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ASSOCIATION OF PARTNER ABUSE WITH LONELINESS AND IMPAIRED WELL-BEING OF SEPARATED FATHERS IN WALES

Richard A.W. Bradford



ABSTRACT

The impact of partner abuse on women has been widely studied, but little considered for male victims. This study aims to fill that gap. Mental well-being and loneliness were quantified using standard measures for a cohort of non-resident fathers in Wales. The study population had higher loneliness and lower well-being than Welsh men in general. Of eight predictor variables which might potentially have an association with these adverse impacts, the fathers' risk from partner abuse was the variable most strongly associated; its effect size was large and significant. The severity and prevalence of the observed degraded well-being and severe loneliness challenge the notion that partner abuse of men is either relatively uncommon compared with that of women, or that it is less impactful.

Keywords: non-resident fathers, domestic abuse, loneliness, well-being

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After parental separation, the associated children most often live predominantly with one parent, the other parent becoming the *non-resident parent*. There is an extensive literature on the effects of parental separation on children but a much smaller literature on the impact of parental separation on the non-resident parent. In the UK, 92% of non-resident parents are fathers (Hunt & MacLeod, 2008). For both sexes, marriage tends to promote physical health and longevity compared to being single (Dupre, Beck & Meadows, 2009), (Lillard & Panis, 1996), (Zhang & Hayward, 2006).

There are indications in the literature that parental separation is particularly impactful for fathers in terms of social isolation and degraded well-being. For example, (Dykstra & Fokkema, 2007) note that fathers after divorce tend to have smaller support networks and higher levels of social loneliness. Similarly, these authors conclude that divorced men are more apt to suffer from emotional loneliness than are divorced women. Likewise, (Gerstel, Riessman & Rosenfield, 1985) concluded that material conditions (e.g., income and parental obligations) were most important in accounting for the greater symptomatology of separated and divorced women, while, in contrast, they found that impaired social networks were more important in accounting for the symptomatology of separated and divorced men. Similar conclusions regarding the particular impact of social isolation on divorced or separated men were reached by (Leopold & Kalmijn, 2016) and (Köppen, Kreyenfeld & Trappe, 2020).

Drawing on data from the large-scale, nationally representative UK Poverty and Social Exclusion 2012 study, (Dermott, 2016) observed that non-resident fathers had higher levels of poverty and deprivation, and lower levels of social support, than fathers residing with their children. More recently, (Barry & Liddon, 2020) reported a study of separated fathers using the Positive Mindset Index as a measure of potentially degraded well-being. Across the 12 months of their study, they concluded that clinically low mental well-being scores were almost four times more common than would be expected for adult men in the general UK population. The particular impact of separation on non-resident fathers is also apparent from the elevation in suicide rates which affects such men even more than it affects separated mothers (Collins, 2019).

Partner abuse is also known to be strongly associated with parental separation (Office for National Statistics [ONS], 2019). However, the impact of partner abuse most often focuses on female victims, and the minimisation of male victimisation is reflected in the dearth of service provision for male victims (reviewed below). In this study it is hypothesised that the partner abuse of separated men is severely impactful and that the association between partner abuse of men and their degraded mental well-being and social isolation can be identified in a population of non-resident fathers. Studies of the association between degraded psychological functioning in men and their partner abuse victimisation is currently a gap in the literature which this study aims to fill.

To address this hypothesis, standard measures of social and emotional isolation (loneliness), mental well-being and domestic abuse were used (defined below). The subjects of the study were non-resident fathers experiencing contemporaneous problems associated with parental separation and child contact. To provide discrimination and comparison, other potential correlates of loneliness and well-being were included in the study as these might provide alternative, and perhaps better, accounts of the adverse psychological outcomes. These included data representing economic status, disability, the involvement of social services, the fathers' perception of risk to their children, whether the ex-partner was being uncooperative, whether the fathers had themselves been accused of domestic abuse, and the men's own awareness of their need for emotional support. The direct impact of child contact problems is not addressed here because virtually all the men providing the source of data were experiencing such difficulties, and so no contrasting data or control group was available.

