Trauma exposure and domestic violence offending severity in a probation sample from post-conflict Northern Ireland

Travers, Áine; McDonagh, Tracey; Cunningham, Twylla; Dalsklev, Madeleine; Armour, Cherie; Hansen, Maj

Published in:
Journal of Interpersonal Violence

DOI:
10.1177/0886260520922355

Publication date:
2022

Document version:
Submitted manuscript

Citation for published version (APA):

Go to publication entry in University of Southern Denmark's Research Portal

Terms of use
This work is brought to you by the University of Southern Denmark.
Unless otherwise specified it has been shared according to the terms for self-archiving.
If no other license is stated, these terms apply:
• You may download this work for personal use only.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying this open access version

If you believe that this document breaches copyright please contact us providing details and we will investigate your claim.
Please direct all enquiries to puresupport@bib.sdu.dk

Download date: 29. Sep. 2023
Title: Trauma exposure and domestic violence offending severity in a probation sample from post-conflict Northern Ireland

Author list: Áine Travers (E.: ainetravers@gmail.com; T.: +4565502829)¹ Tracey McDonagh (E.: tmcdonagh@health.sdu.dk; T.: +4565508639)¹, Twylla Cunningham (E.: Twylla.Cunningham@pbni.gov.uk; T.: +442830253032)², Madeleine Dalsklev (E.: mdalsklev01@qub.ac.uk)³, Cherie Armour (E.: c.armour@qub.ac.uk; T.: +447876142643)³, Maj Hansen (E.: mhansen@health.sdu.dk; T.: +4565502303)¹

1 Psychology Department, University of Southern Denmark, Campusvej 55, 5230 Odense, Denmark
2 Psychology Department, Probation Board for Northern Ireland, 80-90 North St, Belfast BT1 1LD, Northern Ireland
3 School of Psychology, Queen’s University Belfast, University Rd, Belfast BT7 1NN, Northern Ireland

Funding declaration: This work has received funding, as part of the CONTEXT programme, from the European Union’s Horizon 2020 Research and Innovation Programme, under the Marie Skłodowska-Curie Grant Agreement No. 722523

Conflict of interest: None
Abstract

Objective: Domestic violence is more common in post-conflict settings such as Northern Ireland. However, the extent to which trauma and related mental health problems are associated with domestic violence perpetration in the region has not yet been quantitatively assessed. The present study examines relationships between multiple traumas, mental health problems, and five indicators of domestic violence perpetration severity (causing injury, use of a weapon, breach of non-molestation order, sexual violence and previous police involvement). The unique risk associated with distinct types of trauma (i.e. childhood maltreatment or conflict-related) was also investigated. Method: Perpetrators’ case file data (n=405) was analysed using hierarchical logistic regression. Results: The rates of recorded trauma exposure and mental health difficulties were 72.3% and 63.5%, respectively. The first logistic regression analyses showed that exposure to multiple traumas was associated with increased likelihood of perpetrating injurious and sexual violence, when controlling for the covariates (ORs = 1.24-1.28). The second logistic regression analyses showed that childhood maltreatment was the only trauma type to confer unique risk, a relationship that was significant only for the outcome of perpetrating injurious violence (OR = 3.06). Substance misuse was also significantly associated with perpetration of injurious violence, use of weapons, and having past police involvement (ORs = 2.49-3.50). Conclusions: The accumulation of traumatic experiences and substance abuse appear to act as risk factors for some indicators of offending severity. Childhood maltreatment appears to confer particularly strong risk. The findings may support a focus on trauma and substance abuse as intervention targets in post-conflict settings.

Keywords: domestic violence, family violence, trauma and offending, probation, post-conflict violence, women peace and security
Introduction

Domestic violence encompasses “…all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim,” (Istanbul Convention, 2014; Article 3b). The present study focuses upon the subtype of domestic violence that takes place between intimate partners, also termed ‘intimate partner violence.’ However, partner violence is known to overlap and co-occur with other types of domestic violence. For example, perpetrators of partner violence are often also violent towards children (Mitchell & Finkelhor, 2001; Osofsky, 2003; Andrews & Bonta, 2010). Additionally, witnessing violence in the home is a form of emotional abuse against children, associated with multiple adverse outcomes (Edleson, 1999; Kitzmann et al., 2003; Andrews & Bonta, 2010).

Domestic violence is prevalent in post-conflict societies (Guruge et al., 2017; Bradley, 2018; Kelly et al., 2018), such as Northern Ireland, where mutually reinforcing relationships between violence in the public and private spheres have been demonstrated (Doyle & McWilliams, 2018). Ethno-politically motivated violence associated with the political conflict colloquially known as ‘the Troubles’ has decreased dramatically in Northern Ireland in the years since the 1998 peace process (Police Service of Northern Ireland; PSNI, 2018a). However, domestic violence has generally increased each year since record-keeping began in 2004, with 2017/18 official figures representing the highest recorded level (30,595 incidents, a 4.8% increase on the previous 12 months; PSNI 2018b).

