act upon the IPDA and fix them.

E: *So it's learning off of other people as well so like families? Do you find that perhaps these people have witnessed violence within their own families or abuse within their own families?*

SW: *Yes.*

E: *And it carries on down the generations?*

SW: *Yes. A high percentage and I know there's lots of research for and against in terms of childhood experiences that lead to their adult behaviours but yes, very, very much so and a lot of our client group that we work with (…) the adults that we work with, the parents will often talk about and disclose childhood sexual abuse, domestic violence that they've grown up in domestic violence, that they've grown up in a family that are heavily involved in criminal activity so yes, a higher percentage of the families that we work with, there's that history that is in part has been some of the driver that they've turned to drugs and alcohol and that they've been involved in violent families or violent crimes that lead them to behave in the same ways because they've grown up with that as their norm.*

Again, within this text the interviewee, a social worker, uses a psychological discourse to construct the IPDA as psychologically vulnerable. Once again, the process of socialisation is constructed as being a form of contagion that carries down through the generations and becomes seen as normal and acceptable behaviour. It

positions the IPDA as being unknowing and trapped.Thus, intervention from an outside agency is deemed necessary to break the cycle for future generations.

E: *From your experience working as a family law barrister, what factors do you think contribute to a person in say an intimate partner relationship being abusive? What do you think leads up to that?*

FLQC: *We see a huge connection with upbringing. It seems to be, in my experience, a higher proportion of people who come from dysfunctional families right across the sort of spectrum of society really. So they might be very wealthy but they haven't been parented very well. They've experienced domestic violence in their upbringing either between their parents or in themselves. Seems to be a very strong cycle.*

E: *So a strong cycle of violence so it perpetuates throughout generations?*

FLQC: *Yes exactly. And similarly, there's a high proportion of people who are required to do these perpetrator programmes who have either been in the care system because they were neglected as children so subject to abuse as children or witnessed abuse as children.*

Here the interviewee, a family law QC, uses a psychological discourse to construct the IPDA as being psychologically vulnerable. They are positioned as victims of a dysfunctional family and a lack of parenting in their childhood. Therefore, the IPDA is seen to have become trapped within a cycle that spirals onwards and downwards until the IPDA moves from the position of victim to perpetrator. Thus, paradoxically, the IPDA is both victim and perpetrator combined, a product of their familial environment and upbringing.

Substance Misuse

IPDA's are frequently constructed throughout the texts as being substance misusers. The substance misuse is frequently constructed through a psychological discourse and is seen to be a consequence of both internal psychological vulnerabilities and external psychological stressors such as socialisation and upbringing.

E: *Do you find there's some sort of mental health underlying psychological distress that's perhaps been caused by stress, it may be unemployment or finances and that's what's caused (…) the alcohol and the drugs might be a way to cope?*

SW: *Yes, very much so and again I would suggest that's 50:50 what the causes are. Of course there are pressures that will drive people to drink and drugs and alcohol. There are also adults that have lived a life of, within their own families,that have either been on drugs or alcohol or criminal activity. There's always a connection between that and drugs and alcohol again in our field, as we were talking about earlier, childhood upbringing, their own mental problems, their own stresses, their own things that create that anxiety do drive a lot of people…"*

Here a psychological and criminal discourse is used to construct the IPDA as a substance misuser. It should be noted that I may have unintentionally lead the interviewee through suggesting that external factors may be linked to psychological distress on the part of the IPDA. The IPDA is positioned, initially, as a victim of a dysfunctional family system and upbringing which leads them to develop internal psychological vulnerabilities. As a result of these, the IPDA experiences *'anxiety'* that they attempt to alleviate through using substances. However, the use of substances is understood to disempower the IPDA further and keep them trapped within their dysfunctional system and further exacerbate it.

*"… Like I said at the start, a lot of our work will be (…) a lot of domestic violence that we deal with is driven by drugs and alcohol has fuelled a lot of incidences. So I think there was a lot of work that drug and alcohol services can do in terms of not just the drug and alcohol use but the history of so where that comes from, what the triggers are of that and they do some of that work but I would suggest probably not enough of that work but again, I guess, that's perhaps going into the psychology of somebody's past which they wouldn't be trained to do."- **SW.***

For those IPDAs who were constructed as substance misusers, they were often positioned as being powerless and under the control of the substance. Thus, their actions whilst they are under the influence of substances are not seen to be their own. Instead, they are constructed in a very Dr Jekyll and Mr Hyde-like manner, human at their core but criminal and bad once the substances take over.

*"…I think quite often when it's substance abuse, especially alcohol, it's because they're drunk and unfortunately when some people get drunk they become violent."- **CLS.***

*"I kind of get the whole alcohol thing because people who have been drinking they're mad. They say things. I know people who lose control of what they're doing… substance abuse there is no thinking."- **CLS.***

*"If you see someone in that kind of state then you think well, actually, they could do anything and not really know what they're doing."- **FLQC.***

The interviewees use a psychological discourse to position the IPDA as being powerless in the face of a higher force, the substance. The substance limits their capacity to think and, thus, diminishes their responsibility over their actions. Subsequently, this distances the IPDA from their behaviour, making the behaviour criminal and bad but the IPDA wounded, with the possibility of change. In addition to this, the effects of the substance are constructed as a *'madness'* that comes over the IPDA.

*"…There's a couple on my ward and they're just a pair of alcoholics and they do some horrible things to each other, both ways, but they both use class A drugs and drink themselves into a stupor nearly every day and so it's not very nice and actually the people who suffer most isn't actually, well it is those two because they get the injuries and what have you; we're talking about GBH's. They're hitting each other with bottles, all sorts, but they give as good as they get both ways. But the people who are actually suffering are the neighbours because then they have to sit and listen to them shrieking and fighting and smashing things and doing that all night."- **PO.***

Within the above text the IPDA is constructed as having an alcohol and drug-fuelled relationship. A criminal discourse is used to create this construction and position the IPDA in an animalistic-like state: *'they have to sit and listen to them shrieking and fighting and smashing things".* The substance is positioned as being powerful, all-encompassing and diminishing the IPDA's humanity. However, the IPDAs are seen to choose to be in this state by actively drinking themselves *'into a stupor'.* Once this altered state takes hold, the IPDAs' availability for action is limited as they are seen to be regulated by the substances. Subsequently, the professional is positioned as a protector of the neighbours who are, in turn, positioned as victims of the IPDA's behaviours. Thus, this justifies the intervention of external agencies, such as the

police, as, once intoxicated, the IPDA becomes dangerous to those around them and requires containment for others' safety.

Furthermore, this drug abuse is seen to permeate throughout society, with wealthy and middle class IPDAs also succumbing to it.

*"…it's usually wealthy people who are fighting about their children and it's there that you get most of the drug abuse."- **FLQC.***

*"…And they're moving in a society where drugs are prevalent and they get onto it. It's very often cocaine or one of the derivatives."- **FLQC.***

B.4.4.Theme 3: The Volatile Relationship

The third themantic construction that was present throughout all of the professional interview texts was that of the IPDA as a volatile relationship. Psychological discourses along with criminal and feminist discourses were drawn upon to construct the IPDA as being two separate individuals who come together in a volatile relationship and act in ways that are abusive towards one another. Both individuals are seen as being equally responsible for the abuse that occurs and are thus often both positioned as being criminal, with their children being positioned as victims of the abusive behaviour.

*"…Most of this is much more widespread, it's just embedded in what people think relationships are and how they think you relate to one another and violence may be part of that…"- **FP.***

*"…In that it's pushing, shoving, slapping, rather than broken bones, broken teeth, injuries requiring hospitalisation and the majority of it is bi-directional. And it's chronic, it just rolls on because that's what people think relationships are. And they think the next relationship is like that…"-**FP.***

In the above text the interviewee draws upon a psychological and medical discourse to construct the IPDA as a relationship rather than an individual. Within this construction, domestic abuse is seen as *'pushing, shoving and slapping'.* The people involved in the relationship are positioned as being unaware of what a healthy relationship is. Consequently, they continue to act in abusive ways as this is what they understand to be normal behaviour. A medical discourse also constructs it to be

'chronic'; a cycle that continues over time and within different relationships. There is limited availability for action, on the part of the individuals who are engaged in the relationship, as they lack the knowledge of what a healthy relationship is and, as a result, are unable to form one. Feminist discourses are often resisted and psychological discourses are frequently adopted to construct and explain this IPDA.

*"…I think a lot of people will finger point at the man as being the perpetrator and they will suggest that he's the perpetrator but we do work with a lot of couples where they are equally violent to each other, verbally and physically. I think the equalness (…) a lot of it does come from the physical, they will equally be physically violent to each other. But yes, there's a high percentage of that and I think the attitude towards that is quite interesting that the suggestion would be that the man is the perpetrator and not the women."- **SW.***

The interviewee here resists and subverts the feminist discourse and draws upon a criminal discourse to construct the IPDA as being a volatile relationship which is, at its core, criminal in nature, as both participants engage in equal amounts of physical violence. Physical violence here is seen as a central component of criminality.

*"…Because women are again seen as the victims and the man is the perpetrator and that's not okay because we do get a lot of equal violence that services will then focus on the woman and I think the danger of that is of course that we're forgetting is that she can be a violent woman and therefore is she the safest person, from our perspective, to be looking after the children any more than perhaps the male parent would be?"-**SW.***

The interviewee continues to resist a feminist discourse and positions both the male and female as perpetrators. The children are then positioned as victims of the violent behaviour of their parents and, thus, the professionals (social workers) are positioned as being the protectors of the children.

***SW:** Yes and that becomes even more difficult, I think, when there's equal partner violence because both of them will, neither of them will want police involved, will want children's services involved so both of their motives are 'We're not going to call the police. We're not going to tell children's services because they're both coming from the same place really.*

E: *I can imagine that's incredibly difficult to work with and then to safeguard as well.*

SW: *Yes, very much so when you've got neither parent that can keep the children safe from exposing them to that, yes, really, really difficult, really difficult and very difficult for the children as well because actually it becomes their norm, their absolute norm so mum and dad arguing or mum punching dad or dad punching mum kind of becomes their norm…*

Again, the interviewee draws upon a criminal discourse to justify the need for intervention by external agencies such as the police and children's services. As both of the romantic partners are constructed as IPDAs, they are seen as limited in their ability to protect their children and keep them safe as they both contribute towards the abusive environment. As they are both constructed as criminals, they are both seen as unwilling to contain or amend their behaviour and this role must fall upon external agencies so that the cycle of abuse can cease for the next generation: *'it becomes their norm, their absolute norm'.* Once again, domestic abuse is constructed as a contagion which is seen to be passed on through the generations as a result of socialisation.

*"…Also taking into account abuse could be a pattern of behaviour or it can be an isolated incident. I guess to a certain extent most of us have been abusive in relationships at one time or another; if it's shouting or name calling; these are things that are quite common so I suppose it depends on whether you make a distinction between frequent and severe abuse and one-off situational stuff."- **DAPF.***

A psychological discourse is utilised to construct the IPDA as being potentially anyone who engages in a romantic relationship. Domestic abuse is seen to be *'shouting or name calling'* as well as physical abuse. Thus, the IPDA is positioned as being anyone, including the professionals themselves. Domestic abuse is constructed as being on a spectrum with a more and less severe end to it.

"…situational couple violence seems to be more common now than it was and whether or not I think because I suppose what I'm saying is the power and control model is based on a perceived imbalance in society and that if that imbalance was addressed then that would go some way to addressing levels of domestic abuse and it might reduce it. But what I think is as things have become perhaps more equal in

*society, actually, it's raised, it means that, I suppose, violence in relationships has women might have become more equal."- **DAPF.***

Within the above text, a feminist discourse is resisted and a psychological discourse has been adopted to construct the IPDA as being human. Domestic abuse is constructed as co-created violence that is impacted by external pressures, *'situational couple violence'*, and thus the IPDA has become a relationship rather than an individual person.

***E:** Often in the research there's a distinction between unilateral violence which is where one person and then bilateral violence and I just wonder in your line of work, how often would you say you see more bilateral?*

***FLQC:** Quite often. I mean it's hard to give you percentages but it's common that the relationship is volatile on both sides.*

***E:** So it's the dynamics of that relationship more than just one person terrorising another person?*

***FLQC:** Yes. And the children get caught in the crossfire sometimes but people can be usually volatile and again that's across the whole spectrum of society. She usually comes off worse because she's a woman but she can be really (…) really give quite a lot of aggression herself.*

*"This can be unfair to parents but it's better to be unfair to parents than to risk significant harm to our children"- **FLQC***

Here the children are positioned as the victims whilst the parents are positioned as the perpetrators or IPDAs. Within this text a discourse of criminality is drawn upon which constructs the IPDA as two people, engaging in a romantic relationship whereby they are both mutually *'aggressive'* towards the other. A feminist discourse is utilised to explain why the female partner often comes off worse, but is then resisted and a discourse of criminality adopted to construct both male and female as IPDAs. Subjectively both parents are seen to be *'volatile',* struggling to regulate their emotions and lashing out physically and verbally as a means to tolerate them. By emphasising the volatility of the relationship, an inference is made which suggests that the children are at risk from their parents. Thus, this justifies the intervention of external agencies to protect the children from coming to harm by the parents.

PO: *…There's a couple on my ward and they're just a pair of alcoholics and they do some horrible things to each other, both ways, but they both use class A drugs and drink themselves into a stupor nearly every day and so it's not very nice and actually the people who suffer most isn't actually (…) well it is those two because they get the injuries and what have you, we're talking like GBH's. They're hitting each other with bottles, all sorts but they give as good as they get both ways. But the people who are actually suffering are the neighbours because then they have to sit and listen to them shrieking and fighting and smashing things and doing that all night.*

A criminal discourse is drawn upon to construct the IPDA as a criminal couple who are physically violent towards one another. Domestic abuse is seen to constitute physical aggression as well as verbal aggression. The IPDAs are positioned as being animalistic, driven by drugs and alcohol. They are positioned as harmful criminals whilst the neighbours are positioned as victims of their volatile behaviour.

E: *Quite traumatic I guess in a sense or quite scary if you're…*

PO: *Well you've got kids who live in the block and the kids have to listen to this and that's not very nice because then someone else's kids are suffering even though the parents, the actual children's parents, aren't doing anything wrong. But then again in that situation, it's really difficult because they're both alcoholics, they're both violent, they both have a long criminal history, they're both petty thieves, they're pretty much the same person, both violent towards each other in really nasty ways but then stay together because they've got nothing else but they really haven't got nothing else because they're such horrible people. And so to (…) with those situations (…) there is really very little we can do. You give them bail conditions. They ignore it and whenever they get arrested, they spend a few nights in a cell again. Who cares? They don't care. They'll do it again.*

The interviewee goes on to explain how the volatile relationship harms others in the community, specifically the neighbours' children. The IPDAs are constructed as being alcoholics and criminals who lack empathy and insight into the harm they are causing to their neighbours. By positioning the IPDAs as a criminal relationship it justifies the intervention of the police in order to protect and safeguard the innocent by-standers. Furthermore, by positioning the IPADs as alcoholics, a discourse of substance misuse is taken up which makes only certain actions available for the

IPDAs to take. If they are driven by compulsion and base urges, the IPDAs cannot think for themselves or make higher functioning choices. They can't be expected to contain themselves and conduct themselves in a human manner. Thus, they become a danger to themselves and the public, which justifies police intervention.

B.5. Discussion and Evaluation of the Analysis

The aim of this research was to analyse ways that different professionals, working within the arena of domestic abuse, constructed the intimate partner domestic abuser (IPDA). Furthermore, the research explores how the social constructions of IPDAs influenced the legal and therapeutic interventions that the above professionals applied to rehabilitate offenders and manage their behaviour. This was achieved by utilising a social constructionist approach to discourse analysis with a specific focus on the works of Foucault. The following professionals were interviewed: a family law barrister, a police officer, a social worker, a forensic psychologist, a domestic abuse intervention programme facilitator and a criminal law solicitor. A systematic analysis of the transcripts of these interviews was then conducted to identify the different constructions of the IPDA. The various constructions identified gave rise to paradoxical positionings which fluctuate between highly empowered to highly disempowered states of being. The nature of the constructions significantly influenced the available actions and subjective experiences of the IPDAs and professionals. This chapter begins by presenting a summary of the analysis which will focus on the main constructions identified and the positions that these made available. There follows a discussion of the implications of the various constructions for the professionals, recipients of abuse and the IPDAs both in relation to the subjective experiences of each and what intervention opportunities were available, if any.

Given that the methodological approach adopted for this research was that of a Foucauldian discourse analysis, it does not lend itself to an unproblematic and simplistic approach in regards to implications for practice. As a Foucauldian discourse analysis does not seek to establish objective truths, this research cannot provide any concrete recommendations for practice. However, language is a powerful medium and the way that an object is constructed allows for varying positions to be taken up which have subsequent implications for what can then be

experienced or achieved by those who are being positioned. Thus, I argue that opportunities for substantial change are restricted by taking up the same discourses that we are challenging; as noted by Parker et al. (1995). However, I also acknowledge that a refusal to take action is still a form of action (Willig, 1998) and consequently through not acting we continue to maintain the current systems of discourse and practice. Indeed, Foucault (1983) stated in *"On A Genealogy of Ethics*: *An Overview of Work in Progress":*

"My point is not that everything is bad, but that everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do. So my position leads not to apathy but to a hyper and pessimistic activism. I think that the ethico-political choice we have to make every day is to determine which is the main danger." (P. 231).

The aim of my current research is to consider ways in which practice could lead to more empowering positions for both IPDAs and the recipients of abuse. I am aware that such changes will be limited due to wider constructions of mental health and criminality; therefore I focus instead on ways of potentially improving what is currently possible for IPDAs, recipients of abuse and the different professionals who come into contact with IPDAs. Lastly, I shall reflect on the research and the analytic process by evaluating its quality and its limitations, while keeping in mind future research possibilities. Please note that because this research is based on a small sample any findings and recommendations for change must be seen as indicative rather than conclusive.

B.5.1 Summary of Analysis

The Criminal IPDA

The IPDA was frequently constructed as being a criminal through the use of feminist and criminal/legal discourses. Subsequently, the IPDA was constructed as a male who seeks to exert power and control over their female romantic partner. This was understood to be a consequence of patriarchal power structures within society which enables the IPDA to have a sense of entitlement and legitimises their abusive actions. The IPDA was frequently positioned as having a fragile sense of masculinity. This was seen to be exacerbated by external factors such as unemployment or laws which enable women to have more control over children and financial resources. In

an attempt to manage the resulting anxiety of these threats to their masculinity, the IPDA resorts to tyrannical micromanagement of their female romantic partners. Consequently, they are then positioned as being tyrannical and powerful and in need of external containment. Through this construction, the IPDA is seen as being aware that their actions are illegal and immoral, however, as criminals, they lack the empathy or remorse to amend them. Thus the IPDA is responsible for their behaviour and can choose to disengage. A discourse of risk was subsequently drawn upon to position these male criminal IPDAs as needing containment from external agencies in order to limit harm to the female recipients of their abuse.

There were several variations of this construction which reflected class, culture and gender. Within the first variation, class, a psychological discourse was drawn upon to construct the IPDA as a male, non-criminal psychopath. They were positioned as intelligent, articulate and pro-social with a plethora of financial resources. Consequently, they were often seen as better able to conceal their abusive behaviours and were seen to be much harder for professionals to contain. The professionals, in turn, were positioned as being disempowered by the high status IPDA. Due to their privileged class and male status within society, these IPDAs were seen to be aware that their actions were immoral which increased their need for concealment of them in order to maintain their powerful position within society. Subsequently, professionals were very rarely able to intervene unless acts of extreme violence were committed. These IPDAs were often seen to lack motivation to change their behaviours and consequently criminal and legal interventions were seen to be the only legitimate ways to intervene.

A discourse of culture was also drawn upon to construct the male IPDA as an immigrant who is, subsequently, unaware of UK laws. Furthermore, feminist and criminal/ legal discourses are utilised to position the IPDA as ‘other’; their values and laws being contradictory to those of the UK. The abuse is, once again, understood to be the result of patriarchal power structures within the individual culture which legitimise abusive and criminal acts towards women. The recipient of the abuse is constructed as being female and is positioned as being vulnerable and oppressed by their culture as well as their partners. Thus, they do not act in any way to challenge the abuse they suffer at the hands of their male partners and see it as normality. A class discourse is further utilised to emphasis this. It constructs the middle classes

as being pro-social and emphasises how culture supersedes class with regards to domestic abuse. The professionals are positioned as being educators and rescuers and their role is to intervene through educating the IPDA and recipient of the abuse on the values and laws of the UK as well as reprimanding them for their criminal acts. Subjectively, the cultural IPDA is seen to portray a sense of entitlement and be lacking in knowledge. They may also experience the professional's interventions as being oppressive of their culture.

Finally, a feminist discourse is often resisted and criminal/ legal and psychological discourses are drawn upon to construct the female IPDA. The female IPDA is constructed as being criminal and pathological. They are positioned as being evil, manipulative, elusive, intelligent and emotionally overwhelmed. The female IPDA is often seen to be psychologically dysfunctional which leads them to behave in deviant ways. They are seen to have a moral understanding of good and bad, however to be unaware that women can also be classed as domestic abusers, as they are seen to be the weaker sex. Alternatively, they are seen to be aware of this and use it to their advantage to perpetuate their abuse towards male recipients. Consequently, they are seen to be harder to detect and contain. A variety of interventions are seen as appropriate for the female IPDA including criminal and legal interventions as well as therapeutic interventions. Subjectively, the female IPDA is often experienced as being emotionally overwhelmed which leads them to act out in abusive ways. Thus, therapeutic intervention is deemed necessary to rehabilitate them along with educational and criminal interventions to provide knowledge as to why their behaviour is wrong and reprimand them for their criminal acts.

Psychological Vulnerabilities

The second major construction of the IPDA was that of psychological vulnerability. A psychological discourse was drawn upon to construct the IPDA as having both internal and external psychological vulnerabilities and stressors which contributed to their abusive behaviours. Internal psychological vulnerability sees the IPDA constructed as having an inability to mentalise and to regulate their emotions and an inability to communicate appropriately. External psychological stressors see the IPDA constructed as having a dysfunctional upbringing and inappropriate socialisation. They were also constructed as being substance misusers.

IPDAs who were constructed as having internal psychological dysfunctions were positioned as being psychologically wounded and subsequently vulnerable. Due to their psychological limitations, they were seen as unable to, firstly, recognise and understand other people's states of mind, secondly, control their emotions and, thirdly, communicate appropriately with their romantic partners. Thus, the IPDA is seen as lacking the psychological necessities to contain themselves and their behaviours. This alleviates them of responsibility for their actions as they do not have control over them; a discourse of choice was utilised to highlight this throughout the interview texts. These IPDAs were positioned as either psychologically wounded or criminal depending upon the context of the professional. For example, the criminal law solicitor, who represents the IPDA at court, identified them as being vulnerable. Through constructing the IPDA as being psychologically wounded and vulnerable one can argue that they require therapeutic intervention rather than criminal punishment. On the other hand, by using the above construction to position the IPDA as being unable to contain themselves, it can also be suggested that they require external agencies to monitor and contain them in order to prevent harm to the recipients of the abuse. The level of the IPDA's psychological vulnerabilities was seen to be on a spectrum ranging from mild to severe limitations. Those who were positioned as experiencing milder psychological vulnerabilities were seen to be more appropriate for therapeutic interventions as they were deemed to have the capacity to change whilst those with more severe psychological vulnerabilities were positioned as damaged and unfixable and were seen to require legal and criminal containment in order to protect the recipients of their abuse.

The first of two external psychological stressors identified was dysfunctional upbringing and socialisation. Psychological and medical discourses were used to construct the IPDA as the product of a dysfunctional family system. Within this context, the IPDA is positioned as being trapped and at a disadvantage as they have become enmeshed in intergenerational dysfunctional behaviour which they believe is normal. Domestic abuse is thus constructed as a form of contagion which is passed down through families and can even spread out into the wider community. In addition to this, the IPDAs' internal psychological vulnerabilities are seen as a consequence of childhood trauma and dysfunctional socialisation. Consequently, it is suggested that if the IPDA can access therapeutic intervention in a timely manner they are

capable of change. If, however, they do not access the correct interventions, the likely outcome is that they will become severely damaged to a point where they are unable to change. Thus, interventions of containment are seen as required in order to limit the damage caused to their recipients and their children. Professionals are positioned as educators and protectors whose function is either to contain the IPDA or re-socialise them so that they learn normal and appropriate behaviour.

The second external psychological stressor is that of substance misuse. A psychological discourse is drawn upon to construct the IPDA as being dependent on substances as a means to manage anxieties resulting from their psychological vulnerabilities and dysfunctional upbringing. Subsequently, the IPDA is positioned as being disempowered and under the control of the substance. This leaves little opportunity for action open to the IPDA. A discourse of substance misuse and addiction is used to construct the IPDA as being animalistic. When the IPDA enters into this state they are driven by their compulsions and lack the ability to engage the decision-making part of the brain. As a result, interventions which offer containment are seen to be needed by professionals, such as police officers, as the IPDA is unable to control their behaviours. However, therapeutic interventions are also seen as necessary in order to help the IPDA refrain from abusing substances and thus to enable them to reclaim their rationality and humanity.

The Volatile Relationship

The final construction that was identified was that of the IPDA being a volatile relationship between two people. Primarily, psychological discourses were drawn upon to construct the IPDA as a relationship, however, medical, criminal/legal and feminist discourses were also used to create this construction. The discourse used varied between the different professionals with each professional tending to adopt the discourse that they felt most fluent in to make sense of this phenomena. The IPDA was constructed as a toxic interaction between two people who were equally accountable for the abuse. The individuals participating in the volatile relationship were positioned as being unknowing and psychologically vulnerable. Subsequently, their opportunities for action were seen to be limited as they were seen to recognise and understand abusive behaviours to be the social norm, something that is part and parcel of a romantic relationship. As a result of this, the abusive behaviours are seen

to be repeated across the lifespan, with different romantic partners. Frequently, children and other members of the community were constructed as victims of the IPDA. The professionals were positioned as either instruments of containment and protection or educators whose role was to enlighten the individuals involved in the relationship on what constitutes a healthy relationship.

Once again, domestic abuse is constructed through a medical discourse as a form of contagion that is passed down through socialisation and upbringing. With this in mind, finding the correct interventions, such as psychoeducation around romantic relationships or therapeutic intervention, should enable the participants of the relationship to correct their behaviours. Through positioning the IPDA as unknowing they are exonerated from taking responsibility for their abusive interactions. However, once they have been educated the onus lies with them to change. If the IPDA persistently fails to change they are constructed as criminal and positioned as damaged. Thus, interventions of containment and safeguarding are seen to be the most appropriate response when they are seen as unable or unwilling to manage their own abusive behaviours. Early intervention with children and young people is often seen as a means to tackle the contagion through educating young people about healthy relationships and appropriate communication styles before any lasting damage is caused.

B.5.2. Implications for Practice and Experience

Constructions of domestic abuse as a phenomenon have been examined in depth from a variety of different perspectives across history and culture as noted by Dutton (2006). However, very little attention has been given to constructions of those who perpetrate intimate partner abuse (Flynn & Graham, 2010). Indeed, it has been noted in the literature, that constructions of masculinity and criminality as a whole have been under-explored (MacFarlane, 2013). Furthermore, much of the research surrounding the perpetration of intimate partner violence has either stemmed from a very specific, feminist perspective (Nicolson, 2010; Dobash & Dobash, 1979; Wilson & Daly, 1992) or has been quantitative in nature (Rode, Rode & Januszek, 2015; Corvo & Johnson, 2012; George, Phillips, Doty, Umhau & Rawlings, 2006; Hamberger & Hastings, 1986; Holtzworth-Monroe & Stuart, 1994; Tweed & Dutton, 1998). At the time of writing this thesis, no papers could be identified on how

professionals working within the area of domestic abuse construct those who perpetrate it. Professional's constructions of the IPDA are important as they have implications for what can then be made possible for people who abuse their romantic partners and the recipient of the abuse in terms of behaviour and experience. They also have implications surrounding the interventions that are utilised to prevent domestic abuse from occurring within society (Dutton & Corvo, 2006; Gondolf, 2007; Trevillion, Oram, Feder & Howard, 2012).

This study identified three main themantic constructions of the IPDA from the context of a contemporary, western cultural perspective. These were 'criminal', 'psychologically wounded' and 'the volatile relationship'. These constructions had mostly negative implications for people who were positioned as being domestically abusive towards their intimate romantic partners. This section will explore the implications and ramifications of the available constructions of the IPDA and their corresponding positions. It will do so by examining what the IPDA and professionals engaging with them are able to do or feel from the positions they have been placed within.

The above analysis of the interviews with different professionals, highlighted a very complex discursive process; with different constructions being utilised at certain points but resisted at others. This created tension and revealed many paradoxes to be inherent within current thinking and understanding surrounding IPDAs. This resulted in a continuous movement between different constructions and positionings. The first major dilemma that professionals contend with is who can be legitimately labelled as an IPDA. Traditionally, the IPDA has been constructed as male and their behaviour has been seen to be driven by patriarchal structures within society (Dobash & Dobash,1979; White & Dutton, 2013; Storey & Strand, 2012; Cannon & Buttell, 2016). However, over the course of time these ideas have shifted to incorporate different types of domestic abuse which acknowledge the differing roles that women can take up within domestically abusive contexts (Johnson, 2011; Cannon & Butrell, 2016; Langhinrichsen-Rohling, 2012).

Within the above analysis, a feminist discourse of power and control was frequently utilised to construct male IPDAs, especially those deemed to perpetrate the most severe type of domestic abuse; coercive control (Stark, 2009) . However, the feminist discourse was equally resisted when constructing the female IPDA. Indeed, a feminist discourse was seen to provide an alibi for the female IPDA who could utilise it to take up the position of victim when faced with addressing their own abusive behaviour towards a male recipient. Subsequently, the female IPDA was positioned as being far more elusive. Subjectively, they were seen to be unaware that their abusive acts were immoral and criminal thus exonerating them from taking responsibility for their actions. Through positioning themselves as the weaker sex and being positioned as the weaker sex by different professionals, the role of perpetrator cannot be taken up by female IPDAs and, thus, their abuse is frequently overlooked or left unacknowledged (Rode, Rode & Januszek, 2015). For the male recipient of the abuse this means that they cannot take up the position of victim and they are equally overlooked and left unacknowledged by professionals. Furthermore, they may even be positioned as the perpetrator of the abuse and reprimanded for it.

In terms of interventions, the invisibility of the female IPDA makes them harder for professionals to detect (Cannon & Buttrell, 2016). In addition to this, if the female IPDA is detected they are often experienced as being difficult to rehabilitate as they do not identify themselves as being an IPDA. Support and interventions for male recipients of abuse are also limited as victims of domestic abuse are frequently constructed as female (Reijnders & Ceelen, 2014).

Class and Power

A second dilemma that emerged was differentiations between working class and middle class IPDAs. Class, criminal/legal and psychological discourses were used to construct the middle class IPDA as a non-criminal psychopath. A class discourse was used to position the middle class IPDA as being pro-social. Many of these IPDAs were identified as working within professional roles and were therefore positioned as being high status and powerful individuals within society. These individuals contributed to society either through monetary means (taxes) or through their professional roles (e.g. doctors, lawyers, business men). Through positioning middle class IPDAs as being pro-social the role of criminal, which is viewed as

intrinsic to the construction of the IPDA, was not one that could be easily made available to them. However, the abuse perpetrated by these individuals was often identified as being severe coercive control in contrast to working class IPDAs whose abuse was primarily understood to be mostly situational couple violence.

Therefore, subjectively, middle class IPDAs are, on the one hand, seen as having a stronger moral compass but on the other hand are experienced as perpetrating the most severe forms of intimate partner abuse (Berns, 2017). Psychological discourses were utilised to construct the middle class IPDA as being psychopathic in order to account for their immoral acts and lack of remorse. Professionals were often positioned as being socially inferior to these individuals which limited any interventions they could take. Consequently, middle class IPDAs were often positioned as a dangerous, inaccessible entity. Thus, criminal and legal interventions were seen as either ineffective or problematic tools. As the middle class IPDA has a strong moral compass they are often aware that their abusive behaviours would be perceived as immoral and criminal by wider society so they endeavour to conceal the abuse. If the abuse does come to the attention of criminal or legal agencies, the IPDA has the financial resources and intelligence to derail attempts to implement them. Furthermore, middle class IPDAs were often experienced as being difficult to work with in a therapeutic context as they did not wish to relinquish their status of pro-social citizen. Relinquishing this identity would have an impact on their wider position within society and could result in the loss of their job or reputation. Thus, in practice, the working class IPDA was seen as being more easily accessible and contained and more likely to implement their own forms of self-surveillance.

Culture and Power

Professionals also drew upon discourses of culture to construct one subtype of IPDA as first generation immigrants. A feminist discourse was then drawn upon to position the IPDA as being other and unknowing of UK laws. The recipient of the abuse was constructed as being female and positioned as being vulnerable and oppressed (Sokoloff, 2008). The dilemma of this construction revolved around the construction of the IPDA as being criminal. There was tension between the use of discourses which constructed the IPDA as being a first generation immigrant who thus could not always be aware of the values and laws within the UK. As they were unaware of

these they were also unaware that their abusive actions were criminal under UK law (Erez, Adelman & Gregory,2009).

Another tension which emerged within a cultural discourse sees the IPDA positioned as other and thus their culture was seen as other. This meant that many IPDAs had to consolidate their own cultural beliefs and practices to fit with those of the UK (Kulwick, Aswad, Carmona & Ballout, 2010). The professionals were constructed as either being educators or instruments of justice. Their role was to educate both the IPDA and the recipient of the abuse about UK values and laws and from this point any abusive behaviour, on the part of the IPDA, could then be deemed criminal and they could be reprimanded for it. The cultures were positioned as being oppressive towards women and subsequently feminist discourses were used to account for the abuse. The most appropriate forms of intervention were therefore seen to be educational rather than therapeutic (Reina, Lohman & Maldonado, 2013). The IPDA was deemed to be unaware of UK values and laws and therefore should amend their behaviour accordingly once these values and laws are understood.

Some professionals felt that they needed to censor themselves around the topic of culture and domestic abuse. A key tension within this area was the discourse of oppression. Professionals wanted to act in order to stop the oppression and abuse of the individual recipient, however, they equally did not want to be seen to be oppressing cultural groups as a whole through their actions. Thus the professionals swung from positioning themselves as powerful to powerless.

Psychological Vulnerabilities

The construction of the IPDA as being criminal was complicated when psychological discourses were drawn upon to position the IPDA as being psychologically vulnerable. This can be linked to the mad/bad dilemma that was demonstrated by Thomas Szasz (1963). Szasz argued that by positioning the person as ‘mad’ they could not been seen to be responsible for their behaviour and could therefore have their control and choice taken away from them. However, if the individual is positioned as ‘bad’ they can be held accountable for their actions. Thus, they are given choice, control and responsibility for their actions. When professionals constructed the IPDA as being psychologically vulnerable, or rather ‘mad’, it was used to justify legal and criminal interventions whose purpose was to contain the

IPDA. However, they also argued that more compassionate, therapeutic interventions should be utilised in order to help the IPDA manage and work through their psychological vulnerabilities and subsequently take back control of their life.

Many of the interviewees focused on separating the abusive acts from the person themselves when they used a psychological discourse to construct the IPDA. They frequently acknowledged that the act was criminal and wrong but that the IPDA was not always inherently bad. Thus, they concluded that they should be reprimanded for the act but be supported therapeutically to change their behaviours. This argument is reflected in the literature where psychologists argue for more empathic, therapeutic interventions rather than punitive, psycho-educational programmes that demand the IPDA identify themselves as being 'bad' (Pender, 2012; Corvo & Johnson, 2001, Dutton, 2011).

However, for those IPDAs who were positioned at the extreme end of the spectrum, through a psychological discourse which constructed them as psychopaths, the only realistic interventions that were deemed to be appropriate were criminal and legal ones. Within these constructions the IPDA was positioned as being damaged and beyond repair suggesting that therapeutic intervention would be futile. The recipients of the abuse were constructed as victims through a criminal/ legal discourse and were positioned as being vulnerable and trapped. From this position the recipient of the abuse has very few actions that they can take without the support of outside agencies. It was therefore seen as the duty of the professionals to intervene in order to protect the recipients of the abuse.

The Volatile Relationship

The final dilemma was the conflicting discourses that were taken up to construct the IPDA as a volatile relationship. Professionals used a psychological discourse to construct the IPDA as a relationship between two people. Through utilising this discourse the IPDA was positioned as being out of control, dangerous and unknowing. Both participants were constructed as being psychologically vulnerable, thus, they were unable to control or recognise their behaviour as inappropriate. A criminal and legal discourse was used to construct children and neighbours as victims of the IPDA. Domestic abuse was constructed as a cycle that repeated itself and escalated over time. As the IPDAs cannot contain themselves, criminal and legal

interventions such as arrest and separation are essential in order to de-escalate the situation and protect the victims from harm. This type of IPDA was frequently constructed, through a psychological discourse, as being lower down the spectrum of abuse and violence and their altercations consisted primarily of pushing, shoving, slapping and verbal arguments. Consequently, they had a greater capacity to change if provided with the appropriate therapeutic and educational interventions.

