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### **Abstract**

The present study represents the second part of a two-part project that has sought to explore the demographic characteristics, assessment of abuse risks, and provision needs of service users of specialist Domestic Violence and Abuse (DVA) services in the United Kingdom (UK; see Hine, Bates, et al., in press for Part 1). The current study utilised a large-scale quantitative data set of 27,876 clients (734 men and 27,142 women) exiting from specialist DVA services within the UK between 2007 and 2017. Across the sample there were significant reductions in abuse upon discharge from services, with most participants no longer living with their abusive partner. There were some significant differences between male and female clients, but most had small or negligible effect sizes. For example, men were more likely to be still living with their abuser (twice as many men as women), and for those not living together men were more likely to report ongoing contact. Women were found to have significantly higher reported rates of improved quality of life and overall safety. The findings are discussed in line with recommendations for future research and practice, including the more widespread commissioning of ‘gender inclusive’ provision which acknowledges differential risks associated with male and female clients.

**Keywords:** domestic violence; help-seeking; service engagement; service provision; gender inclusivity

## Introduction

It has been argued that, despite the existence of extensive domestic violence policy frameworks within the United Kingdom (UK; such as the Violence Against Women and Girls Strategy; HM Government, 2016) which serve to politically underpin and fund service provision for victims, there are still significant challenges in providing support for victims of domestic violence and abuse (DVA). For example, issues with access are characterised by significant variation in the quantity and quality of provision, not just within the UK (Ishkanian, 2014), but internationally (Yoshioka & Choi, 2005). Moreover, victims of DVA face several layers of societal prejudice, relating to persistent notions of DVA as a conventional and normalised behaviour, that should be dealt with within the home (Nicholson, 2010). This is no more so the case than for marginalised or so-called ‘hidden’ victims groups, who experience additional layers of bias, alongside a lack of political recognition, which can in turn translate to under-funding and ineffective service provision (Laskey & Bolam, 2019; Wallace et al., 2019b).

Such issues originate, at least in part, from a lack of comprehensive information regarding victims’ use of services. The current paper goes some way to addressing this issue, being the second part of a two-part assessment of new, large-scale, national data on service users of specialist DVA services within the UK. Part I (see Hine, Bates, et al., in press) provided an important step forward in understanding the needs of victims of intimate partner violence (IPV) upon presentation to services. Indeed, several recommendations relating to awareness and identification of risk (specifically as relating to different probability of risk in male and female victims) were outlined in that manuscript. However, as noted by the authors, significant gaps in understanding remained relating to the effectiveness of service provision and utilisation of specialist services as measured *post*-engagement. The present study therefore details the second stage of this analysis, utilising the same, large scale data set to

examine victim characteristics, context and outcomes of abuse, referrals to other services, and criminal justice outcomes for male and female victims of opposite-sex IPV<sup>1</sup> upon exit from specialist services within the UK.

### **Effective Service Provision**

Evidence currently suggests that the psychological impact of IPV for both male and female victims appears similar, and includes anxiety, posttraumatic stress disorder, dissociation, and depression (Matsuura et al., 2013). Indeed, around 27% of male victims and 37% of female victims report mental health problems, and, as abuse history increases, so does the risk of multiple mental health issues (14%) and suicide attempts (11%; Scott et al., 2015). When abuse involves physical aggression, there are also wide ranging physical impacts, ranging from acute injury (e.g., a laceration) to chronic conditions (e.g., disability; Karakurt et al., 2017). There are also additional health risks in terms of behaviours such as substance misuse and self-harm that victims may use to manage distress (Smith et al., 2012).

The primary aims of DVA services are, therefore, to help a) protect victims by reducing the risk of further abuse, and b) manage the physical and psychological outcomes of abusive behaviours (or referring victims to services that can assist with this). As such, it is important to explore client outcomes resulting from service engagement both to monitor service efficacy, and to identify avenues for improvement. The evidence currently available on what constitutes effective service provision for victims of DVA provides mixed conclusions, and important but relatively broad recommendations. For example, Bates, Hancock and Peterkin (2001), found that there was a need to ensure women felt safe and understood in a supportive environment. This is mirrored in work by Cattaneo and Goodman (2015) centring empowerment in the work of practitioners, with similar messages found in work with male victims, which highlight the need for men to be recognised and to have their

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<sup>1</sup> As stated in Part I of this investigation (Hine et al., 2021), the current manuscript also focusses on data relating to male and female victims of domestic abuse from an opposite-sex partner. Data relating to LGBTQ+ victims will be explored in a separate, forthcoming manuscript.

victimisation validated (Hine et al., 2020; Wallace et al., 2019a, 2019b). Moreover, studies have found a number of important contributing factors conducive to service engagement, including: in-service education and presence of institutional support (Tower, 2006); increased use of screening clients (O'Campo et al., 2011; Tower, 2006); utilising multidisciplinary approaches, including specially trained healthcare professionals (McGarry, 2017; Short et al., 2002); and inclusion of social networks into the system of support (Goodman et al., 2016). A review conducted by Eckhart et al. (2013) highlights the equivocal nature of results, with studies mixed in terms of demonstrating the efficacy of brief and also community interventions in improving revictimization rates. Further, systemic failures, access challenges, and personal barriers are all still identified as issues within the area (Robinson et al., 2020). Arguably, a useful starting point for the further development of effective service provision is an assessment of current efficacy. However, at present, a large-scale review of service outcome data in core areas of need (i.e., reduction of risk) is generally lacking, particularly in the UK.

### **Gendered Service Provision?**

Also absent is any detailed exploration as to how outcomes might differ for male versus female clients. Indeed, whilst evidence is emerging regarding issues with access, engagement, and what male and female clients need from services upon presentation, less is known about differences, if any, in outcomes upon exit from services. For example, results from Part I (Hine, Bates, et al., in press) supported previous observations that men are generally less likely to engage than women, and that male help-seeking is hindered by both personal (i.e., men struggling to ask for help) and systemic barriers (i.e., lack of male-friendly services), suggesting a need to improve the uptake of services by men (Bates & Douglas, 2020; Liddon et al., 2018). The recommendation was subsequently made that the provision of gender-inclusive services is necessary. However, such a call would arguably be significantly

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strengthened by data which assessed any differences in the efficacy of current provision for male and female clients, particularly in terms of poorer outcomes for male victims. For example, there is increasing acknowledgement that provision for male victims is, at best, mixed (Bates, 2019; Huntley et al., 2019), but evaluation of services supporting men is still limited (Bates & Douglas, 2020). As such, it is arguable that a large-scale evaluation of the current efficacy of DVA services in the UK in supporting male and female clients would create a necessary starting point for identifying subsequent improvements.