DOMESTIC ABUSE AND FATHERS' LOSS OF CONTACT WITH THEIR CHILDREN

It is important to put in context how the cases which have provided the data for this study arise. In England and Wales at present about 145,000 couples with children separate per year, some married, some not (Bradford, 2020). Currently about 38% of separating parents have recourse to the family courts to make child arrangement orders (MacFarlane, 2019), the rest make their arrangements without court involvement. A court's ruling regarding which parent(s) may have contact with their children, under what conditions, and for what quantum of time, is strongly associated with allegations of domestic abuse and the court's perception of the risks posed by the allegedly abusive parent (Collins, 2019). Hence it is also pertinent to these

outcomes that the incidence of domestic abuse allegations in these court cases is extremely high (about 50%), while fewer than 10% of such allegations are subject to any “finding of facts” (Barnett, 2020). In practice the implications of domestic abuse allegations fall more heavily on fathers because, in 92% of cases, it is the mother with whom the children live predominantly after separation in the UK (Collins, 2019). The widespread perception of domestic abuse as being gender-skewed therefore has major implications for fathers’ continued involvement in their children’s lives.

The crime surveys for England and Wales consistently report that 33% of adult domestic abuse or partner abuse is against male victims (ONS, 2019). A large, international meta-analysis, (Hamel, Langhinrichsen-Rohling & Hines, 2012), has indicated that partner abuse is closer to gender parity, or even that men are the majority of victims. That men are a substantial proportion of all victims of partner abuse in England and Wales is evidenced by 25% of reports to the police of such abuse being by male victims (ONS, 2019), noting that male victims are less likely to report than female victims (ONS, 2018a). But this high level of male victimisation is diminished to very low levels of service provision, and hence minimal policy concern, in a succession of stages. In England and Wales some 17% of victims in prosecutions for domestic abuse are male (ONS, 2017), fewer than the 25% of police reports or the 33% of surveyed victims. And only 5% of cases considered by Multi-Agency Risk Assessment Conferences (MARACs) involve male victims (ONS, 2018b). Similarly, only 4% of victims accessing Independent Domestic Violence Advisor (IDVA) services are male (ONS, 2018c). Of those domestic abuse victims obtaining support in the community, such as from specialist charities, only 3.6% are men, and only 2.6% of refuge provision is provided to men in the UK (ONS, 2017). Thus, the visibility of male victims is vanished away via a sequence of filters at different stages of the process.

The association between partner abuse and separation has been quantified in the crime surveys for England and Wales for many years. In 2018/19, for married couples responding to the survey, 2.3% of women and 1.6% of men reported partner abuse in the last year (ONS, 2019). Among separated people those figures were about 8 times larger at 18.1% and 12.3% respectively. And the prevalence of allegations of partner abuse rises still further to about 50% for cases of disputed child contact within the family courts in England and Wales (Barnett, 2020). This is the

context within which the cases providing the data used in this study arise.

METHOD / DESIGN OF STUDY

Purpose

The purpose of the study was to explore which predictor variables are most strongly associated with mental well-being and loneliness in the study population, looking for both statistical significance and substantial effect size.

Participants / Source, Numbers and Demographics

This study draws upon data collected from service users of the Welsh charity FNF Both Parents Matter Cymru (henceforth “the charity”) between July 2019 and December 2020. A complete dataset for all variables defined below was obtained for $n = 261$ male service users.

The primary role of the charity is to assist non-resident parents after parental separation in the context of child arrangements. The charity is also a specialist provider of support to male victims of domestic abuse. In the UK, 92% of non-resident parents are fathers (Hunt & MacLeod, 2008), and this is reflected in the sex of the charity’s service users, only a few percent of whom are mothers.