However, in order to construct the IPDA as a relationship a more traditional feminist discourse needed to be resisted. This became problematic as it positioned both participants within the relationship as equally accountable for the abusive behaviour. Given that a criminal/ legal discourse is almost inextricably interlinked with a feminist discourse both participants were therefore constructed as perpetrators. This became problematic in terms of implementing therapeutic interventions as these tend to be split along gendered lines with the vast majority of perpetrator programmes being accessible only to men.

More recently, this has been identified within the research literature surrounding domestic abuse, with scholars highlighting that power is neither binary nor static (Cannon & Buttell, 2016). They acknowledge that women can exercise power in similar ways to men and often do so. Subsequently, they argue for culturally specific and relevant treatments for those who perpetrate domestic abuse. These interventions should endeavour to address sexism, homophobia, racism and classism and, thus, should be culturally relevant and seek to conceptualise and treat people where they are socially located (Cannon & Buttell, 2015).

B.5.3. Thoughts for future research and practice

The epistemological standpoint of a Foucauldian discourse analysis means that it is problematic to make concrete recommendations for practice. However, through the process of deconstruction we can gain important insights surrounding the nature and effects of dominant discourses. These deconstructions can reveal the power relations that operate at a hidden level. For example, by discussing the IPDA as a construction we are already questioning its current ‘truth’ and, thus, destabilising its current ‘internal reality’ and are therefore opening up alternative constructive possibilities. An argument against making recommendations, from this research perspective is that, in doing so, the researcher is making a claim to truth which is

directly in conflict with the underlying ideology of social constructionism. However, if we are unable to draw any recommendations for practice then we are required to question the utility of such an approach to research. Therefore, by reflecting on possible ways forward, within the area of domestic abuse research and practice, I am not assuming greater truth but rather claiming that some accounts may be more advantageous than others (Willig, 1998).

The purpose of making recommendations is to propose a best course of action, however, as I have discussed previously, recommendations have consequences that may result in better or worse outcomes for both the IPDA, the recipient of the abuse and the different professionals who support them. For example, taking up one position, which may appear to be more empowering, could result in unintended or undesirable consequences. This argument was controversially put forward by Foucault who suggested that by providing kindness rather than punishment to the 'mad' we were inadvertently trapping them further within invisible binds of self-surveillance and individualism (Foucault, 1965). However, if we take no action then we are, by default, continuing to perpetuate current discourses and constructions. Therefore, by refraining from taking action we are, somewhat paradoxically, taking a form of action (Willig, 1998). Furthermore, as Foucault himself stated everything is dangerous and the choice is subsequently which is the main danger (Foucault, 1978). Indeed, as psychological practitioners we are already involved in the provision of services for those who perpetrate or are recipients of domestic abuse. Thus, we are already engaged in political action. The question, therefore, becomes in what ways we should intervene and where these interventions leave us as practitioners (Harper, 2003). Indeed, rather than inaction, we should take action based upon the positions and consequences that arise from our use of language.

There are arguably limitations and benefits from constructing the IPDA as both criminal and psychologically vulnerable. Through constructing them as psychologically vulnerable and criminal we continue to assume that there are normal and abnormal ways of being within society. For example, it has only been within recent history that homosexuality has started to become seen and accepted as normal. Previously, homosexuality was constructed through discourses of pathology and criminality and was not acknowledged as a legitimate sexual orientation. Consequently, what are now considered to be normal romantic behaviours, akin to

those of heterosexual orientations, were previously positioned as being ‘bad’ and ‘immoral’ and were subsequently deemed worthy of punishment or forced rehabilitation. Therefore, to be labelled as criminal and psychologically vulnerable has powerful ramifications for those ascribed the label. Indeed, the consequences of these labels may result in the individual’s loss of liberty on multiple levels. If we are responsible for providing interventions for those who are labelled as IPDAs then we need to be mindful of how we can create more empowering positions for them, which facilitate positive outcomes, whilst also maintaining the safety and wellbeing of those who are recipients of abusive behaviour. This is not to say that abusive behaviours within romantic relationships should be deemed normal and acceptable as, unlike the above example of homosexuality, an IPDA is inflicting harm upon another. However, we should be mindful that our use of interventions does not further exacerbate the harmful qualities of an IPDA.

Discourse analysis has been heavily critical of psychology as a discipline. It argues that psychology separates individuals from wider society and, in doing so, it reduces complex relationships to an individualisation and internalisation of external problems (Burnham, 1996). This process then organises experience according to a ‘psychological complex’ (Rose, 1998) and this then becomes common sense within contemporary western society. However, a psychological discourse also allows for a more compassionate construction of the IPDA rather than a purely criminal discourse which provides only possibilities for punitive interventions. Thus, perhaps it is advantageous for professionals to adopt a less punitive stance and more empathic approach to their interventions with IPDAs. However, professionals should also be mindful that they do not pathologize the IPDA through an over reliance on psychological discourses.

Over the course of time, domestic abuse interventions have become primarily focused upon legal and criminal actions such as positive arrest policies, non-molestation orders, occupation orders, family court interventions and prison. Furthermore, recommendations are often made by the family law courts for IPDAs to attend psycho-educational or therapeutic programmes aimed at behaviour change. Through primarily constructing the IPDA as being ‘criminal’ and, thus, adopting criminal interventions, we seek to punish, judge and condemn them for their behaviours. Thus, we are left with options of containment and safeguarding, which

although necessary in order to protect the recipient of the abuse, are not always efficacious when it comes to preventing domestic abuse or reducing its occurrence within society. Indeed, it has frequently been suggested that by focusing heavily on these interventions we are occupied with behaviour management and subsequently shut down opportunities for change within the individual and thus do not curtail future abuse (Dutton, 2011). It has been noted that many of the more traditional intervention programmes for IPDAs are psychoeducational in nature and focus on patriarchal power imbalances. These interventions require the IPDA to identify as being 'bad' and 'criminal' and, thus, it is argued that they begin from a position of judgement which inhibits the development of an empathic, non-judgemental alliance (Dutton, 2011).

Through a feminist discourse, the IPDA was frequently constructed as male throughout the analysis with the recipient of the abuse being constructed as female. These constructions uphold a heteronormative ideal which makes it difficult to implement interventions when the IPDA deviates from this construction. For example, a female IPDA within a homosexual relationship. Within this traditional feminist understanding, power is accessed through patriarchal structures that make it primarily a phenomenon that is accessible to men. However, as demonstrated within the analysis, power is neither static nor binary and female IPDAs do enact power in ways that are similar to male IPDAs (Cannon & Buttell, 2016). However, within this specific construction, women are unable to take up the position of IPDA and are, therefore, excluded from interventions which are seen as solely for men; such as the Duluth Psycho-educational programmes. It could be suggested that current programmes need to take into account the many different types of IPDA and could be more tailored to the needs of these specific groups. For example, interventions could address, not just sexism, but also homophobia, racism and classism as a way to expand their thinking from merely the intra-psychic material of the IPDA to societal influences behind their behaviour. For instance, they may also seek to address the ways that society disadvantages certain groups whilst privileging others. This type of approach to therapeutic and psycho-educational intervention programmes has been particularly championed by those investigating domestic abuse within the LGBTQ community (Cannon & Buttell, 2015; Cannon, Lauve-Moon & Buttell, 2015).

Indeed, given the multiple layers that contribute to the perpetration of domestic abuse, it could be advantageous for IPDAs to engage with more systemic approaches to therapeutic intervention. These may include family therapy, couples therapy and individual therapy. It could also include early intervention for young people within schools and other community settings, which focus on psycho-education surrounding relationships. Within the analysis, a psychological discourse was frequently adopted to position the IPDA as being trapped within a dysfunctional family or community setting. This led to the normalisation of abusive behaviours for the IPDA. Consequently, the IPDA was positioned as being 'unknowing' which meant that they could not challenge the dysfunctional behaviours as they did not have a socially appropriate standard to compare them to. In addition to this, domestic abuse was often constructed as a form of contagion through the use of psychological discourses surrounding social learning. Subsequently, those contaminated by domestic abuse require containment and de-contamination. The containment aspect of this being achieved from criminal and legal interventions whilst the de-contamination is achieved through therapeutic and psycho-educational programmes.

It could be argued that these forms of community and family based intervention are ways to regulate people's behaviour and, thus, increase the individuals' surveillance of themselves as well as others within their family or community. It could also be argued that this approach adopts a medical discourse to position a relationship as being either 'healthy' or 'unhealthy' and subsequently pathologizes the participants. Through pathologising those engaged in the relationship we can justify taking away their choice, control and responsibility over their actions. However, as I have previously stated, it also allows for a more compassionate response to those who perpetrate intimate partner domestic abuse which, in turn, may empower and motivate them to make changes of their own accord. Indeed, discourses of safeguarding and risk are also utilised to position the IPDA as 'dangerous' and 'risky' and thus justify interventions of containment and therapeutic rehabilitation. Through engaging the IPDA in rehabilitative interventions which focus on building a therapeutic alliance, allowing the freedom of choice and promoting accountability rather than attributing blame we can simultaneously reduce the amount of risk and danger.

In relation to the current study, several potential areas for future research have emerged. The first of which has been the construction of domestic abuse as a form of contagion by the professionals. Indeed, this construction has impacted public policy with the Home Office (2012) releasing a report announcing a public health strategy to tackle different types of violence, including intimate partner abuse. This strategy views violence as a form of disease that can be contained, managed and prevented akin to a medical illness such as cholera. It highlights how one form of violence, such as domestic abuse, can potentially go on to impact other forms of violence such as youth knife crime. It could be useful for future research to examine in more depth how domestic abuse between parents relates to knife crime and violence in young people. At the time of writing, no qualitative studies could be identified that explore parents, specifically abusive father's, experiences of domestic abuse and their understandings of their child's use of violence. In addition, no qualitative research could be identified which examined violent young people's experiences of domestic abuse.

Another area of further exploration could be that of how IPDAs make sense of being constructed as criminal or psychologically vulnerable. Many of the professionals within this study drew up psychological discourses to justify the use of therapeutic rather than punitive interventions. Indeed, a criticism of many traditional intervention programs for IPDAs has been their lack of empathy and use of blame. With this in mind, it could be useful to explore the IPDA's experiences of empathy in a therapeutic setting. Finally, a more in depth historical analysis of the evolution of the IPDA throughout time could be beneficial in order to frame professional's current perspectives. Due to time and word limitations, it was not possible to include this analysis within the current study.

B.5.4. Evaluating the Research

As has been previously mentioned in the methodology section of this research, positivist concepts of validity and reliability have no place within qualitative work with a social constructionist epistemology. However, quality assurance of the research needs to be demonstrated to exhibit to the readers that a thorough and trustworthy analysis was undertaken. Many guidelines have suggested and discussions

surrounding how qualitative work of this nature should be evaluated. However, the work of Yardley (2008) was deemed most relevant within this research.

Ensuring analytic categories fit with the data: This is done through a clear explanation of how categories were generated and illustrating each category with appropriate examples. Willig (2001) suggest that the type of research epistemology adopted should shape the way that the research is evaluated. For example, within an FDA approach exploring 'the quality of the accounts they produce' is essential. This means demonstrating the internal coherence of the researcher's accounts. Thus, data collection must be thorough and demonstrate competence through ensuring that a satisfactory level of engagement with the topic in question is achieved. The use of extracts to illustrate my analysis allows the reader to judge the analysis for themselves which also opened up the opportunity for the reader to make alternative interpretations.

Reflexivity: Willig (2001), also suggest that the research should endeavour to demonstrate how their position and perspective shaped the research. Thus, my position and perspectives are inextricably interlinked to the analytic process. Indeed, from a social constructionist epistemological standpoint, all types of knowledge are seen to be the result of discursive construction. Therefore, I would be seen to be the author of this research study and thus my reflexive awareness is essential to the analysis. I have endeavoured to reflect upon the research process throughout each key stage, however, due to word limitations and the need to be concise and keep content relevant, there are many reflections that have not been included within the final write up. In addition, there are points where reflection can become quite a self-indulgent exercise (Parker, 1999). Thus, I attempted to utilise those reflections that were most relevant to the research. Please see the section below (Relevance to counselling psychology) for a more in depth exploration of the impact this research has had on my personal and professional development as a counselling psychologist.

Triangulation: This is a method that attempts to enrich understanding by viewing the subject from different perspectives (Yardley, 2008). I have used this perspective to enrich the current research through gathering data from different sources. In this instance, different professionals who work with domestic abusers and who are

responsible for implementing a variety of different interventions based upon their understandings of them. Unfortunately, due to time constraints and word limitations, I was not able to access as many different methods of data collection as I would have liked. The research consisted of interview transcripts, however, it would have been beneficial to also analyse data from professional training texts, court or police reports and government policy relating to domestic abuse. I choose to take this approach rather than corroborate my analysis in a hope to gain greater access to 'reality' as, within social constructionism, there is seen to be no one universal and objective truth. Thus any attempt at this would have been deemed unnecessary

Sensitivity to negotiated realities: Within this research, it was not deemed necessary to include participant validation of themes and categories due to the complexity of the approach taken up which would have made it very difficult for people to understand and relate to (Yardley, 2008). Furthermore, people may disagree with the researcher's interpretations for various different reasons which may hinder any constructive use of the feedback (Willig, 2001). However, it is important to be respectful of all participants and acknowledge that there will have been a variety of experiences and responses expressed by the participants. Thus, it is essential that an attempt is made to stay as true to the data as possible which is something that I endeavoured to do throughout this research.

Negative and disconfirming case analysis: This required the researcher to identify and explore cases that did not fit with the generated categories in order to balance the biases that were influencing the researcher (Yardley, 2008) and to thus inhibit the research from seeking to fit the data to any preconceived ideas.

Documentation and paper trail: This entailed the researcher recording in detail what was done at each stage of the research process so that it could be replicated in any future research.

Limitations, improvements and further questions.

Foucauldian discourse analysis allows the researcher to critically examine commonly held assumptions and social practices. This enables them to open up subversive power relations and explore the consequences that these have upon a person's subjective experiences and opportunities for actions. From this perspective, it is purported that explanations for constructions cannot be found within the individual

person, but rather, they are found between people and social structures. This perspective, thus, allows for a critical focus to be taken on psychology which is thought of by some to be intrinsically individualising (Burnham, 1996). By exploring these processes we enable reconstructions to emerge and question the current status quo.

I have previously endeavoured to address the most common criticisms that are applied to FDA and other discursive analyses. For example, I have addressed claims regarding the generalisations of findings and issues of quality such as preventing implications of intentionality and individual blame. The FDA approach is also frequently critiqued for arguing against claims that there are greater truths. This research has explored individual interview transcripts that were conducted with different professionals all working with the IPDAs. In order to expand the scope of this research, it could have been advantageous to have a focus group of different professionals. In addition to this, it may have been beneficial to speak with IPDAs themselves in order to gain insight into how they view themselves along with the interventions that are utilised with them. Indeed, in order to further expand this research, it could have been useful to interview a diverse range of people who have been recipients of domestic abuse in order to gain insight into their discursive constructions and how IPDA interventions impact them. Furthermore, an examination of expert texts, government texts along with court and police reports could also have added greater richness to the research. However, due to work limitations and time constraints this level of analysis was not realistically possible. It is an area for future research to explore in order to add to the findings of this study.

Furthermore, it should be noted that when conducting the interviews I was positioned by many of the participants as a professional myself. As they were aware that my research was contributing towards my professional doctorate in counselling psychology. This may have impacted the way they responded and the discourses that they utilised. For example, as I identified as a psychologist, participants may have, consciously or unconsciously, made heavier use of psychological discourses believing that this is what I would be interested in hearing about. In addition to this, positioning me as a fellow professional may have allowed or restricted what the participants felt they could and could not say within the interview out of fear that they may come across as unprofessional in some way.

It could also have been beneficial to speak with counselling psychologists to see if their discursive constructions of the IPDA differ from other types of psychological practitioners such as forensic psychologists. However, although this researched attempted to speak with counselling psychologists who had experience of working therapeutically with IPDAs none of the counselling psychologists approached identified as working with this client group. Instead they tended to identify as working with victims of domestic abuse instead. Further research could explore how and why this occurs in more depth and whether counselling psychologists would actually be suitable practitioners to work with IPDAs given their underlying ethos.

B.5.5. Relating to existing knowledge

Comparing this study to others within the same or a similar area has not been a simple task. This is because, at the time of writing, no other studies could be identified which utilised a Foucauldian discourse analysis to explore different professional's constructions of the IPDA. One study was identified which used a FDA approach to explore the achievements and unintended consequences of IPDA intervention programs (Mankowski, Haaken & Silvergold, 2002). This research picked up on similar heteronormative discourses and practices to the above study. It concluded by highlighting the need for more attention to be paid to structural and contextual factors such as 'class, race, economic status and substance abuse' when taking into account explanations of domestic abuse. However, unlike this study, it did not find sexuality and gender to be factors which should be taken into account when explaining domestic abuse and implementing treatment programs.

Another study, which explored a similar area, focused on social workers constructions of professional knowledge in treating imprisoned male batterers in Israel (Enosh, Buchibinder & Shafir, 2014). However, this study adopted a methodological approach of grounded theory to examine the construction of professional knowledge. They concluded that there were four major themes in their construction of their professional knowledge. These consisted of behaviour modification and psychodynamic change, the paradoxical use of authority in the service of treatment, the multiple meanings of gender and the question of change. Within the current study struggles emerged relating to the capacity for change and behaviour modification. IPDAs were positioned within a spectrum of severe to mild

psychological distress and vulnerability which was used by professionals to inform the interventions that they utilised with the said IPDA. There was also dilemmas relating to the meaning of gender when working with female IPDAs and the role of masculinity. However, the use of authority in the service of treatment did not emerge within this study.

Päivinen and Holma (2012) used discourse analysis to explore how male IPDAs constructed and positioned female therapists. They discovered that three positions for women were constructed: women in general, women as a spouse and women personally as herself. Male IPDAs were seen to construct women as being hard to understand and oddly behaving which justified abusive behaviour towards them. This can be seen to support the professionals' constructions surrounding coercive control within the above study. They constructed the IPDA as being insecure within their masculinity and related this to the ways in which they seek to control their female romantic partners. Indeed, Päivinen and Holma (2012), noted that male IPDAs frequently sought to construct masculinity as being different to femininity and would often position the woman as being weaker than the man. In addition to this, they found that male IPDAs would often seek to relate to their female therapists through sexualisation whereby they positioned them as a girlfriend or a lover. This was understood to make disclosure easier as they felt less threatened by the professional woman.

Lea and Lynn (2012) examined police files to explore how police officers constructed domestic abuse and the impact this had on both the IPDA and the recipient of the abuse. They identified three discursive genres: impartiality, creditability and the 'real' victim. They found that these constructions of domestic abuse often did not support the victim's account of the abuse as they positioned the victim of abuse as being either mad, bad or sad which subsequently led them to be seen as lacking credibility. Within the current research similar positions were identified for the IPDA where professionals constructed them as psychologically vulnerable or criminal. Thus, they were seen to lack responsibility for their actions and in need of containment or intervention. However, within the aforementioned study, the police officers constructions in this manner often led to cases being dropped or discontinued. Professionals within this analysis frequently positioned the victim of domestic abuse as being vulnerable and, therefore, in need of protection. Subsequently, they used

this construction of the recipient of the abuse as a means to justify criminal and legal intervention with the IPDA.

Muehlenhard and Kimes (1999) conducted a Foucauldian discourse analysis which explored the constructions of both sexual and domestic violence. This analysis was not limited to professionals but did note similar conclusions to the findings within this study. They discovered that people have an interest in defining violence in ways that exclude their own behaviour. This can be reflected in the tensions that emerge surrounding professionals' discussions of the middle class IPDA. Professionals' in this study noted that the middle class IPDA is seen to be pro-social and this makes it difficult to construct them as a criminal IPDA. Another prominent finding that they noted was the importance that definitions of domestic abuse and violence have. For example, legal definitions and government definitions are often written by white middle class men and are subsequently framed from their perspective. Indeed, even de facto definitions are problematic as they rely on victims understanding that an event is abusive in order to report to Police, definitions of Police and Prosecutors are what then enables a case to move through the justice system and finally definitions of domestic abuse by jurors are significant in order to secure a conviction. The authors note that if an incident does not fit with these definitions of one or any of these groups then it will drop out of the system. Within the current study, professionals are seen to grapple with current definitions and constructions of the IPDA and those individuals who actually present as IPDAs' in practice. For those IPDAs' who do not fit with current definitions of an IPDA, interventions were found to be difficult to implement effectively.

Walker, Ashby, Gredecki and Tarpey (2018) conducted a Foucauldian discourse analysis on post-graduate students who were aiming to qualify as Forensic Psychologists. The aim of their research was to discover how students constructed female IPDA's. Six female postgraduate students took part in a focus group where they discussed their understanding of intimate partner domestic violence and their views regarding its perpetration. They were also presented with a vignette that depicted a violent relationship where gender identity was removed. They found that the students constructed the IPDA predominately as being male and enacting violence predominantly towards women. Although they acknowledged that women could be IPDA's they positioned the behaviour as being non-threatening in

comparison to male IPDA's behaviour. Furthermore, they positioned women as being emotionally unstable, vulnerable and acting in self-defence. The findings of this research were very similar to the findings within the current study with regards to female IPDAs. The authors concluded that through positioning women as being vulnerable they alleviate responsibility for their use of aggression. They warn that these perceptions can bias risk assessments and lead to the under-estimation of the threat from female IPDAs. They also conclude that female IPDAs receive inadequate intervention due to underlying assumptions about the motives behind their aggression. The authors also note that male victims may be inhibited in coming forward and seeking support as a result of these constructions of female IPDAs.

Dryden, Doherty and Nicolson (2010) used a critical psycho-discursive approach to explore the impact of domestic violence on children. They analysed a case study of interview interaction with two teenage brothers who had witnessed and experienced past violent behaviour from their father. The authors identified 'heroic protection discourse' as a framing and organising principle which helped shape the brothers' understandings of the events. Heroic protection discourse was used by the brothers to position themselves as being the heroic protectors of their mother and is interpreted as stemming from underlying gender roles and expectations associated with masculinity. The study focused on the individual differences of meaning making between the two brothers in order to ascertain future behaviour problems that may develop within children exposed to domestic abuse and violence. Their findings support the findings within the current research that there are various internal and external psychological vulnerabilities which can impact what leads an individual to become an IPDA. Indeed, their findings acknowledge the important role that gender plays in defining what abusive behaviour consists of and how it is or is not justified.

Erez, Adelman and Gregory (2009) utilised a feminist discourse methodology when analysing interviews of female immigrants who experienced domestic abuse and violence whilst living in the United States of America. They noted that the majority of the women that they interviewed (65%) spoke of abuse tolerant perspectives within their country of origin where domestic abuse and violence was not considered to be a crime. They also reported pressure from other family members to stay within abusive relationships in order to avoid shame, guilt and gossip within their communities. These positionings of IPDAs who are first generation immigrants can

also be seen within the current research study where professionals' construct IPDAs who are first generation immigrants of being 'unknowing' of the laws within the UK regarding domestic abuse and violence. Furthermore, professionals in the current study also positioned the recipient of the abuse as being vulnerable and oppressed through gender inequality. This is an experience that is seen to be discussed by several of the participants within Erez, Adleman and Gregory's study, however, many of them do not see themselves as being oppressed but rather see domestic abuse as normal practice within a marital setting. The authors subsequently conclude that intersectionality is very important in regards to domestic abuse interventions.

Husso, Virkki, Notko, Holma, Laitila and Mantysaari (2012) used discourse analysis to understand how health professionals and social workers framed their use of interventions for domestic violence. They used focus groups that consisted of nurses, psychologists, social workers and physicians in Finland. They identified four types of framing: practical, medical, individualistic and psychological. All of these frames were drawn upon by the different professionals in order to make sense of violence interventions and the organisational practices of violence interventions for victims of domestic abuse. They noted that for the majority of the health professionals their role was seen to be that of fixing the injuries that were sustained by victims rather than addressing the underlying cause of the injuries which was domestic abuse. Similarly, this research study found that some professionals', such as the Police officer, defined their role as conflict management rather than the eradication of the underlying causes of domestic abuse. Other professionals saw their role as being more educative with the aim of preventing the spread of domestic abuse.

Bailey, Buchbinder and Eisikovits (2011) utilised a phenomenological- hermeneutic approach when exploring the interaction between male social workers and male IPDAs. They noted that, having worked with male IPDAs, the male social workers face a reconstruction and renegotiation of their personal and professional selves in light of the interactions with male IPDAs. They often experienced self-doubt as a result of the wide ranging definitions of domestic abuse and violence. Motifs of being aggressive but not violent also became apparent within the male social worker's own identity. A similar phenomenon can be noted within the current research with the

male Police officer and domestic violence program facilitator grappling with how anyone can be abusive due to the wide range of behaviours that constitute domestic abuse including themselves of their colleagues.

Vignansky and Timor (2015) conducted a narrative analysis of abusive men who had served prison sentences in Israel. The two main themes that emerged were that of childhood experiences and world view of violence in general and intimate partner violence in particular. The authors identified subjective experiences of inferiority, lack of worth, violation during childhood, feelings of chaos and an absence of existential meaning. The men's use of violence was seen to provide them with a sense of control and meaning which enabled them to avoid overwhelming emotions of distress and insecurity. The authors suggest that interventions with IPDAs should focus on establishing a positive sense of existential meaning so that the men no longer needed to draw upon the use of violence and control to generate this. These subjective experiences of IPDAs were similarly noted in the current research study by the different professionals'. A central component to their constructions of the IPDA were a need for control and a sense that many IPDAs were emotionally overwhelmed as a result of negative childhood experiences. Thus, many of the professional's suggested that therapeutic interventions should be utilised with IPDAs to help them develop better ways of managing their psychological vulnerabilities.

B.5.6. Relevance to Counselling Psychology

Within the realm of psychology there is an ongoing debate about the benefits of positioning people as 'mad' and others as 'bad'. This issue has been for many years and still is the subject of extensive debate and discussion e.g. the works of Thomas Szazs (1965) and with more contemporary researchers (Bental, 2011; Douglas 2010; Gallo and Leuken, 2008). These works draw attention to how individuals who are positioned as 'mad' cannot freely choose their actions in the same way as those who are positioned as 'bad'. However, in many ways those who are constructed as 'mad' are afforded more compassion as they are seen to be 'out of control' of themselves. On the other hand, those who are 'bad' are seen to make choices from a position of knowledge as to what constitutes right and wrong. In my view, these choices constitute an over simplistic and polarised categorisation which leaves many IPDAs at the receiving end of inappropriate and ineffective interventions. I believe

that psychology has much to offer in further unpacking and exploring the nuances that come with these positionings and can provide insights into how interventions for these individuals can be improved. For example, rather than seeing an individual as "mad" or "bad" we can examine ways to integrate these two positions in order to develop more compassionate and effective approaches which, within the area of domestic abuse, can empower and improve the lives of both the recipient of domestic abuse and the IPDA themselves. Counselling psychologists' use of formulation can provide the individual, couple or family with meaning that is grounded within a social context (Johnson, 2010). This study aims to show how through questioning current constructions of IPDAs, domestic abuse, pathology and criminality, we can use psychology in a way that empowers and liberates people rather than merely control and categorise them. Thus, through avoiding labels that infer permanent dysfunction and emphasis an inability to change we can increase compassion throughout our interventions and empowering those who are often the most disempowered and oppressed within society (Division of Counselling Psychology, 2008).

The process of conducting a Foucauldian discourse analysis has not been a simple one, especially for someone who is new to qualitative research such as myself. At times it has been draining and confusing, however, having completed it, I have found that is has enabled me to think and understand the language that my clients, colleagues and myself make use of in a unique and critical way. For example, since beginning this research process, I have worked therapeutically with both recipients of domestic abuse and those who have identified as engaging in domestically abusive actions. This research has enabled me to be mindful of the language that I adopt whether that is diagnostic or clinical language or criminal and legal language when working with these and other groups of people who seek psychological and therapeutic assistance in order to lead more empowered and fulfilling lives. I have found that this research approach has helped me to develop collaborative therapeutic relationships and has challenged me to put aside my own pre-constructions and assumptions in order to hear and be with the story and experiences my clients present to me. This has had a particularly powerful impact on the therapeutic relationships I have developed with men who have disclosed enacting abusive behaviours towards their romantic partners. Through destabilising

my own constructions around domestic abuse and making me aware of how I am positioned by these clients I have been able to engage in meaningful and, occasionally, transformative work with them.

Counselling psychologists are in a unique position to work with not only recipients of domestic abuse but also those who enact it. Through our formative approach, which utilises a variety of different therapeutic tools, we are able to re-position ourselves and get alongside our clients. In addition to this, we can create bespoke approaches which best meet the needs of the client. I believe, we can make a unique contribution to the development of novel therapeutic interventions for those who engage in abusive behaviours as well as provide different perspectives for other professionals who work with these individuals' through consultation and training. Furthermore, we can utilise intersectionality to better understand and inform our work with clients in respect to their gender, ethnicity, sexuality and economic status.

B.5.7. References

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B.5.8. Appendixes

Appendix 1: recruitment email for participants

Dear (Enter name or person or organisation),

I'm emailing to invite you to par-take in a research study that I'm currently conducting as a part of my doctoral thesis at City University London. The aim of the study is to try to gain a better understanding of how professionals, who work in the field of domestic abuse, understand and construct perpetrators of domestic abuse and how this influences the development of perpetrator intervention programs.

Your participation would be voluntary and you would be able to withdraw from the research at any point up to three months after the initial interview. I will also inform you of the outcomes of the research when it is complete and would be happy to make it available to you or your organisation if it is of any use.

If you would be interested in participating in this research please let me know and I will be happy to meet with you to explain in more depth the aims and the objectives of the study.

Kind Regards,

Ellen Presser.

Appendix 2: information sheet

Title of study: *Professional's constructions of the perpetrator of domestic violence.*

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The aim of this study is to gain a better insight into the way that professionals working in the field of domestic violence talk about and understand the perpetrator of domestic violence. The study also aims to explore how these constructions of the perpetrator of domestic violence impact on the use of intervention programs. Within the current literature it has been shown that there are different ways in which the perpetrator of domestic violence can be understood in terms of their motivation behind their actions. This study aims to explore these understandings in greater detail. The study will last for approximately and hour. This study is being undertaken as part of a Professional Doctorate in Counselling Psychology at City University London.

Why have I been invited?

You have been invited to take part in this study as you are a professional who has worked within the area of law, policing, psychology or counselling for three or more years and have come into contact with perpetrators of domestic violence in a professional capacity. A total of 11 professionals from these sectors will take part in this study.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason up to a month before publication. If this is the case, any data that has been collected will be destroyed.

What will happen if I take part?

- *The participant will be involved for the duration of their interview.*
- *The interview will take approximately an hour.*
- *You will only need to meet with the researcher once (on the day of the interview) unless you wish to meet at a future date to discuss the outcome of the study.*
- *A semi-structured interview will take place and be recorded for approximately an hour.*
- *A Foucauldian discourse analysis will be conducted on any data collected. This looks at the way in which people construct concepts through the use of language.*
- *The interview can take place where ever is most suitable for the participant, however, it must be in a private room within a public building.*

What do I have to do?

Research participants will just have to answer some questions relating to their understanding of perpetrators of domestic violence.

What are the possible disadvantages and risks of taking part?

There are no foreseen risks to partaking in this study.

What are the possible benefits of taking part?

Potential benefits of this study include contributing to the current understanding and conceptualization of perpetrators of domestic violence as well as the design and implementation of intervention programs for this group.

What will happen when the research study stops?

If the research study is stopped all data will be destroyed. All data will be stored in a secure place that only the researcher has access to. When the research is completed the data will be kept for three years and then destroyed in accordance to the BPS (British Psychological Society) guidelines.

Will my taking part in the study be kept confidential?

All participant information will be anonymized and the researcher will be the only person who has access to data.

- *Audio recording will take place however recordings will be destroyed after the interview has been transcribed.*
- *Participant's personal information will only be kept and used if the participant wishes to be informed about the outcome of the study.*
- *All data will be stored in a secure place and the researcher will be the only person who has access to this for the duration of the study.*

What will happen to the results of the research study?

The results of this study will be published in the form of a research thesis however anonymity will be maintained throughout. The participants may receive a copy of the thesis by contacting the researcher.

What will happen if I don't want to carry on with the study?

If you do not wish to continue partaking in the study you are able to withdraw at any time without giving an explanation.

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone [redacted]. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Professional's constructions of the perpetrator of domestic violence.

You could also write to the Secretary at:

[redacted]
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square

London
EC1V 0HB

Email: [redacted]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Research Ethics Committee.

Further information and contact details

If you have any further questions regarding this study please contact Miss Ellen Presser [redacted]

Thank you for taking the time to read this information sheet.

Appendix 3: informed consent form

Title of Study: *Professional's constructions of perpetrators of domestic violence.*

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being interviewed by the researcher • allowing the interview to be audiotaped	
2.	This information will be held and processed for the following purpose(s): to help answer research questions. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I understand that I will be given a summary of research findings concerning me for my approval before it is included in the write-up of the research.	

3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw my data from the research up to a month after the interview date.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____ _____ _____

Name of Participant Signature Date

_____ _____ _____

Name of Researcher Signature Date

When completed, 1 copy for participant; 1 copy for researcher file.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

Appendix 4: Interview Schedule Guide

The interview will be divided into two parts. The first part will focus on how a person becomes a perpetrator of domestic violence. After this, the second part will focus on which interventions are perceived as being most effective at preventing domestic violence and rehabilitating offenders. The aim of part one is to gain an understanding of how the respective professionals construct perpetrators through language. For example, the questions will include:

1. From your experience as X, what causes a person to become a perpetrator of domestic violence?

The aim of this question is to gain an insight into the discourses that the professional is most familiar with (feminist or nested ecology). It will do so by providing the professional with an opportunity to think about how they understand the trajectory of a perpetrator; which societal, environmental or genetic factors shape their propensity for domestic abuse.

2. Why do you think perpetrators commit abusive acts towards their partners?
3. How do you think they feel about committing these acts?

Questions 2 and 3 aim to further elaborate on this by shifting the perspective from the professional's own to that of the perpetrators they come into contact with. They aim to give the professionals the opportunity to immerse themselves in the mind-set of a perpetrator. By doing this the interviewer will gain further insight into how each professional understands perpetrators on an emotive and subjective level.

The second part of the interview aims to explore professional's understandings of the current interventions used to prevent domestic violence or rehabilitate offenders. Again, having attempted to understand the way in which each professional constructs the perpetrator the interview then aims to examine which interventions are aligned with the specific constructions. For example, if a professional is influenced by a feminist discourse are there specific interventions they associate as being more effective than those professionals who align themselves with a nested ecology discourse. The questions for part two are:

4. To your knowledge what interventions are available to prevent domestic violence and to rehabilitate perpetrators?
5. From your experience as X, do you think that current interventions are effective?
6. What makes the current interventions affective/not affective?
7. Imagine you're asked to aid in the development of a perpetrator intervention program what elements would you advise to be included in the program?

By the end of the interview there should be enough data to conduct a Foucauldian discourse analysis upon how the respective professionals position perpetrators of domestic violence in society. Further to this, it should be able to provide enough data on the practices of professionals upon perpetrators and enable the researcher to gain an insight into how this may affect the perpetrators subjective experiences.

Appendix 5: Transcription Time

Time spent transcribing:

10 minutes of text took 2 hours to transcribe.

Interview 1: 43mins = 8 hours 30 mins

Interview 2: 53mins = 10 hours 30 mins

Interview 3: 60mins = 12 hours

Interview 4: 1 hours 10mins = 13 hours

Interview 5: 54 mins = 10 hours 30 mins

Interview 6: 50 mins= 10 hours.

Total Transcription Time: 64 Hours 30 minutes.

Appendix 6: Table of Domestically Abusive Behaviours adapted from ManKind (2018).

Physical Abuse

Being kicked, punched, pinched, slapped, choked and bitten.

Use or threats of use of weapons.

Being scalded or poisoned.

Objects being thrown

Violence against family members or pets

Examples of Isolation

Limiting outside involvement such as family, friends and work colleagues.

Not allowing any activity outside the home that does not include him or her.

Constantly checking up on a partner's whereabouts/ monitoring their movements.

Examples for Verbal abuse

Constant yelling and shouting.

Verbal humiliation either in private or in company.

Constantly being laughed at, made fun of or belittled.

Blaming a partner for your failures.

Examples of Threatening Behaviour

Threat of violence towards self or partner.

Threatening violence towards pets.

Threatening to use an extended family member to attack you.

Destroying personal items.

Threatening to remove children.

Threatening to inform the police that you are perpetuating abusive behaviour towards them when you are not.

Examples of Emotional and Psychological Abuse

Intimidation.

Withholding affection.

Turing children and friends against partner.

Repeatedly being belittled.

Keeping you awake/ stopping a partner from sleeping.