To further strengthen evaluation of service efficacy, it is also important to examine criminal justice outcomes of abuse victims. Indeed, even less is known about said outcomes beyond familiar issues regarding attrition identified by governmental statistics in the UK (Office for National Statistics, 2020a), the US (Klein, 2009), and small scale case review studies (Hester & Lilley, 2017). There is also some evidence available on the differential case characteristics and progression of cases with a sole male, sole female, or dual perpetrators, but again, on a small scale (84 cases; Hester, 2013). There is also evidence available suggesting that both female (Johnson, 2007) and male victims (McCarrick et al., 2016) experience significant issues when engaging with law enforcement, with some suggestion that additional stigma resulting from gender stereotypes worsen these experiences for men. Indeed, research has demonstrated the significant barriers men face in help-seeking (e.g., see Taylor et al., in press) with crime survey figures suggesting that men are more likely to fail to tell anyone about their abuse as compared to women. Indeed, nearly half of men do not disclose to anyone (49%), which is nearly three times higher than for women (19%; Office for National Statistics, 2018); a figure has grown since the previous iteration of the survey. Male victims in previous research have also reported experiencing a lack of empathy from police (McCarrick et al., 2016), something which can also be impacted by the gender of the police officer involved (Fagerlund, 2021), and often fail to receive the same treatment as

female victims with the same levels of risk and harm (e.g., see Hope, et al., in press). Men often do not disclose or seek help through a fear of not being believed or previous negative experiences (e.g., Lysova et al., 2020) and men have also been seen to perceive the consequences of their victimisation as less serious and try to “brush it off” (Cho et al., 2020, p. 724). Taken together, they are seen within the literature to have overwhelmingly negative help-seeking experiences (e.g., Brown, 2019). However, more detailed information regarding the intricacies of the criminal justice process (i.e., the petition and granting of domestic violence protection notices), and comparisons between cases involving male and female clients with larger samples, are still needed.

Consistent with the challenges outlined in Part I (Hine, Bates, et al., in press), a principal barrier to the evaluation of service performance is a lack of robust data. As such, analysis of large-scale, national datasets on post-service reported abuse type and context, health outcomes, forward service engagement, and criminal justice outcomes, might help to provide a clearer overview of victim outcomes. This would, in turn, allow both services and researchers to identify areas which may require improvement.

### **The Present Study**

More information is clearly needed as to the (potentially differential) outcomes for male and female clients as a result of engagement with the DVA sector in the UK. As such, as the second of a two-part exploration, the present study analysed case data collected from specialist domestic violence charities across the UK on victims’ exit<sup>2</sup> from services. Case information included the demographic characteristics, reported abuse type and context, abuse outcome/risk factors, referral to other services, and criminal justice outcomes for both female

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<sup>2</sup> Exit is defined as being the final meaningful contact with the client (e.g., the last face to face session). The ‘exit’ form can be completed whether case closure has been planned or unplanned. Unplanned closures include cases where contact has been lost with a client and where the client has disengaged or refused support. In these cases the exit form is completed using information from the last engagement with the client.

and male service users, abused by an opposite-sex partner, accessing services between 2007 and 2017. The study had two research questions, outlined below:

RQ1: What were the demographic characteristics, reported abuse type and context, abuse outcomes, engagement with other services, and criminal justice outcomes of service users upon exit from services?

RQ2: On which variables, if any, were there gender specific experiences?

### **Methods**

#### **Dataset**

The data for the present study is generated from a corresponding dataset utilised by the same authors detailing victim's initial presentation to services (Hine, Bates, et al., in press), and a full overview of the origin and preparation can be found in that publication. However, in brief, the dataset for the present study was provided by a nationwide charity in the UK dedicated to ending DVA for all persons. The charity gathers data from DVA charities and organisations across the UK who work with predominantly 'high-risk' clients through a dedicated portal, collected from victims by service providers upon their engagement with, and exit from, frontline DVA services. Services providing data are located across the UK, with most being in England and Wales (with the highest concentration in Northwest and Northeast of England). Data was mostly collected by independent domestic violence advisors (IDVAs<sup>3</sup>), or other outreach professionals, including those working at refuge services. All services providing data were frontline DVA services, including refuge and outreach services, and many worked exclusively with female victims.

In relation to exiting from services, several specific methodological notes should be acknowledged. It was practice for the 'exit form' to be completed for every client seen by a

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<sup>3</sup> An Independent Domestic Violence Advisor (IDVA) is a specialist professional who works with a victim of domestic abuse to develop a trusting relationship. This role is designed and commissioned to work predominantly with high-risk clients.



caseworker, as long as they had engaged with the service to some extent beyond their initial assessment (or ‘intake form’). In this sense, the sample presented here will be representative of individuals who engaged with and *stayed engaged* with services (even if this engagement was brief). As noted below, there were a significant number of clients who did not meet this threshold. As with the intake form, the data gathering process transferred from a paper questionnaire to an online system in 2015 but was always completed in person with a professional. This process would usually take a similar amount of time to the ‘intake form’, except if there had been a criminal justice outcome of some kind (as this would involve additional questions).

### **Preparation of Sample**

Several of the exclusions detailed in the companion manuscript named above also apply to this sample – for a full overview, please see Part I (Hine et al., 2021). For this study, we included only heterosexual, cisgender male and female clients, who had completed an exit form with their service. Subsequently, from an original sample of  $N = 64,111$  cases, a final sample of 27,876 clients (734 men and 27,142 women) remained for analysis in the present study. This represents individuals who have stayed actively engaged with a service (i.e., to such an extent that enough information is available to complete an exit form, even if this was minimal/limited engagement). The results below should therefore be taken with some caution, as information relating to nearly 7,000 heterosexual clients who did not engage with services beyond initial presentation was not included.

### **Analytic Plan**

A similar analytic approach is taken to Part I (Hine et al., 2021), with several focused areas of analysis; demographic characteristics, context of abuse, reported abuse type, outcomes and risk factors, engagement with other services, and criminal justice outcomes. Within each of

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these areas (and respective tables), descriptive data is first described, followed by relevant inferential analysis assessing differences between male and female victims.

For continuous data (i.e., measurement scores), independent sample *t*-tests were conducted, with significant results showing that one group scored more/less on a particular measure. For categorical data (i.e., with a yes/no outcome) binary logistic regressions were conducted, with significant results suggesting a higher probability of the presence of a particular case characteristic or factor for one group. The reference category was always the group showing the lower frequency of the two (as indicated below tables) with significant odds ratios suggesting a higher probability of the presence of a particular case characteristic or factor for the last category. It is worth noting that, even though the male and female subsamples are unequal, binary logistic regression is appropriate when subsamples constitute more than 1% of the overall sample (King & Zeng, 2001). For some questions, sub-samples fell below this threshold, and analysis was not conducted in these cases.