The charity’s client base is not an unbiased cross-section of the Welsh population. This is inevitable given the charity’s main function in terms of assisting non-resident parents after separation. Marriage has become markedly less popular over the last 50 years, but this is strongly demographic related (Benson & McKay, 2015). In the highest earning demographics in the UK, marriage has become only marginally less popular. In contrast, in the lowest income demographics the reduction in marriage has been dramatic, for example only 25% of new mothers in the lowest quintile of income are married (Benson & McKay, 2015). The decline of marriage in these demographics has led to an increased prevalence of cohabitation. But cohabiting couples separate at several times the rate of married couples (Benson, 2017). Consequently, it is inevitable that services for separated people will be skewed to the lower socioeconomic classes. This is further exacerbated by the withdrawal of legal aid from civil court cases in the UK since April 2013 (UK Government, 2012), which leads to low earners, and those on benefits, seeking free assistance from charities such as FNF Both Parents Matter Cymru.

As a result, 57% of the charity’s service users are unemployed, 67% have an income of less

than £12,000 pa, and 30% self-report considering they have a disability (physical or mental). The proportion of black and minority ethnic service users was in line with the Welsh national average (7%). This study is confined to male service users. Ages ranged from 15 to 85, with median age 35; 73% were in the age range 25 to 44. There was an average of 1.65 children per case, and the median age of the children was 6. It is noteworthy that 93% of the fathers had legal Parental Responsibility, despite being unmarried in many cases.

Data Collection and Ethics

Data was collected from clients using a standardised six-page “service user pack” (SUP) which records basic data about the client and his/her particular problem concerning which they have sought the charity’s assistance. The SUP includes a domestic abuse risk assessment tool and measures of well-being and loneliness, discussed further below. The completed SUP is uploaded to our confidential Caseworker system which also houses all other documentation, correspondence, etc., relating to the case. Strict adherence to confidentiality rules in terms of access to these data is essential, both for GDPR reasons and also because the documents mostly relate to live family law cases, to which legal restrictions apply. The SUP includes the service user’s agreement to the charity’s confidentiality and data protection policies, and the possible usage of data in fully anonymised form for research purposes, such as this paper. For logistical reasons, or due to service user preference, not all cases achieve a fully completed SUP. The data used in this study consists of all registered cases from 1st July 2019 to 31 December 2020 for which the service user was a father and for which all the items of data required were obtained (i.e., no selection has been applied, all data has been used). All the (ex)partners were female.

Dependent Variables: Loneliness and Well-being Measures

The Well-being of Future Generations (Wales) Act 2015 adopted a range of indicators of well-being for the Welsh public (Welsh Government, 2019). Two of these were, (i) the average mental well-being of the Welsh people, and, (ii) the percentage who are lonely. The measures adopted by the Welsh government were the Warwick-Edinburgh mental well-being scale, and the de Jong-Gierveld loneliness scale. The charity has adopted these same measures.

For mental well-being the shorter Warwick-Edinburgh scale has been used (Warwick-Edinburgh Mental Wellbeing Scales [WEMWBS] Resource, 2018). This asks seven questions, such as “I have been feeling optimistic about the future”, and similar questions relating to feeling

useful / relaxed / close to others / dealing with problems well / thinking clearly / or “able to make up my own mind”. The scale uses five-point Likert scoring from “never” (score 1) to “always” (score 5). Hence the possible scores range from 7 to 35, with higher scores indicating better well-being. Tennant et al. (2007) have reported that the WEMWBS showed good validity/reliability with a Cronbach’s alpha close to 0.9. For the dataset of $n = 261$ fathers in this study, the Cronbach’s alpha for the Warwick-Edinburgh data was calculated to be 0.87.

For loneliness, the longer de Jong-Gierveld scale has been used (de Jong-Gierveld & Kamphuls, 1985). This combines the social isolation and the emotional isolation sub-scales. Only the combined score will be used here. It consists of eleven questions, which variously may be positively phrased (e.g., “there are enough people I feel close to”) or negatively phrased (e.g., “I often feel rejected”). Each question scores either 0 or 1, see (Middlesbrough Voluntary Development Agency, 2020), so the total score lies in the range 0 to 11 with higher scores indicating greater loneliness. The de Jong-Gierveld loneliness measure was originally developed to meet the criteria of a Rasch scale (de Jong-Gierveld & Kamphuls, 1985), and has been shown by de Jong-Gierveld and Van Tilburg (2006) and by Iecovich (2013) to be valid/reliable with a Cronbach’s alpha of around 0.86. For the dataset of $n = 261$ fathers in this study, the Cronbach’s alpha for the de Jong-Gierveld data was calculated to be 0.91.