Excessive contact e.g. stalking.

Use of social media for intimidation.

Examples of Power and Control

Telling a partner what to do and expecting obedience.

Telling a partner they will never see their children again if they leave.

Not accepting responsibility for abusive behaviours.

Forced marriage.

Examples of Financial Abuse

Having total control over the family income.

Not allowing a partner to spend money unless they are permitted.

Making a partner account for every pound they spend.

Running up huge bills in a partner's name.

Examples of Sexual Abuse

Sexual harassment/pressure

Rape

Use of sexually degrading language

Forcing sex after physical assaults.

Putting pressure on a partner to perform sexual acts.

Examples of Coercive and Controlling Behaviour

Isolating a partner from family and friends.

Depriving a partner of their basic needs.

Monitoring their time.

Monitoring a person via online communication tools such as spyware.

Taking control over aspects of a person's everyday life including: where they can go, who they can see, what they can wear and when they can sleep.

Depriving a person access to specialist support services if they have medical needs.

Repeatedly putting a partner down and telling them they are worthless.

Enforcing rules or activities which deliberately degrade, humiliate or dehumanise.

Forcing a partner to take part in criminal activity.

Preventing a person from having access to a form of transport or from working.

Threats to reveal private information if a partner does not comply with demands.

Type of IPDA	Behaviours & Beliefs
The Demand Man	- Constantly feels that he is owed things that he has done nothing to earn. - Exaggerates and overvalues his own contributions. - Punishes partner when he doesn't get what he feels he is owed. - When he is generous or supportive it is because he feels like it. When he isn't in the mood to give anything he doesn't. - Becomes enraged when his partner's needs conflict with his own.
Mr Right	- Partner should be in awe of IPDAs intelligence. - Invalidates partner's views. - When partner disagrees with IPDA it is experienced as mistreatment. - IPDA constantly belittles partner.
The Water Torturer	- IPDA projects onto their partner that they are crazy and over emotional.

	- IPDA attempts to convince others that their partner is the one who is in the wrong. - Abusive behaviour is justified as long as it is enacted in a calm manner. - Acts in ways that deliberately ‘get under the skin’ of their partner.
The Drill Sergeant	- Attempts to control partner’s every move. - Isolates their partner and expects their partner to dedicate their lives to them. - Excessively monitors their partner. - Expresses love and disgust towards their partner.
Mr Sensitive	- Views self as being sensitive and therefore can’t be abusive. - Attempts to intellectualise their abuse. - Attempts to control partner through analysing their past experiences and current behaviour. - Believes their feelings take precedence over others.

	- Believes that women should be to them for not being like other men.
The Player	- Believes that women's purpose on earth is to provide sexual gratification to men. - Believe that women who want sex are promiscuous and that those who don't are frigid. - Does not take ownership of abusive behaviours. - Blames partner for not fulfilling their sexual needs.
Rambo	- Believes that strength and aggressiveness are good and that compassion is bad. - Acts that are perceived as feminine are deemed bad. - Women are inferior to men. - Women are seen as a possession that belongs to a man.
The Victim	- The world and women constantly persecute the IPDA. - When their partner accuses them of being abusive they experience their partner as victimising and blaming them.

	- Women who complain about relationship mistreatment by men are anti-male. - Does not take responsibility for actions and sees them as a result of past victimisation.
The Terrorist	- Woman is a possession of the man. - Women are evil and need to be controlled by men. - A woman should not be independent. - Experiences pleasure and satisfaction from terrorizing their partner.
The Mentally Ill or Addicted Abuser	- Not responsible for actions as they are the result of mental illness of substance misuse. - Partner is often blamed for exacerbating the IPDAs mental health or use of substances. - Lack of ownership for abusive behaviours.

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

This study aims to analyse the way that professionals speak about perpetrators of domestic violence in order to explore how they construct the perpetrator and consequently understand their motives and actions. Professionals' understanding and social construction of perpetrators plays an important part in the development of perpetrator intervention programs. For example, many traditional intervention programs are based on the Duluth Model which has been highly influenced by feminist research and is based around the idea that domestic violence is caused by the patriarchal structure of western society. However, newer intervention programs are focusing more on psychological factors and are consequently being structured around these. At present there is much dispute between the two approaches in the literature and this study intends to explore the ways that these distinctive discourses impact how intervention programs are designed and utilised and, consequently, the impact they have on perpetrators and their victims.

The analysis used within this research is a Foucauldian discourse analysis. Foucault believed that knowledge and power were linked and that different discourses could be deployed in order to regulate groups within society. This methodology works by analysing the way that an individual speaks about a subject. From this analysis the researcher hopes to gain an understanding of:

1) How the abusive person is constructed through language.
2) What discourses are used to talk about perpetrators (feminist/nested ecology) and how these discourses relate to each other.
3) What the social constructs achieve; their functions in determining which interventions are used.

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

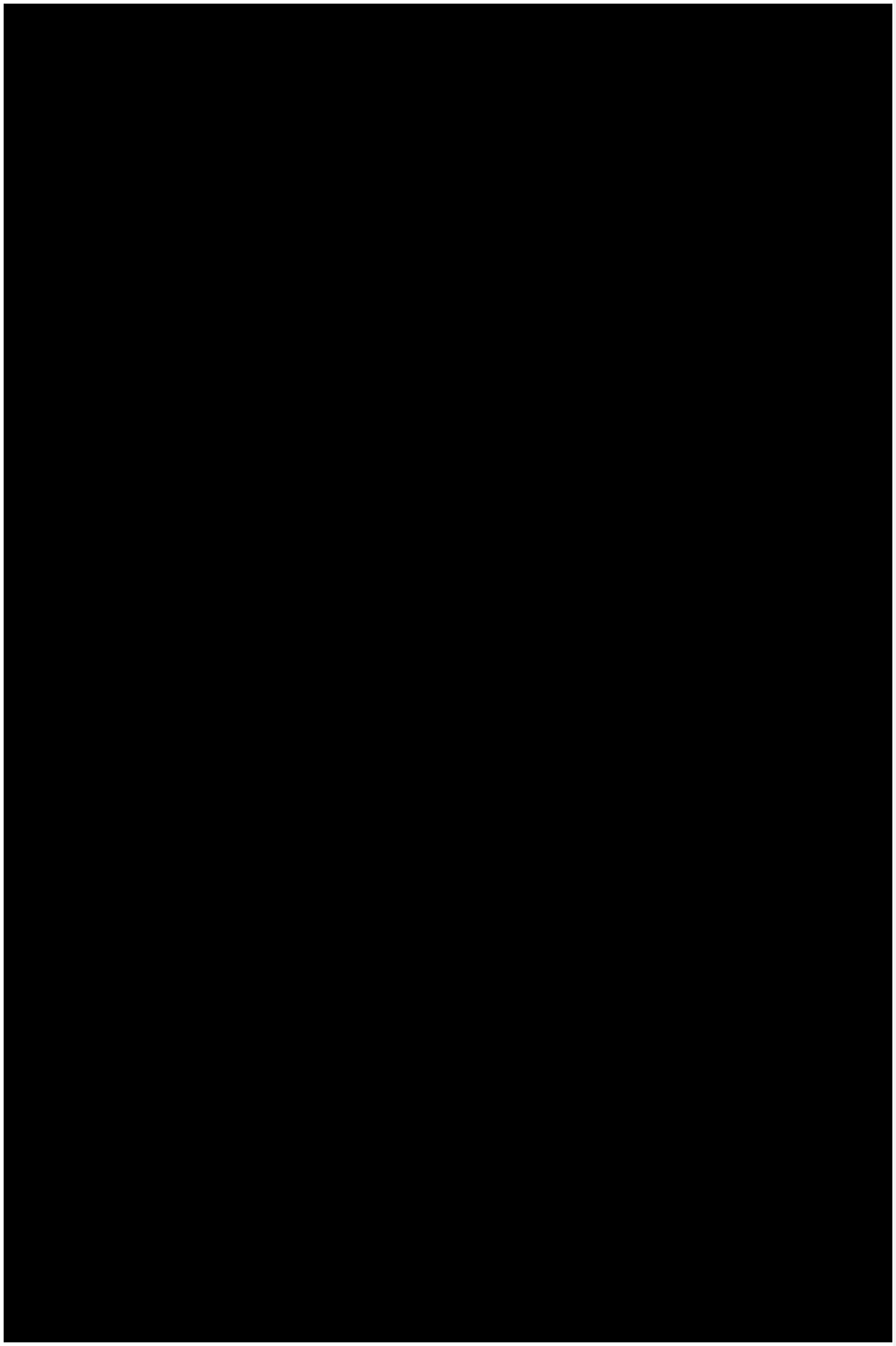
[redacted] *(supervisor).*

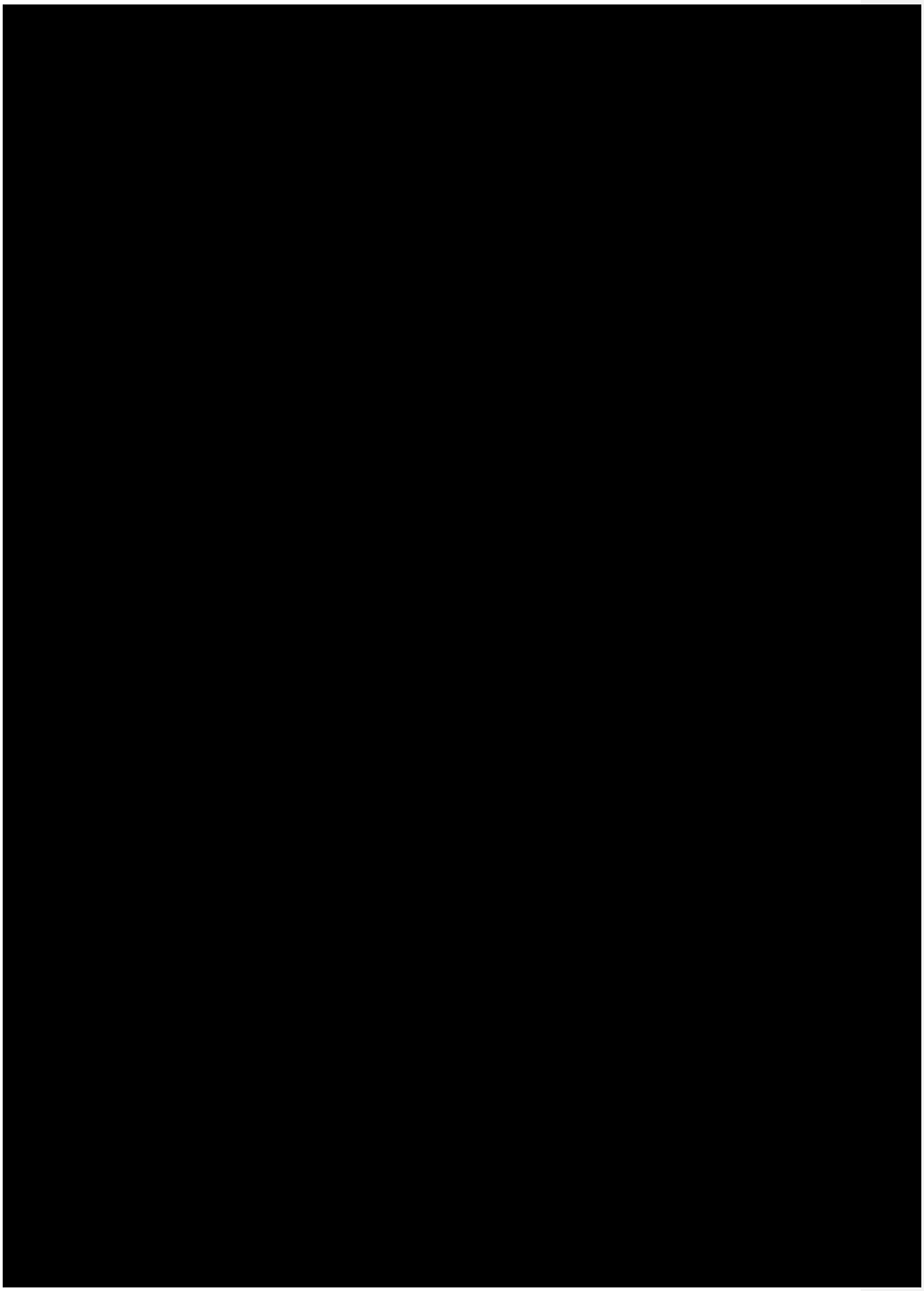
City, University of London
Northampton Square
London
EC1V 0HB
United Kingdom

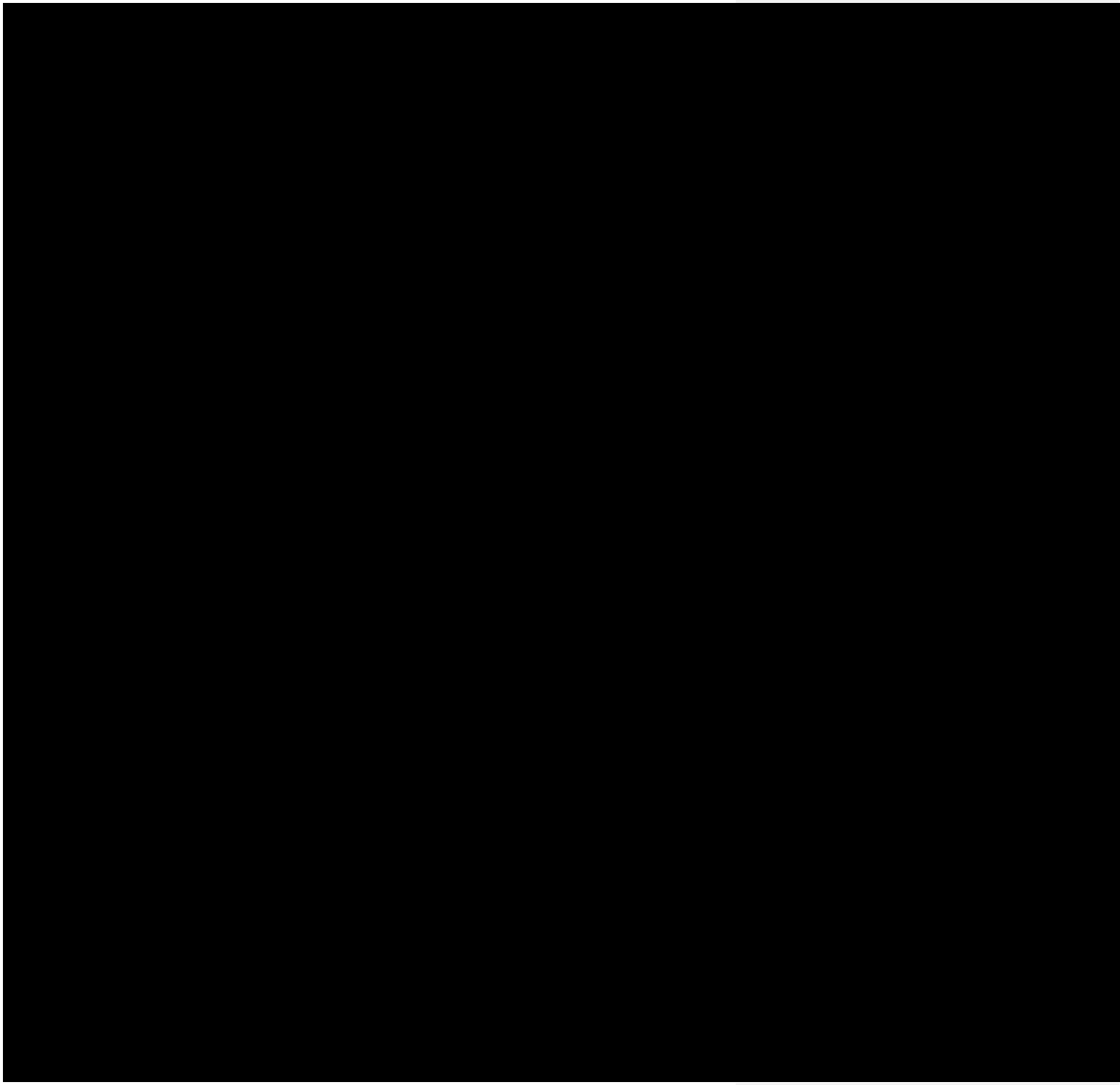
T +44 (0)20 7040 5060

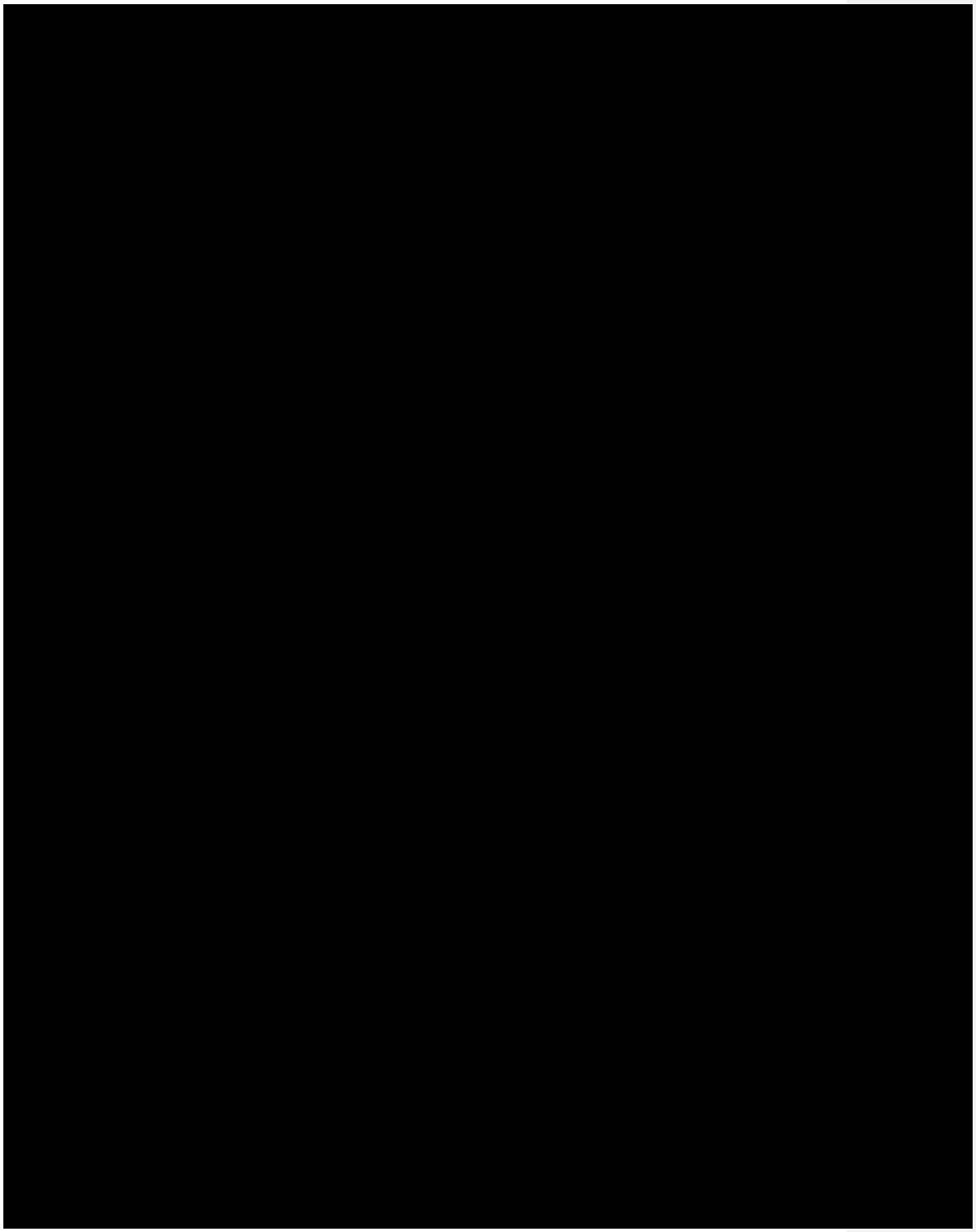
THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR COPYRIGHT REASONS:

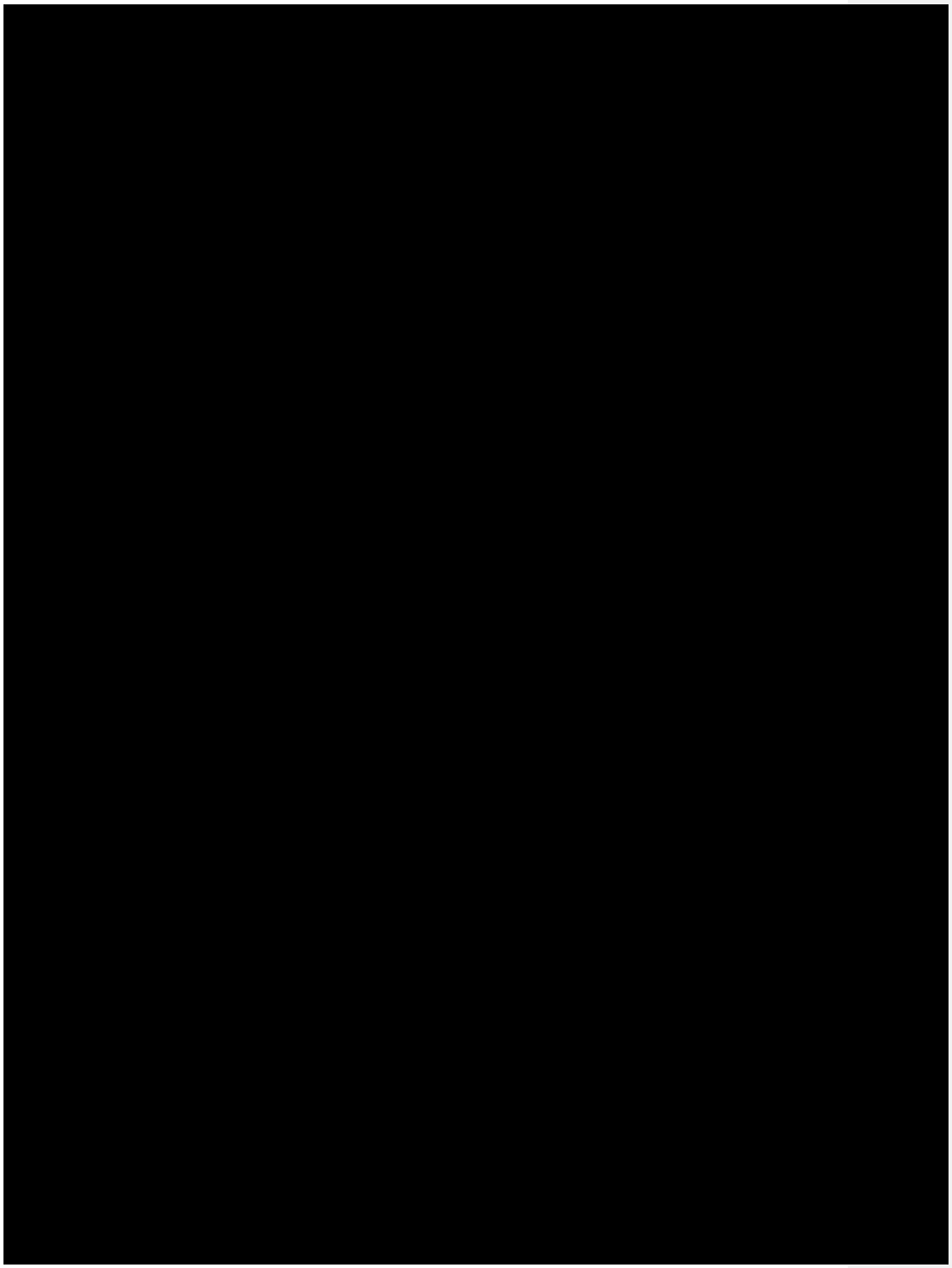
Section C: Publishable article 157-193

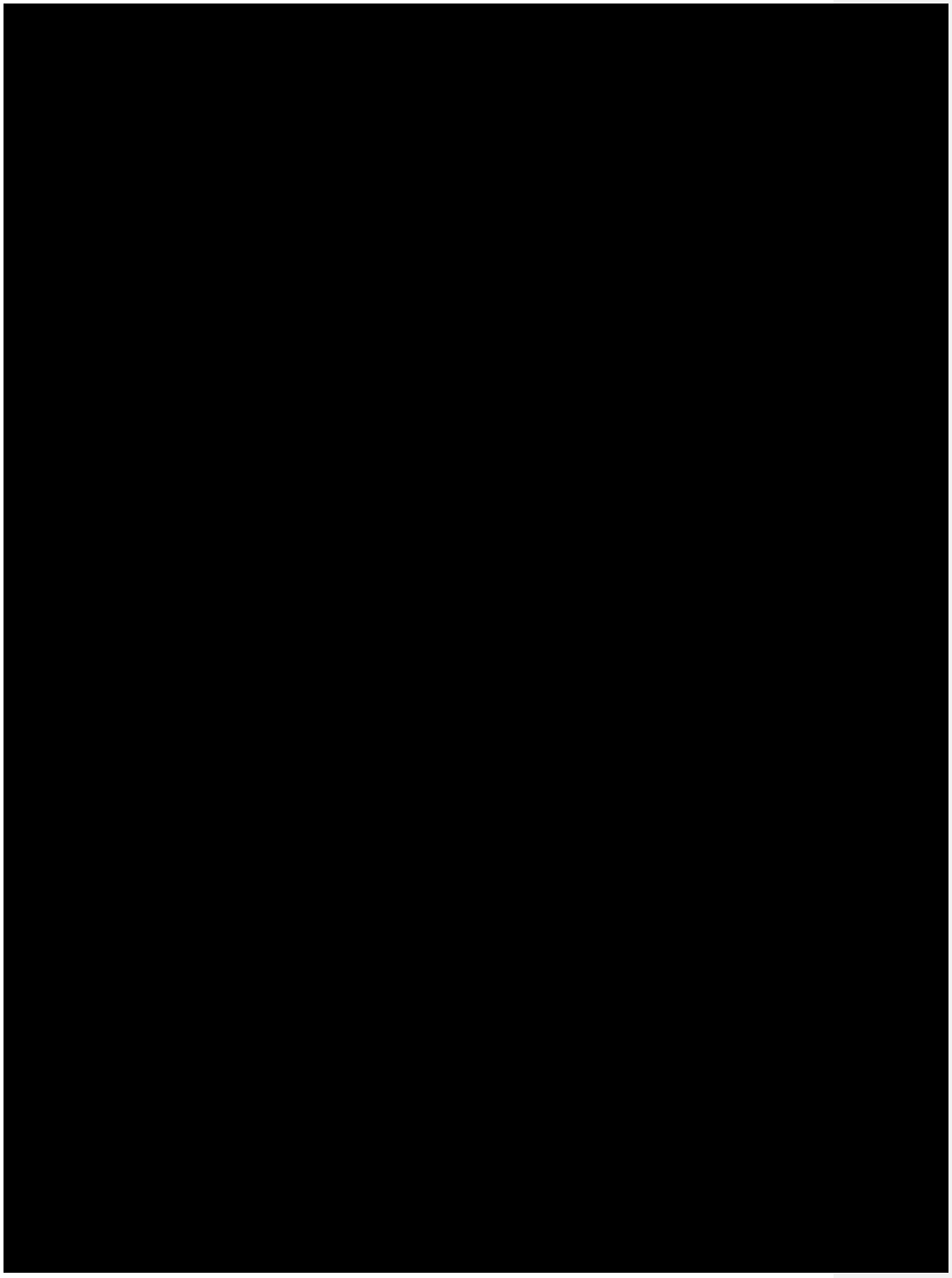


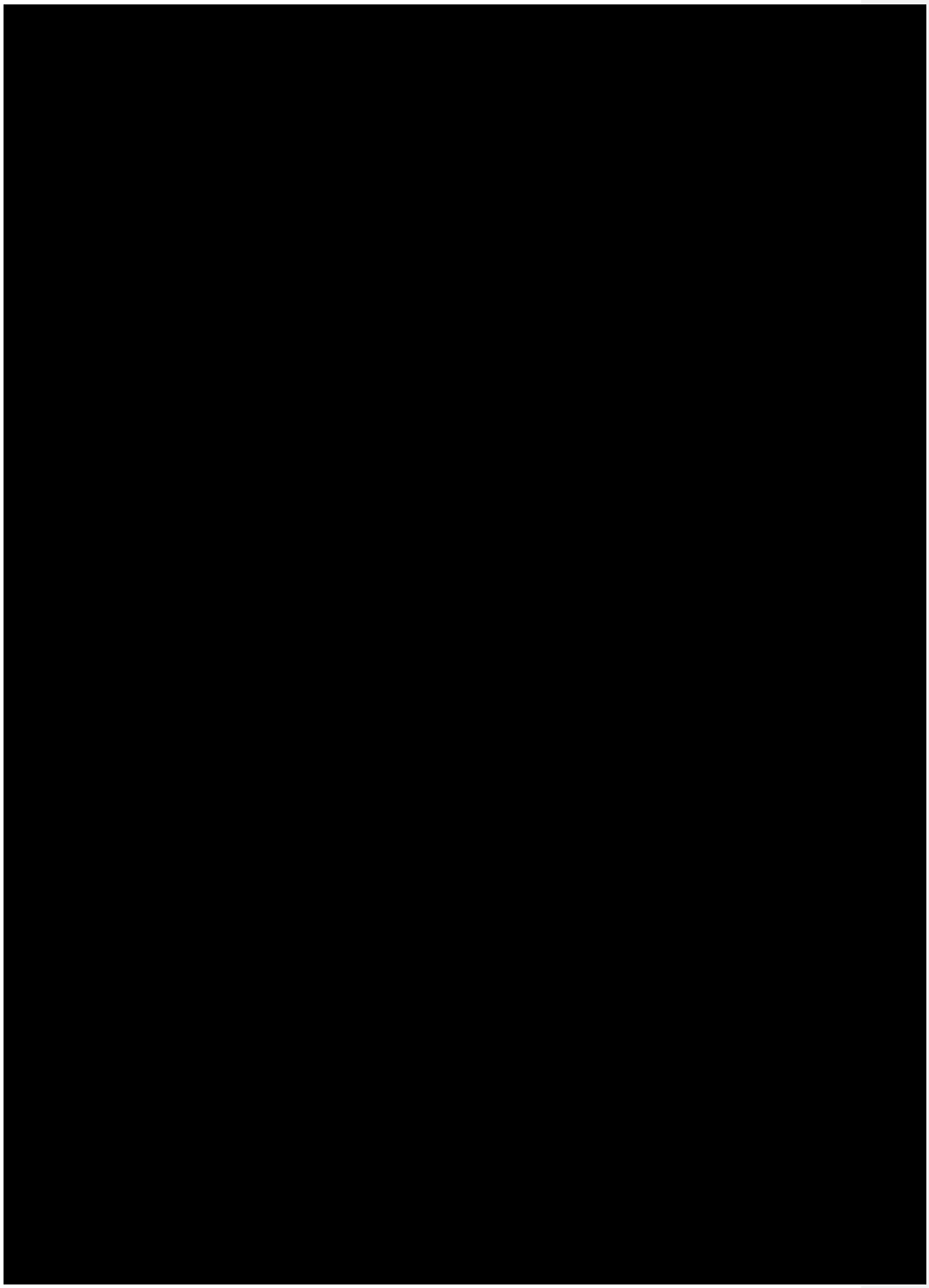


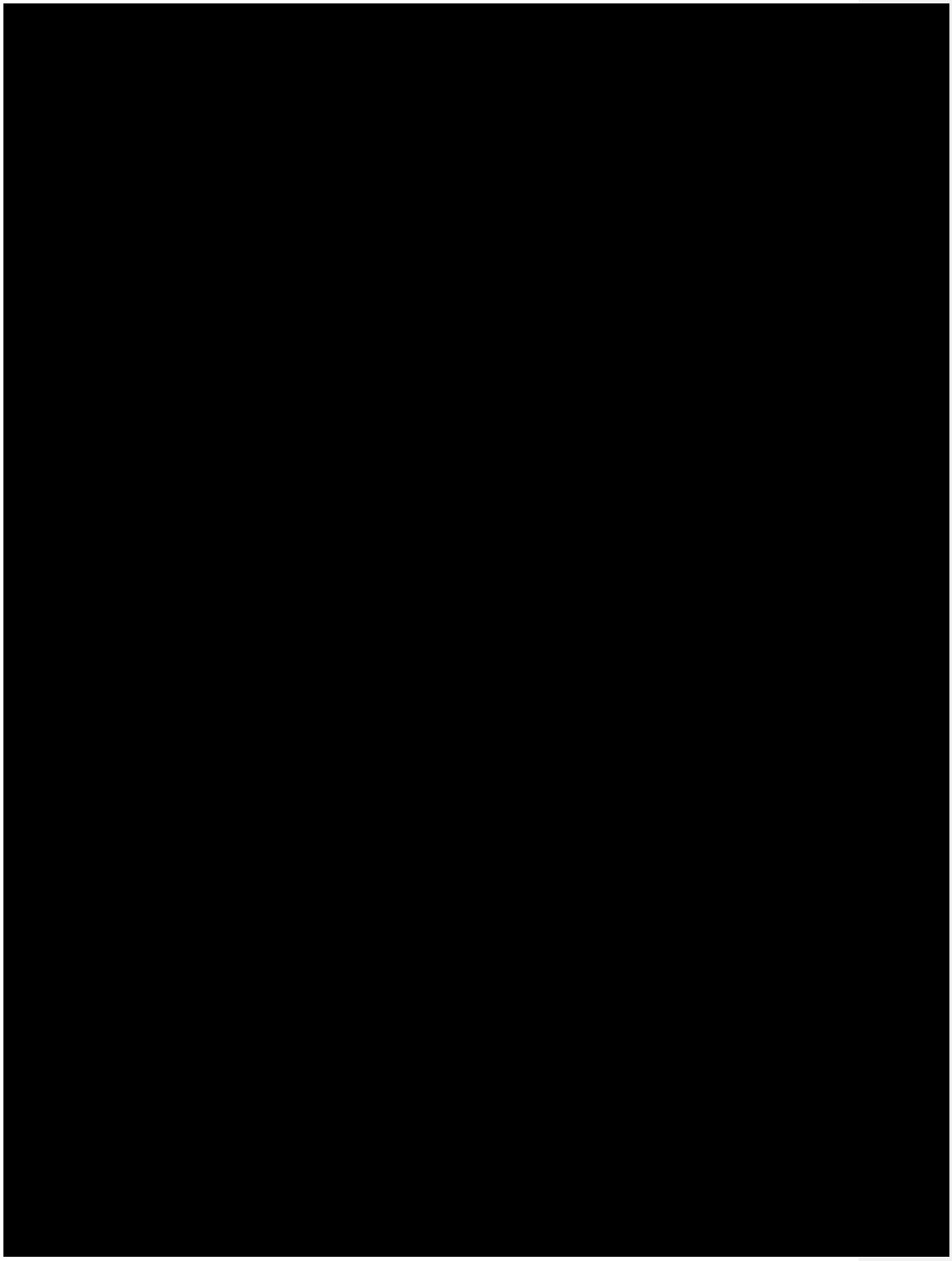


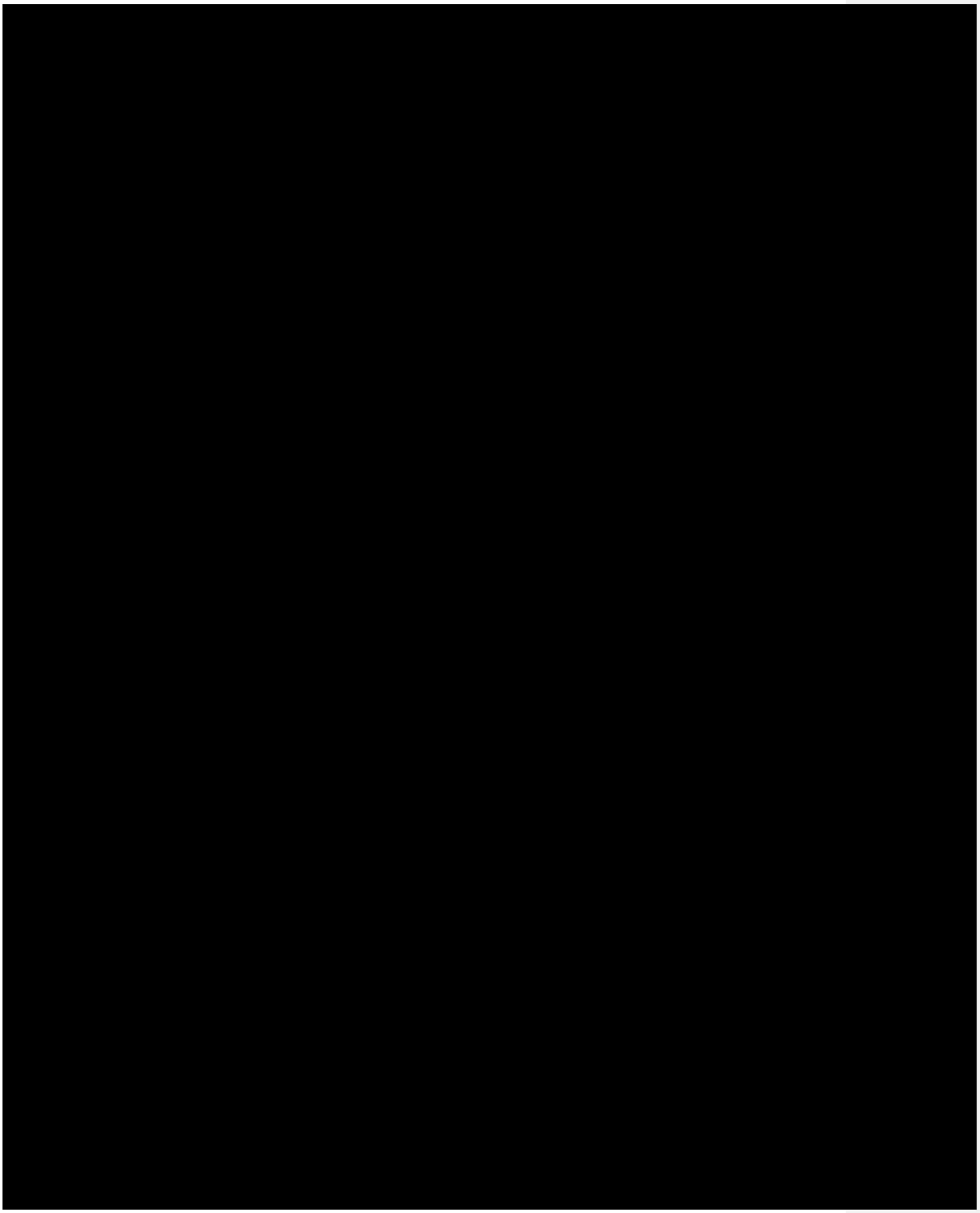


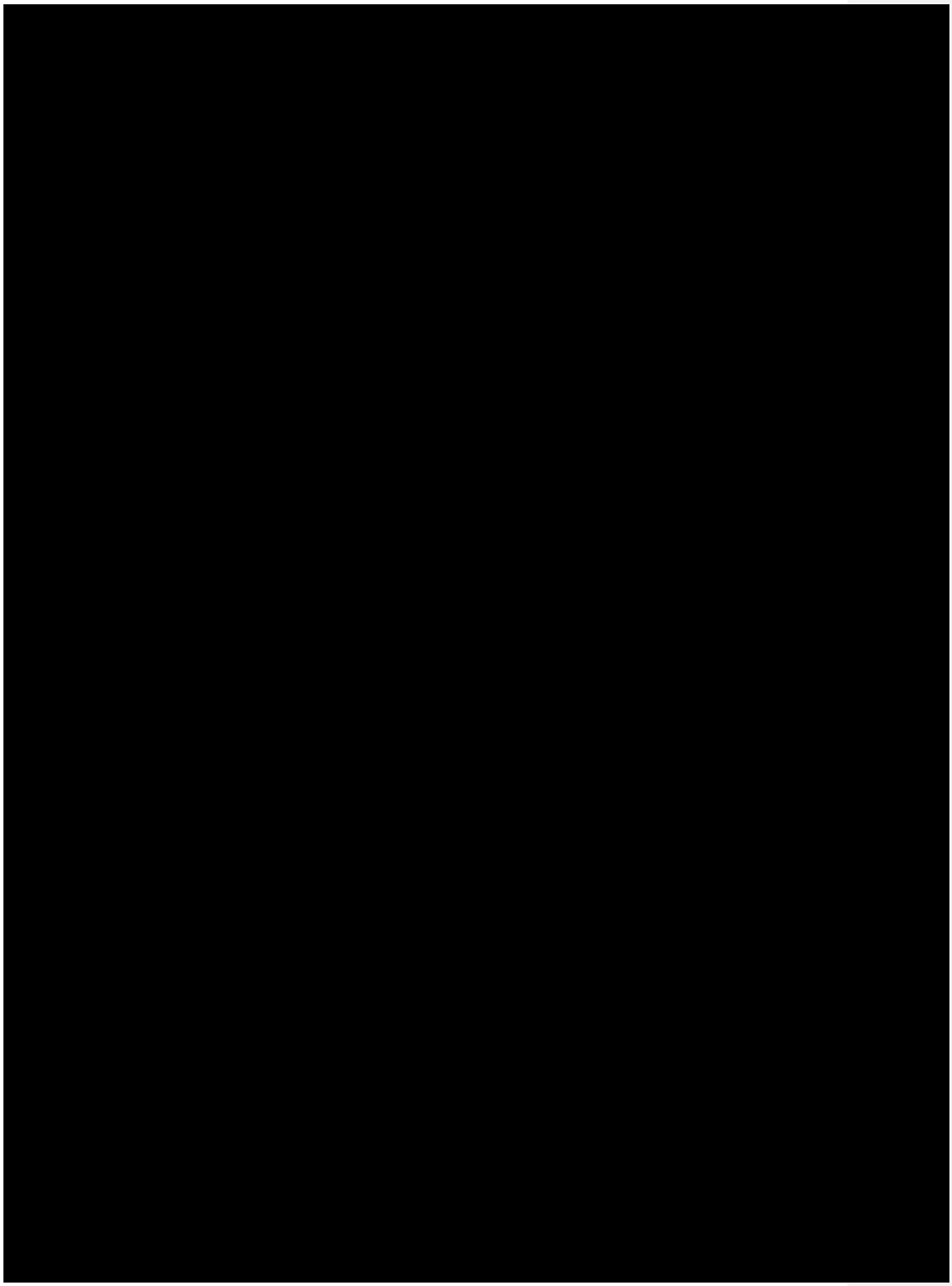


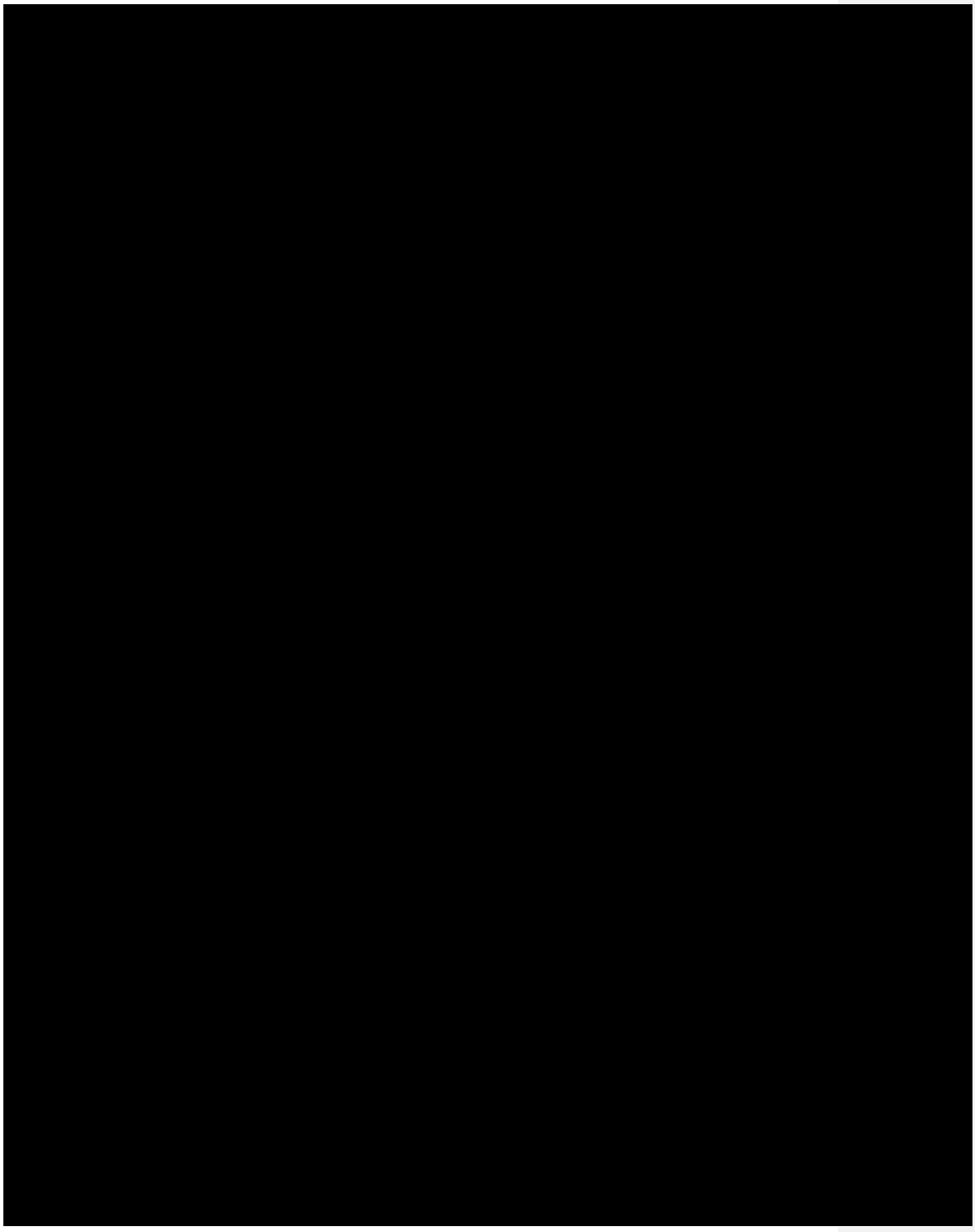


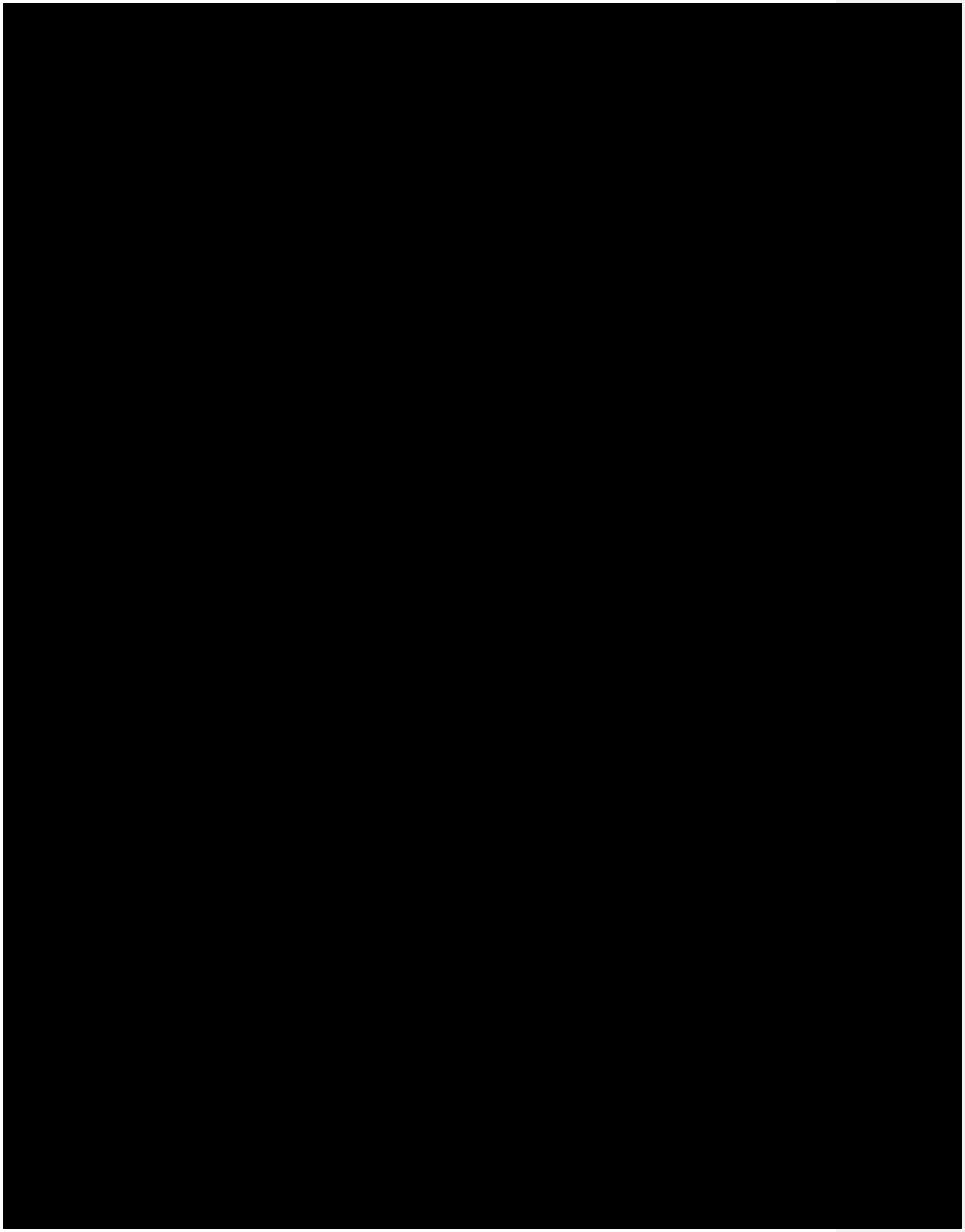


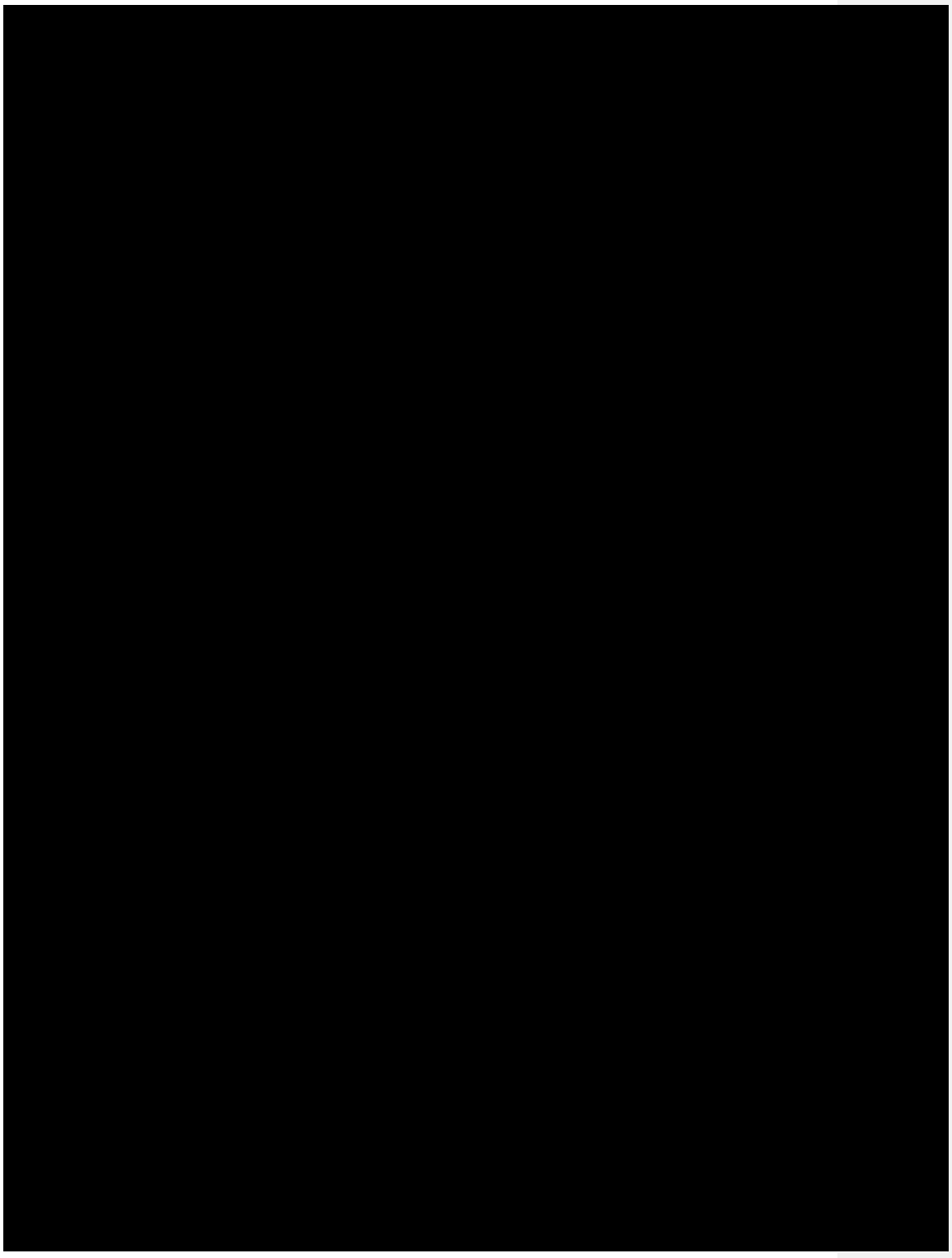


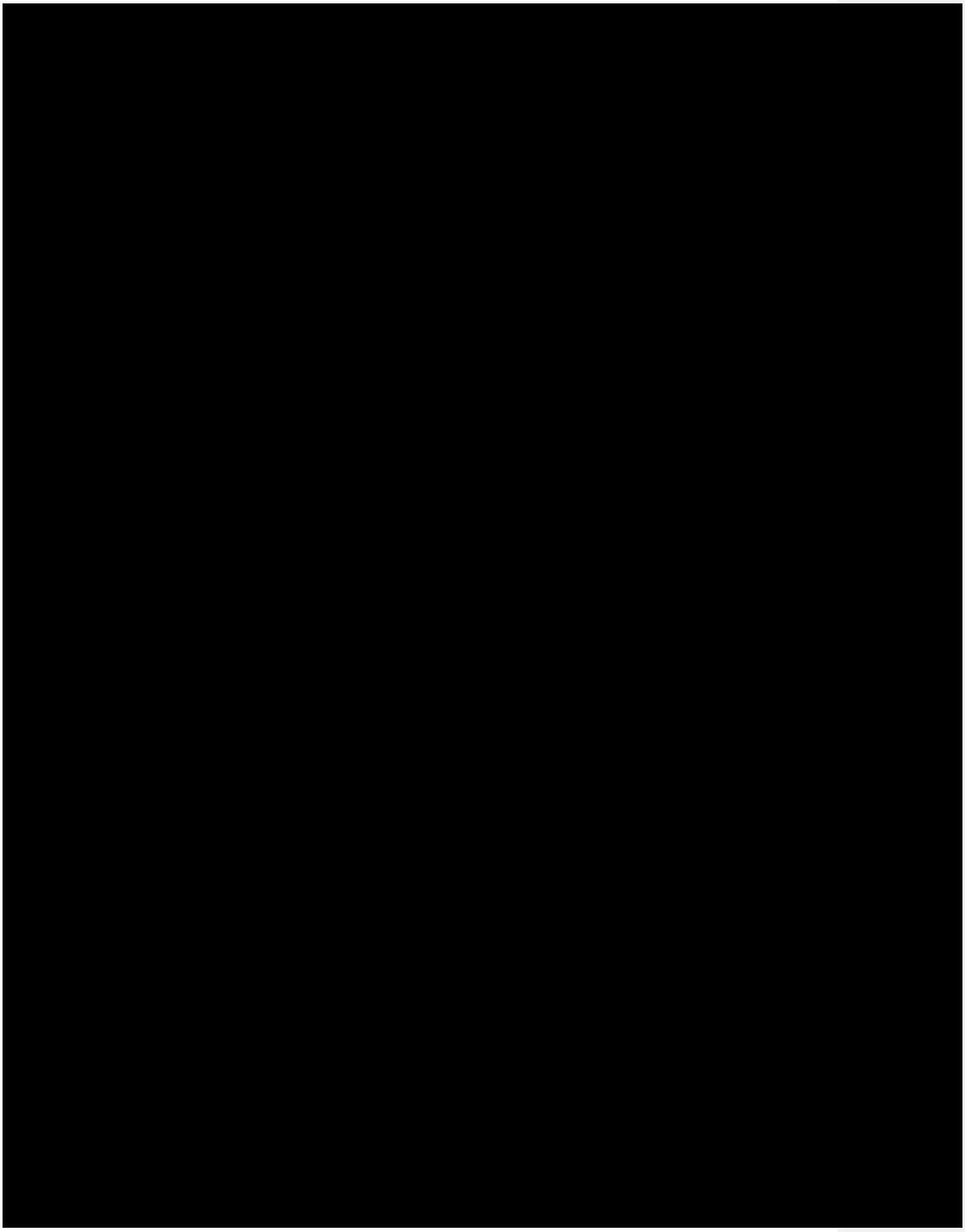