Some questions allowed clients to provide multiple selections (e.g., Sustainability in reduction in Risk, Confidence in approaches other services for support). For these questions, it was not possible to conduct an analysis of distribution (i.e., Chi Square) as counts could appear in multiple cells and skew results. Instead, binary logistic regressions were conducted on each answer option, and results should therefore be interpreted with caution. Some questions were single selection multiple-choice questions (i.e., with more than just a yes/no option). For these variables, additional dummy variables (1 = yes, 0 = no) were created for each selectable option to allow for inferential analysis (and options such as 'Don't Know' were recoded as missing data).

Effect sizes are reported throughout, with Cohen (1962) outlining that small effect sizes ( $d = .2$ ) *would not* be readily perceptible to an observer; medium differences ( $d = .5$ ) would be large enough to be noticeable to someone looking for the difference; and a large

effect size ( $d \Rightarrow .8$ ) would be “so obvious as to virtually render a statistical test superfluous” (p. 150). For effect sizes to interpret  $t$ -test analysis, Cohen’s  $d$  is appropriate. In terms of interpreting the clinical significance of the odds ratios (OR), Chen, Cohen and Chen (2010) suggest that authors could interpret OR by relating it to differences in a normal standard deviate calculated from the respective probabilities being compared. Therefore, where OR justify this, effect sizes will be calculated using the Chen et al. (2010) method. As in Part I (Hine et al., 2021), where differences are highly significant, but effect sizes are very small (i.e.,  $< .2$ ) these are noted in the tables but will not be discussed in the results or discussion in detail as the effects are likely to be clinically meaningless. For Chi Square analyses, Cramer’s  $V$  ( $\Phi_c$ ) will be reported. Values fall between 0 and 1, with the higher the value indicating greater effect size, and 0.1 representing a minimum value to demonstrate a meaningful relationship between the two variables (Cramér, 1999). All values will be reported, with observations of strength noted.

## Results

### Demographic Data

The mean age for the sample was 33.96 years (min = 16, max = 97, SD = 11.18, median 32 years). For men, the mean age was 42.29 years (min = 16, max = 92, SD = 12.94, median 41 years), and for women the mean age was 33.73 years (min = 16, max = 97, SD = 11.04, median 32 years). Men were significantly older than women,  $t(27874) = 20.62, p < 0.001, d = 0.71$ . Clients were mostly White British (90%), with the next largest category being Asian/Asian British (5%), and further small percentages coming from a wide variety of different ethnic backgrounds (including Black/Black British, Arab/Arab British, and Dual Heritage Backgrounds). This distribution was similar for men and women.

### **Context of abuse**

Table 1 provides data on the broader life context for those leaving their service, for the whole sample and by gender. Just under half of clients identified themselves as unemployed, and inferential analyses revealed that men were significantly more likely to be in paid employment ( $d = .31$ ). Reassuringly, just over 85% of participants reported that they were no longer living with their perpetrator. However, men were significantly more likely than women to still be living with their perpetrator upon exit from the service ( $d = .34$ ) though it is important to note that some clients may report not living with their partner as support may be withdrawn if they are still in the same residence). Of those clients not living with their perpetrator women were significantly more likely than men to state that they were in a refuge, or their perpetrator was in jail (only 13 men reported this as a reason,  $d = .71$  for both). However, it is worth noting that approximately 70% gave an unspecified reason as to why they were not living together, which suggests that more information on post-abuse living arrangements is needed. Just over 40% of clients reported ongoing contact with their perpetrator, even though they were not living together, with men significantly more likely than women to report this ( $d = .34$ ). Finally, of reasons given for ongoing contact, men were significantly more likely than women to say this was due to an ongoing intimate relationship ( $d = .55$ ).

### **Reported Abuse Type**

Tables 2 and 3 provide descriptive statistics regarding the occurrence, and changes in severity and frequency, over the previous three months for clients upon exit. When examining occurrence (see Table 2), reassuringly, physical, and sexual abuse followed similar patterns, with between 80 and 95% of the sample reporting no abuse in the previous three months. This was lower for harassment/stalking and jealous/controlling abuse, with approximately 55-70% of clients saying there had been no abuse occurring. Reporting across

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all types of abuse was broadly similar for male and female clients, however chi square analyses revealed that variations were significant (though effect sizes were negligible for all). For physical abuse, a similar number of men and women reported 'high' levels, with men showing significantly higher frequencies for 'moderate' and 'standard' abuse, and women for 'none' ( $\chi^2 (3) = 28.70, p < .001, \Phi_c = 0.03$ ). For sexual abuse, women had significantly higher 'high' frequencies, and men had significantly higher 'standard' frequencies ( $\chi^2 (3) = 8.57, p < .05, \Phi_c = 0.02$ ). For both harassment/stalking and jealous/controlling behaviour, women had significantly higher frequencies for 'high' and 'none', and men had significantly higher frequencies for 'moderate' and 'standard' ( $\chi^2 (3) = 15.39, p < .001, \Phi_c = 0.02$  and  $\chi^2 (3) = 45.16, p < .001$  respectively,  $\Phi_c = 0.04$ ).

When asked about escalation in severity and frequency for abuse types (see Table 3), interesting patterns emerged. Reassuringly, less than 5.3% of clients reported any type of abuse getting worse on either parameter, with between 12 and 25% reporting that it remained unchanged. Instead, most clients said that the abuse had reduced, with some significant differences noted between men and women (though again, effect sizes were negligible). For severity, Chi square analysis revealed similar frequencies for men and women in the 'worse' category, significantly higher frequencies for men in the 'unchanged' category, and significantly higher frequencies for women in the 'reduced' category for physical abuse ( $\chi^2 (2) = 9.21, p < .001, \Phi_c = 0.03$ ), harassment/stalking ( $\chi^2 (2) = 12.78, p < .01, \Phi_c = 0.03$ ), and jealous/controlling behaviour ( $\chi^2 (2) = 19.23, p < .001, \Phi_c = 0.03$ ). No significant differences were found for the severity of sexual abuse. These patterns were mirrored for frequency across all abuse types ( $\chi^2 (2) = 9.53, p < .001, \Phi_c = 0.03$ , for physical,  $\chi^2 (2) = 16.34, p < .001, \Phi_c = 0.03$ , for harassment/stalking, and  $\chi^2 (2) = 21.04, p < .001, \Phi_c = 0.03$ , for jealous/controlling behaviour, and no significant differences found for sexual abuse).

Table 4 provides further information regarding the occurrence of abuse. Specifically, 83-94% of participants reported that they had not experienced physical or sexual abuse at any level in the previous three months. This reduced for harassment/stalking and jealous/controlling abuse but was still around two thirds of clients. Interestingly, men were significantly more likely than women to report physical abuse ( $d = .16$ ) and jealous/controlling behaviour ( $d = .16$ ), but it should be noted that these differences are negligible. No differences were found in the frequency of reported sexual or harassment/stalking behaviours.