The rise in the domestic violence figures may be partly due to increased reporting - a result of greater trust in police amongst the population as peace is established (Doyle & McWilliams, 2018). However, it is likely that there are also specific risk factors associated with the political conflict that create an elevation in prevalence. Northern Ireland has been
Trauma and Domestic Violence Offending Severity

reported to have the joint highest rate of domestic homicide in Europe at .43 per 100,000 inhabitants (Eurostat, 2019). This rate is the same as that of Romania, another European state that has been the site of political violence and terror prior to the establishment of democracy there in 1989. In comparison, the domestic homicide rates in England/Wales and Scotland are much lower (.13 and .17 per 100,000, respectively; Eurostat, 2019).

It has been hypothesised that cessation of public violence can precipitate a rise in violence in the home due to “hyper-masculinized and traumatized” males seeking a new outlet for their aggression after conflict ends (Bradley, 2018, p. 124). Indeed, epidemiological data demonstrates significant rates of trauma exposure in the population and extremely high associated rates of post-traumatic stress disorder (PTSD; Bunting et al., 2013). Weighted data from the World Mental Health survey (Kessler et al., 2017) indicated that Northern Ireland had the highest 12-month prevalence of PTSD of all 20 countries surveyed globally at 3.8% (compared with 12-month prevalence of 1.1% in the overall sample \( n = 51,295 \); Karam et al., 2014), while unweighted (raw) data from the same sample on Northern Ireland produced a 12-month prevalence of 5.1% and a lifetime prevalence of 8.8% (Bunting et al., 2013). The proportion of the population reporting lifetime exposure to at least one traumatic event in the region has been estimated at 60.6% (Bunting et al., 2013).

Studies consistently find disproportionately high rates of trauma exposure (e.g. Wolff & Shi, 2012; Dalsklev et al., 2019) and PTSD (Baranyi et al., 2018) in offender samples, and prospective research indicates a predictive effect of early trauma on general and violent offending (Widom, 1989; Maxfield & Widom, 1996). Recently, in a study of PTSD and domestic violence specifically, Miles-McLean and colleagues (2019) showed that a diagnosis of PTSD was predictive of general recidivistic violence post-treatment and of poorer intervention compliance. However, research specific to domestic violence perpetration is relatively limited. The way in which domestic crimes are categorised in many jurisdictions
Trauma and Domestic Violence Offending Severity

(i.e. not as a specific offence type) poses problems for studies based on official data (Walby et al., 2017). On the other hand, there are also significant problems with standardised measures of victimisation and perpetration that are widely used in community-based research. These problems include validity issues such as poor operationalisation of the construct of violence (Walby et al., 2017; Dobash et al., 1992).

Although traumatic exposure is known to act as a risk factor for general violence perpetration, it should be noted that most individuals who experience trauma do not engage in violent behaviour (Widom, 1989; Maxfield & Widom, 1996; Roberts et al., 2010). The present challenge, therefore, is to assess how and when trauma does influence perpetration, and how this relationship might be disrupted. For some years, the dominant hypothesis was that of social learning theory, which posits that childhood trauma acts as a risk factor for later perpetration by children observing the behaviours of their caregivers (Bandura, 1977; Bandura & Ross, 1961). However, it is now recognised that other types of trauma besides childhood abuse and neglect may also act as risk factors for later dysfunctional behaviour, including exposure to community or war-related violence (Perry et al., 1995). For example, veterans and military personnel perpetrate domestic violence from one to three times more often than civilians, an association thought to be explained to a significant degree by war-related PTSD (Marshall, Panuzio & Taft, 2005). However, there is also an association between having carried out military service and a history of adverse childhood experiences (e.g. Katon et al., 2015).

The neurodevelopmental model (Perry et al., 1995) accounts for the profound impact that traumatic exposure can exert on emotional regulation processes. Such emotional dysregulation can in turn produce several functional impairments relevant to domestic violence perpetration, including ruptures in interpersonal relations and a propensity to be easily induced into a hyper-aroused state. It is also now known that this detrimental impact of
Trauma exposure is cumulative; prolonged repeated exposure brings about complex functional impairments (Herman, 1992), and exposure to one type of trauma is a risk factor for further exposure (e.g. Finkelhor et al., 2011).

The full impact of conflict-related trauma in Northern Ireland is still being uncovered. It could be the case that exposure to more trauma types at different developmental stages (e.g. childhood maltreatment and later exposure to political violence) produces significant levels of emotional dysregulation, thereby increasing the risk of domestic violence perpetration. However, it could also be the case that the severity and extreme violence of trauma relating to the political conflict could confer a particularly substantial risk. Indeed, a study by Dalsklev et al. (2019) suggested that this may be the case, finding that conflict-related trauma exposure, but not other types of trauma, were associated with increased odds of general (OR = 5.57) and violent re-offending (OR = 4.57) in a sample of Northern Irish offenders who had served life sentences.