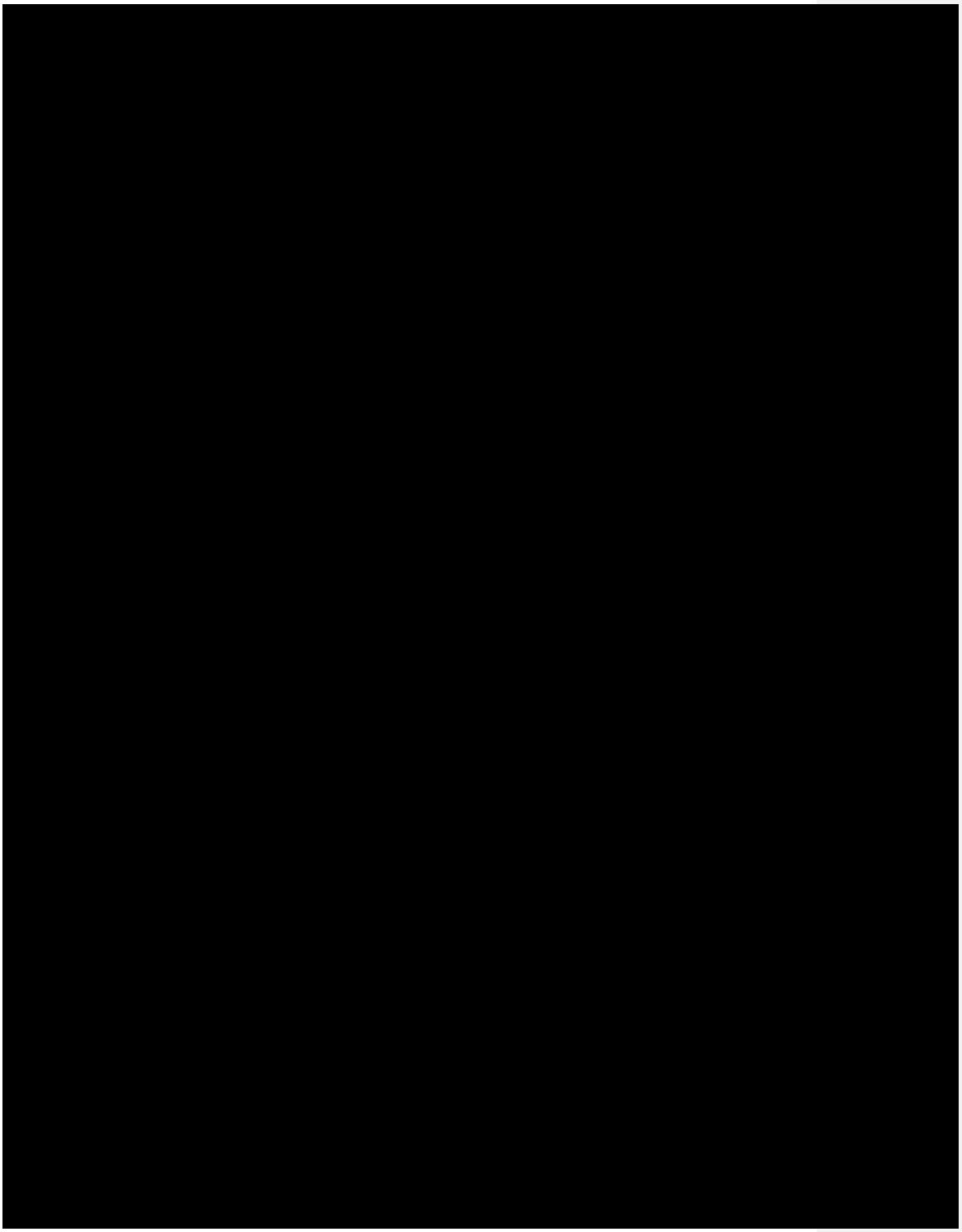


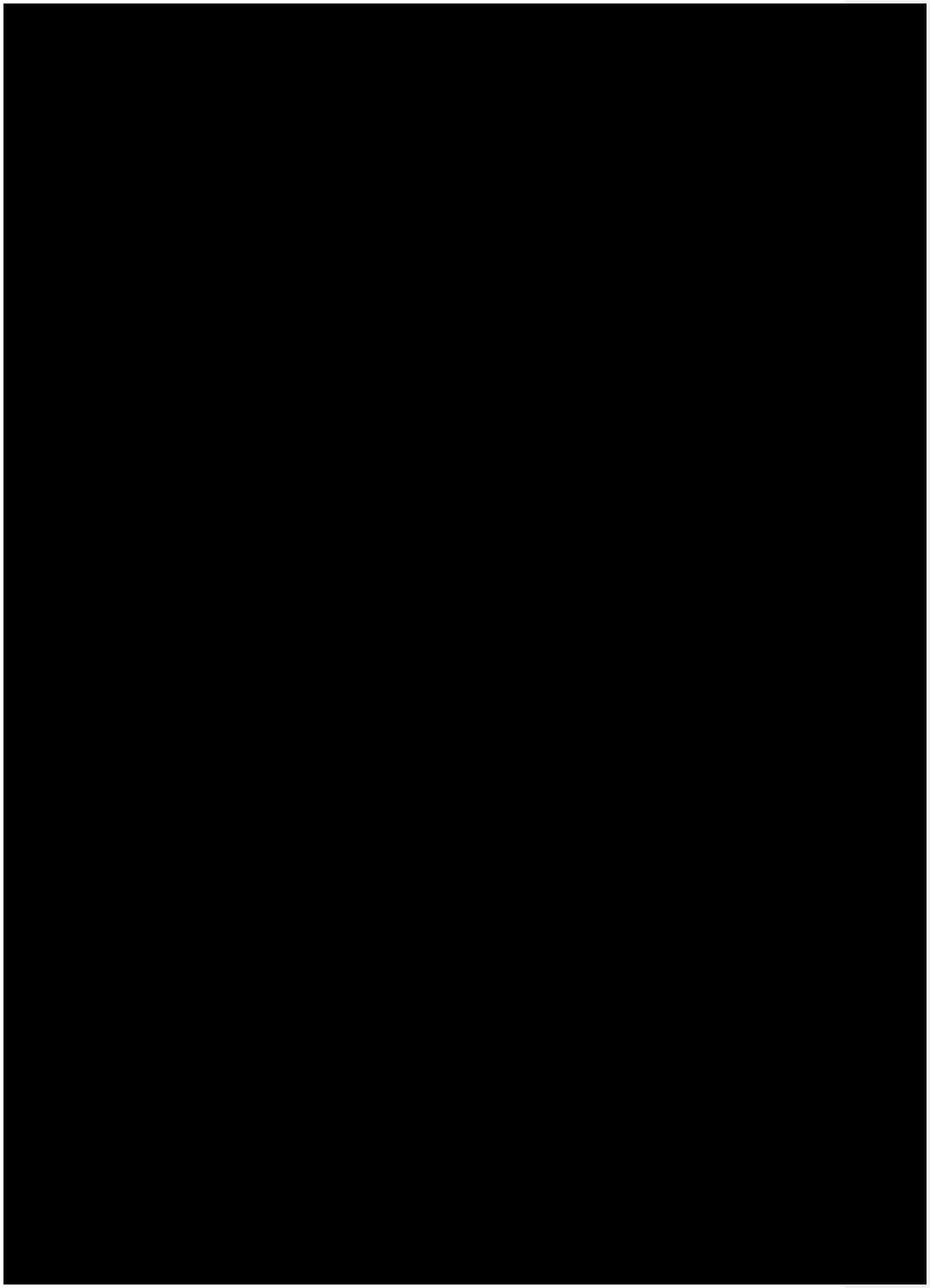


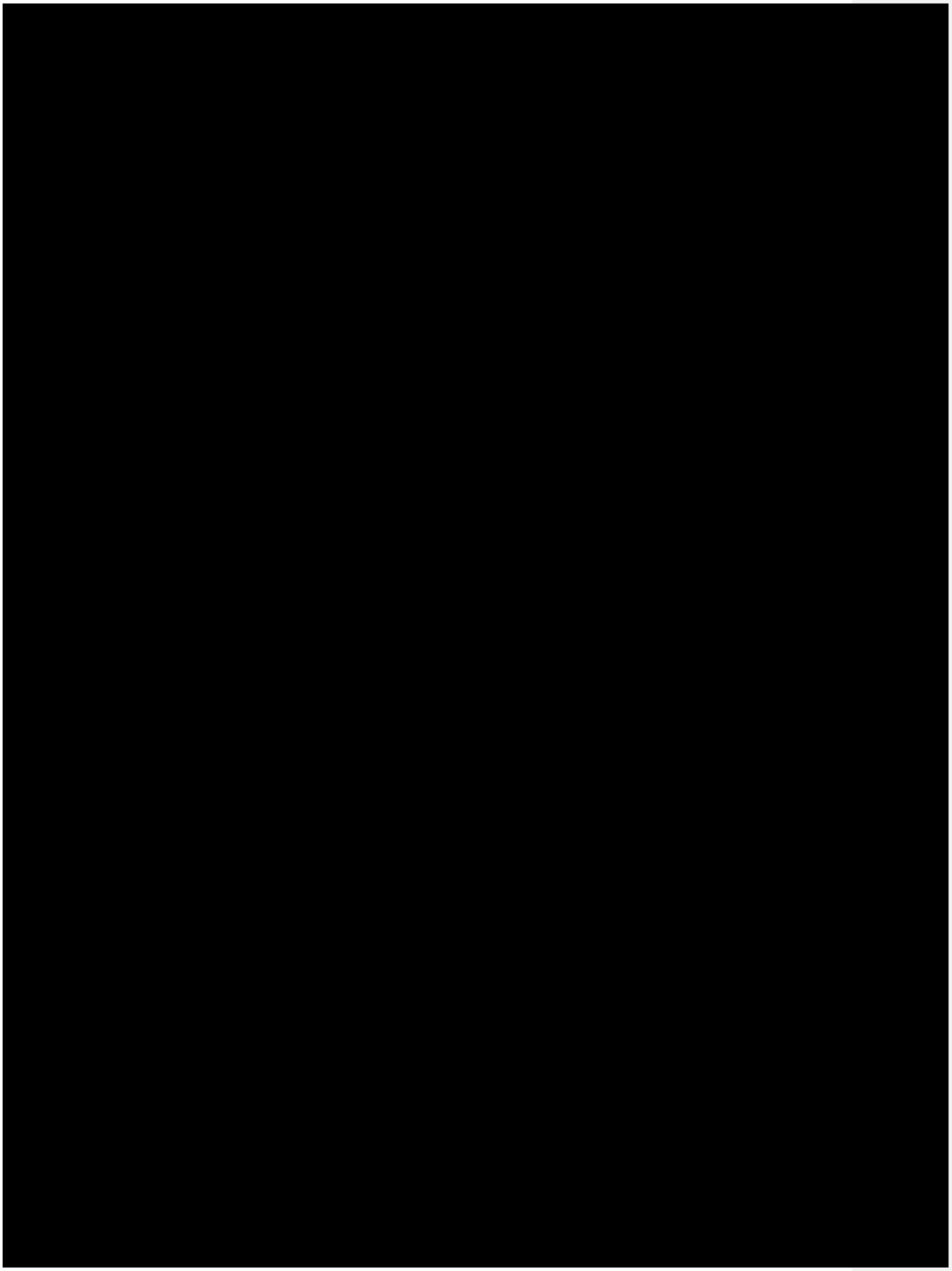


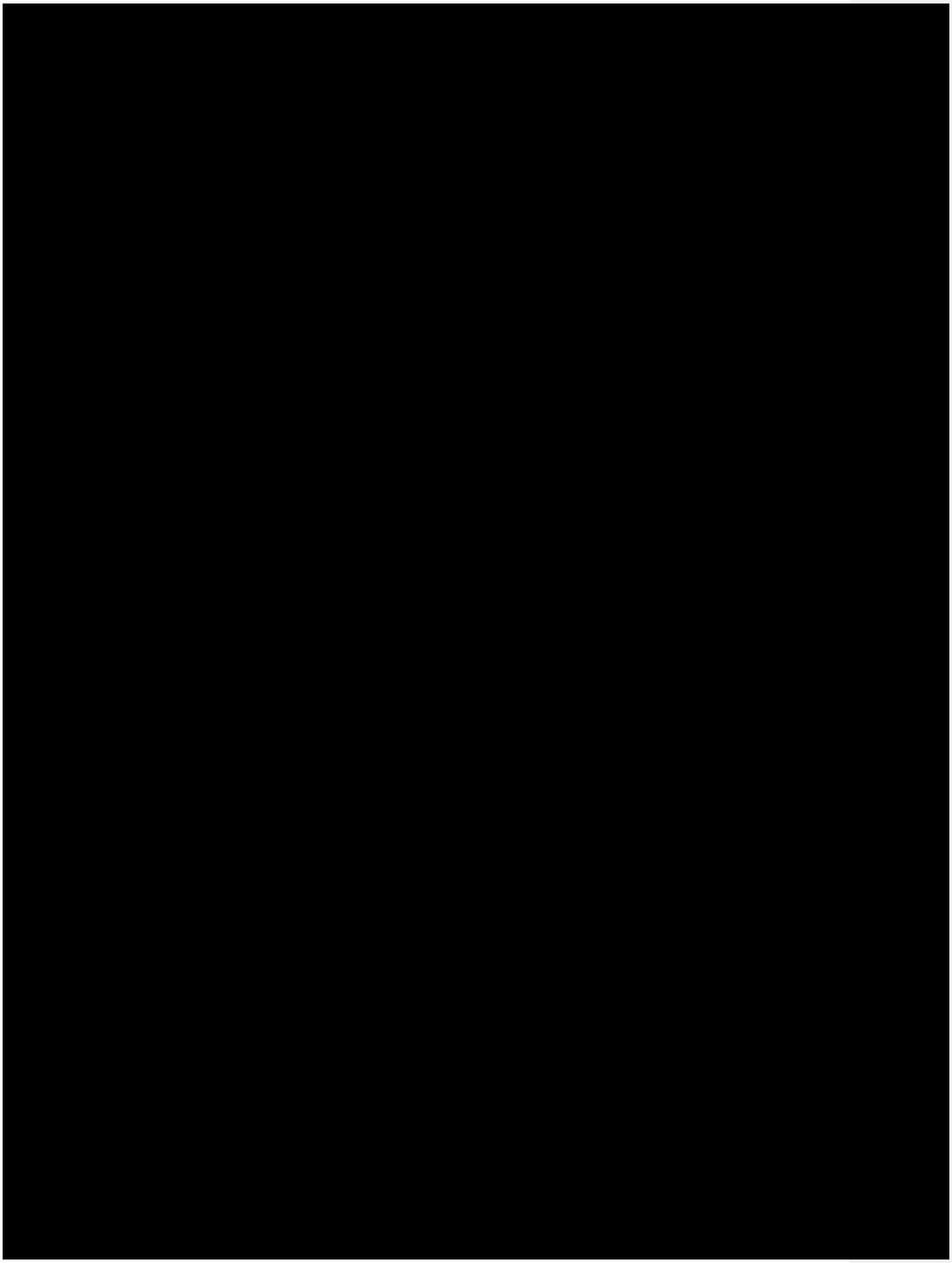


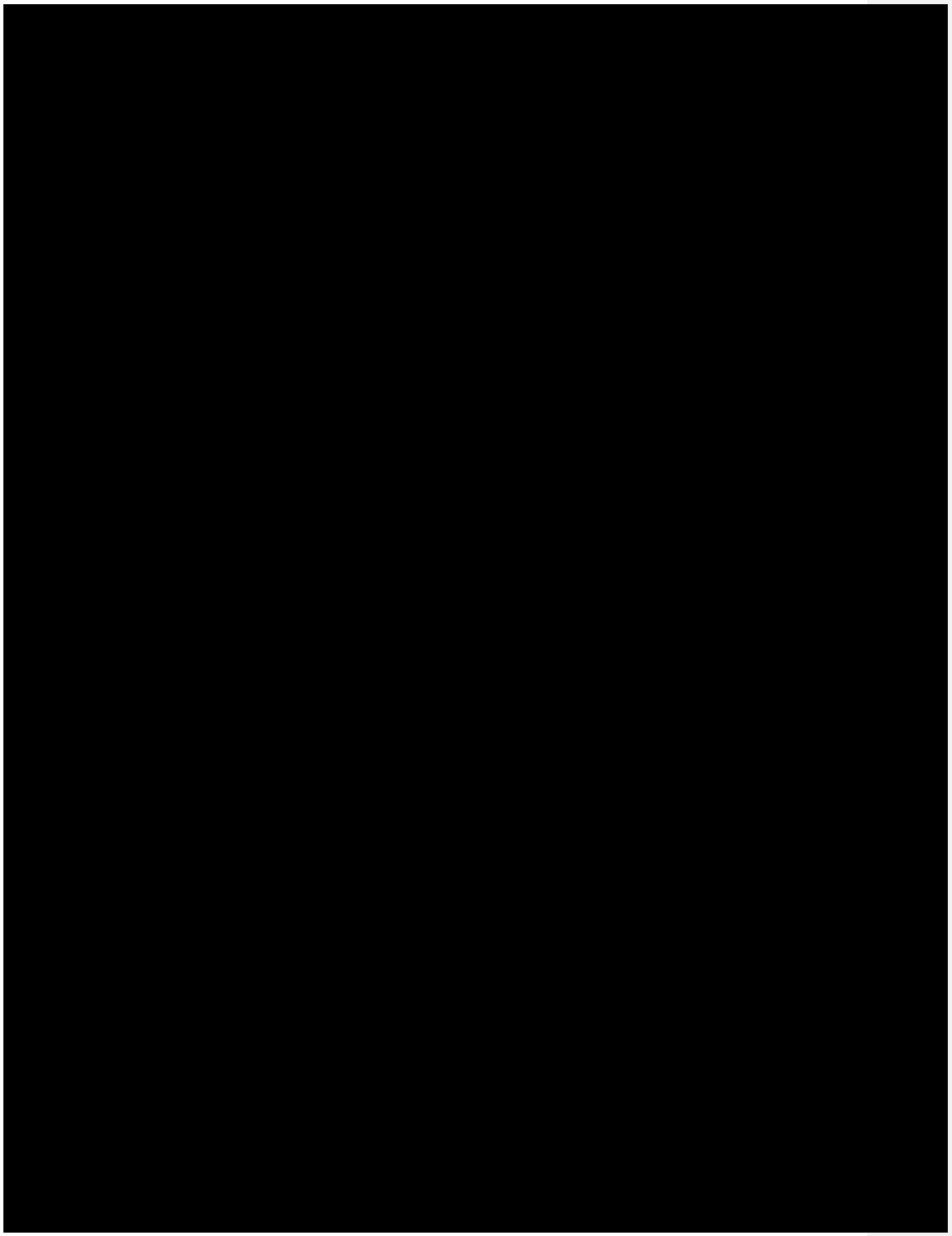


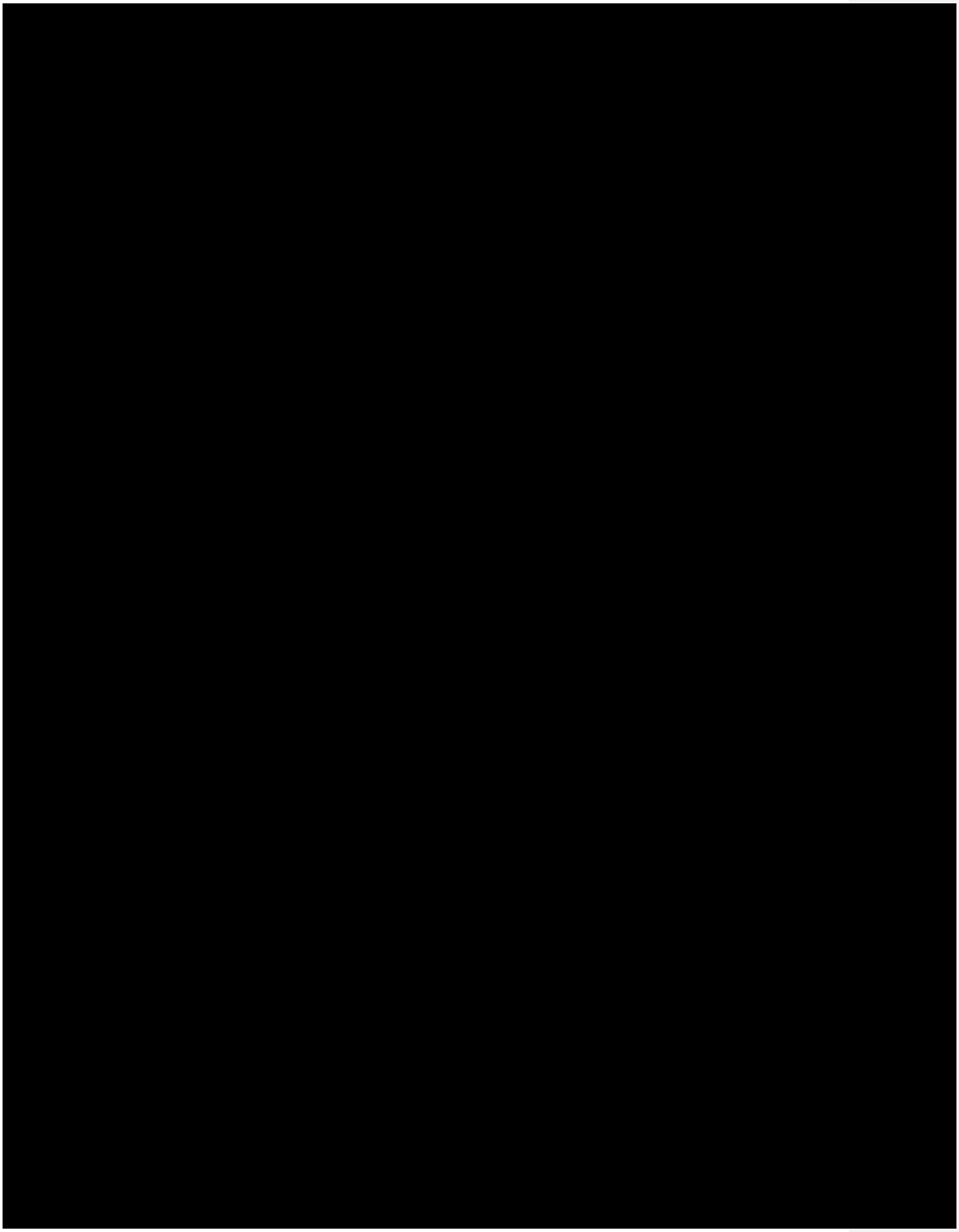


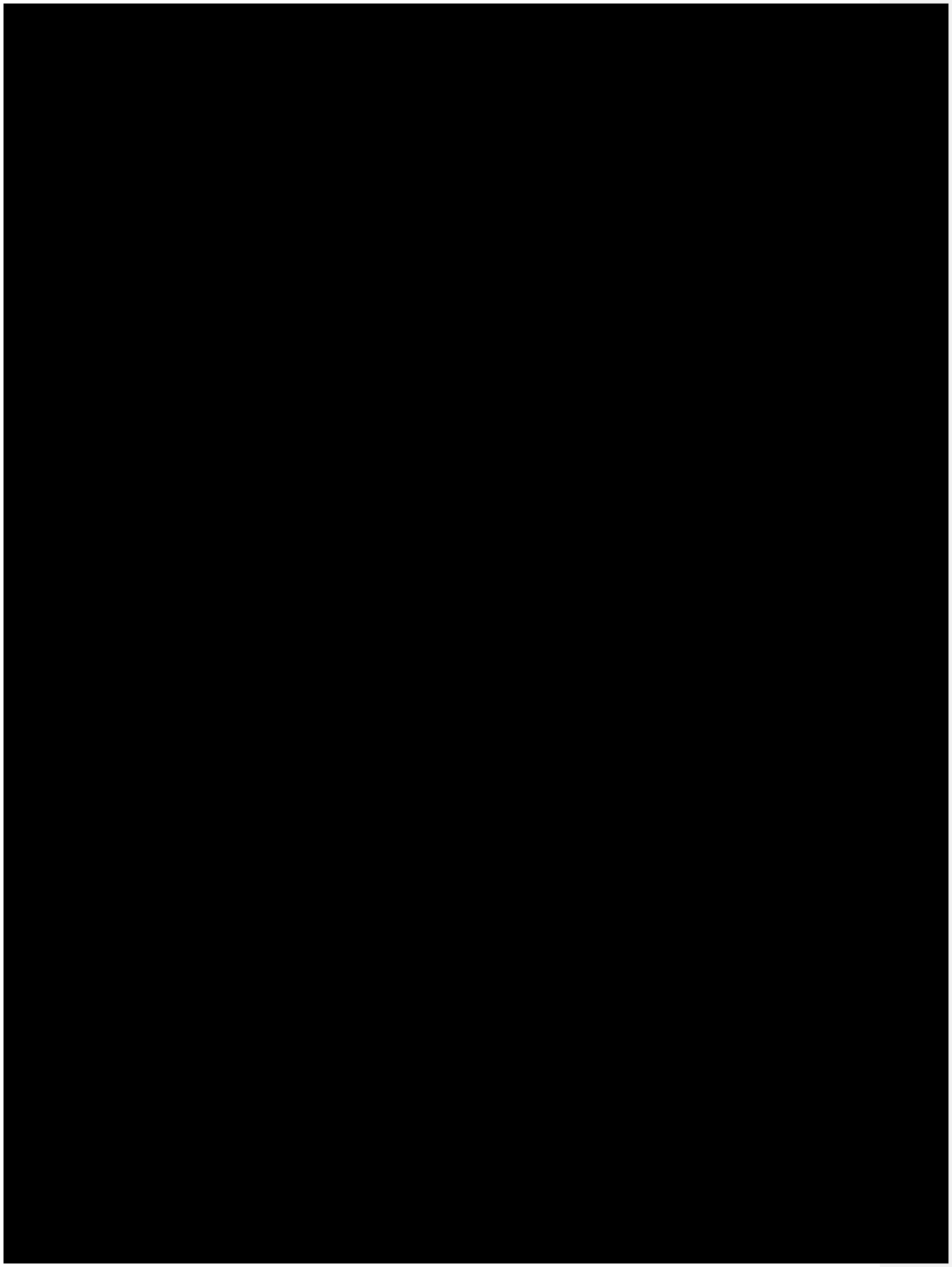


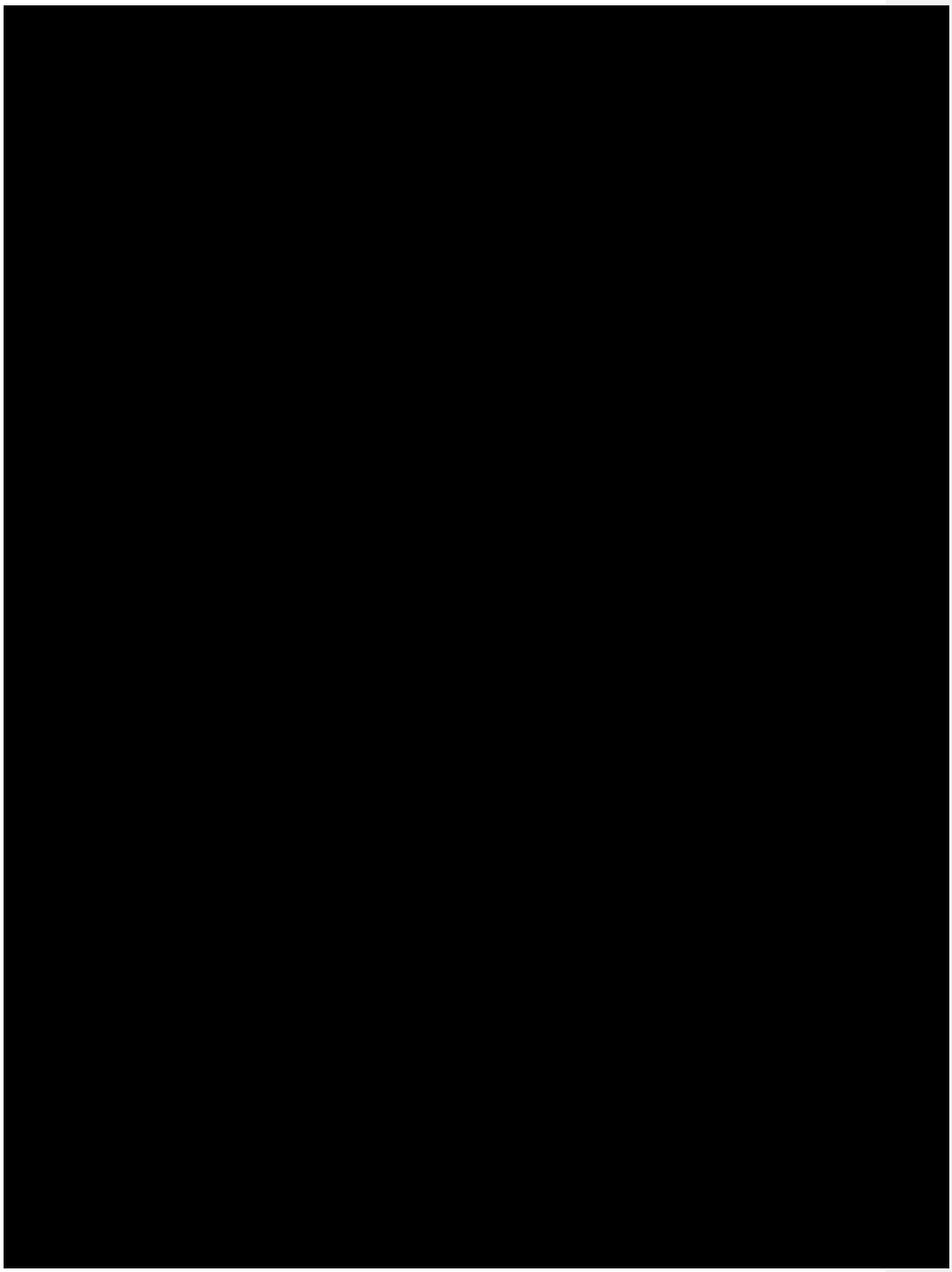


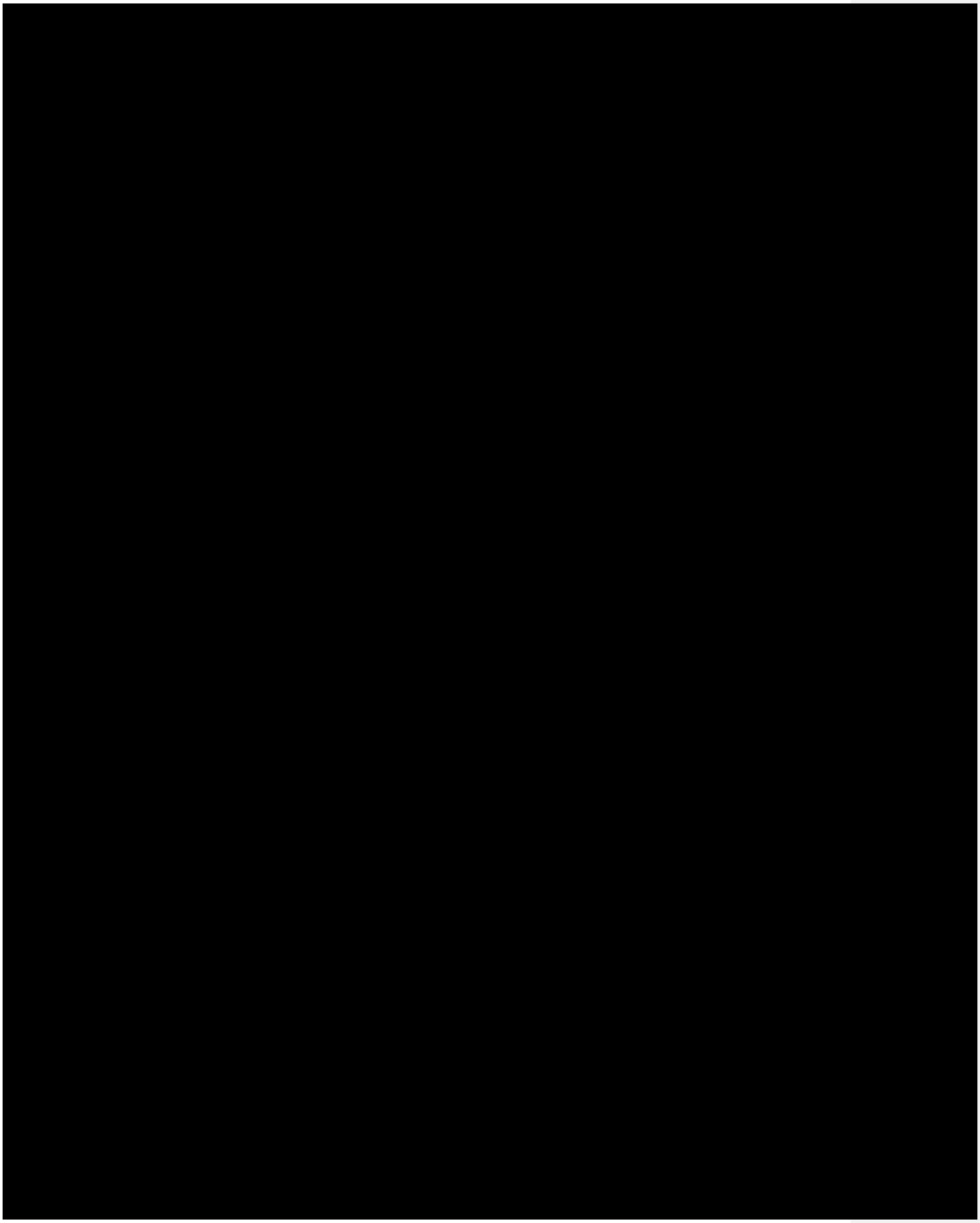


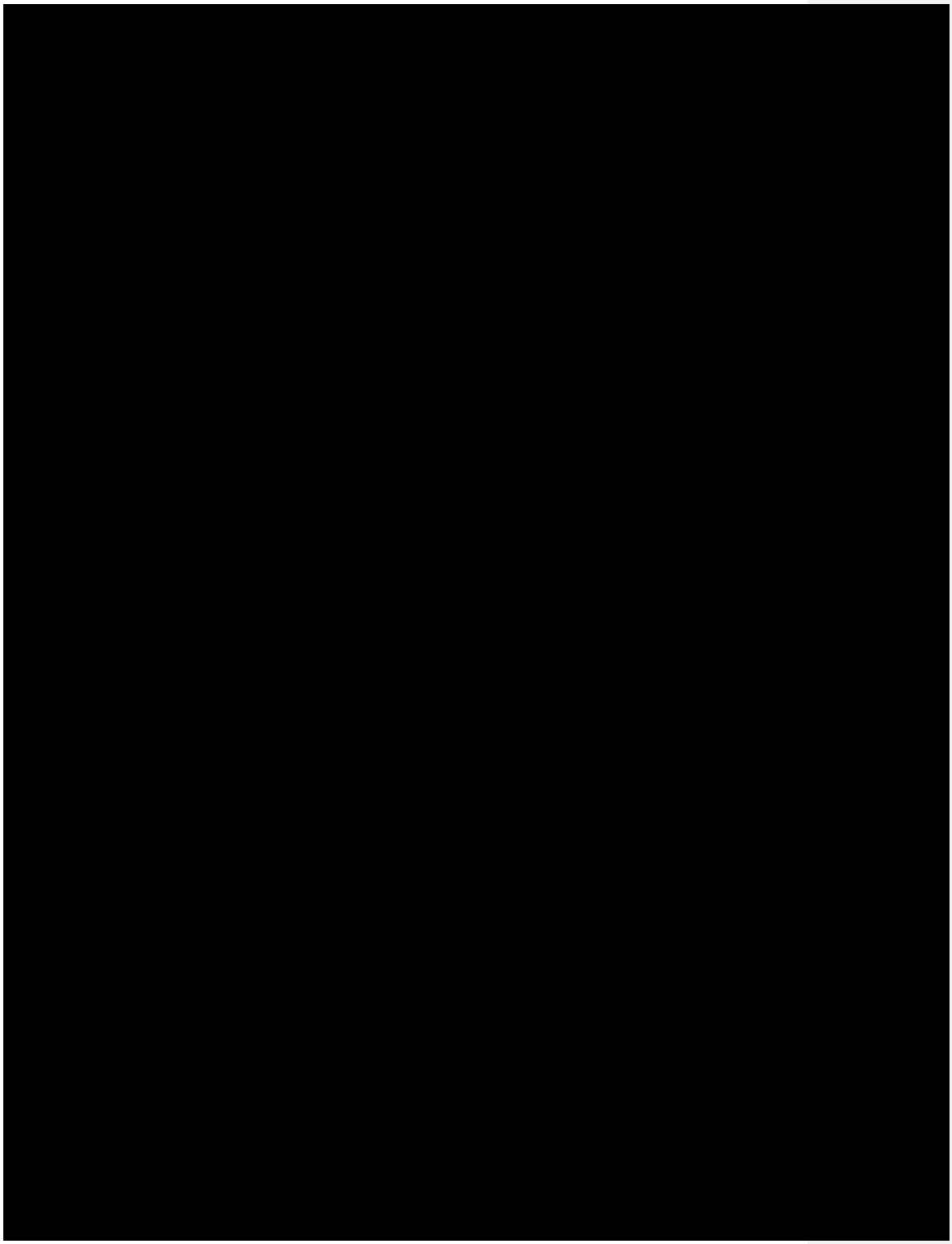


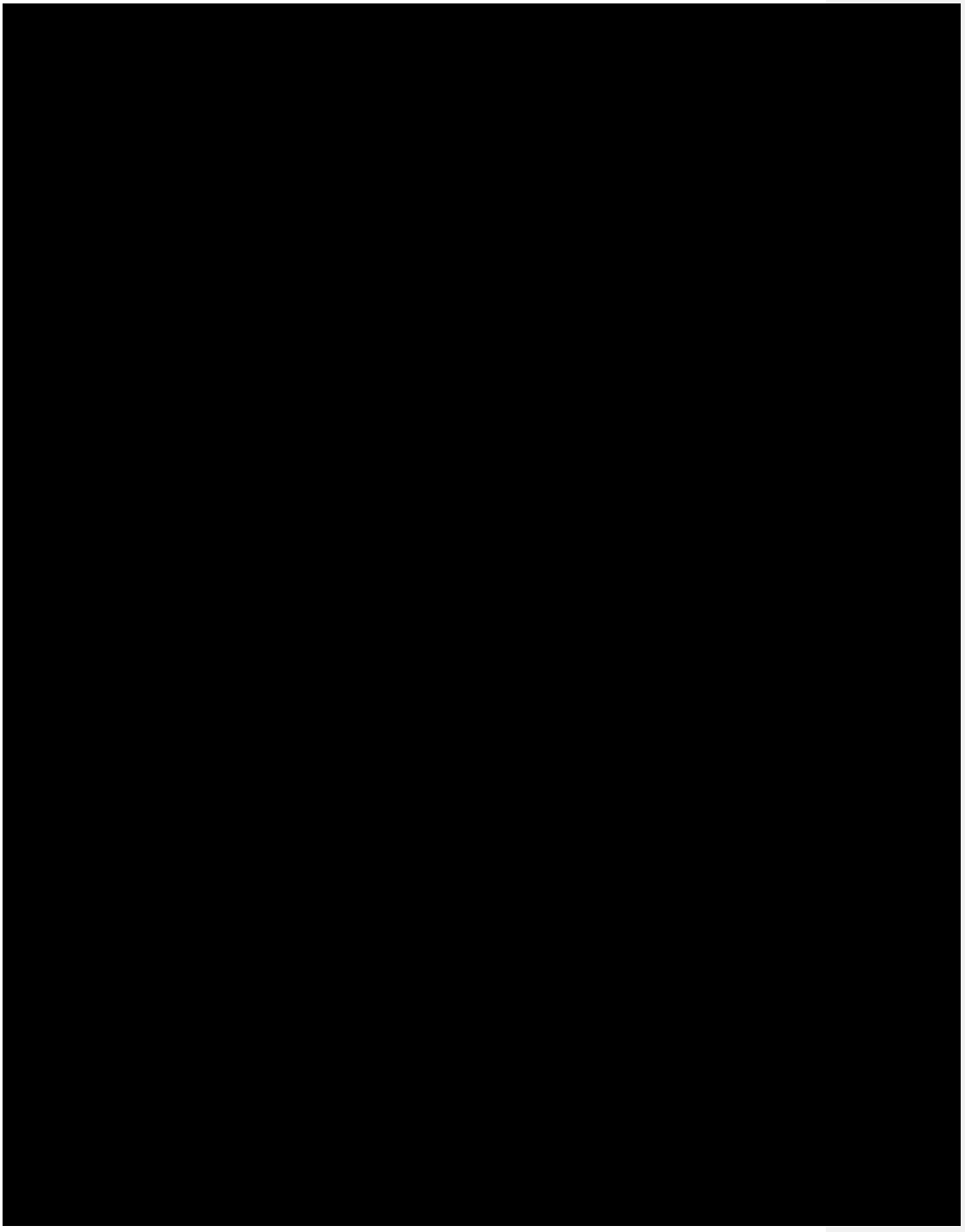