### **Outcomes of Abuse**

Mean values for case workers' assessments of risk of further harm suggest that a moderate to significant reduction of risk was achieved for the sample as a whole. Specifically on a scale of 0 'Significant reduction in harm' to 4 'no reduction in harm', there was a mean value of 2.18 for the whole sample ( $SD = 1.19$ ), with no significant differences between men and women. Most of this reduction was in the medium or long term. Interestingly men were more significantly likely than women to have achieved risk reduction in the very short term ( $d = .55$ ), suggesting that men's outcomes in relation to risk are more temporary than for women (though female subsample size on the 1% threshold should be noted). When assessing client safety, clients reported feeling 'slightly' to 'much' safer on average than when they engaged with the service, with no differences between men and women. Clients also reported feeling that, on average, their quality of life had improved a little to a lot as a result of service provision. Analysis showed that women reported a more significantly improved quality of life than men,  $t(27659) = 2.21, p < 0.05$  (though the effect size for this difference was negligible,  $d = .09$ ). In reference to accessing further help and support, most clients felt very confident or confident, with a similar pattern reported for men and women. Finally, clients reported generally good mental and physical health, and, whilst no differences were found for

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mental health, men reported significantly worse physical health than women,  $t(22661) = 4.75, p < 0.001$  (though the effect size here was again negligible,  $d = .19$ ).

### **Referral to other services**

Clients received an average of 15 contacts and were reviewed by MARAC an average of six times (if MARAC was accessed), with no differences observed between men and women. Table 6 provides information on the further services accessed by clients. Most clients had a safety plan written for them, with this dropping to approximately one third of clients assessed at MARAC and support with the police. Other frequently accessed services were those to do with housing, health, and children/young persons (CYP). Other more specialist services (e.g., HBV/FM) were accessed by a small minority of clients. There was a small but consistent pattern found with women being significantly more likely than men to access some services, but all effect sizes were negligible.

### **Criminal Justice Outcomes**

Only cases where a report has been made are included for analysis of criminal justice questions. Most clients made a report to the police about the abuse perpetrated against them, with a similar majority stating that this report had occurred before engagement with services (see Table 6). No differences were shown between men and women in the likelihood of reporting, or when this occurred. In most cases the perpetrator was arrested, with a significant but negligible likelihood this would happen in cases reported by women ( $d = .19$ ). Domestic violence Protection Notices/Orders were issued in a very small number of cases (around 5%), and even fewer cases involved an application for such an order (with no differences found between men and women for such applications). The CPS proceeded with around 85% of cases charged, with women more likely than men to have their case progressed ( $d = .22$ ), with only around one third of cases progressing to crown court. Victims were rarely present at

trials, with specialist services frequently attending in lieu. Male perpetrators were much more likely than female perpetrators to attend the trial ( $d = .31$ ).

The most likely outcome as a result of report was that the perpetrator was charged (around two thirds of cases), with Chi square analyses revealing a significant difference in distribution, with women more likely to have their perpetrator charged than men, and men more likely to have their perpetrator cautioned,  $\chi^2 (4) = 12.31, p < .05, \Phi_c = 0.04$ . The Crown Prosecution Service (CPS) subsequently authorised the charge the majority of the time and did so at similar levels for male and female clients. When charged, perpetrators were released on bail in around two thirds of cases, with chi square analysis suggesting that male perpetrators were more likely to be remanded in custody than female perpetrators,  $\chi^2 (2) = 7.49, p < .05, \Phi_c = 0.03$ . Cases were likely to be heard in a special domestic violence court (SDVC) in around 65% of cases for both men and women, and most cases did not request special measures, and when they were, they were granted (and this was significantly more likely to be granted to female victims than male,  $\chi^2 (3) = 13.5, p < .01, \Phi_c = 0.05$ ).

### **Discussion**

The present study sought to explore the demographic characteristics, reported abuse type and context, and outcomes (including those relating to criminal justice) of female and male service users exiting specialist DVA services in the UK (in complement to findings described in Hine et al., in press on presentation to services). Many of the factors assessed showed similarities between male and female clients, and, whilst several factors had a higher probability of occurrence in one or the other group, few of these were large enough to be clinically significant. Such results suggest that challenges in delivering service provision are largely applicable to all clients, alongside some gender-inclusive considerations.



### **Overall efficacy of service provision**

The current analysis provides strong support for the utility of support services for victims of DVA. At the most simplistic level, most clients had managed to successfully exit their abusive relationship and were no longer living with their abuser. As most of the professionals completing the forms, and providing support, were independent domestic violence advisors (IDVAs), this provides support for previous research on the importance of having specially trained individuals supporting victims (McGarry, 2017; Short et al., 2002). Furthermore, all clients reported similar levels of abuse at this ‘exit stage’, which had reduced significantly over time. In this sense, it would appear that services had been effective for all clients at removing the most obvious risk to clients – occurrence of abusive behaviours. Other outcomes further reflected this ‘whole sample’ change. For example, all clients showed significant reduction in harm, reported feeling safer at this point than when they presented to services, and reported improvement in quality of life. Clients were also similarly referred on to other services they required. This encouragingly suggests that, as a sector, DVA services (or at least, those which provided data for this study) are supporting clients effectively, regardless of client gender.

Before exploring gender-specific findings below, it is worth highlighting that the finding that services are broadly equally effective for both men and women is one that might surprise some in the field; particularly those who have worked with male victims closely. Indeed, provision for men is routinely described as mixed, at best (Bates, 2019; Huntley et al., 2019), largely as the result of the DVA sector being identified still as a predominantly ‘female domain’ (Hester et al., 2012), and of some services supporting men originally being designed as services for women (as was the case for several organisations contributing data to this study). Considering that such reviews of the sector have been completed recently, and the data for this study was provided between 2007 and 2017, it would be alarming if the sector

had gotten worse in providing services for men in the space of only 2 to 3 years. The results from this study could instead be a methodological artefact. Specifically, all the contributing services work with so-called 'high-risk' clients. It could be therefore that all clients, male or female, thus met both a formal and informal threshold in the eyes of service providers to be deemed eligible for support; a threshold that may have potentially mitigated some of the traditional barriers around men's ability to be taken seriously as male victims (Hine, 2019). Future research should therefore seek to establish whether these same results regarding service efficacy are found for other victim populations (i.e., low-risk or GBT men).

### **Gender-Specific findings**

Some gender-specific differences were identified however (although many of these, though significant, showed small effect sizes). For example, while most victims were not residing in a refuge upon exit, female victims were significantly more likely to be in a refuge and their perpetrator be in jail than male victims. That women are more likely to be in a refuge may at least in part be an artefact of the number of refuge spaces available to women compared to men; there are currently only 39 organisations offering refuge or safe house provision for male victims in the UK - a total of only 238 spaces, 58 of which are dedicated to men only (Brooks, 2021). In contrast, for women there are currently 269 organisations and 3649 spaces (Parliamentary Select Committee, 2017). Importantly, the proportionality of these figures are in stark contrast to available statistics around prevalence of victims by gender, which suggest that approximately one third of DVA victims are male (Brooks, 2021). Indeed, almost twice as many men than women reported still living with their abuser, again possibly as a consequence, at least in part, of the lack of other housing options. Given the generally low proportion of all victims who actually use refuge places, this gender-difference could also be a factor of police responses. Research generally suggests that women use the police to enable them to terminate an abusive relationship (Patterson & Campbell, 2010).