Domestic Abuse Risk Index (RIC Score)

The SUP includes the Safelives domestic abuse Risk Identification Checklist, or RIC (Safelives, 2020). This is the same tool which is virtually universal within the women’s domestic abuse sector in the UK. It consists of 24 questions with yes/no/don’t know responses, as listed in Table 1. The only question which has been modified is question 9 for which the standard question “are you pregnant or have you recently had a baby (within the last 18 months)?” was modified by omitting “are you pregnant” as being inapplicable to biological males.

Table 1. *The 24 Domestic Abuse Risk Indicator Checklist (RIC) questions*

1.	Has the current incident resulted in injury?
2.	Are you very frightened?
3.	What are you afraid of? Is it further injury or violence?
4.	Do you feel isolated from family / friends?
5.	Are you feeling depressed or having suicidal thoughts?
6.	Have you separated or tried to separate from (<i>partner's name</i>) in the past year?
7.	Is there conflict over child contact?
8.	Does (<i>partner's name</i>) constantly text, call, contact, follow, stalk or harass you?
9.	Have you recently had a baby (within the last 18 months)?
10.	Is the abuse happening more often?
11.	Is the abuse getting worse?
12.	Does (<i>partner's name</i>) try to control everything you do and/or are they excessively jealous?
13.	Has (<i>partner's name</i>) ever used objects or weapons to hurt you?
14.	Has (<i>partner's name</i>) ever threatened to kill you or someone else and you believed them?
15.	Has (<i>partner's name</i>) ever attempted to strangle / choke / suffocate / drown you?
16.	Does (<i>partner's name</i>) do or say things of a sexual nature that make you feel bad or physically hurt you or someone else?
17.	Is there any other person who has threatened you or who you are afraid of?
18.	Do you know if (<i>partner's name</i>) has hurt anyone else?
19.	Has (<i>partner's name</i>) ever mistreated an animal or the family pet?
20.	Are there any financial issues?
21.	Has (<i>partner's name</i>) had problems in the past year with drugs (prescription or other), alcohol or mental health causing problems in leading a normal life?
22.	Has (<i>partner's name</i>) ever threatened or attempted suicide?
23.	Has (<i>partner's name</i>) ever broken bail / an injunction and/or formal agreement for when they can see you and/or the children?
24.	Has (<i>partner's name</i>) ever been in trouble with the police or has a criminal history?

“Yes” scores 1 (one), “no” or “don’t know” scores 0 (zero). The overall RIC score is thus between zero and 24, with higher scores indicating a higher risk of partner abuse. A score of 14 or more is the accepted UK definition of “high risk of abuse”, a degree of risk which may suggest referral to a MARAC (Safelives, 2020). Use of the RIC tool requires supervised completion by a person trained by an IDVA. The national manager of the charity is trained as an IDVA. For the dataset of $n = 261$ fathers in this study, the Cronbach’s alpha for the RIC data was calculated to be 0.74. This result is offered in lieu of an independent, generic validation of the RIC as a measure of domestic abuse.

Main Regressions

Ordinary linear regressions were carried out for the dependent variables loneliness and well-being based on eight independent (predictor) variables, with nicknames and definitions as follows. “RIC” is the domestic abuse score, defined above, normalised by 14, so that $RIC \geq 1$

indicates high risk. All the remaining variables are binary, taking the value 0 unless the defining conditions are met when they take the value 1. “Income” indicates that the subject’s income is less than £12,000 pa, a measure of poor socioeconomics, usually unemployment. “Allegations” indicates that allegations of domestic abuse had been made against the father. “Buddy” indicates that the subject recognises his need for emotional support by requesting to join the charity’s “Buddy” scheme. (The charity’s Buddy scheme provides emotional support via a befriending service). “Services” provides an indication of any wider context of familial or child protection issues, being set to 1 if social services are involved with the family at the time of registration. “Mediation” provides a crude indication of an uncooperative ex-partner, being set to 1 if mediation has been suggested but refused by the ex-partner. “Child DV” provides an indication of the father’s concern for his children’s safety, being set to 1 if he alleges that the child is at risk of abuse from the ex-partner or associated third parties. “Disability” indicates if the service user self-reports that they have a disability, either physical or mental. All the binary variables are defined such that the value 1 might be expected to have a negative impact on the service user’s well-being.