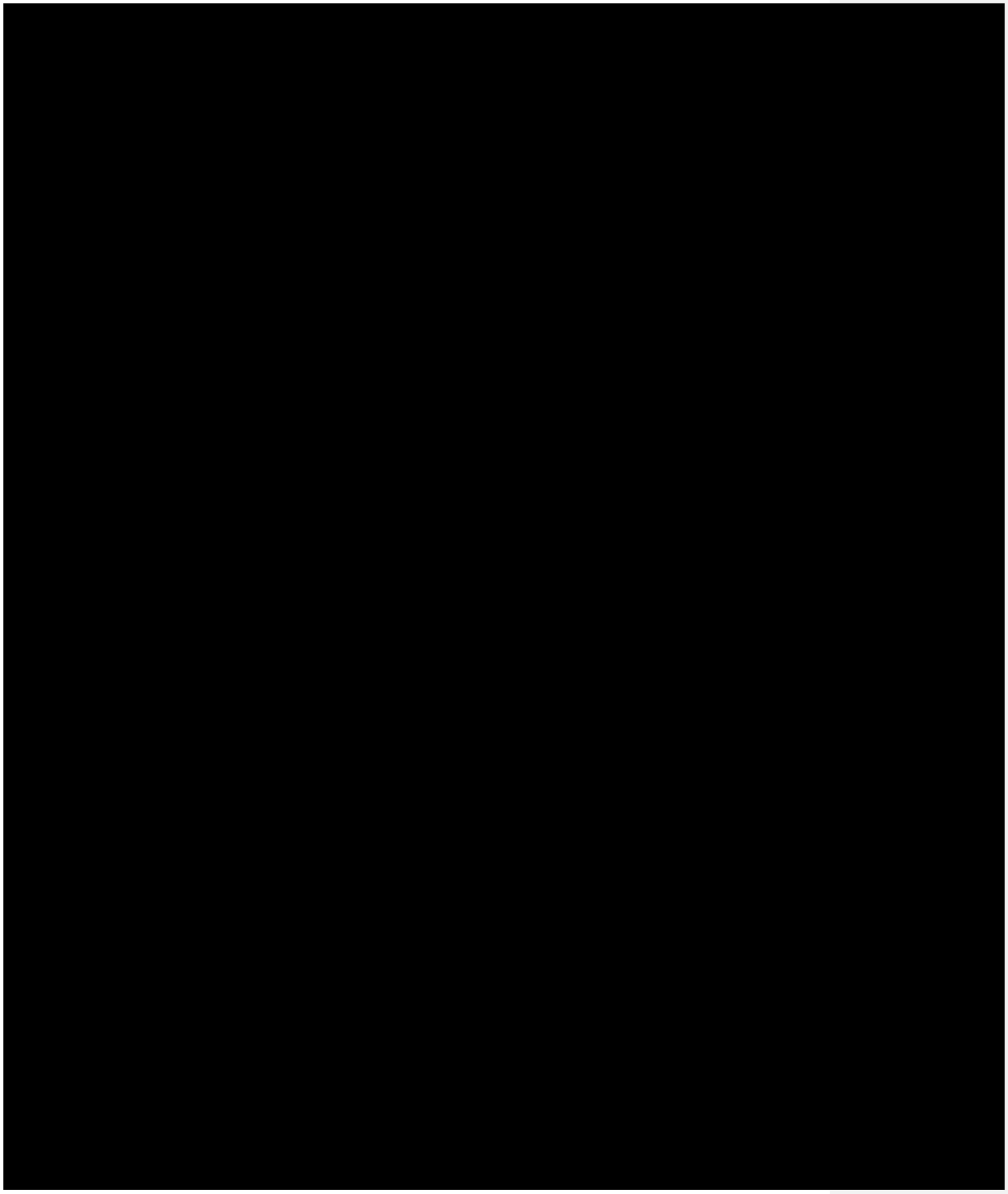


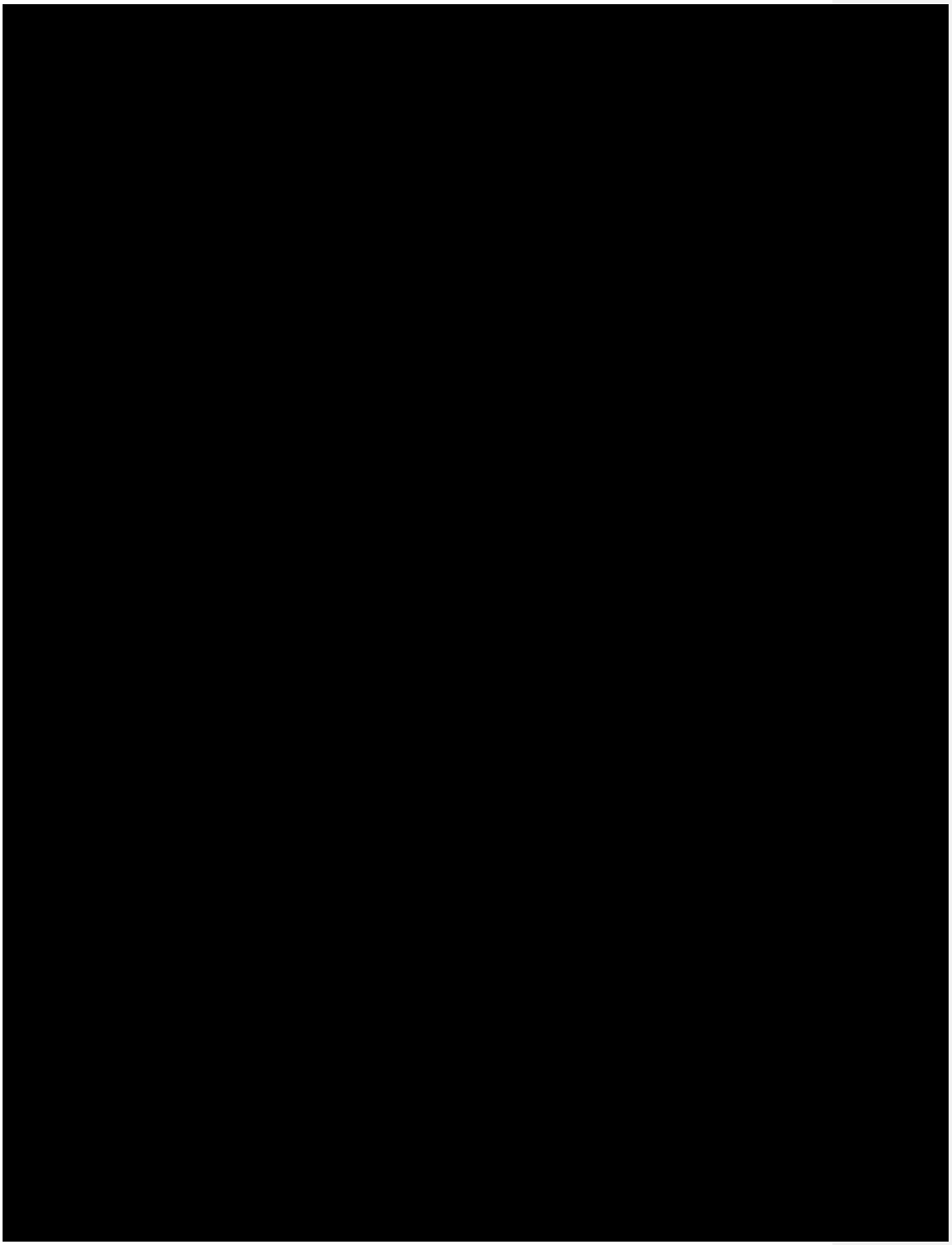


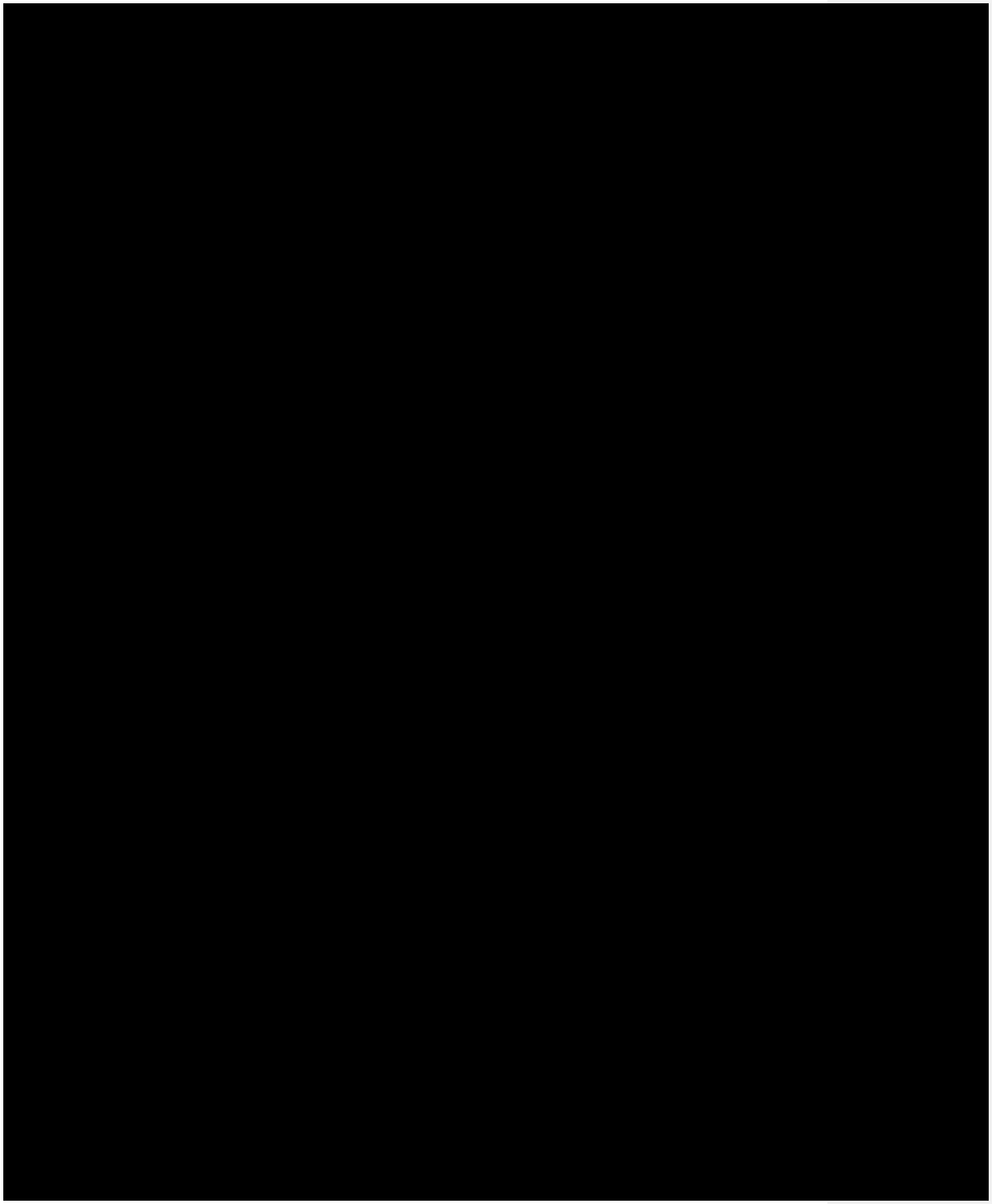


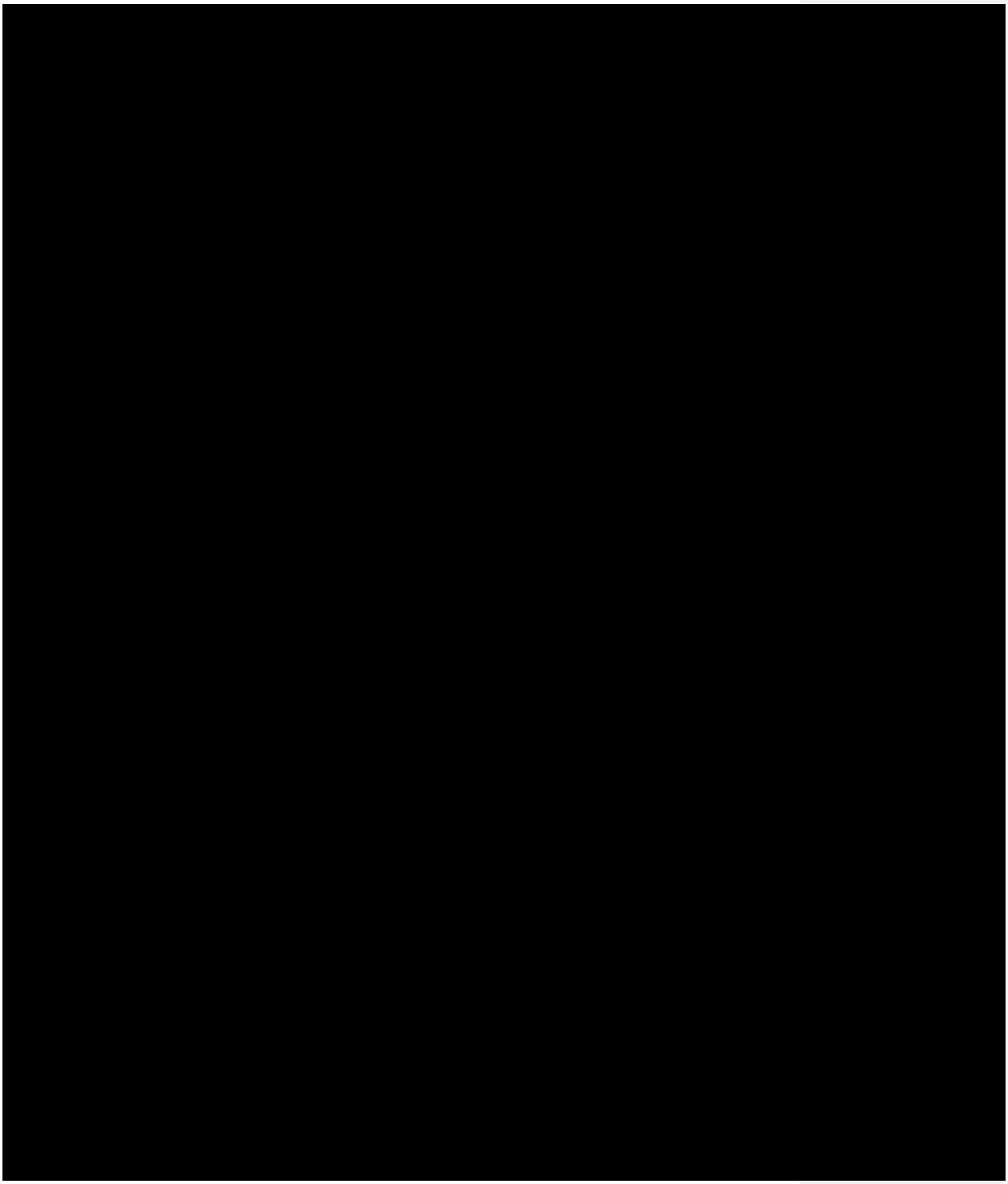


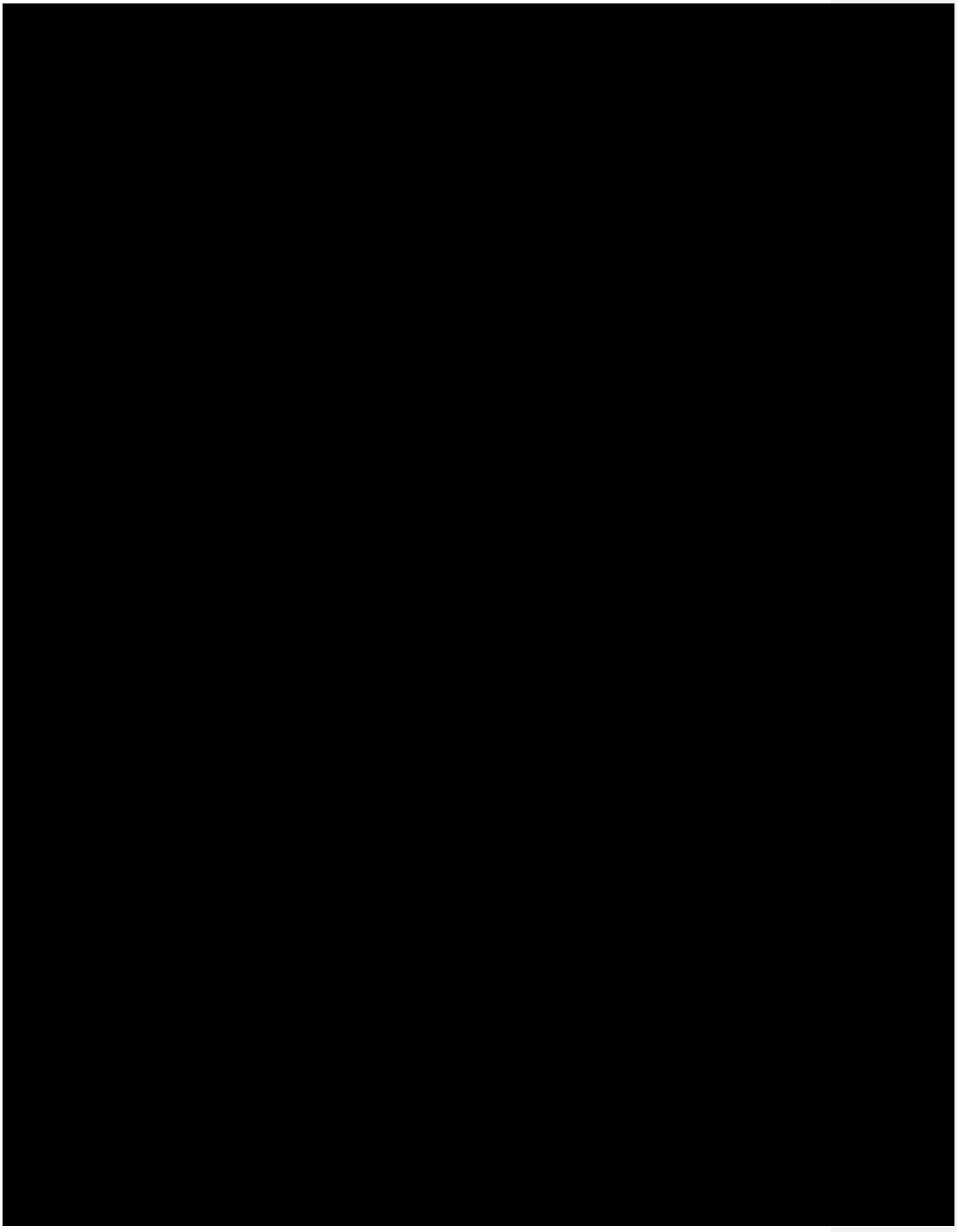


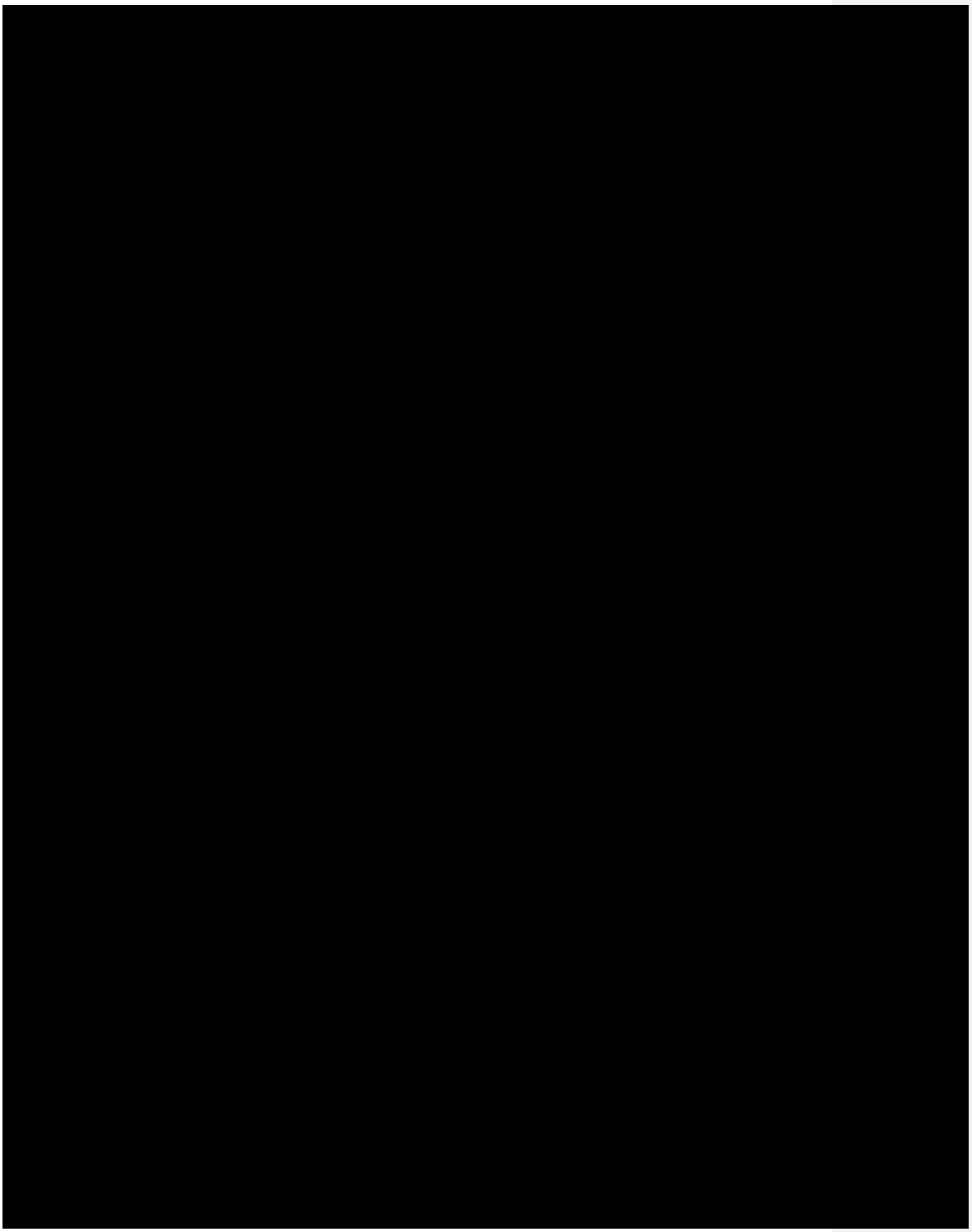


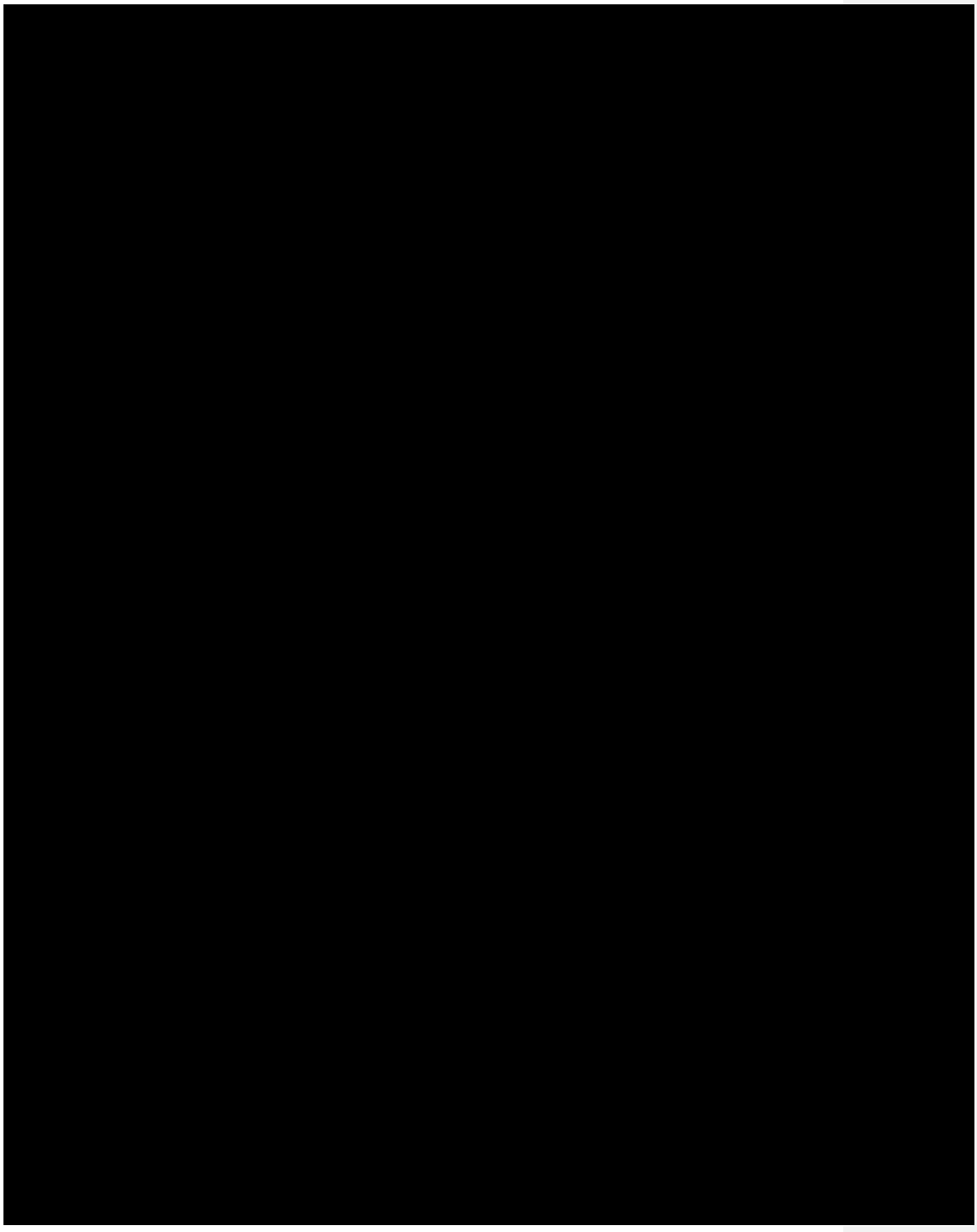


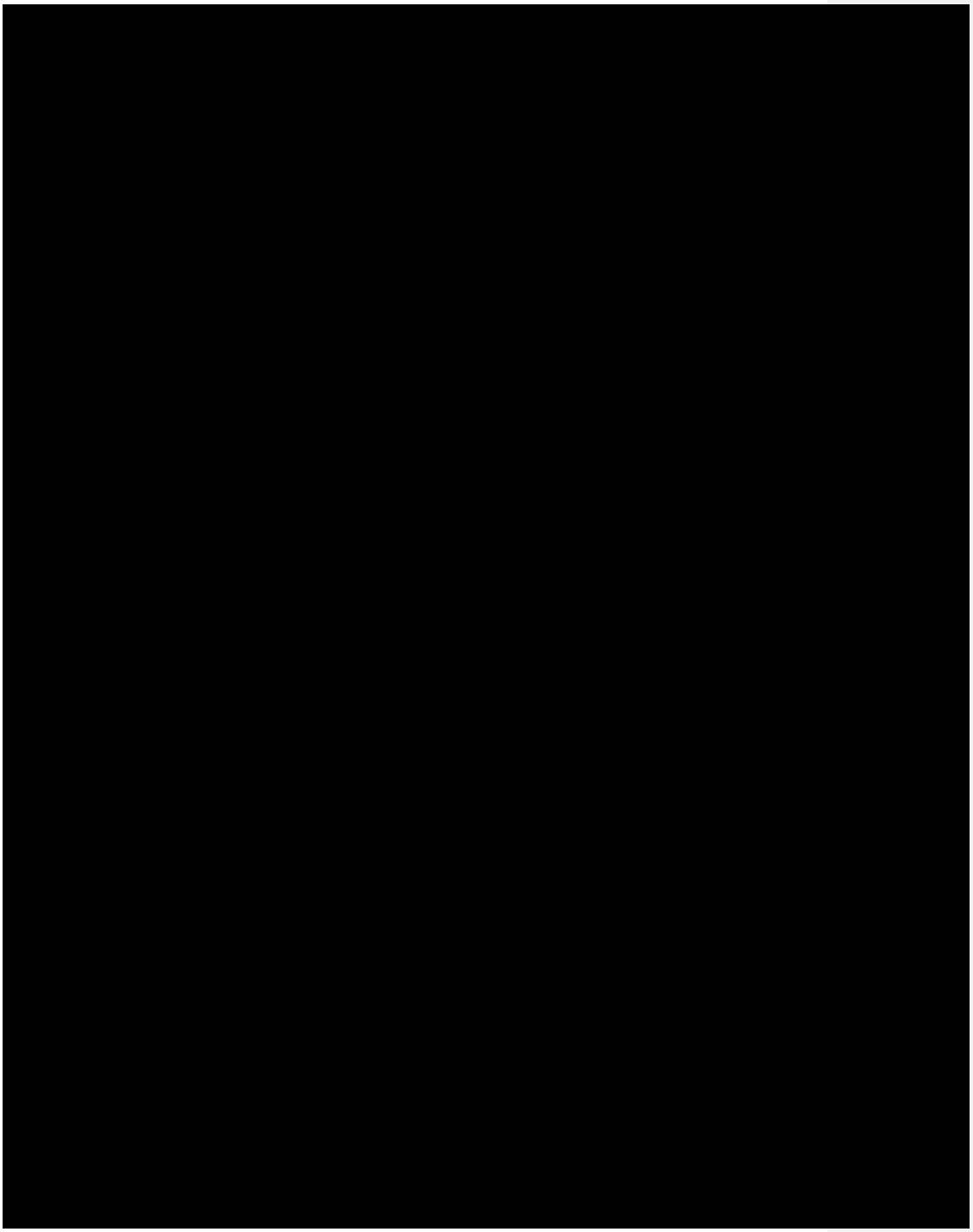


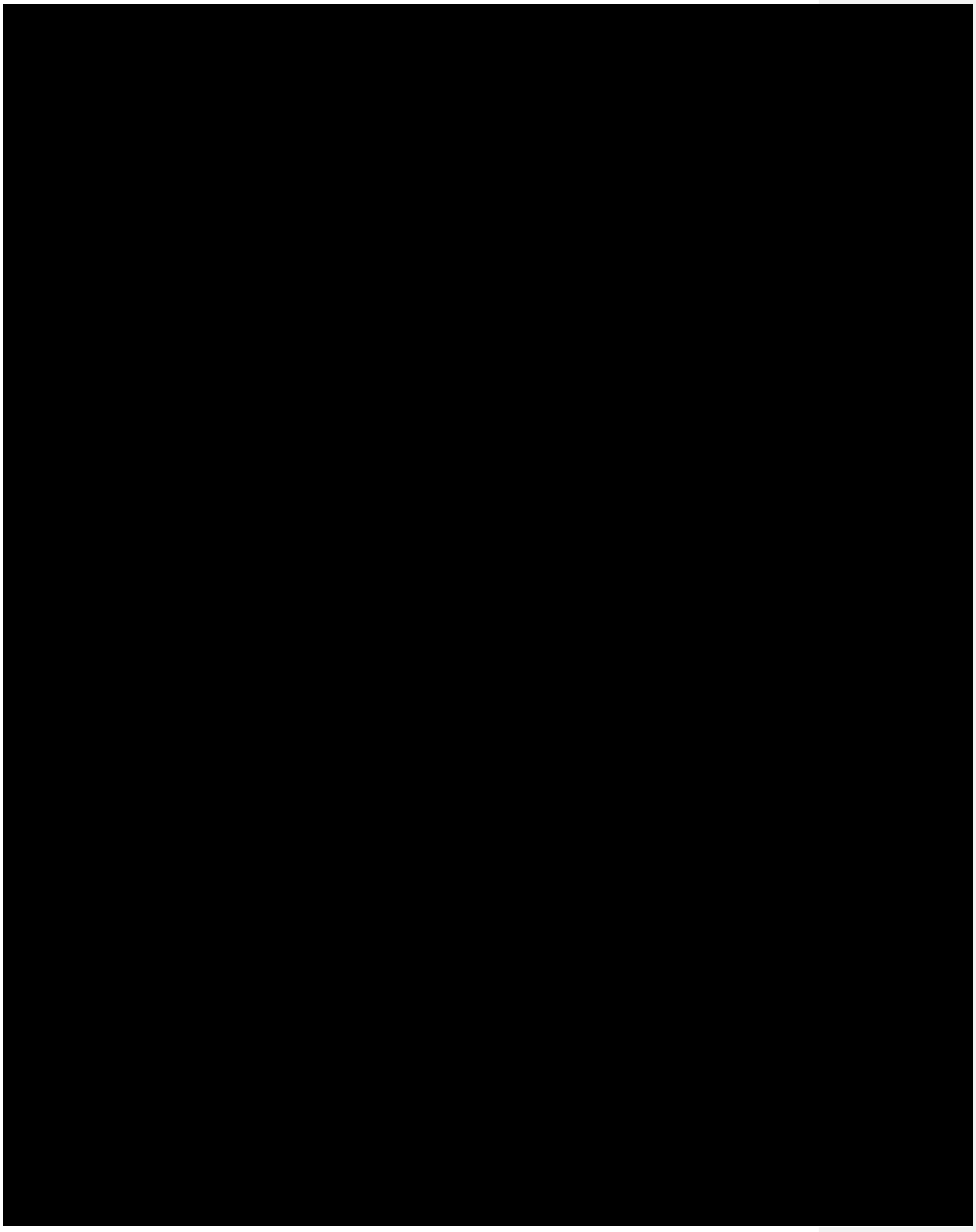












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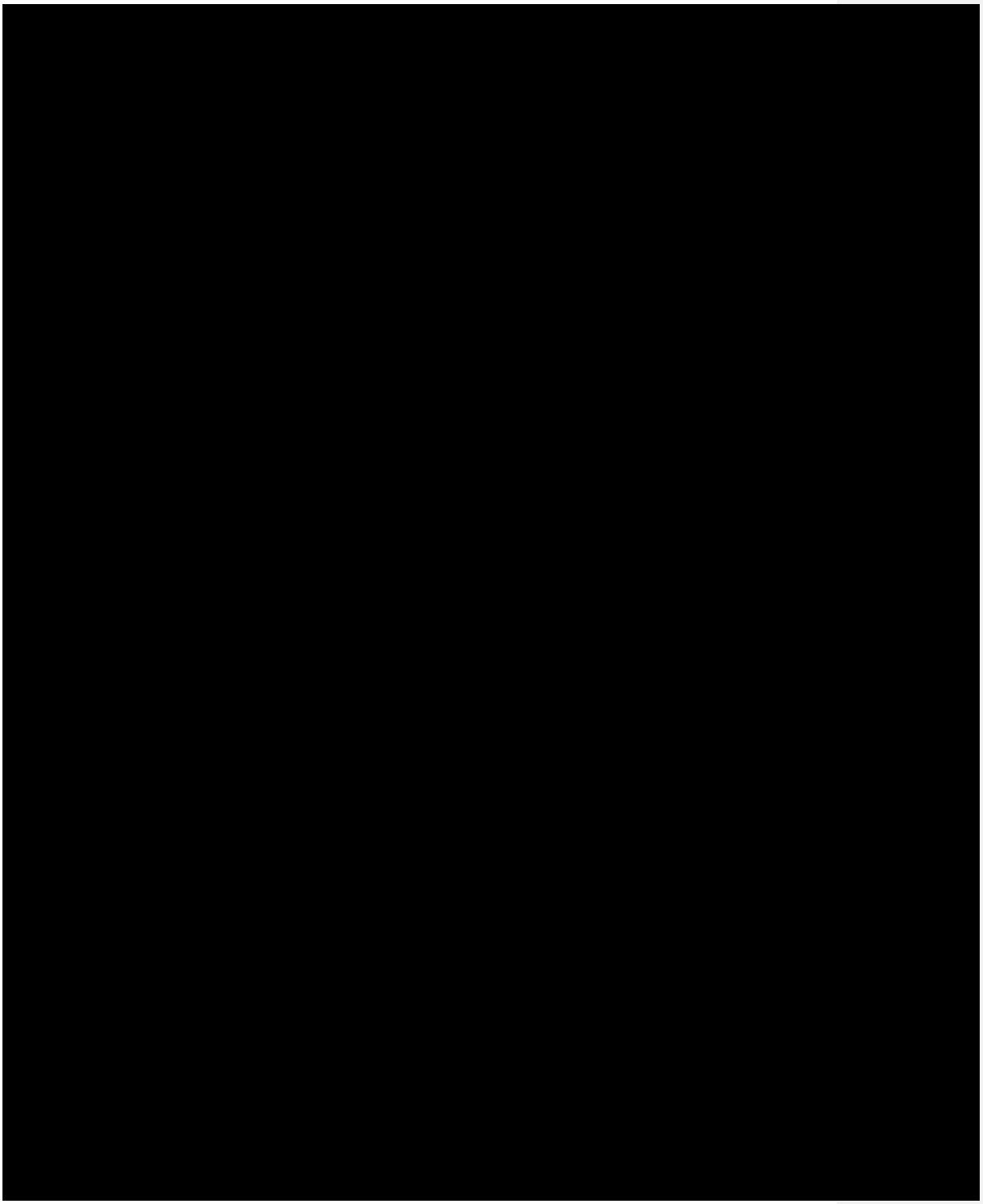