The present study will build on these findings to examine how trauma exposure may confer risk in a sample of Northern Irish domestic violence offenders. Specifically, we will test 1) whether cumulative trauma exposure is associated with five measures of domestic violence offending severity, and 2) whether trauma type (childhood trauma, conflict-related, or both) is associated with greater risk. We hypothesise that there will be an association between the measures of perpetration severity and having experienced more types of traumatic events. Also, that conflict-related trauma will be associated with an increased risk of greater offending severity, and that the interaction effect of childhood and conflict-related trauma will confer a risk additional to that of each type of traumatic experience alone.

Because the aim is to assess the effects of trauma exposure, the analyses will control for age, educational qualifications, documented presence of mental health problems and
Trauma and Domestic Violence Offending Severity

substance abuse. We expect that likelihood of perpetration might increase with advancing age, and that educational qualifications might confer a protective effect (e.g. Wilkinson, Lantos, McDaniel, & Winslow, 2019). There is insufficient prospective research to determine whether a causal relationship between mental health and domestic violence exists (Spencer et al., 2019). However, epidemiological research (Okuda et al., 2015) shows that perpetrators of partner violence are more likely than non-perpetrators to present with psychiatric disorders, suggesting that mental health problems may confer additional risk. We therefore control for mental health problems to isolate the unique effects of trauma exposure, rather than associated mental health diagnoses such as PTSD. We also control for substance abuse, expecting that the presence of this issue will confer increased risk of more severe perpetration.

The present study is the first to assess trauma and its relationship to offending behaviours among domestic violence perpetrators in Northern Ireland. Such analysis may have the potential to offer insights into targets for early intervention, tailoring of forensic intervention and the potential utility of trauma-informed approaches to intervention programmes, particularly in post-conflict contexts. Given the scale of the problem of domestic violence in Northern Ireland presently, and the scarce resources available to address it (Doyle & McWilliams, 2019), effective targeting of intervention is an important consideration.

**Method**

**Participants**

Eligible participants were adult males who had been referred to one of the Probation Board for Northern Ireland’s (PBN) intervention programmes for domestic violence between the years 2009 and 2019 with case files available on the electronic Prisoner Information Management System ($n = 405$). The mean age was 41.28 years ($SD = 10.28,$
Trauma and Domestic Violence Offending Severity

range = 24-73). The files of 58.5% (n = 237) perpetrators recorded that they were unemployed at the time of assessment. Participants of PBNI programmes are assessed for suitability at intake and individuals with active, severe mental health disorders (including substance dependence) or cognitive deficits that would prevent compliance with the programme are excluded from participation. Most perpetrators (84.1%, n = 340) had previous convictions for non-domestic offences, although all had perpetrated partner violence at least once, leading to them being assessed as medium-high risk of domestic reoffending. Ethical approval for this research was obtained from the Ulster University Research Governance Committee (REC/18/0087).

Measures

Potentially traumatic experiences. Exposure to potentially traumatic experiences was measured using a version of the Assessment, Case Management and Evaluation form (ACE; Gibbs, 1998) that is adapted to the Northern Irish context (PBNI, 2011). The ACE is completed by PBNI probation officers (POs) in consultation with psychologists and other relevant professionals, to judge a perpetrator’s risk of recidivism within a two-year period. It captures a broad range of adverse experiences including the less severe, such as parental relationship breakdown, as well as potentially traumatising events, such as physical abuse. Based on items contained in the Stressful Life Events Screening Questionnaire (SLESQ; Goodman et al., 1998), ten potentially traumatising events were selected from the ACE for inclusion in the present study as a continuous measure of trauma exposure. These items include childhood experiences such as physical abuse, and lifetime events such as having a life-threatening illness. All potentially traumatic events included in the analyses are presented in Table 1.
Trauma and Domestic Violence Offending Severity

Table 1: Frequency of each type of trauma exposure

<table>
<thead>
<tr>
<th>Traumatic event</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpected death of someone close</td>
<td>30.6 (124)</td>
</tr>
<tr>
<td>Neglect or emotional abuse (including witnessing domestic violence)</td>
<td>27.7 (112)</td>
</tr>
<tr>
<td>Attacked or threatened with a weapon</td>
<td>20.5 (83)</td>
</tr>
<tr>
<td>Other situation where you were seriously injured or life at risk</td>
<td>19.0 (77)</td>
</tr>
<tr>
<td>Beaten by anyone in adulthood</td>
<td>16.2 (65)</td>
</tr>
<tr>
<td>Childhood physical abuse</td>
<td>15.8 (64)</td>
</tr>
<tr>
<td>Ever had a life-threatening illness</td>
<td>8.9 (36)</td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td>7.4 (30)</td>
</tr>
<tr>
<td>Witnessed violence or serious injury (non-domestic violence)</td>
<td>4.4 (18)</td>
</tr>
<tr>
<td>Ever in a life-threatening accident</td>
<td>3.5 (14)</td>
</tr>
</tbody>
</table>