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Of those not living together, men were significantly more likely to be having ongoing contact with their abuser, and, whilst this difference was small, this suggests that male clients may be at greater ongoing risk of abuse than female clients upon exit from services. This is supported by recent research suggesting that callers to male domestic abuse helplines are frequently still with their abusive partner (Hine, Wallace, et al., in press) and that men may have additional difficulties in leaving their abusive relationships relating to lack of recognition of abuse and concern over children (Hine et al., 2020). However, it should be noted that questions relating to living arrangements are particularly complicated, as clients may give inaccurate information in order to maintain access to support. Moreover, not living with a partner, and even cessation of the majority of contact does not necessarily represent a terminated relationship, particularly when children are involved.

This is further supported by findings showing that more men had experienced physical abuse and jealous/controlling behaviour in the previous three months than women, though it should be noted again that effect sizes for these results were very small. Once more, this suggests that, whilst the majority of male and female victims reported that all types of abuse (both frequency and severity) had reduced, and whilst no differences were found for other abuse types (e.g., sexual abuse), men appear to have greater ongoing risk than women upon exit from services. These results chime much more strongly with the growing literature base around men's experiences of help seeking, and efficacy of service provision (See Hine, Wallace, et al. in press for review), and suggest that further investigation is required as to why men appear to be at higher ongoing risk after engagement with services, and again whether this is similar for men who aren't labelled as 'high-risk'. Alongside differences in living situation and contact, such results could be explained by differences in engagement with further sources of support as, although there were generally no or only small differences between men and women in terms of safety plans, MARAC, liaison with police, support with

court, civil justice probation, housing, immigration, wellbeing, CYP and HRV/FM, there was a consistent, albeit small, pattern of higher engagement by female clients. Again, all findings speak to previous research highlighting barriers faced by male clients in accessing support services (Hine et al., 2020; Wallace et al., 2019a, 2019b).

### **Criminal Justice Outcomes**

In terms of engagement in the CJS, most victims made a report to police, and did so prior to their engagement with services. As research from the UK finds that only one in five victims of DVA typically report to police (Hamlyn & Brown, 2007), and government statistics suggest that approximately half of cases went unreported in the year ending March 2020 (Office for National Statistics, 2020b), it can be argued that the current data may not be representative of victims of DVA but likely represents a discrete subpopulation of victims. Specifically, it may be that the current sample contains the type of high-risk individuals that are highly visible to services or have more prominent or obvious evidence of harm, and who are therefore more likely to have had contact with the police. It can therefore be further suggested that perhaps individuals who are classified as ‘high-risk’ are not as effected by the issues or barriers relating to engagement with justice bodies previously identified in the literature (Johnson, 2007).

This is further supported by the seeming lack of significant gender-differences in reporting found in this study, which is at odds with general survey data from UK and EU samples that find that men’s victimisation is less likely to be known to police (Barrett et al., 2020; Machado et al., 2016; Machado et al., 2017; MacQueen & Norris, 2016; Peraica et al., 2020). Indeed, research has demonstrated the significant barriers men face in help-seeking (e.g., see Taylor et al., in press), however, these do not appear to have proved detrimental to the men from this sample. The lack of gender-differences in applying for protection orders as compared to the what is generally found in the literature (Felson et al., 2002) may again be

reflective of sample bias. Research on DVA cases which are reported to police find that women are overrepresented but that the men whose victimisation is known to police have higher rates of injury than female victims (Addington & Perumean-Chaney, 2014; Buzawa & Austin, 1993; Karlsson et al., 2018) indicating the threshold for victimisation becoming a law-enforcement issue is higher for men. Again, as this population is already labelled as ‘high-risk’, it could be that these thresholds had been met for male and female clients alike in the eyes of officers.

Protection notices were rarely applied for but when they were, they were usually granted. Most of those reported were charged although male victims were more likely to have their perpetrator receive a caution which is consistent with research on male victims’ beliefs that police will take their report seriously (Drijber et al., 2013). In terms of CJS actions, a consistent pattern emerged. Male victims were less likely to have their perpetrator arrested, to have their perpetrator remanded in custody, less likely to have their case proceed through court. Taken together, such results suggest that male victims may struggle to achieve justice outcomes to a greater extent than female victims, and that widely acknowledged issues which characterise the investigation and prosecution of domestic violence cases (Hester & Lilley, 2017) may be exacerbated in cases involving abused men.

However, it is important to note, as with the analysis from Part 1, that almost all the differences described above had small or even negligible effect sizes, suggesting that they are not clinically significant, but more likely the result of the power resulting from a large sample size. Therefore, results suggest more similarity than difference between male and female clients, and the findings above should thus be interpreted and applied with caution.

### **Implications**

The findings of the current study point to a number of implications. Firstly, the significant reduction in abuse and the finding that most clients are no longer living with their

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abuser points at least in part to the success of current provision in helping and supporting victims. However, whilst this was seen across the whole sample, the breakdown of figures for men and women revealed differences in provision and experiences that point to discrepancies in service outcome, and the need for gender inclusive services. Within the context of the current data set, and their associated limitations (see below), the findings that men were seen to be significantly more likely to be living with their abuser, still in contact with their abuser (if not living together), and more likely to be experiencing physical abuse and jealously/controlling behaviour compared to women all point to a greater risk of ongoing abuse. It is therefore arguable that service provision needs to be constructed in a way that is responsive to client needs and acknowledges ‘gendered’ risk. Such provision will involve service providers recognising the gender specific experiences and barriers that are likely to create different risk and needs, and the development of training and procedures that enable them to then respond fully and appropriately. As argued in Part 1, this could take the form of an inclusive “base” level service, that would then allow for provision to be tailored across not only gender but other key characteristics such as ethnicity and culture, age, and sexual orientation.

When examining implications for the criminal justice system in particular, it is critically important to highlight that female perpetrators were less likely to be arrested (in contrast to some limited research e.g., Hester, 2009), remanded or proceeded through specialist courts, which suggests there may be missed opportunities to reduce risk. Indeed, it has been suggested that factors such as chivalry, paternalism and a sympathy to family circumstances play a role in sentencing differences between women and men (Gelsthorpe, 2007), factors which may be pertinent across all layers of the criminal justice system. In this instance, not allowing opportunities to reduce the risk of female perpetration of IPV may

increase the possibility of men being revictimized, or women reoffending (Mackay et al., 2018).