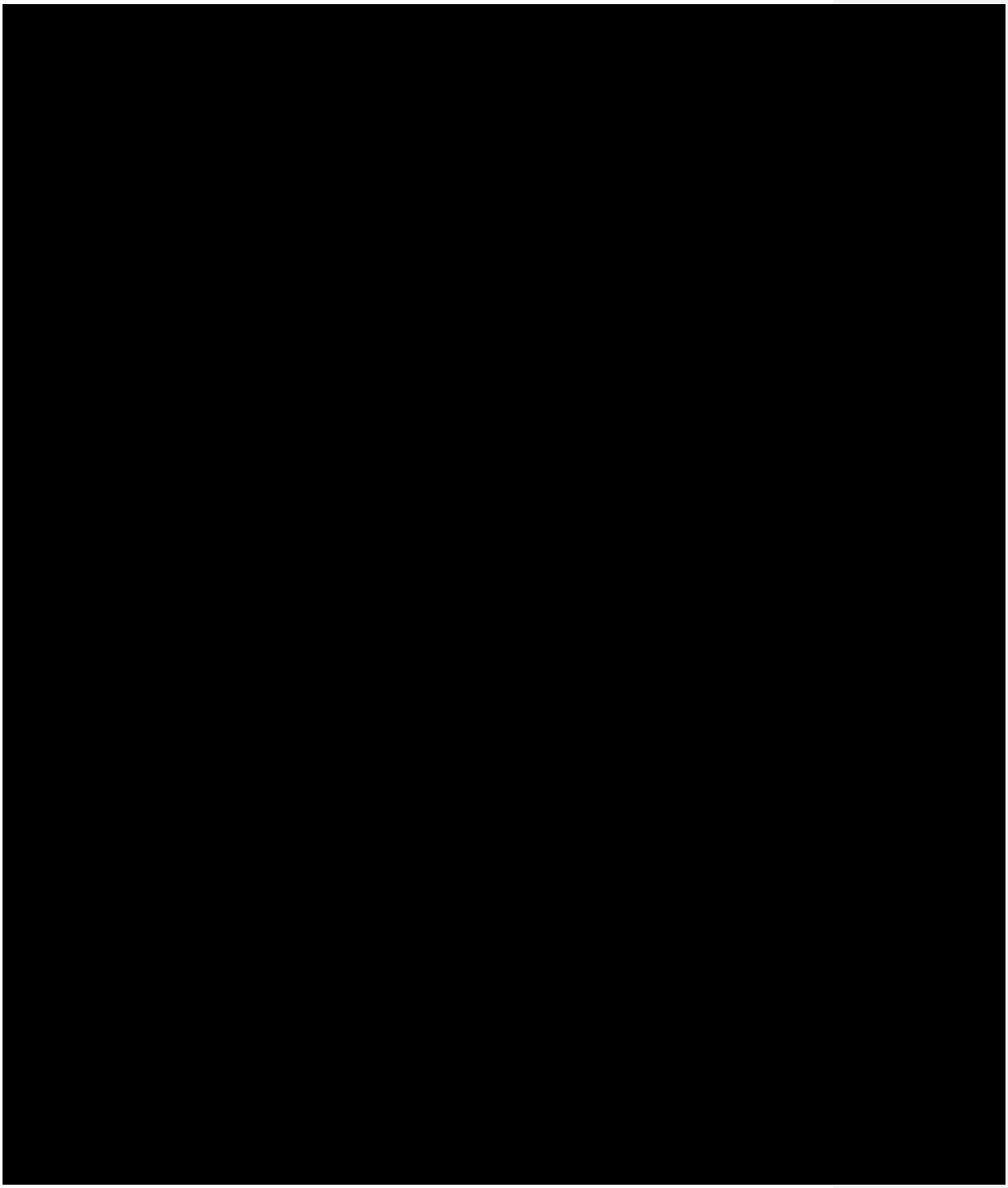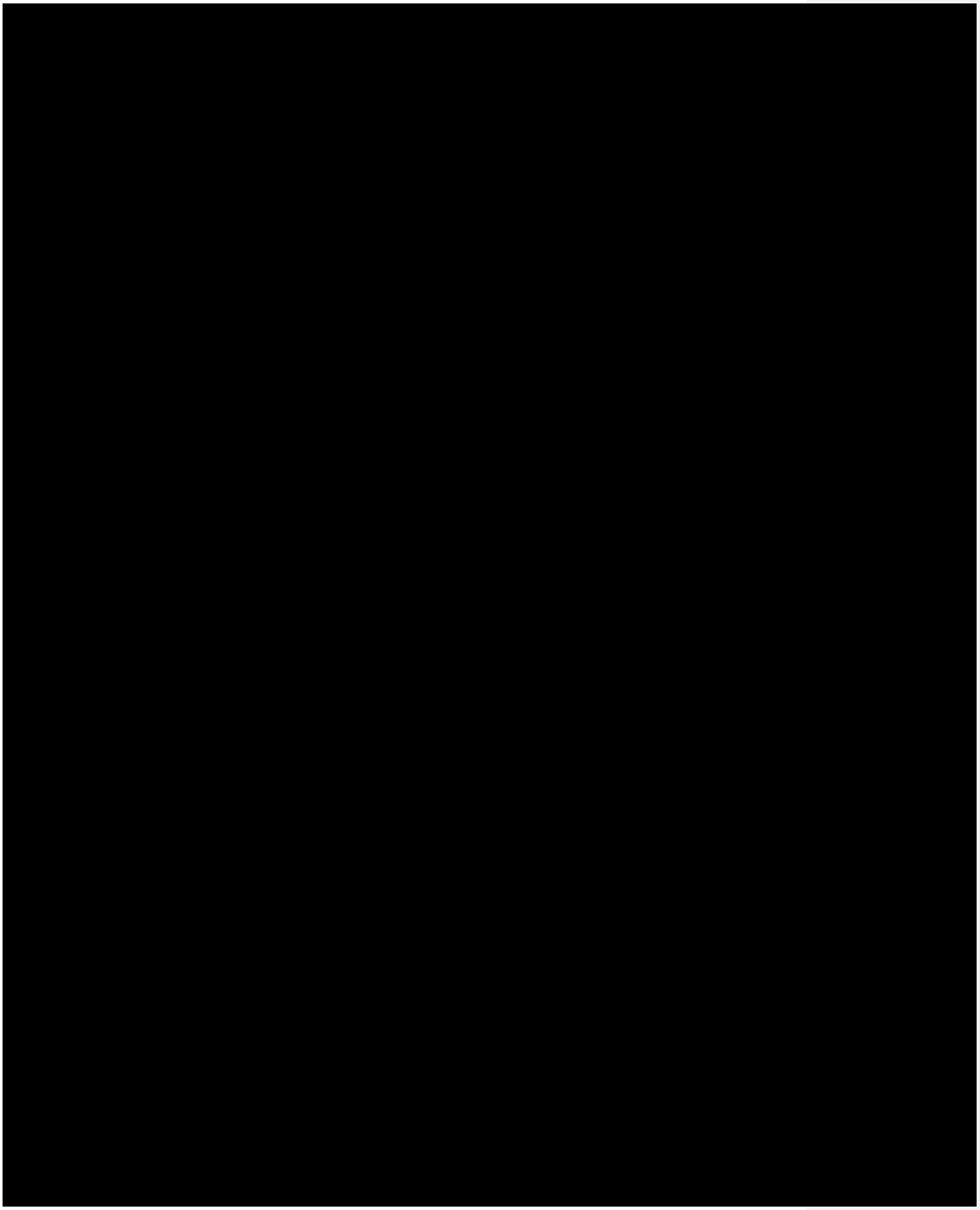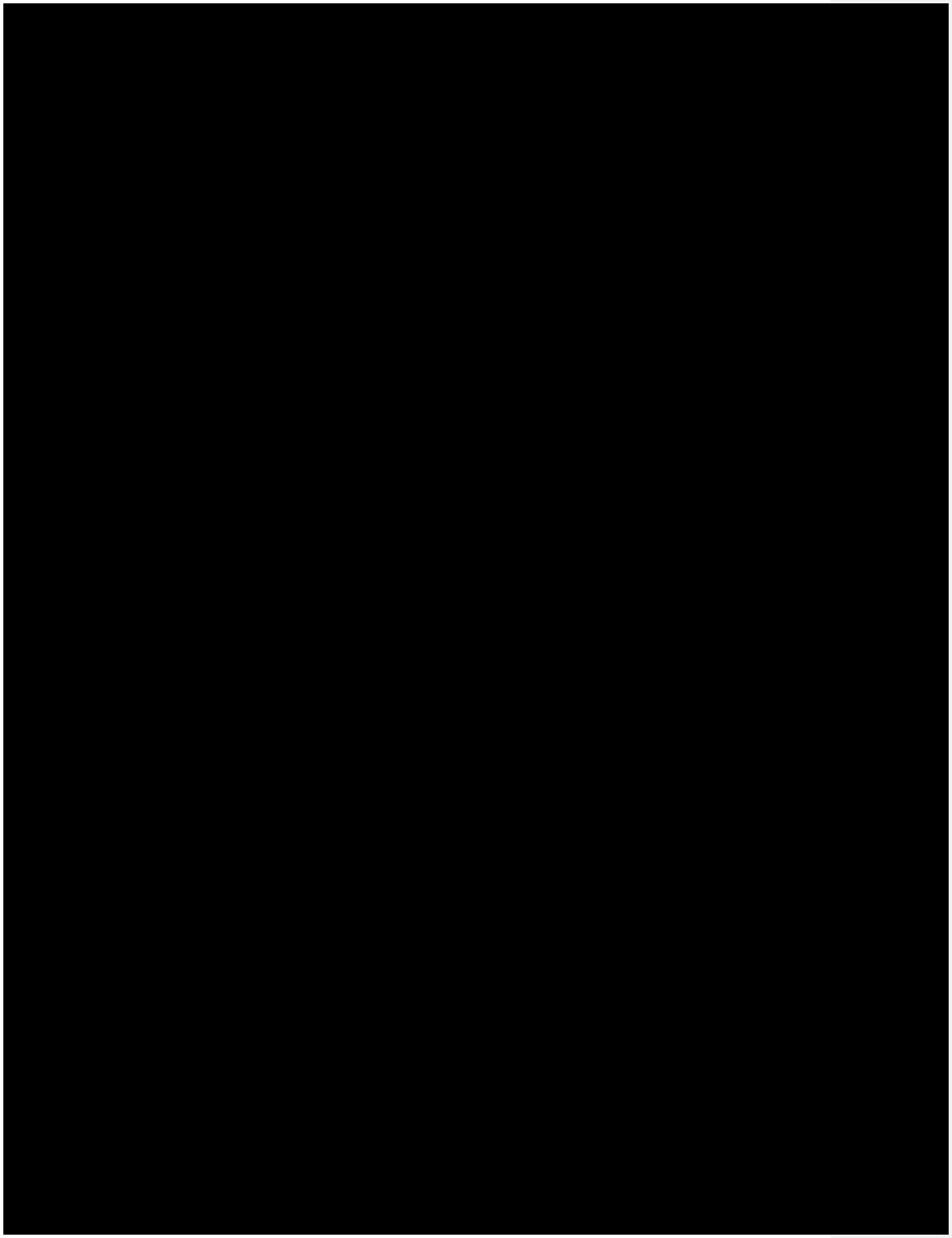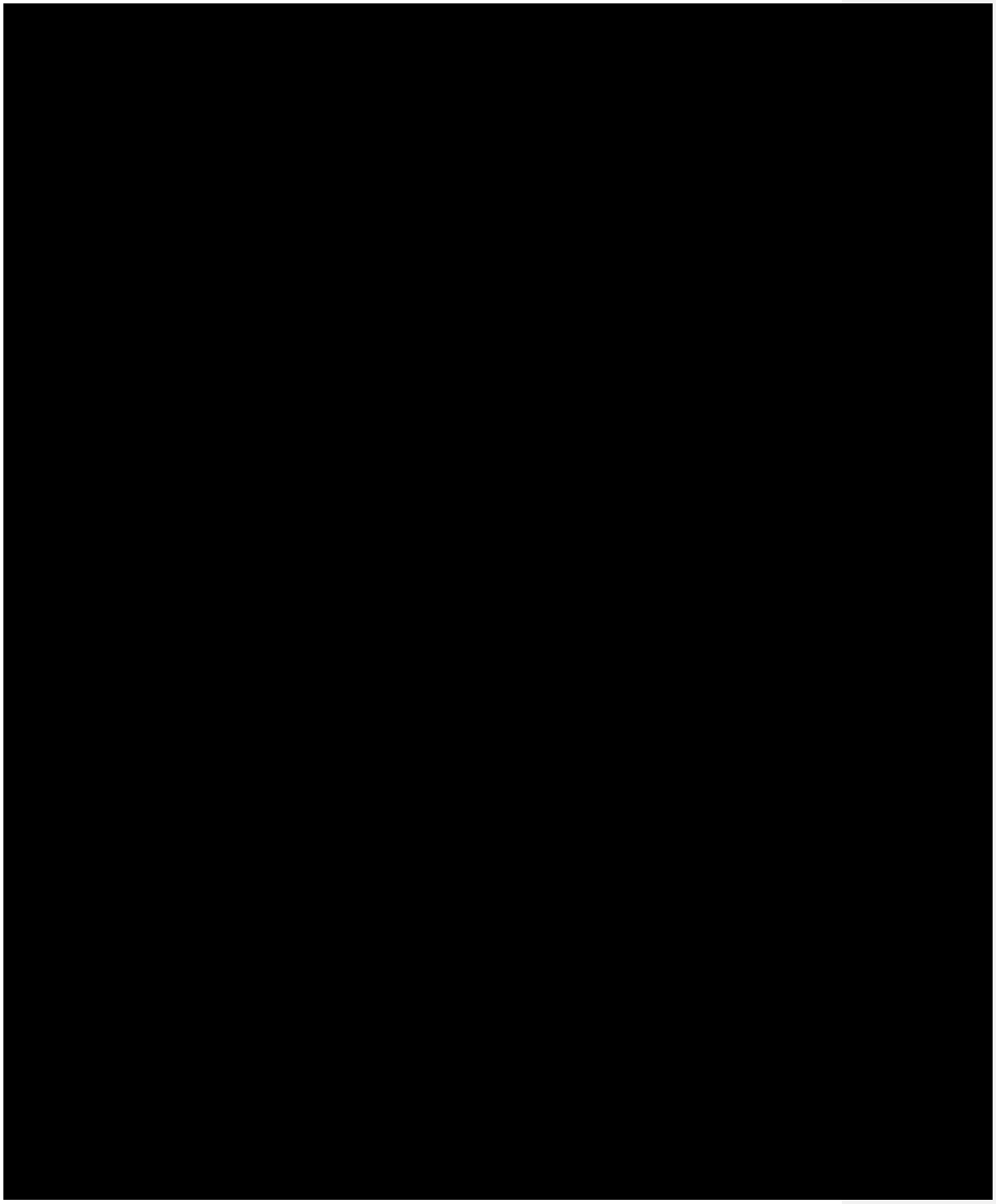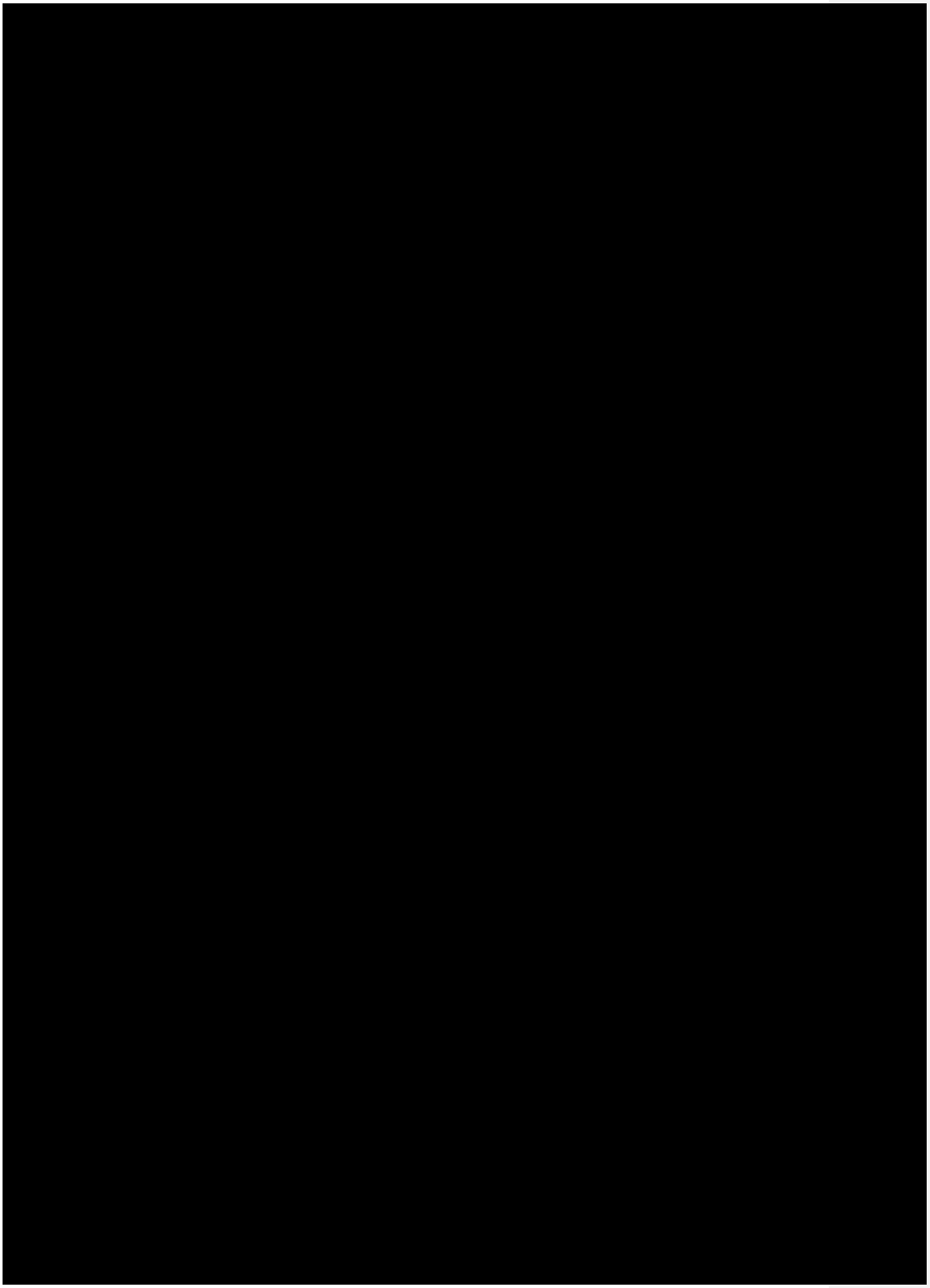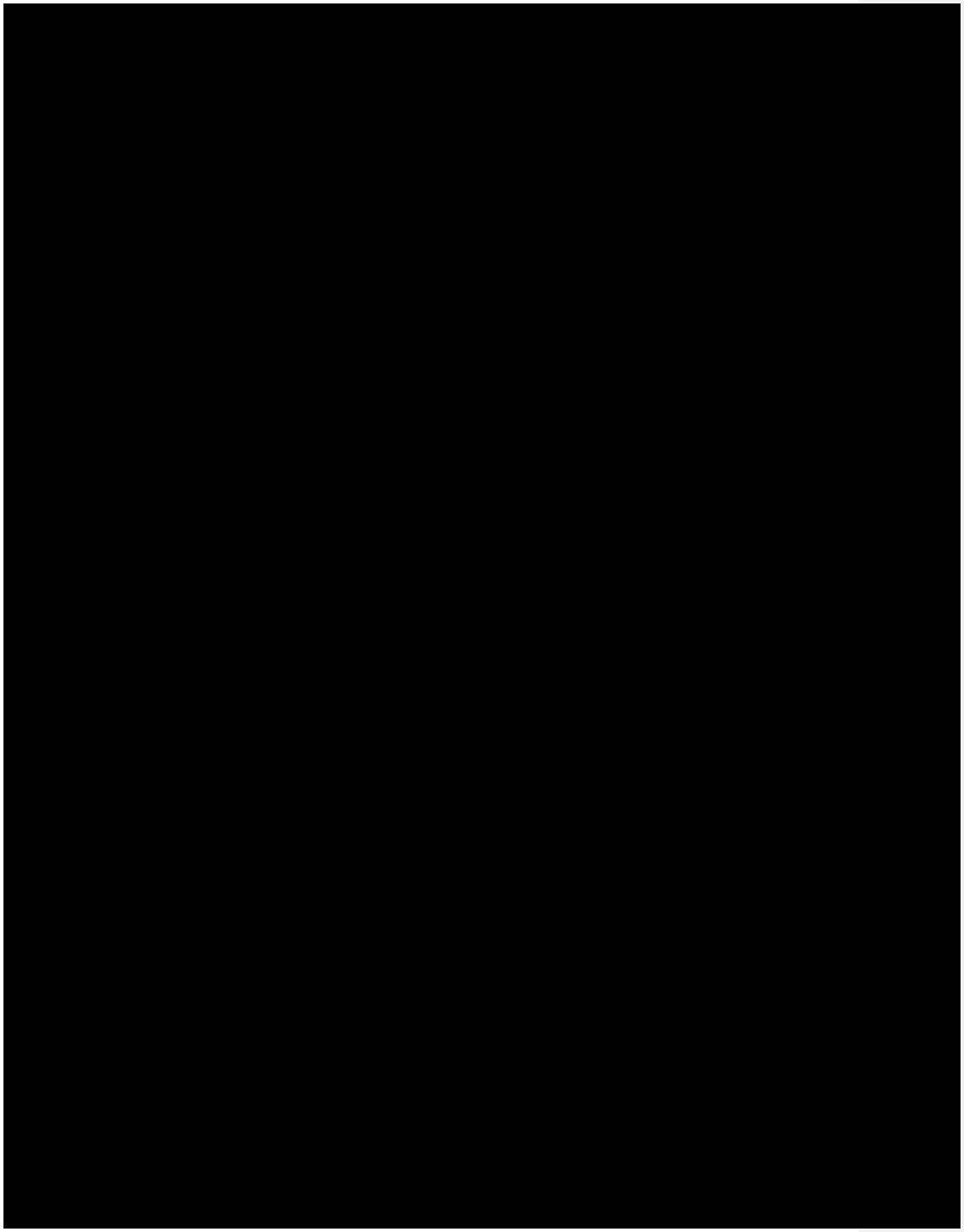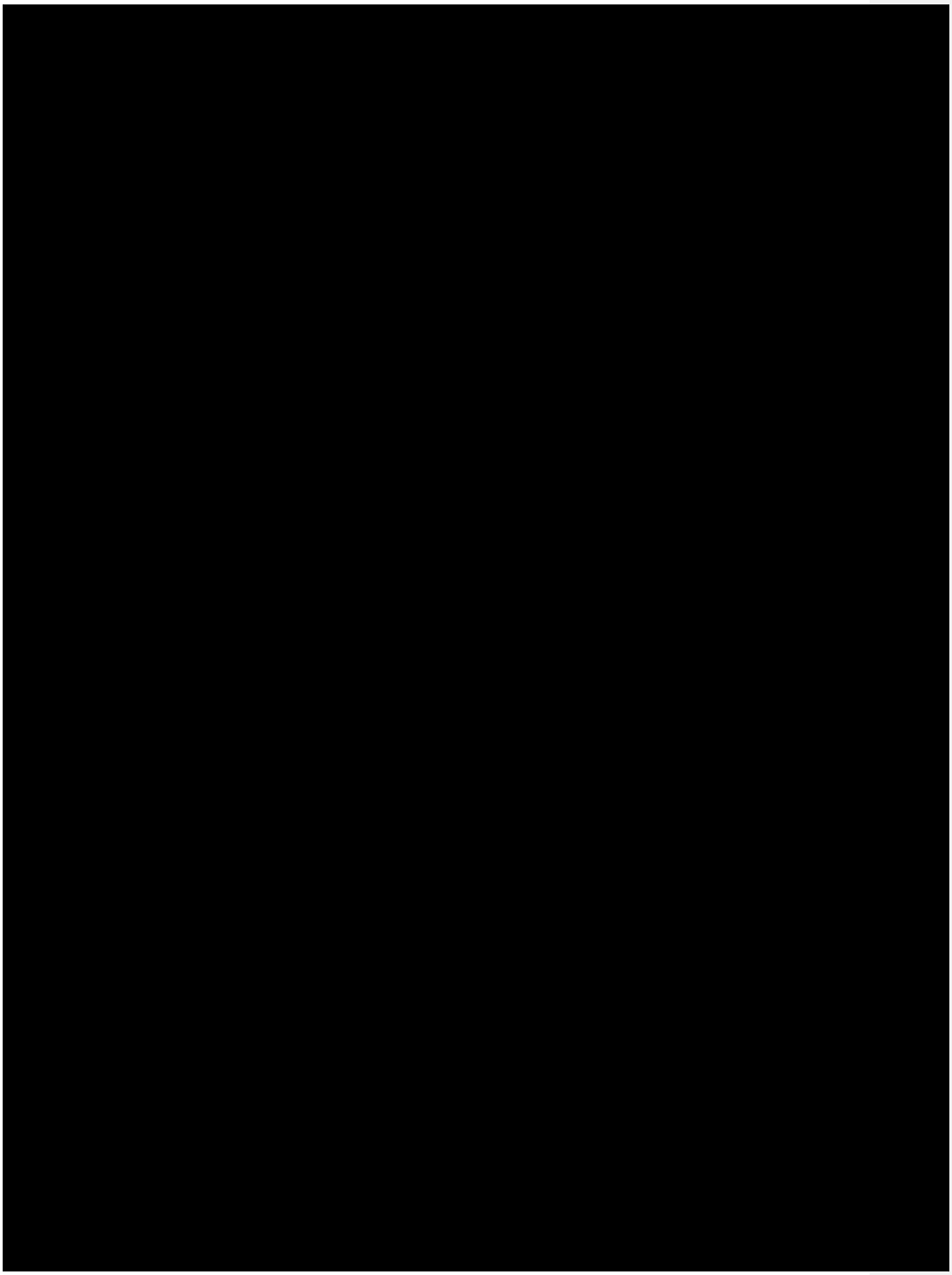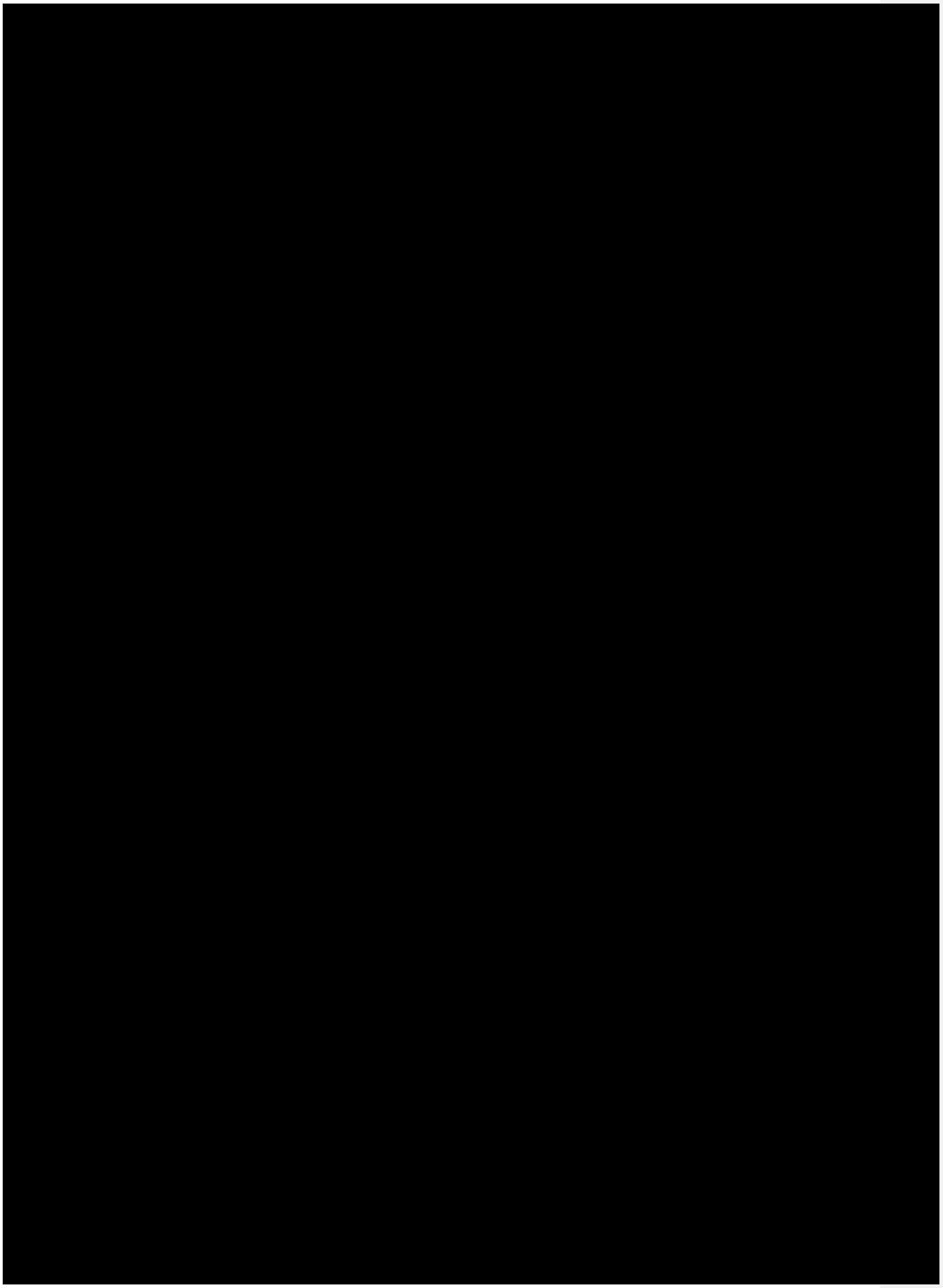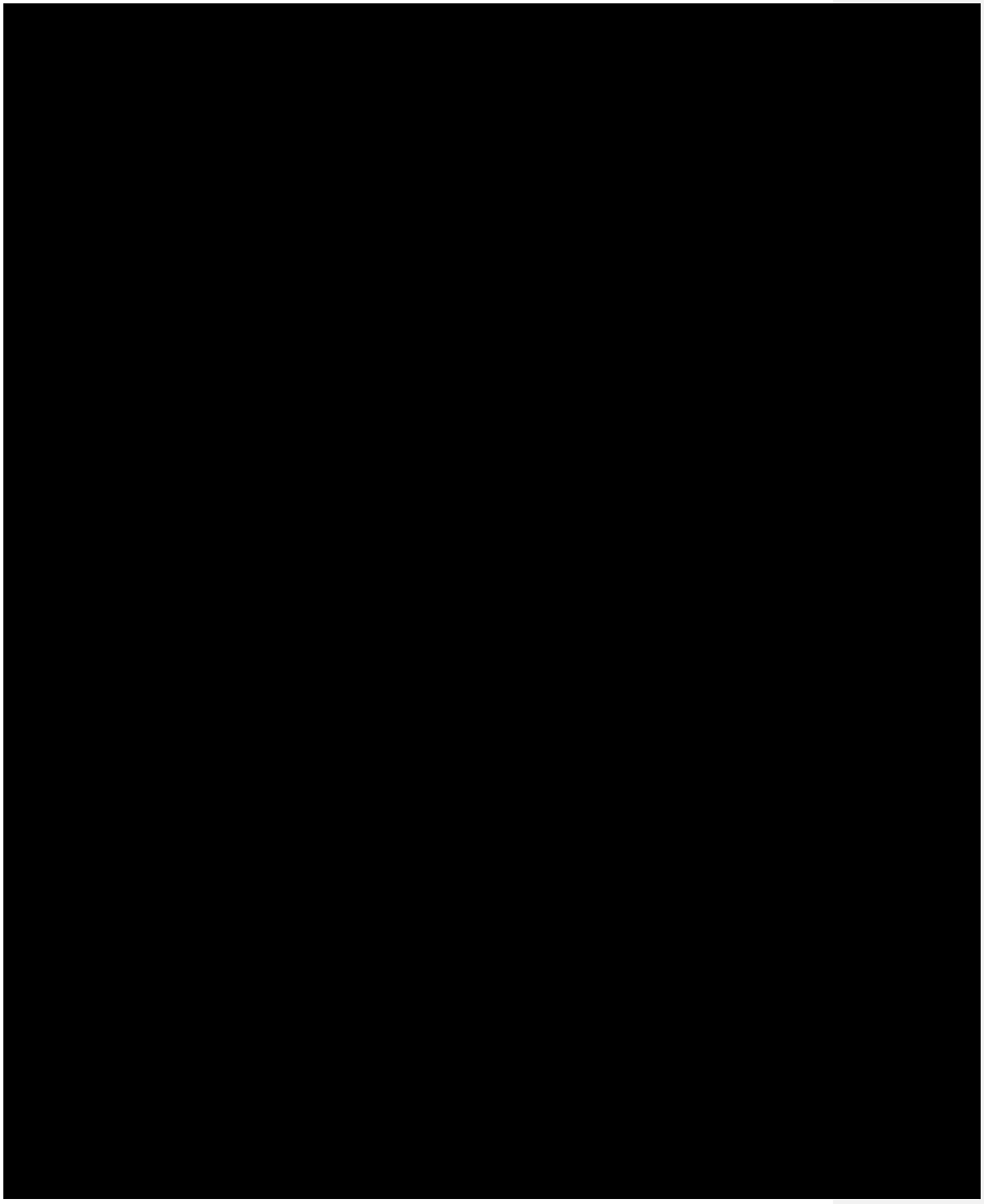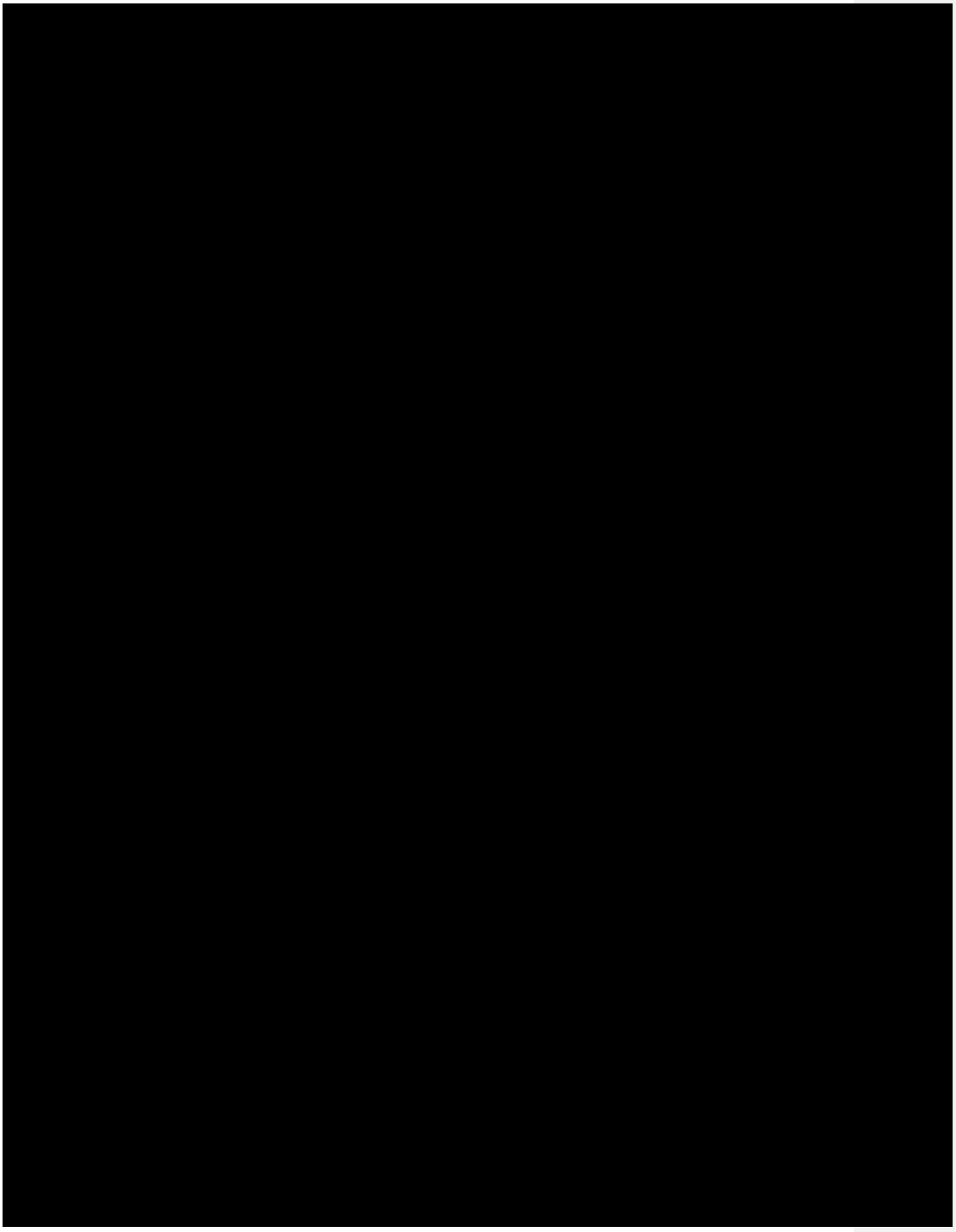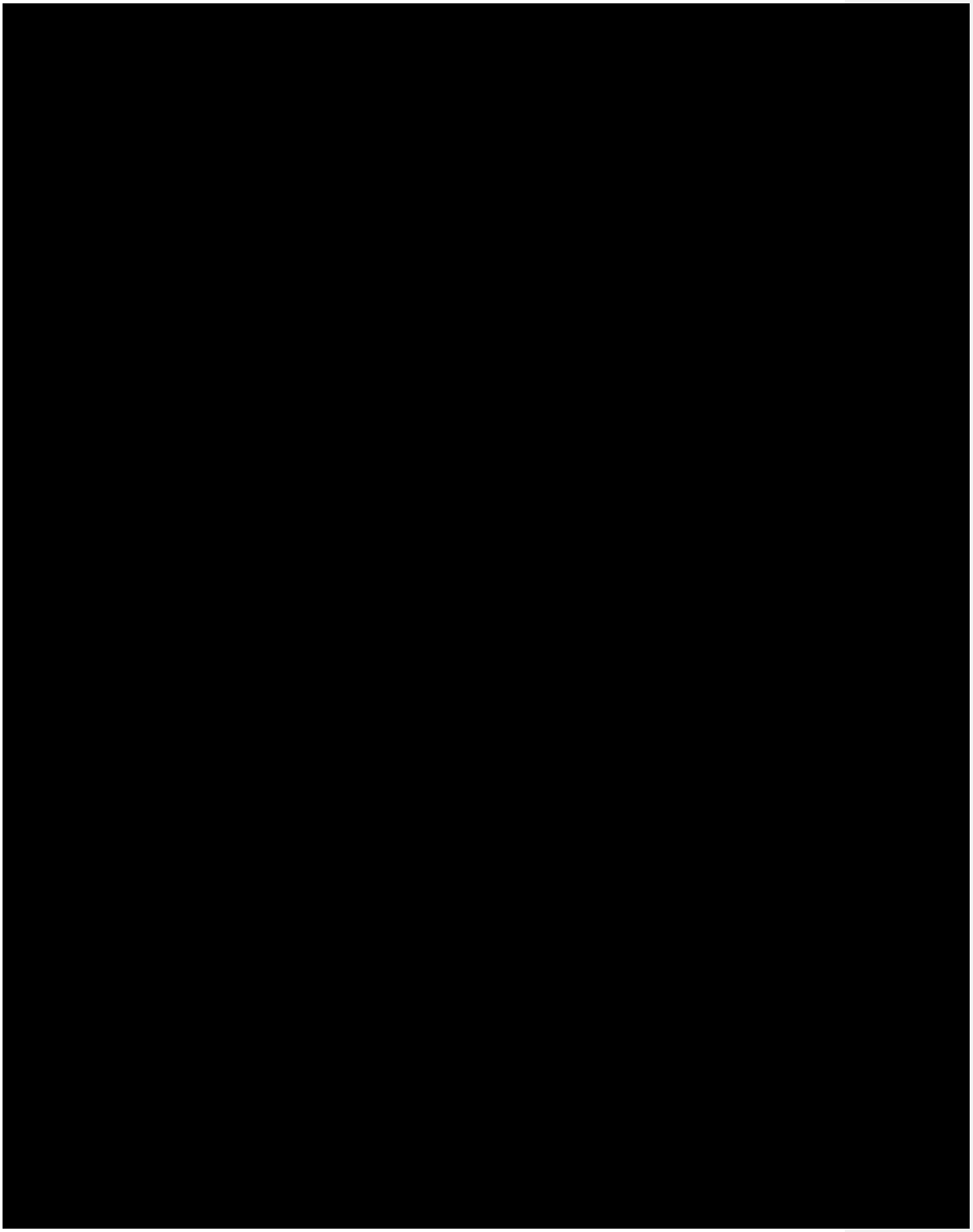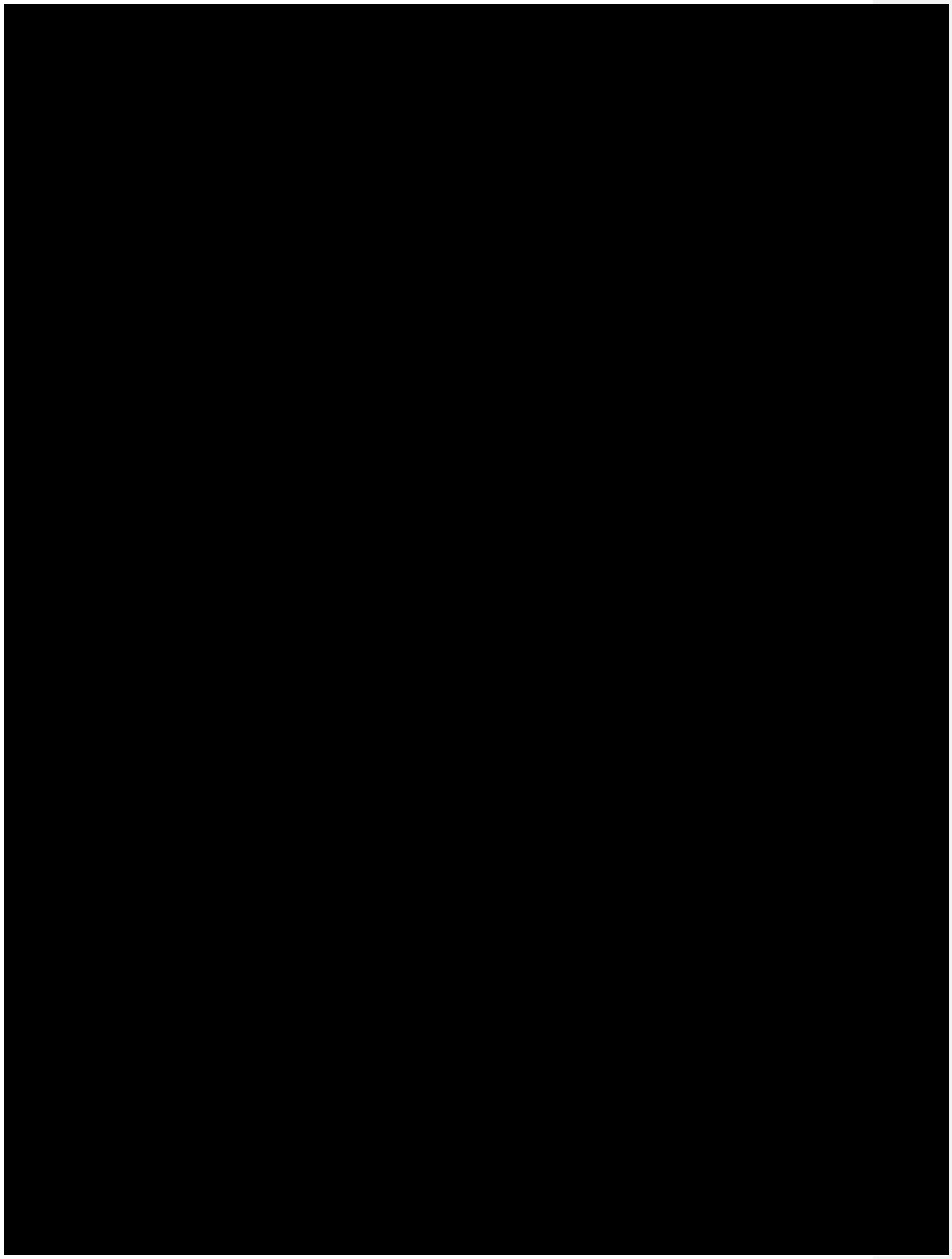