To address the second hypothesis, and assess whether either 1) childhood maltreatment or 2) potentially conflict-related trauma conferred unique risk for the perpetration outcomes, the trauma items were collapsed to form two categories. Childhood maltreatment was categorised as present if an individual had experienced neglect or physical, sexual or emotional abuse, including witnessing domestic abuse in the home as a child. Based on methods used by Karam et al., (2008) and Bunting et al., (2013), the following experiences were designated as likely to be related to the conflict: being attacked or threatened with a weapon; experiencing a beating in adulthood; witnessing serious violence or injury outside the home; and being in another situation that was dangerous or life-threatening, such as armed combat.

Offending severity. Offending behaviours were recorded from ACE forms and the Risk of Serious Harm Assessment (RA1). The RA1 is a structured form containing verified historical offending information, the degree of harm caused, triggers and situational factors
Trauma and Domestic Violence Offending Severity

relevant to offending, presence of risk factors and absence of protective factors (PBNJ, 2017). Five offending indicators were examined: 1) whether there was any record of an individual having ever caused injury in a domestic violence context; 2) whether an individual had ever used a weapon in a domestic violence situation; 3) whether they had ever breached a non-molestation order; 4) whether they had ever been convicted, charged or investigated for any sexual offence; and 5) whether they had any record of police involvement for domestic incidents. These indicators were selected based on the best available evidence on correlates of severe domestic violence and domestic homicide (e.g. Campbell et al., 2003; 2007).

Control variables. The specified covariates were age, education (whether an individual had any educational qualifications or not – secondary education certificate, vocational qualification or higher), substance misuse and the presence of a probable mental health problem. Substance abuse problems were coded as present if there was any record of an individual ever having an issue with alcohol or drugs documented by the probation officer. A probable mental health problem was recorded as present if the probation officer indicated any of the following: 1) that a diagnosis was confirmed by a general practitioner or psychiatrist; 2) that an individual was verifiably medicated or receiving other treatment for a mental health problem; or 3) that a self-reported presence of a mental health problem was otherwise corroborated, such as by report of a family member.

Procedure

The ACE assessment formed the basis of the information on the trauma, offending and mental health. For each offender, this information was triangulated with other sources of information contained in the case files. These sources included pre-sentence reports, the RA1, and psychological reports. Checking multiple sources of information against the ACE forms
Trauma and Domestic Violence Offending Severity

ensured that the recorded data was as valid and reliable as possible. All variables apart from age were analysed as binary categorical variables and coded as 1=present, 0=absent.

Analysis

Descriptive statistics were used to examine the prevalence of trauma exposure and most common index offences (most serious recorded offences) in the sample. Following this, a series of hierarchical binary logistic regressions were conducted. The hierarchical logistic regressions were each carried out in two steps. In the first block, trauma was specified as a continuous independent variable with a possible range of 0-10. In the second block, all covariates (age, education, mental health, substance abuse) were added to the model. Doing the analysis in this way allows identification of any unique effects of the predictor variable (trauma).

In the second set of logistic regressions, the effects of childhood maltreatment and conflict-related trauma were examined separately and combined, by specifying each of childhood maltreatment and conflict-related trauma as categorical predictors, as well as their interaction term (childhood maltreatment*conflict trauma) as a third predictor. All analysis was carried out using the Statistical Package for Social Sciences (SPSS), version 25 (IBM Corp, 2017).

Effect sizes were quantified using odds ratios (ORs), a measurement unit particularly suitable for quantifying the strength of a statistical relationship where the outcome of interest is a categorical (Tabachnick & Fidell, 2013). In this case, an OR above one, accompanied by a p-value of less than .05, is interpreted as representing an increased likelihood of the outcome occurring, and an odds ratio of less than one reflects a reduced likelihood.
Missing data

Cases with missing values were deleted listwise. Proportions of missing data ranged from 0 (age) - 11.9% (use of weapon) for the variables included. Due to their categorical nature, imputation of the variables was deemed inappropriate. Additionally, the large sample size should be expected to provide sufficient power to detect effects regardless.