### **Limitations**

The limitations that exist for this data set mirror those described in Part 1 of this analysis (see Hine, Bates, Mackay, et al., 2020). For example, one advantage of large data sets is that they offer a greater statistical power to explore the effects present, but the disadvantage can be that they sometimes hide important nuances that exist within the data. Similarly, many of the significant differences we have found within the study are quite small in terms of the magnitude of the effect. A limitation specific to the current analysis is around the relatively smaller number of exit data compared to that at intake which limits the power of some of the analysis and subsequent conclusions. However, the overall sample size is still substantial, and comparisons should and have been considered. It is also important to note that, due to the large amount of binary logistic regressions run, the chances of type I error are increased. Future research with datasets of this size should perhaps consider a more incorporate analysis, which allows multiple case characteristics to be assessed at once. However, for the research questions of this study, the analyses utilised were appropriate.

### **Conclusion**

The aim of the current project was to explore reported abuse types and context, and outcomes of female and male service users existing from specialist DVA services in the UK. Key findings included the significant reductions in abuse and the finding that most service users were no longer living with their abusive partner. There were more similarities than differences for men and women, although some factors pointed to there being a greater ongoing risk for male compared to female clients. Taking Part 1 (Hine, Bates, et al., in press) and the current Part 2 of this project together presents a novel insight into men's and women's experiences of abuse through an exploration of relative risk, demographic and

reported abuse types and the context of these experiences upon presentation to and exit from services. Our recommendations include the development and deployment of gender responsive, tailored provision to the benefit of all clients that are involved with DVA services, and that we need to work to improve engagement from groups where we know there is prevalence of abuse but that are still currently underrepresented in service user samples including male victims, those from BAME communities, those from the LBGTQ+ community, and those who have disabilities.

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Tables

Table 1. Descriptives and Inferential Comparisons for Abuse Context

	Whole Sample		Men		Women		B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
	N	%	N	%	N	%					
Employment <sup>◊</sup>											
Yes – paid <sup>±</sup>	9137	32.8	346	47.1	8791	32.4	.62 (.08)***	68.51	1.86	[1.61, 2.16]	0.31
Yes – voluntary	201	0.7	4	0.5	197	0.7	.29 (.51)	0.32	1.33	[0.49, 3.60]	
Yes – Education/Training	807	2.9	4	0.5	803	3.0	1.72 (.50)	11.66	5.56	[2.08, 14.90]	
No - Retired <sup>±</sup>	264	0.9	22	3.0	242	0.9	1.23 (.23)	29.83	3.45	[2.21, 5.35]	
No	15601	56.0	310	42.2	15291	56.3	.57 (.08)	56.27	1.77	[1.52, 2.05]	
Don't Know	1449	5.2	35	4.8	1414	5.2	.09 (.18)	.28	1.09	[0.78, 1.55]	
Living Arrangements at Exit											
Living Together <sup>±</sup>	3093	11.1	158	22.2	2935	11.3	.81 (.09)***	76.35	2.24	[1.87, 2.69]	0.34
Living Together Intermittently <sup>±</sup>	577	2.1	24	3.4	553	2.1	.47 (.21)*	4.97	1.60	[1.06, 2.43]	0.22
Not Living Together	22989	86.6	529	74.4	22460	86.6	.79 (.09)***	81.99	2.22	[1.87, 2.63]	0.34
If not living together, which of the following apply? <sup>◊</sup>											
Client in refuge	1047	3.8	8	1.1	1039	3.8	1.28 (.36)***	12.95	3.61	[1.79, 7.27]	0.71
Perpetrator in jail	1832	6.6	13	1.8	1819	6.7	1.38 (.28)***	24.22	3.98	[2.29, 6.91]	0.71
Serious illness or death of perpetrator <sup>±</sup>	102	0.4	6	0.8	96	0.4	.84 (.42)	3.98	2.32	[1.01, 5.32]	
Other circumstances <sup>±</sup>	7261	26.0	213	29.0	7048	26.0	.15 (.08)	3.45	1.16	[0.99, 1.37]	
None of the above <sup>±</sup>	12026	43.1	288	39.2	11738	43.2	.17 (.08)	4.67	1.18	[1.02, 1.37]	
If not living together is there ongoing contact? <sup>1</sup>											
Yes	8914	41.5	295	58.8	8619	41.1	.71 (.09)***	60.32	2.04	[1.70, 2.44]	0.34
No	12540	58.5	207	41.2	12333	58.9					
If ongoing contact, why? <sup>◊</sup>											
Children <sup>±</sup>	6664	23.9	217	29.6	6447	23.8	.29 (.08)***	13.18	1.34	[1.15, 1.58]	0.12
Family and social networks <sup>±</sup>	494	1.8	16	2.2	478	1.8	.22 (.25)	0.72	1.24	[0.75, 2.06]	
Legal proceedings <sup>±</sup>	901	3.2	31	4.2	870	3.2	.29 (.19)	2.35	1.33	[0.92, 1.92]	
Financial Arrangements <sup>±</sup>	420	1.5	17	2.3	403	1.5	.45 (.25)	3.27	1.57	[0.96, 2.57]	
Ongoing abuse by perpetrator <sup>±</sup>	1292	4.6	48	6.5	1244	4.6	.38 (.15)*	6.12	1.46	[1.08, 1.96]	0.16
Ongoing intimate relationship <sup>±</sup>	418	1.5	26	3.5	392	1.4	.92 (.21)***	19.88	2.51	[1.67, 3.75]	0.55
Other <sup>±</sup>	706	2.5	19	2.6	687	2.5	.03 (.23)	0.01	1.02	[0.65, 1.62]	

Note. \*= $p < 0.05$ , \*\*= $p < 0.01$ , \*\*\*= $p < 0.001$

<sup>±</sup>Reference category is women. No symbol indicates reference category is men.

<sup>◊</sup>Questions allowed for multiple choices; percentages are given in reference to the whole sample as a proportion that ticked the option versus those who did not

<sup>1</sup>23.0% missing data for the whole sample (31.6% for men, 22.8% for women)

PART II: MALE AND FEMALE EXIT FROM DV SERVICES

Table 2. Descriptive statistics for abuse occurrence (past 3 months)

	High		Moderate		Standard		None	
	N	%	N	%	N	%	N	%
Physical								
Men	50	7.0	60	8.4	48	6.7	556	77.9
Women	1810	6.9	1216	4.7	1243	4.8	21813	83.6
Whole Sample	1860	6.9	1276	4.8	1291	4.8	22369	83.5
Sexual								
Men	3 <sup>±</sup>	0.4	11	1.6	27	3.8	665	94.2
Women	390	1.5	461	1.8	709	2.7	24285	94.0
Whole Sample	393	1.5	472	1.8	736	2.8	24950	94.0
Harassment/Stalking <sup>1</sup>								
Men	42	6.0	83	11.9	114	16.3	461	65.9
Women	2255	8.8	2294	8.9	3625	14.1	17556	68.2
Whole Sample	2297	8.7	2377	9.0	3739	14.1	18017	68.2
Jealous/Controlling <sup>2</sup>								
Men	53	7.6	106	15.1	158	2.5	384	54.8
Women	2608	10.1	2534	9.8	4313	16.7	16328	63.3
Whole Sample	2661	10.0	2640	10.0	4471	16.9	16712	63.1