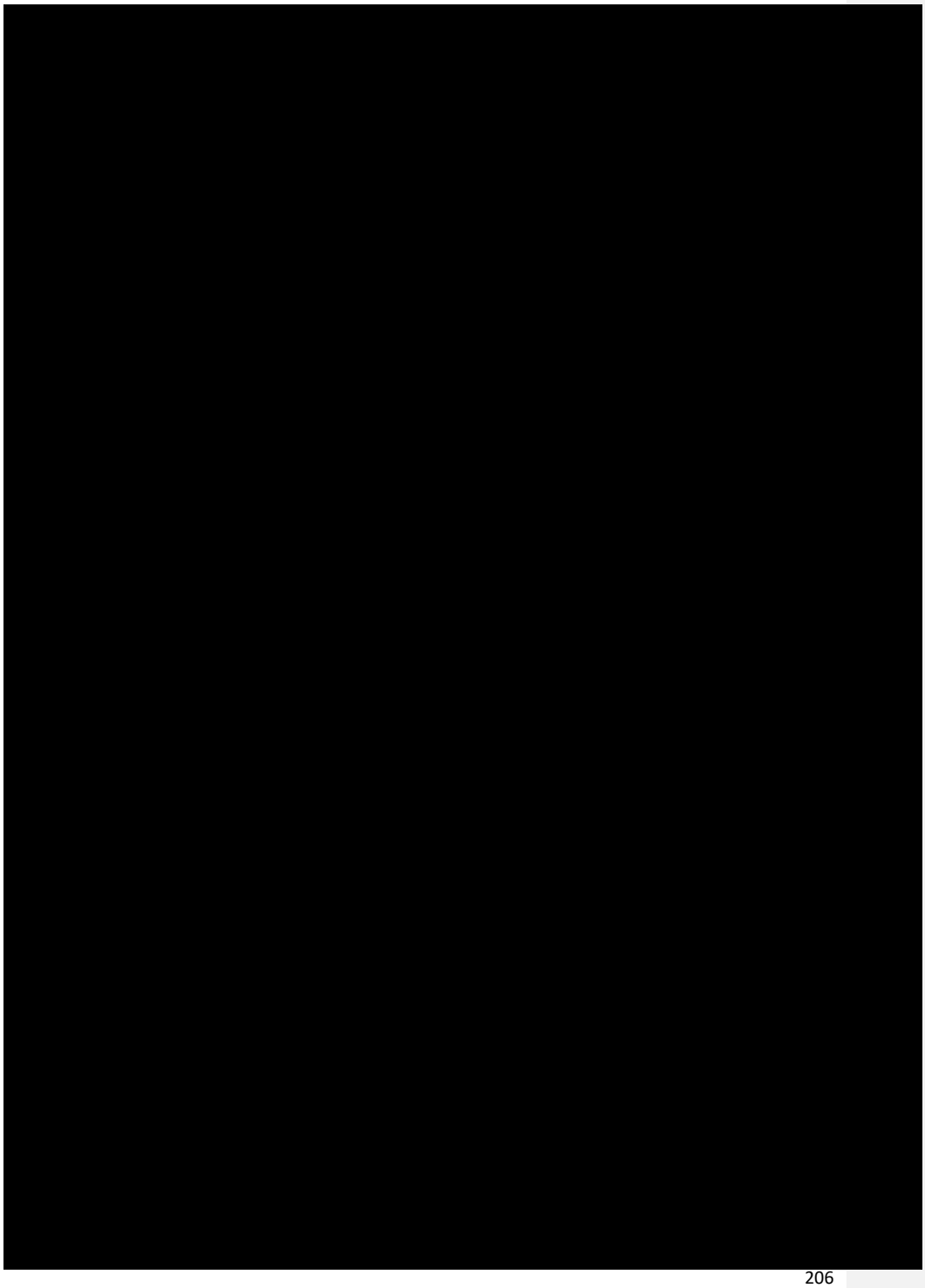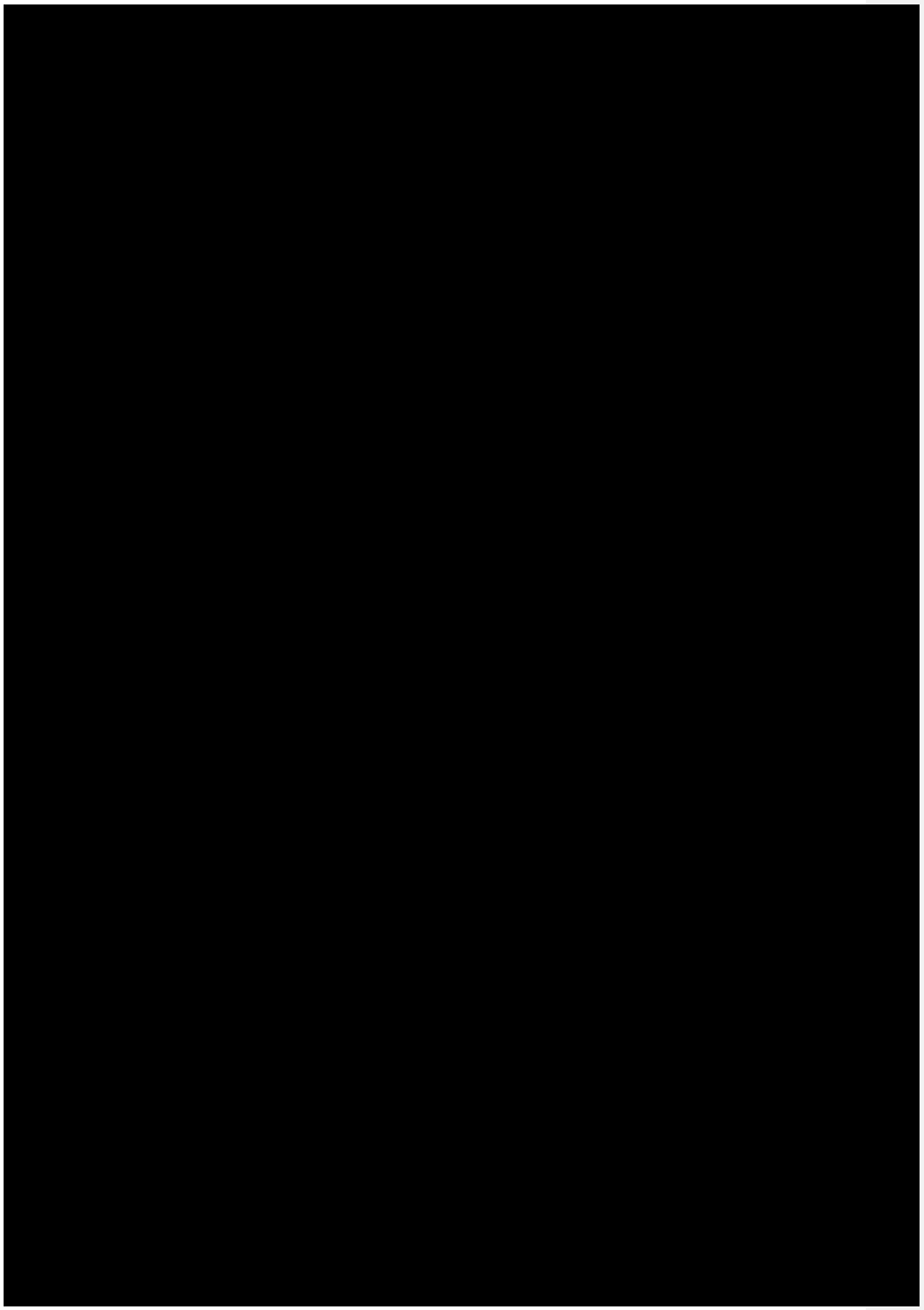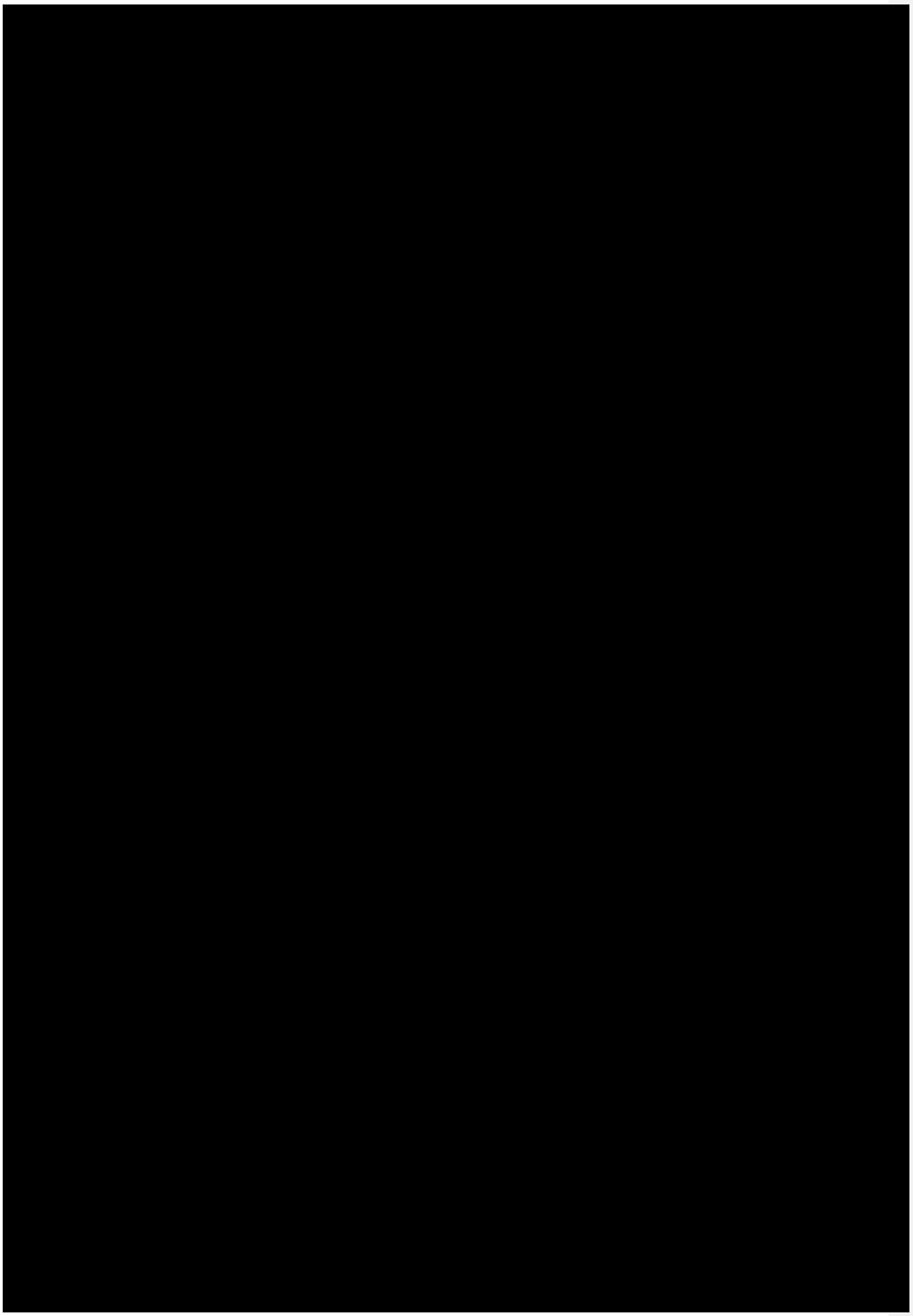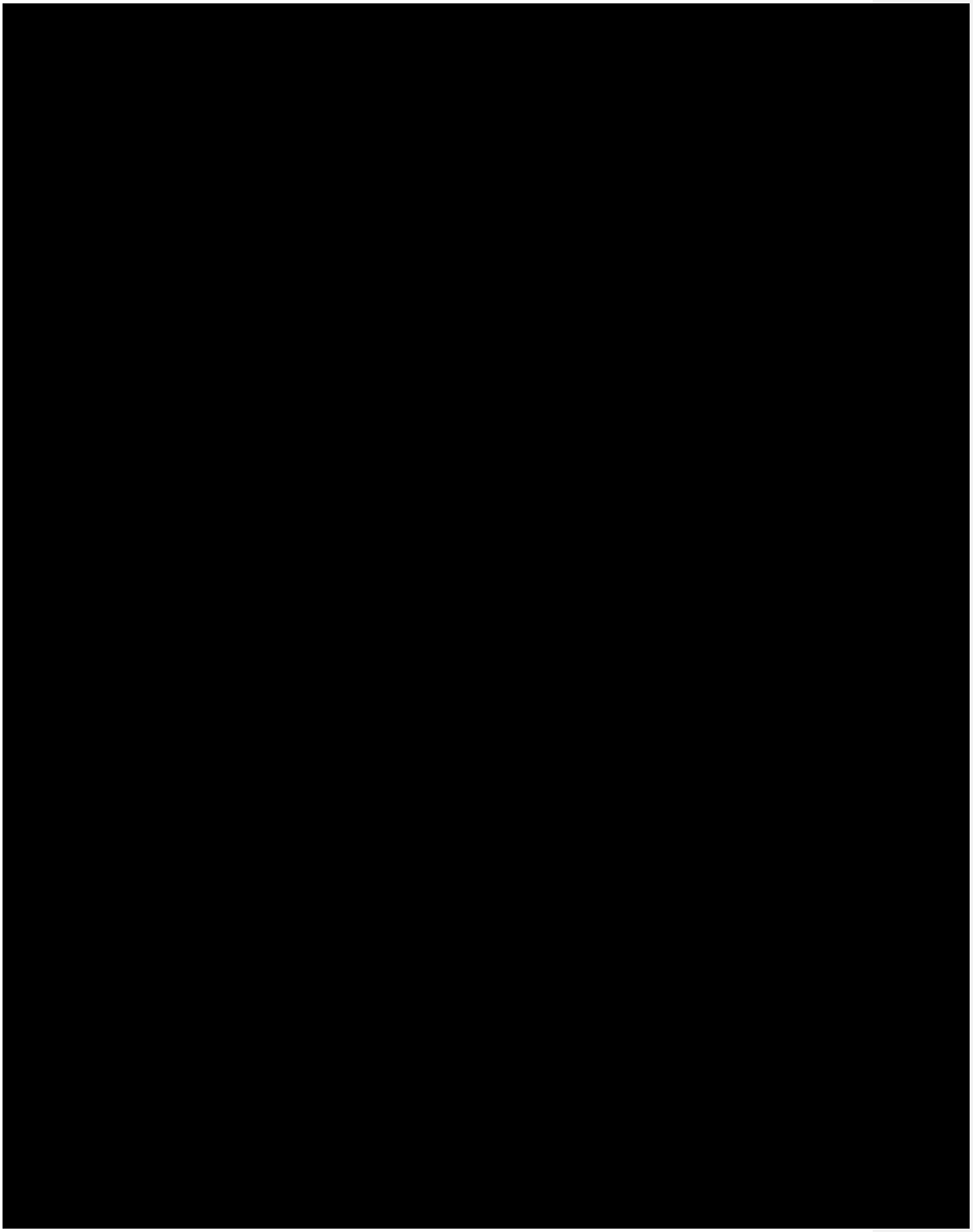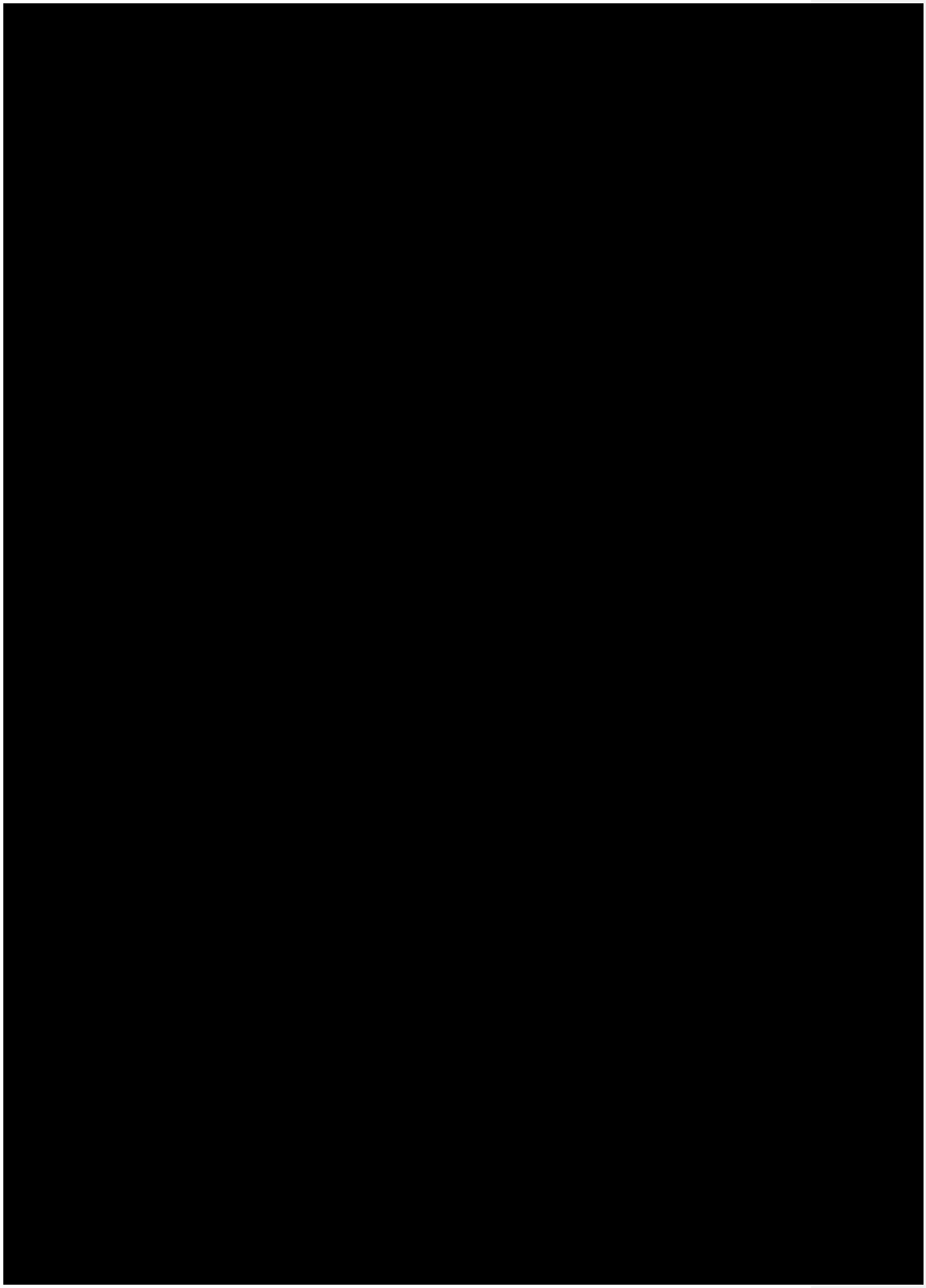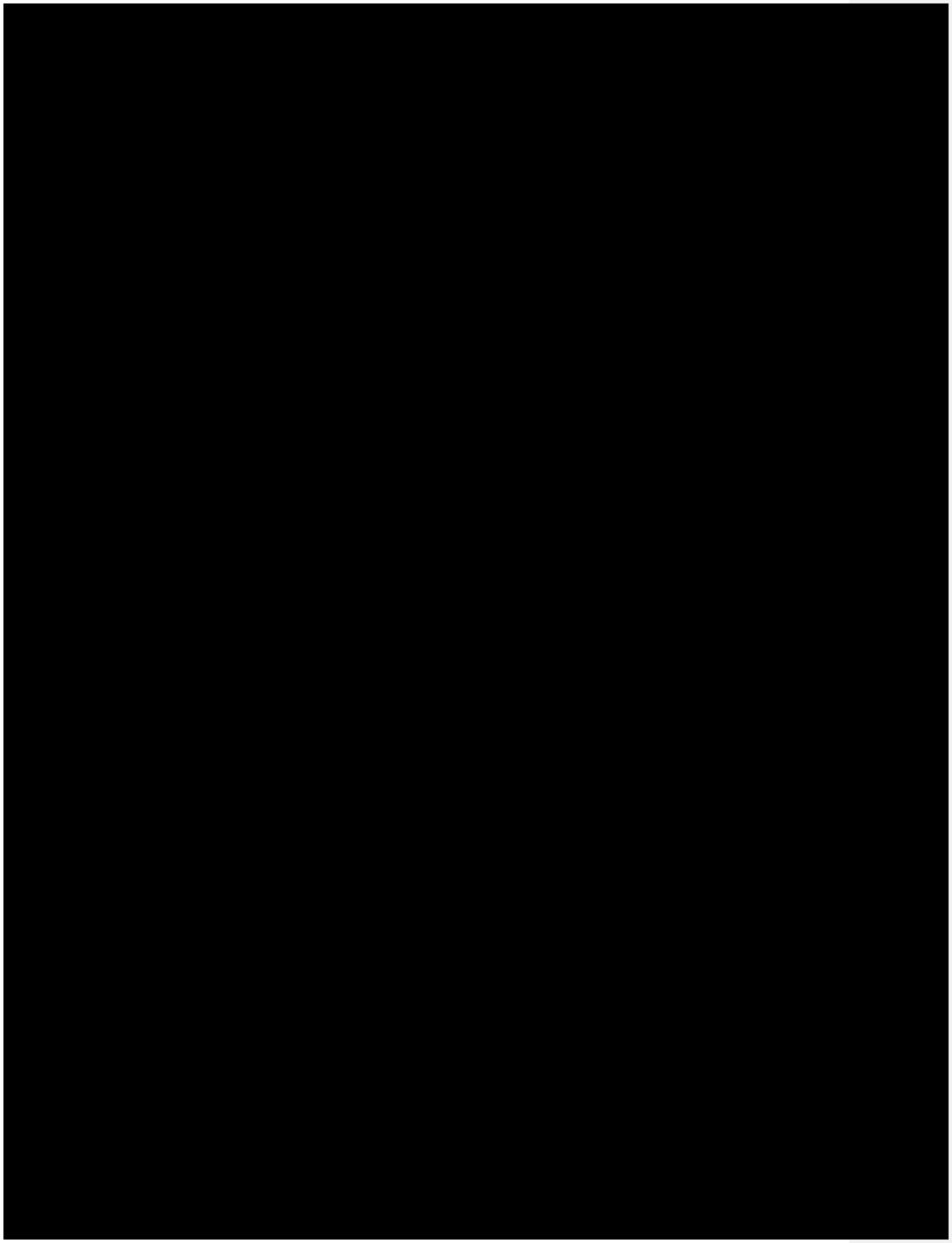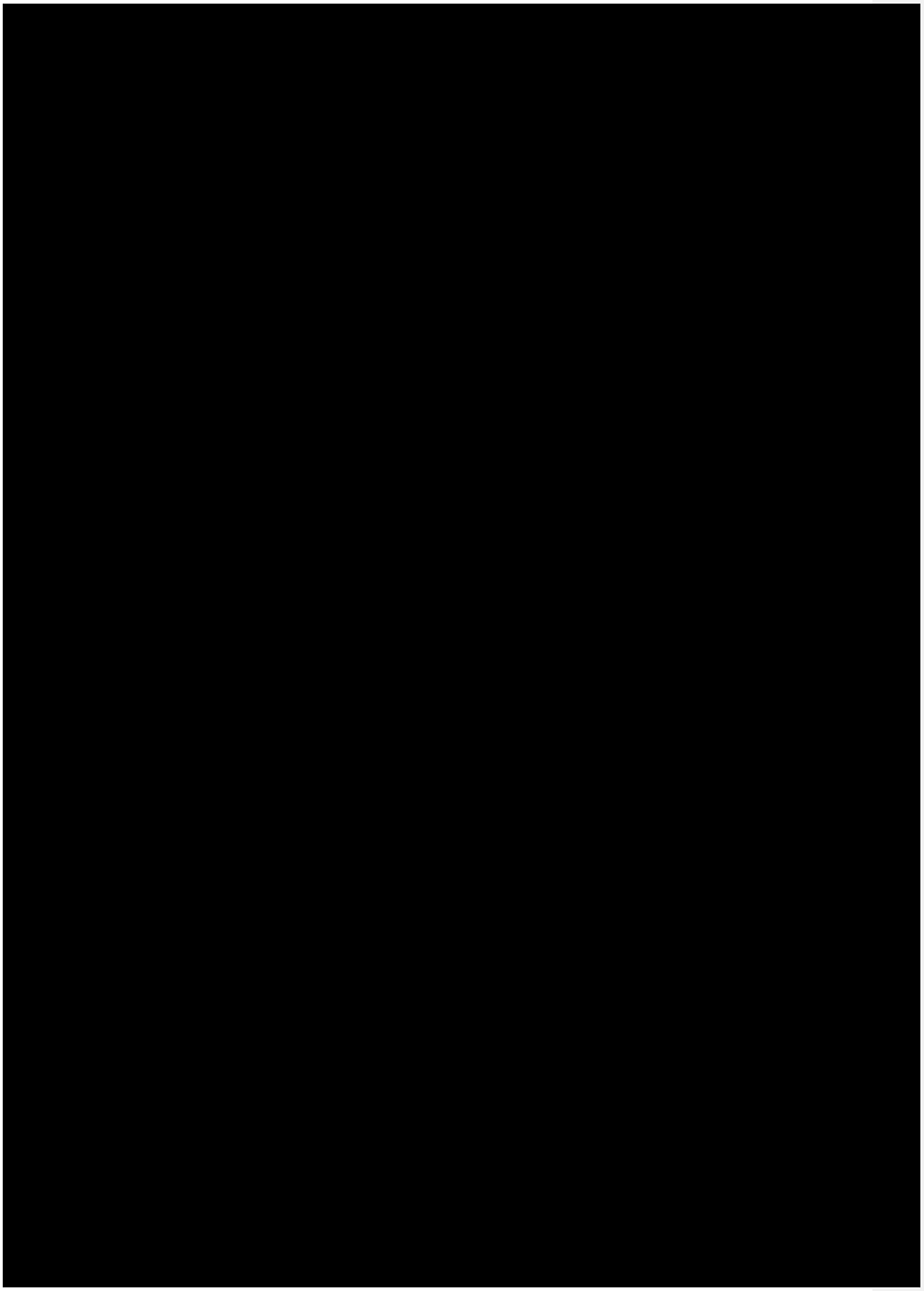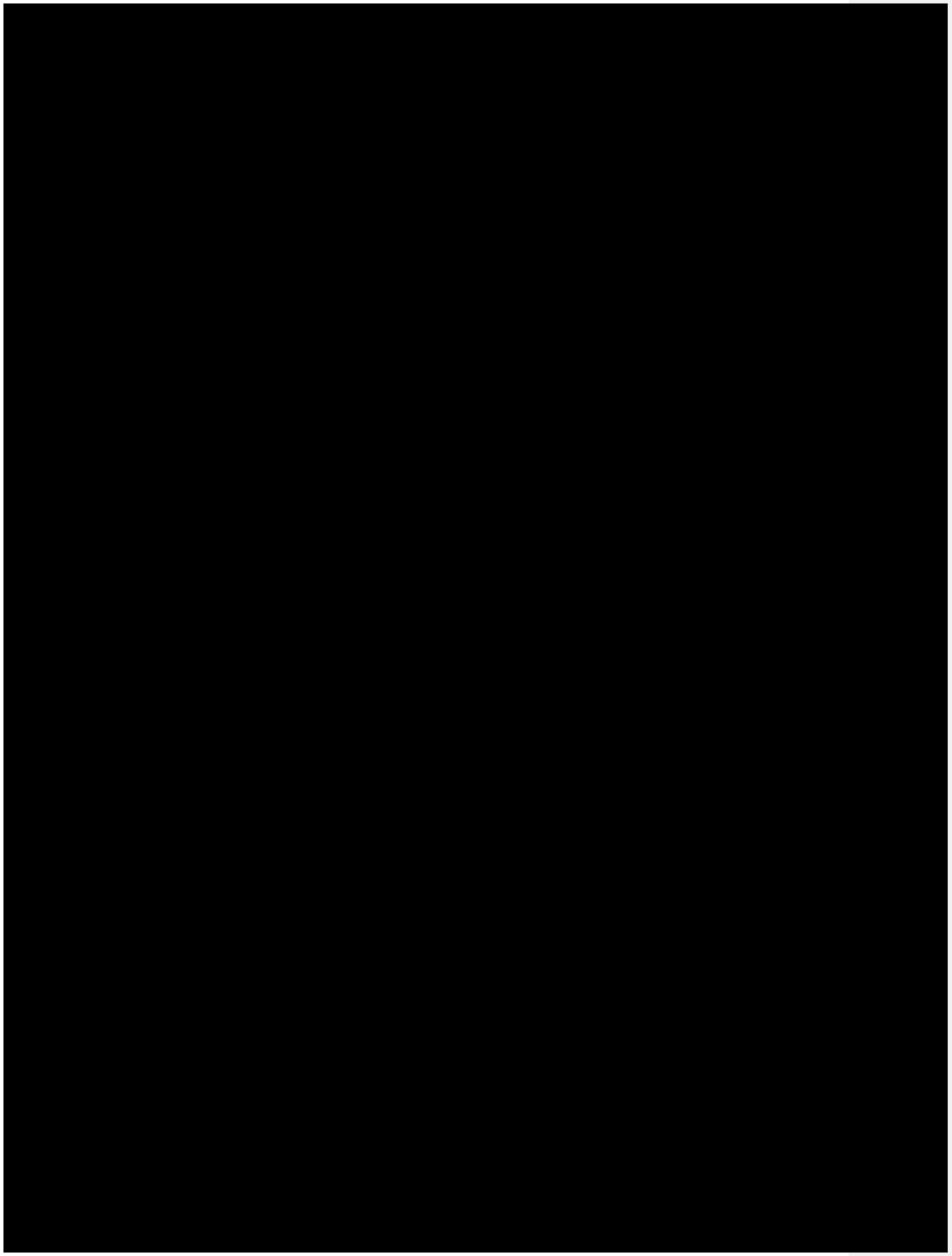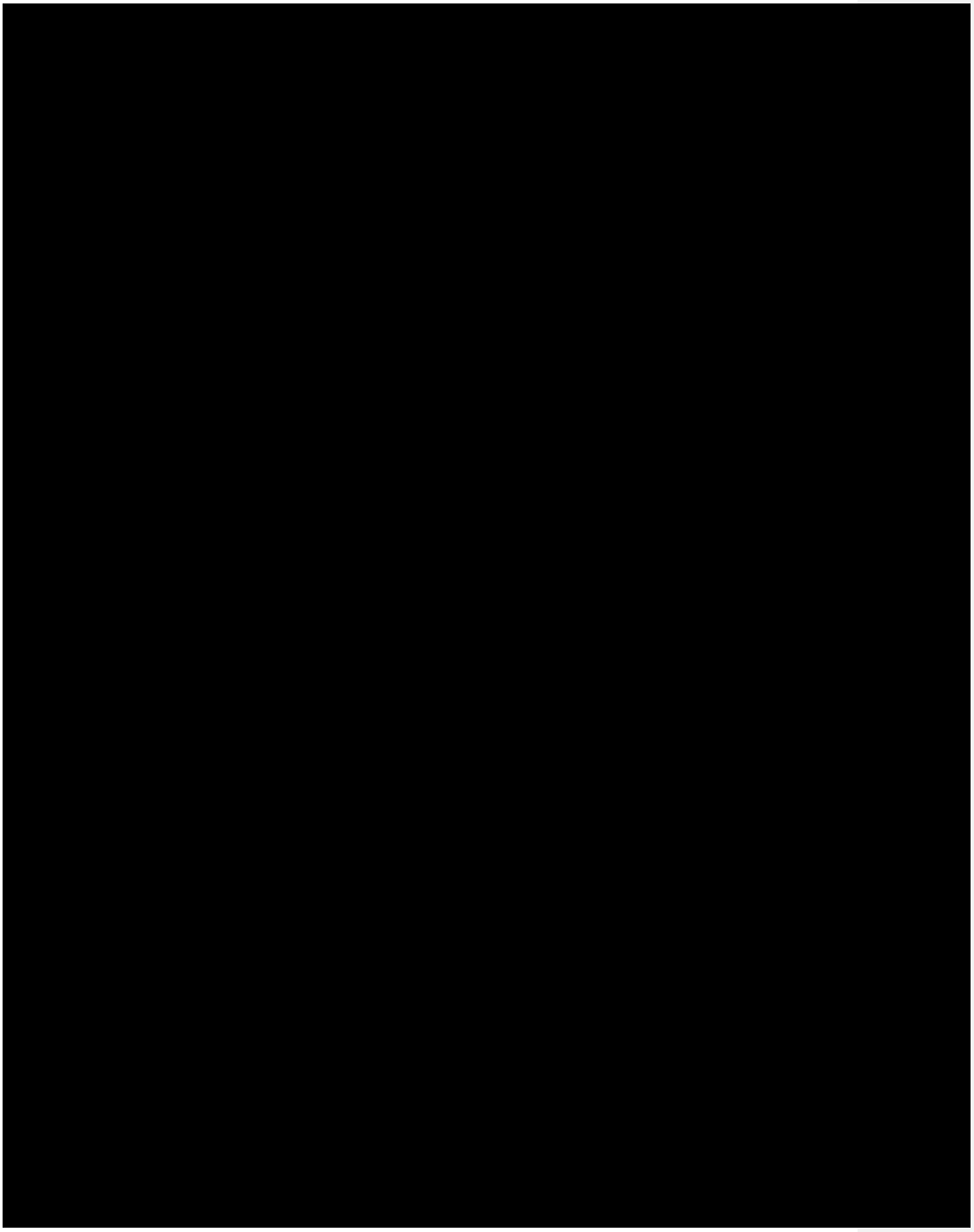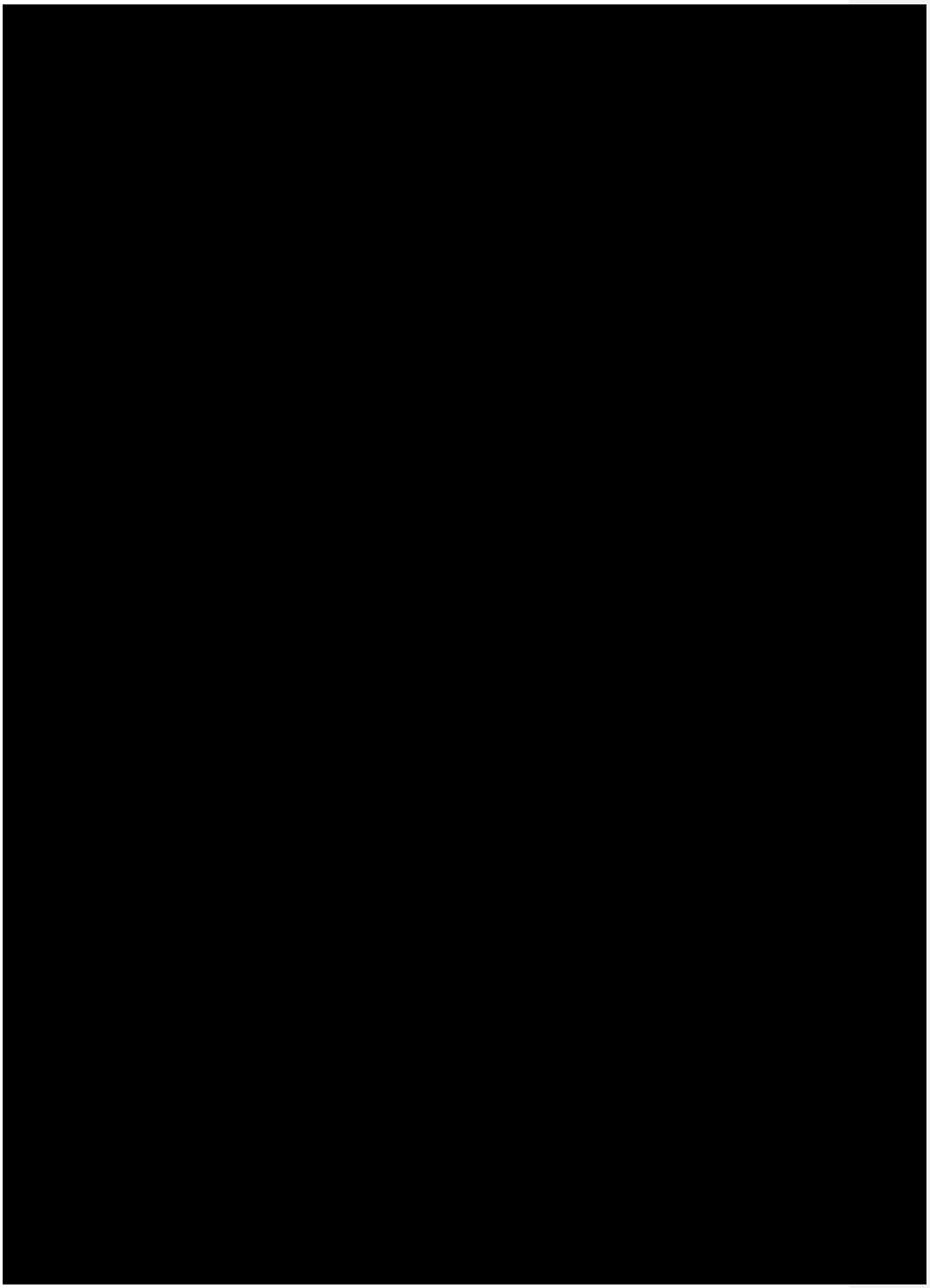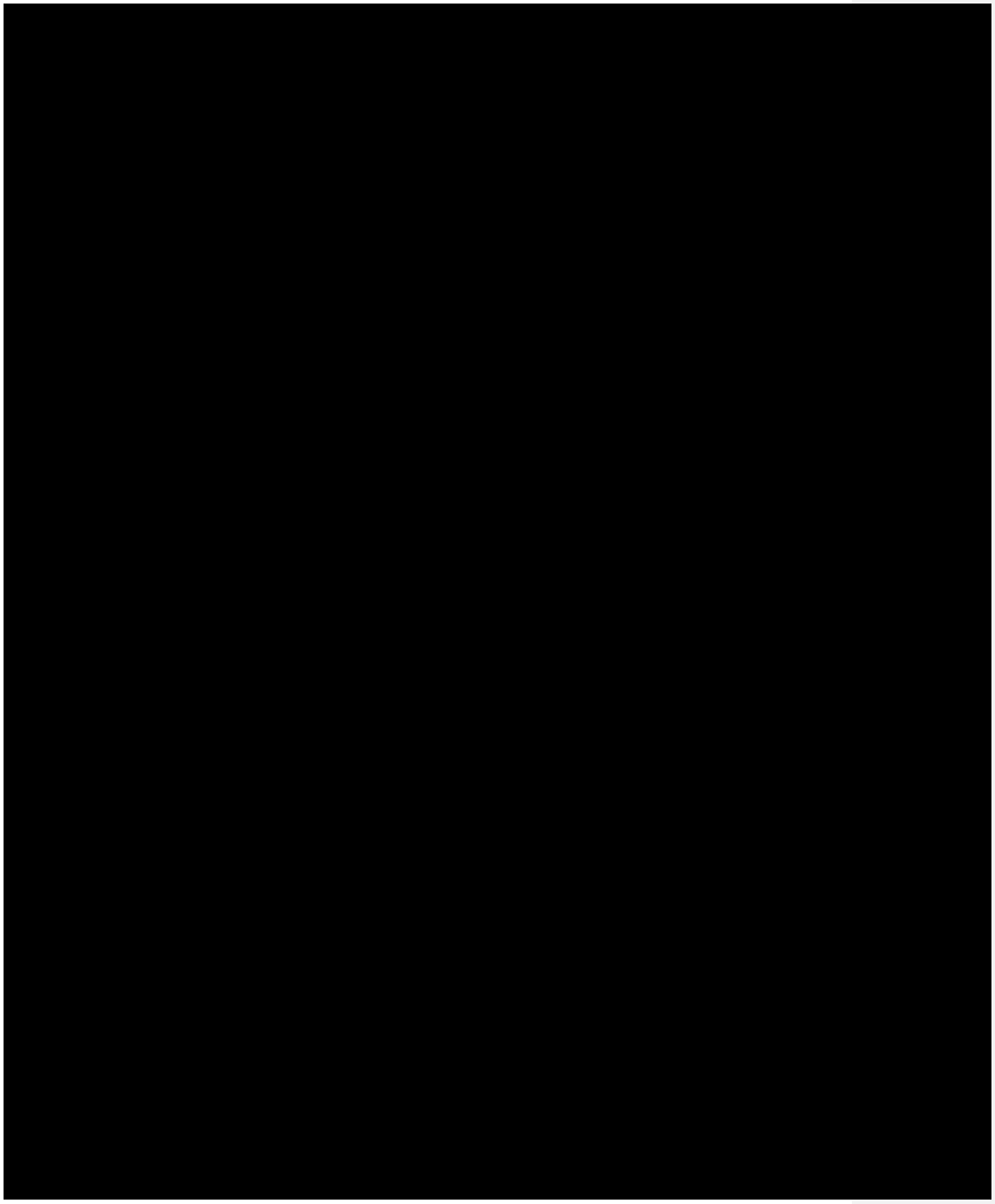
Section D: Case study..... 194-217