Results

Descriptive statistics

Just over half the sample (52.6%, \( n = 213 \)) had some educational qualification (secondary education certificate vocational qualification or higher) prior to their conviction for a domestic offence. A further 37.3% (\( n = 151 \)) had no educational qualifications, and data on education was missing for 10.1%, (\( n = 41 \)). Evidence of a mental health problem was present in 63.5% (\( n = 257 \)) of the sample. Substance abuse issues were also very common, with 87.7% (\( n = 355 \)) of records noting problems of some degree with alcohol or drugs.

Descriptive statistics on potentially traumatic experiences are presented in Table 1. The rate of exposure to adverse experiences in the present sample was 73.3% (\( n = 293 \)). The mean number of adverse experiences was 1.55 (range = 0-7; \( SD = 1.41 \)). The most common adverse experience was the unexpected death of someone close (30.6% \( n = 124 \)), followed by neglect or emotional abuse in childhood (including witnessing domestic violence in the home) (27.7% \( n = 112 \)).

Table 2 presents the frequencies of the offending outcomes. Victims of the perpetrators’ index offences were mostly partners or ex-partners (73.6%), while some offences involved multiple family members, including children. 84.1% of perpetrators also had previous convictions for offences other than domestic crimes.
Trauma and Domestic Violence Offending Severity

Table 2: Frequencies of offending outcomes

<table>
<thead>
<tr>
<th>Offending outcome</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caused injury</td>
<td>65.4 (265)</td>
</tr>
<tr>
<td>Used weapon</td>
<td>25.7 (104)</td>
</tr>
<tr>
<td>Breach of NMO*</td>
<td>27.9 (113)</td>
</tr>
<tr>
<td>Sexual offence</td>
<td>13.1 (53)</td>
</tr>
<tr>
<td>History of police involvement</td>
<td>53.1 (215)</td>
</tr>
</tbody>
</table>

*Non-molestation order.

Binary logistic regression analyses

The results of the hierarchical binary logistic regressions with multiple traumas as the independent variable are presented in Table 3. Step 1 of the first set of logistic regressions, including only the measure of multiple traumas, indicated a significant relationship between multiple traumas and the outcome of injurious violence only (OR = 1.24). In Step 2, controlling for age, education, mental health and substance misuse, trauma was associated with injurious violence (OR = 1.24) and with sexual violence (OR = 1.28). However, there was no association between multiple trauma and the remaining three indicators of offending severity.

When controlling for the other variables in the model, age was not significantly associated with any of the indicators of offending severity, nor was there any protective effect of having an educational qualification, or any significant degree of risk added by the presence of a mental health problem. However, substance abuse was significantly associated with three of the outcomes: injurious violence, use of a weapon, and prior history of police involvement (ORs = 2.49 – 3.50)
Table 3: Associations between offending outcomes and multiple adverse experiences

<table>
<thead>
<tr>
<th></th>
<th>Injury caused</th>
<th>Weapon used</th>
<th>NMO Breach</th>
<th>Sexual violence</th>
<th>Police involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>1.24 (1.03-1.50)</td>
<td>.03</td>
<td>1.10 (.93-1.30)</td>
<td>.29</td>
<td>1.12 (.95-1.33)</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>1.24 (1.01-1.53)</td>
<td>.04</td>
<td>1.08 (.90-1.29)</td>
<td>.44</td>
<td>1.12 (.94-1.35)</td>
</tr>
<tr>
<td>Age</td>
<td>1.00 (.97-1.02)</td>
<td>.77</td>
<td>1.00 (.98-1.02)</td>
<td>.99</td>
<td>1.00 (.97-1.02)</td>
</tr>
<tr>
<td>Education</td>
<td>.91 (.54-1.54)</td>
<td>.73</td>
<td>.70 (.42-1.15)</td>
<td>.16</td>
<td>1.10 (.67-1.81)</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>.80 (.45-1.40)</td>
<td>.43</td>
<td>.87 (.50-1.51)</td>
<td>.87</td>
<td>1.01 (.58-1.75)</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>2.66 (1.28-5.53)</td>
<td>.01</td>
<td>3.50 (1.19-10.30)</td>
<td>.02</td>
<td>1.19 (.53-2.66)</td>
</tr>
</tbody>
</table>
The second set of logistic regression analyses specified childhood adversity, conflict-related adversity and the interaction term between these as binary independent variables. 34.8% of the sample had experienced some form of childhood maltreatment (physical, sexual or emotional abuse or neglect), and 39.8% had experienced a trauma that is likely to be conflict-related (being attacked with a weapon, experiencing a beating, witnessing injury or violence outside the home or being in another life-threatening situation such as armed conflict).