High = Occurrence of severe acts (i.e., burns or broken bones for physical abuse, serious sexual assault for sexual abuse), Moderate = Occurrence of serious acts (i.e., shallow cut for physical abuse, frequent phone calls or texting for harassment/stalking, increased control over client time for jealous/controlling), Standard = Occurrence of low-level acts (i.e., sexual insults for sexual abuse, made to account for time for jealous/controlling behaviour)

<sup>1</sup>5.2% missing data for the whole sample (4.6% for men, 5.2% for women)

<sup>2</sup>5.0% missing data for the whole sample (4.5% for men, 5.0% for women)

<sup>±</sup>Noted cell count of less than 5 – to be interpreted with caution



PART II: MALE AND FEMALE EXIT FROM DV SERVICES

Table 3. Descriptive Statistics for Abuse Escalation (Severity)

	Worse		Unchanged		Reduced	
	N	%	N	%	N	%
<i>Severity</i>						
<i>Physical</i>						
Men	22	5.3	70	16.7	326	78.0
Women	608	4.5	1650	12.1	11380	83.4
Whole Sample	631	4.5	1720	12.2	11706	83.3
<i>Sexual</i>						
Men	5	3.1	30	18.9	124	78.0
Women	123	1.6	1157	15.2	6338	83.2
Whole Sample	128	1.7	1187	15.3	6462	83.1
<i>Harassment/Stalking</i>						
Men	22	5.3	96	22.9	301	71.8
Women	833	5.1	2675	16.4	12795	78.5
Whole Sample	855	5.1	2771	16.6	13096	78.3
<i>Jealous/Controlling</i>						
Men	23	4.5	131	25.7	355	69.7
Women	859	4.7	3305	18.1	14064	77.2
Whole Sample	882	4.7	3436	18.3	14419	77.0
<i>Frequency</i>						
<i>Physical</i>						
Men	19	4.6	70	16.8	328	78.7
Women	571	4.2	1611	11.9	11370	83.9
Whole Sample	590	4.2	1681	12.0	11698	83.7
<i>Sexual</i>						
Men	6	3.8	25	15.9	126	80.3
Women	116	1.5	1158	15.2	6354	83.3
Whole Sample	122	1.6	1183	15.2	6480	83.2
<i>Harassment/Stalking</i>						
Men	19	4.6	96	23.1	300	72.3
Women	824	5.1	2569	15.8	12884	79.2
Whole Sample	843	5.1	2665	16.0	13184	79.0
<i>Jealous/Controlling</i>						
Men	21	4.1	130	25.6	357	70.3
Women	836	4.6	3226	17.7	14175	77.7
Whole Sample	857	4.6	3356	17.9	14532	77.5

PART II: MALE AND FEMALE EXIT FROM DV SERVICES

Table 4. Descriptives and Inferential Comparisons for Abuse Occurrence

	Whole Sample		Men		Women		B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
	N	%	N	%	N	%					
Experiences of Abuse (in last 3 months)											
Physical <sup>±</sup>											
Yes	4427	16.5	158	22.1	4269	16.4	.37 (.09)***	16.54	1.45	[1.21, 1.74]	0.16
No	22369	83.5	556	77.9	21813	83.6					
Sexual											
Yes	1601	6.0	41	5.8	1560	6.0	.04 (.16)	0.06	1.04	[0.76, 1.43]	
No	24950	94.0	665	94.2	24285	94.0					
Harassment/Stalking <sup>±</sup>											
Yes	8413	31.8	239	34.1	8174	31.8	.11 (.08)	1.77	1.11	[0.95, 1.31]	
No	18017	68.2	461	65.9	17556	68.2					
Jealous/Controlling <sup>±</sup>											
Yes	9772	36.9	317	45.2	9455	36.7	.36 (.08)***	21.22	1.43	[1.23, 1.66]	0.16
No	16712	63.1	384	54.8	16328	63.3					

Note. \*= $p < 0.05$ , \*\*= $p < 0.01$ , \*\*\*= $p < 0.001$

<sup>±</sup>Reference category is women. No symbol indicates reference category is men.

PART II: MALE AND FEMALE EXIT FROM DV SERVICES

Table 6. Descriptives and Inferential Comparisons for Outcomes at exit from service

	Whole Sample		Men		Women		B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
	N	%	N	%	N	%					
How sustainable is any reduction in risk? <sup>1</sup>											
<i>Risk has been permanently eliminated</i> <sup>±</sup>	1432	8.8	49	12.4	1383	8.7	.29 (.15)	5.40	.71	[0.53, 0.95]	
<i>Long term (more than 2 years)</i>	5091	31.2	108	27.3	4983	31.3	.27 (.11)*	6.33	1.30	[1.06, 1.60]	0.12
<i>Medium Term (6 months up to 2 years)</i>	7674	47.1	165	41.8	7509	47.2	.28 (.09)**	9.58	1.32	[1.11, 1.57]	0.12
<i>Short term (1 month to up to 6 months)</i> <sup>±</sup>	1940	11.9	62	15.7	1878	11.8	.22 (.14)	2.57	1.24	[0.95, 1.62]	
<i>Very short term (days/weeks)</i> <sup>±</sup>	167	1.0	11	2.8	156	1.0	.97 (.31)**	9.48	2.63	[1.42, 4.87]	0.55

<sup>1</sup>41.5% missing data for the whole sample (46.2% for men, 41.4% for women)

<sup>±</sup>Reference category is women. No symbol indicates reference category is men.

