Research Brief

Family violence perpetration and mental health

Introduction

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

Terminology

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

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

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

Prevalence

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

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

- posttraumatic stress disorder (PTSD) (Siegel 2013: 295; Davoren et al 2017: 641; Askeland & Heir 2014: 1-2; Corvo & Johnson 2013: 177; Crane et al 2014: 244);
- anxiety disorders (Davoren et al 2017: 641; Askeland & Heir 2014: 3; Corvo & Johnson 2013: 177; Hester et al 2015: 6-7);
- depression (Davoren et al 2017: 641; Askeland & Heir 2014: 3; Corvo & Johnson 2013: 177; Graham et al 2012: 740-741; Hester et al 2015: 6-7);
- suicidality (Heslop 2018: 15; c.f. Wolford-Clevenger et al 2018: 151;
- ADHD (Wymbs et al 2017: 662); and
- Bipolar disorders (Crane et al 2014: 244).

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

Association vs causation

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

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

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

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

Implications for research, policy and practice

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

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

Other implications for policy and practice include:

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

Conclusion

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

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

References


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