The results of these regression analyses are presented in Table 4. Childhood maltreatment was significantly associated with the indicator of injurious violence (OR = 3.06), but not with any of the other indicators. None of the offending indicators were associated with the categorical conflict-trauma variable. The interaction term was associated with only the outcome of injurious violence, such that the interaction appeared to confer reduced risk of this outcome (OR = .29).
<table>
<thead>
<tr>
<th></th>
<th>Injury caused</th>
<th>Weapon used</th>
<th>NMO Breach</th>
<th>Sexual violence</th>
<th>Police involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI)</td>
<td>p</td>
<td>OR (95% CI)</td>
<td>p</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>Step 1 Childhood maltreatment</td>
<td><strong>2.98 (1.42-6.24)</strong></td>
<td><strong>.004</strong></td>
<td>1.66 (.86-3.19)</td>
<td>.13</td>
<td>1.76 (.92-3.36)</td>
</tr>
<tr>
<td>Conflict trauma</td>
<td>1.67 (.88-3.14)</td>
<td>.11</td>
<td>1.28 (.68-2.43)</td>
<td>.44</td>
<td>1.66 (.88-3.11)</td>
</tr>
<tr>
<td>Interaction</td>
<td><strong>.29 (.10-.86)</strong></td>
<td><strong>.03</strong></td>
<td>.77 (.28-2.12)</td>
<td>.61</td>
<td>.51 (.19-1.37)</td>
</tr>
<tr>
<td>Step 2 Childhood maltreatment</td>
<td><strong>3.06 (1.43-6.55)</strong></td>
<td><strong>.004</strong></td>
<td>1.77 (.90-3.51)</td>
<td>.10</td>
<td>1.74 (.90-3.38)</td>
</tr>
<tr>
<td>Conflict trauma</td>
<td>1.73 (.89-3.37)</td>
<td>.11</td>
<td>1.29 (.66-2.51)</td>
<td>.45</td>
<td>1.69 (.88-3.24)</td>
</tr>
<tr>
<td>Interaction</td>
<td><strong>.26 (.09-.80)</strong></td>
<td><strong>.02</strong></td>
<td>.73 (.26-2.05)</td>
<td>.55</td>
<td>.51 (.19-1.37)</td>
</tr>
<tr>
<td>Age</td>
<td>1.00 (.97-1.02)</td>
<td>.88</td>
<td>1.00 (.98-1.03)</td>
<td>.90</td>
<td>1.00 (.97-1.02)</td>
</tr>
<tr>
<td>Education</td>
<td>.84 (.50-1.43)</td>
<td>.52</td>
<td>.68 (.41-1.13)</td>
<td>.14</td>
<td>1.08 (.65-1.79)</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>.83 (.47-1.46)</td>
<td>.51</td>
<td>.80 (.46-1.40)</td>
<td>.44</td>
<td>.98 (.57-1.70)</td>
</tr>
<tr>
<td>Substance abuse</td>
<td><strong>2.79 (1.33-5.85)</strong></td>
<td><strong>.007</strong></td>
<td><strong>3.54 (1.20-10.45)</strong></td>
<td><strong>.02</strong></td>
<td>1.22 (.54-2.75)</td>
</tr>
</tbody>
</table>
Discussion

The present study aimed to explore associations between exposure to potentially traumatic experiences and five indicators of domestic violence offending severity in the post-conflict context of Northern Ireland. As expected, the prevalence of trauma in the present sample was high (73.3%) in comparison with the reported rate of 60.6% in the general population (Bunting et al., 2013). The prevalence of traumas deemed likely to be related to the political conflict in Northern Ireland was particularly high. For example, the experience of being attacked with a weapon was present in 20.5% ($n = 83$) of the present sample. These trauma exposure figures should not be interpreted as directly comparable with Bunting et al. (2013) since the latter is derived from a survey administered under strict conditions, while the present work is based on secondary analysis of offender case files. However, there is likely to be some degree of under-reporting of trauma in the present sample, particularly trauma relating to very sensitive or stigmatised experiences such as sexual abuse (Easton, 2013), as well as silence and fear surrounding discussion of conflict-related incidents. In Northern Ireland, experiences of abuse or maltreatment can sometimes be bound up with conflict-related experiences, for example, paramilitaries may administer extrajudicial punishments for domestic or gender-based violence (Monaghan, 2004; PSNI, 2019), or members of paramilitary groups and their associates may be the perpetrators (Doyle & McWilliams, 2018; 2019). Such conflict-related circumstances render reporting victimisation experiences even more difficult. The rate of trauma exposure reported in the present sample is similar to that identified using a nine-item scale in a US sample of intimate partner violence perpetrators (77.5%; Semiatin et al., 2017) – somewhat comparable to the present study, which used ten. However, the rate in the present sample was lower than another community-based study based on ten trauma items (89%; Weismann et al., 2019).
The results of our logistic regression analyses show that each additional trauma is associated with 24% increased odds of causing injury in a domestic violence context and 28% increased odds of perpetrating sexual violence. These effects were present when controlling for age, education, substance abuse and mental health problems, suggesting that there is a unique effect of trauma exposure on these behaviours over and above these other factors. However, there was no significant association between multiple traumas and any of the other indicators of offending severity.