PART II: MALE AND FEMALE EXIT FROM DV SERVICES

Table 5. Descriptives and inferential comparisons for further support accessed

	Whole Sample		Men		Women		B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
	N	%	N	%	N	%					
Has safety plan been accessed?											
Yes	21794	78.2	561	76.4	21233	78.2					
No	6082	21.8	173	23.6	5909	21.8	.10 (.08)	1.36	1.11	[0.93, 1.31]	
Has MARAC been accessed?											
Yes	11157	40.0	234	31.9	10923	40.2					
No	16719	60.0	500	68.1	16219	59.8	.36 (.08)***	20.61	1.44	[1.23, 1.68]	0.16
Has liaison/support with Police been accessed?											
Yes	17677	63.4	224	30.5	9975	36.8					
No	10199	36.6	510	69.5	17167	63.2	.28 (.08)***	11.89	1.32	[1.13, 1.55]	0.12
Has support with criminal court been accessed?											
Yes	6080	21.8	127	17.3	5953	21.9					
No	21796	78.2	607	82.7	21189	78.1	.29 (.09)**	8.92	1.34	[1.11, 1.63]	0.12
Has liaison/support with Probation been accessed?											
Yes	984	3.5	18	2.5	966	3.6					
No	26892	96.5	716	97.5	26176	96.4	.38 (.24)	2.54	1.47	[0.92, 2.35]	
Has support with civil justice orders been accessed? †											
Yes	4566	16.4	137	18.7	4429	16.3					
No	23310	83.6	597	81.3	22713	83.7	.16 (.09)	2.87	1.18	[0.98, 1.42]	
Has support with housing been accessed?											
Yes	11517	41.3	235	32.0	11282	41.6					
No	16359	58.7	499	68.0	15860	58.4	.41 (.08)***	26.53	1.51	[1.29, 1.77]	0.19
Have financial/benefits advice and support been accessed?											
Yes	5389	19.3	122	16.6	5267	19.4					
No	22487	80.7	612	83.4	21875	80.6	.19 (.10)	3.52	1.21	[0.99, 1.47]	
Has support with immigration been accessed?											
Yes	384	1.4	5	0.7	379	1.4					
No	27492	98.6	729	99.3	26763	98.6	.73 (.45)	2.58	2.07	[0.85, 5.01]	
Has support with health/wellbeing been accessed?											
Yes	17263	61.9	419	56.7	16847	62.1					
No	10613	38.1	318	43.3	10295	37.9	.22 (.08)**	8.79	1.25	[1.08, 1.45]	0.12
Has support with CYP been accessed?											
Yes	8919	32.0	195	26.6	8724	32.1					
No	18957	68.0	539	73.4	18418	67.9	.27 (.09)***	10.16	1.31	[1.11, 1.55]	0.12
Has support with HBV/FM been accessed?											
Yes	155	0.6	2	0.3	153	0.6					
No	27721	99.4	732	99.7	26989	99.4	.73 (.71)	1.05	2.08	[0.51, 8.39]	

Note. \*= $p<0.05$ , \*\*= $p<0.01$ , \*\*\*= $p<0.001$

†Reference category is women. No symbol indicates reference category is men.

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Table 6. Descriptives and inferential comparisons for criminal justice outcomes I

	Whole Sample		Men		Women		B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
	N	%	N	%	N	%					
Was there a report made to the police?											
Yes	9356	83.9	180	80.4	9176	84.0					
No	1789	16.1	44	19.6	1745	16.0	.28 (.17)	2.77	1.33	[0.95, 1.86]	
When was the report made? ±											
Before engagement with service	7761	85.4	151	86.3	7610	65.4					
After engagement with service	1327	14.6	24	13.7	1303	14.6	.07 (.22)	.11	1.08	[0.69, 1.66]	
Was the perpetrator arrested?											
Yes	7578	83.2	133	76.4	7445	83.3					
No	1532	16.8	41	23.6	1491	16.7	.43 (.18)*	5.69	1.54	[1.08, 2.19]	0.19
Was a domestic violence protection notice issued?											
Yes	499	5.7	9	5.2	490	5.7					
No	8308	94.3	163	94.8	8145	94.3	.09 (.35)	.06	1.09	[0.55, 2.15]	
Was a domestic violence protection notice order applied for?											
Yes	452	5.2	4	2.3	448	5.3					
No	8160	94.8	168	97.7	7992	94.7	.86 (.51)	2.84	2.35	[0.87, 6.38]	
Did the CPS proceed with the case?											
Yes	5387	86.2	89	79.5	5298	86.4					
No	859	13.8	23	20.5	836	13.6	.49 (.24)*	4.34	1.64	[1.03, 2.61]	0.22
Was the case passed to crown court?											
Yes	1593	28.8	27	28.1	1566	28.8					
No	3939	71.2	69	71.9	3870	71.2	.03 (.23)	.02	1.03	[0.66, 1.62]	
Who attended? ◊											
Victim ±	83	1.5	5	5.3	78	1.4	.04 (.18)	.05	1.04	[0.74, 1.47]	
Perpetrator	1603	28.4	22	23.32	1581	28.5	.52 (.16)***	10.79	1.68	[1.23, 2.29]	0.31
Other	142	2.5	3	3.2	139	2.5	.22 (.31)	.48	1.24	[0.67, 2.29]	
IDVA	1713	30.4	31	32.6	1682	30.4	.13 (.17)	.58	1.14	[0.81, 1.60]	
Witness Service	1264	22.4	20	21.1	1244	22.4	.17 (.23)	.56	1.19	[0.75, 1.88]	
Don't know	832	14.8	14	14.7	818	14.8	.15 (.28)	.28	1.16	[0.67, 2.01]	

Note. \*= $p < 0.05$ , \*\*= $p < 0.01$ , \*\*\*= $p < 0.001$

±Reference category is women. No symbol indicates reference category is men.

◊Questions allowed for multiple choices; percentages are given in reference to the whole sample as a proportion that ticked the option versus those who did not

PART II: MALE AND FEMALE EXIT FROM DV SERVICES

Table 7. Descriptives and inferential comparisons for criminal justice outcomes II

	Whole Sample		Men		Women	
	N	%	N	%	N	%
What action was taken against the perpetrator?						
<i>Cautioned</i>	410	4.6	16	9.2	394	4.5
<i>Fixed Penalty Notice</i>	18	0.2	0.0	0.0	18	0.2
<i>Charged</i>	5743	64.2	102	58.6	5641	64.3
<i>No further action</i>	2279	25.5	50	28.7	2229	25.4
<i>Don't know</i>	499	5.6	6	3.4	493	5.6
What action did the CPS take?						
<i>Authorised charge</i>	5393	72.1	94	67.6	5299	72.2
<i>Further enquiries</i>	298	4.0	3	2.2	295	4.0
<i>No further action</i>	1308	17.5	36	25.9	1272	17.3
<i>Don't know</i>	479	6.4	6	4.3	473	6.4
Was the perpetrator?						
<i>Released on bail</i>	4490	68.8	85	75.9	4405	68.7
<i>Remanded in custody</i>	1477	22.6	13	11.6	1464	22.8
<i>Don't know</i>	558	8.6	14	12.5	544	8.5
Where did the case initially proceed?						
<i>Magistrate – SDVC</i>	3989	65.4	77	74.8	3912	65.2
<i>Magistrate – Other</i>	1382	22.7	12	11.7	1370	22.8
<i>Don't Know</i>	730	12.0	14	13.6	716	11.9
Special Measures?						
<i>Not requested<sup>±</sup></i>	2943	53.5	66	71.7	2877	53.2
<i>Granted</i>	1622	29.5	13	14.1	1609	29.8
<i>Denied</i>	42	0.8	0	0.0	42	0.8
<i>Don't Know</i>	889	16.2	13	14.1	876	16.2