The second set of logistic regressions assessed whether one category of potentially traumatic experiences (i.e. childhood maltreatment or those likely to be conflict-related) was associated with the measures of offending severity. We hypothesised that the extreme violence associated with the political conflict might confer specific risk for Northern Irish offenders. However, that was not found to be the case in the present sample. These results indicate that childhood maltreatment is associated with perpetration of injurious violence, but not with any of the other indicators of offending severity. The findings in relation to conflict-related trauma and the interaction between childhood maltreatment and conflict-related trauma were unexpected. These findings may be partly due to issues relating to the operationalisation of conflict-related trauma in the present study. Because the work was secondary data analysis, for example, it was not possible to ask participants about their proximity to the political conflict, or the extent of the risk in their community. We have therefore not been able to include consideration of the chronic stress and fear associated with living day-to-day life in a conflict-affected region. Because this experience is the norm for adults living in Northern Ireland, it was usually not noted in the offenders’ case files, unless they had directly experienced violence or witnessed a particularly violent event.

Another possible interpretation of these findings might be that the primary ways in which the conflict impacts rates of domestic violence may be more indirect than we had
Trauma and Domestic Violence Offending Severity

originally hypothesized. That is, it may not necessarily be the direct experience of the conflict-related trauma that drives the offending behaviour, but the related family malfunctioning and substance abuse that accompanies untreated trauma in the population. As noted by McKenna and Bunting (2015), war and conflict situations can increase risk of maladaptive parenting practices. Parents in families that have experienced conflict-related trauma may have been more likely to abuse substances or to behave in a hyper-vigilant or emotionally dysregulated way in the home, creating a trans-generational effect of trauma and a potential clustering together of adverse experiences (McKenna & Bunting, 2015). It might therefore be the case that such impacts on families are being reflected in the rising domestic violence figures in Northern Ireland, and persisting into the post-conflict period.

Developmental stage at trauma exposure may also be likely to play a role in how traumatic experiences confer risk. Indeed, the results of the first set of logistic regressions potentially indicate the detrimental impact of polyvictimisation (Finkelhor et al., 2011) or repeated exposure (Herman, 1992).

Substance abuse was found to significantly increase the odds of three out of five offending indicators occurring: perpetration of injurious violence, use of weapon and previous police involvement. These effects were present while controlling for the effect of the other variables in the model and regardless of the categorisation of traumatic exposure across the two sets of hierarchical models. These results suggest that substance abuse is a significant risk factor for serious domestic violence offending in this sample. The latest national figures suggest that alcohol abuse is a significant problem in Northern Ireland. The rate of alcohol-related deaths is currently at the highest ever recorded (2% of total deaths), with highest rates in the 45-54 age group, who grew up during the time of the political conflict (Northern Ireland Statistics and Research Agency, 2019). It might be the case, therefore, that substance abuse accounts for part of the pathway from trauma exposure to domestic offending behaviours,
Trauma and Domestic Violence Offending Severity

whereby substance abuse is used as a method of coping with trauma, and this in turn increases risk of perpetrating domestic violence. Recent research from Liberia supports this hypothesis, showing that alcohol abuse partially mediated the relationship between exposure to armed conflict and perpetration of partner violence (Kelly et al., 2018).

International research has consistently shown that substance abuse is associated with elevated risk of partner violence perpetration (e.g. Coker et al., 2000; Walton-Moss et al., 2005; Foran & O’Leary, 2008). Alcohol abuse has also been associated with increased severity of perpetration (Fals-Stewart, Golden & Schumacher, 2003), possibly due to its potential to reduce perpetrators’ inhibitions for carrying out more violent acts (e.g. Sommer et al., 2017). This risk associated with alcohol seems to be higher for partner violence than for other types of perpetration (Andrews & Bonta, 2010).

It is important to emphasise, however, that the present results must be interpreted as differences identified within a relatively homogenous sample of domestic violence offenders. The requirement to sample based on referral to domestic violence programmes necessarily reduced heterogeneity, whereas other differences may have been detectable with a broader spectrum of domestic offenders. Overcoming this issue will likely require changes to official data collection and categorisation of domestic violence crimes, whereby information on the context, gender and relationships between victim and perpetrator is routinely recorded (Walby et al., 2017). The planned criminalisation of the offence of ‘coercive control’ in Northern Ireland, if effectively implemented, should also help to produce more reliable findings on a more diverse range of domestic violence offenders. Such legislation is in place in the Republic of Ireland, England, Scotland and Wales, but criminalisation in Northern Ireland has been stalled due to recent political instability: first, by the absence of a functioning power-sharing executive, and more recently, by the ‘Brexit’ impasse.
Clinical implications

The significance of exposure to multiple traumas as a risk factor for injurious and sexual violence perpetration in the present study appears to support the incorporation of trauma-informed elements to rehabilitative intervention. Trauma-informed interventions for partner violence are already being developed and tested. For example, Taft et al. (2016) have developed a trauma-informed programme designed for military veterans entitled ‘Strength at Home,’ and tested its effectiveness in a randomised controlled trial. This cognitive-behavioural treatment produced greater reductions in partner abuse over time than the alternative treatment condition, although the differences between the groups became non-significant at three-month follow-up. Another approach is described by Pascual-Leone et al. (2011), who incorporated eye movement desensitization and reprocessing (EMDR; Shapiro, 1989) into an ‘emotion-focused’ intervention for partner violence entitled ‘Relating Without Violence’ (RWV). RWV produced significant reductions in violence relative to the comparison group at eight months follow-up, although the quasi-experimental design used by Pascual-Leone et al. (2011) entails that some bias relating to group allocation cannot be ruled out. Efforts to incorporate trauma-informed elements into interventions should build upon preliminary findings such as those of Pascual-Leone et al. (2011) and Taft et al. (2016), and work towards enhancing the sustainability of these results.

Limitations

There are several limitations inherent in secondary data analysis which should be noted in relation to the present study. The available data unfortunately precluded consideration of severity and chronicity of potentially traumatic experiences. Longitudinal research with continuous indicators and more detailed assessment of trauma using standardised assessments in future studies will be necessary to improve the reliability of results. The selective nature of
the sample is a significant limitation to the present study. Because enrolment in a rehabilitation programme was an inclusion criterion, the sample is limited by the eligibility criteria for those rehabilitation programmes. Perhaps most problematic among these criteria is the exclusion of individuals with current active substance abuse and mental health problems severe enough to disrupt their ability to participate. This likely means that the most disordered perpetrators are excluded from consideration in the present study. Conversely, enrolment in the programmes requires perpetrators to meet a certain risk threshold, which implies that the present sample disproportionately represents these medium-high risk perpetrators and excludes those who would be considered lower risk. Finally, the cross-sectional data limits the inferences that can be made in terms of causality. There is significant need for prospective research in this area in Northern Ireland, to ascertain the temporal order of factors considered here.

Conclusions

Despite its limitations, this study was the first to quantitatively assess the relationship between trauma exposure and domestic violence severity in post-conflict Northern Ireland. Exposure to multiple types of trauma was associated with perpetration of injurious and sexual violence, while substance abuse was associated with injurious violence, use of weapons and previous police involvement for domestic violence. This suggests that trauma-informed approaches, used in conjunction with treatment for substance abuse, may be useful to address the elevated rates of domestic violence in post-conflict contexts. It may be useful for such trauma-informed intervention to focus on the family-malfunctioning category of trauma exposure, and to recognise the ways in which these experiences can be exacerbated by the conflict or post-conflict environment. Future research, including prospective studies, will be important going forward to identify earlier targets for intervention prior to the perpetration of serious violence when they would potentially have a greater chance at success.
References


[http://dx.doi.org/10.1037/h0045925](http://dx.doi.org/10.1037/h0045925)

[https://doi.org/10.1093/epirev/mxx015](https://doi.org/10.1093/epirev/mxx015)

[https://doi.org/10.1002/jts.21766](https://doi.org/10.1002/jts.21766)


Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., ... & Sharps, P. (2003). Risk factors for femicide in abusive relationships: Results from a multisite
Trauma and Domestic Violence Offending Severity


https://doi.org/10.2105/AJPH.93.7.1089


https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e


https://journals.kent.ac.uk/index.php/feministsatlaw/article/view/744/1459

Trauma and Domestic Violence Offending Severity

Eurostat, 2019. *Intentional homicide victims by victim-offender relationship and sex - number and rate for the relevant sex group.*


Trauma and Domestic Violence Offending Severity


Trauma and Domestic Violence Offending Severity


Trauma and Domestic Violence Offending Severity


https://doi.org/10.1080/09546550490509775


https://doi.org/10.1002/1097-0355(199524)16:4<271::AID-IMHJ2280160404>3.0.CO;2-B

Police Service of Northern Ireland (PSNI) 2018a. *Incidents and Crimes with a Hate Motivation Recorded by the Police in Northern Ireland*. Retrieved from
Trauma and Domestic Violence Offending Severity


Sommer, J., Hinsberger, M., Elbert, T., Holtzhausen, L., Kaminer, D., Seedat, S., ... & Weierstall, R. (2017). The interplay between trauma, substance abuse and appetitive aggression and its
Trauma and Domestic Violence Offending Severity

relation to criminal activity among high-risk males in South Africa. *Addictive Behaviors, 64*, 29-34.


https://doi.org/10.3390/ijerph9051908