Exploratory Regressions

Anticipating the outcome that the RIC will be found to be the dominant predictor variable in the initial regressions, a further set of regressions was carried out. The RIC consists of 24 questions. It is reasonable to ask whether there is a subset of questions which strongly dominate the association between the overall RIC and well-being, loneliness, or both. It is recognised that the individual RIC questions do not constitute validated measures. Nevertheless, these follow-up regressions are regarded as a valuable guide to subsequent required research.

RIC question 7, which asks if there is conflict over child contact, was omitted from this part of the study as essentially all the subjects answered this in the affirmative. This is simply because the charity’s primary purpose is the support of non-resident parents, virtually all of whom have child contact problems (i.e., inclusion of question 7 would be sample bias). The procedure which was followed to identify the most significant of the remaining 23 RIC questions as regards their association with loneliness and well-being was, firstly, to calculate all the pairwise Pearson correlations. Then ordinary linear multivariate regression was conducted using as independent variables those RIC questions whose (absolute) correlation was 0.1 or greater.

After identifying the variables which were significant in this initial regression (i.e., those with $p < 0.05$) the regression was repeated using only the significant variables to obtain the final regression.

Statistical Analyses

Attention focusses on which independent variables are most strongly associated with the dependent variables (well-being and loneliness). Analysis of the data was carried out in Python and cross-checked in Excel Data Analysis. Pearson correlations (r) were calculated between all independent predictor variables and the two dependent variables, giving one measure of the strength of associations. A further measure of association was provided by the regression coefficients, evaluating both the unstandardised (b) coefficients and the standardised (β) coefficients. The multivariate regressions also provide the multivariable correlation (R , or the square root of the coefficient of determination, R -squared). Effect size, that is the size of the effect on the dependent variables of the independent variables, was gauged by calculating Cohen's d . This provides a measure independent of regression, and hence is complementary to the effect size as might be gauged from the standardised regression coefficients. The associated p value was calculated for all the above quantities. In particular, Independent Samples t -Tests ($IS-p$) were employed to gauge the significance of effects. In the case of the binary independent variables, the partitioning required to calculate Cohen's d and apply the Independent Samples t -Tests is clear, i.e., the comparison is between the sample scoring 0 and the sample scoring 1. For the RIC, which is not binary, scores were partitioned into low risk (RIC 0-6), medium risk (RIC 7-13) and high risk (RIC ≥ 14). The populations compared in the tests were the low-to-high risk groups. In all cases, statistical significance was defined by $p < 0.05$.

RESULTS

Descriptive Statistics

The minima, maxima, means, medians and standard deviations of the two dependent variables (loneliness and well-being), and those for the RIC, are shown in Table 2.

Table 2. Statistics of Dependent Variables and RIC Scores

Item	Loneliness	Well-being	RIC
Mean	6.5	19.6	11.9
Median	7.0	19.0	12.0
St.dev.	3.4	5.8	4.1
Min.	0	7	0
Max.	11	35	20

The histogram of de Jong-Gierveld loneliness scores is shown in Figure 1. The mode of the distribution was at the maximum possible loneliness, compared with the general UK population for which the mode lies in the “hardly ever lonely” range. Some 36% of the charity’s service users are severely lonely (“often/always”) compared with only 5% of the general adult population. Moreover, 63% of the charity’s service users are lonely more often than “occasionally”, compared with 19% of the general adult male English population (ONS, 2018d), or 16% of the general adult male Welsh population (Welsh Government, 2018). A Mann–Whitney U test confirms that the distribution of measured loneliness is significantly different from the general population ($p < 0.00001$) with a large effect size (Cohen’s d of 1.29). The extreme degree of social/emotional isolation evident in this cohort of separated fathers is one of the main observations of this study.

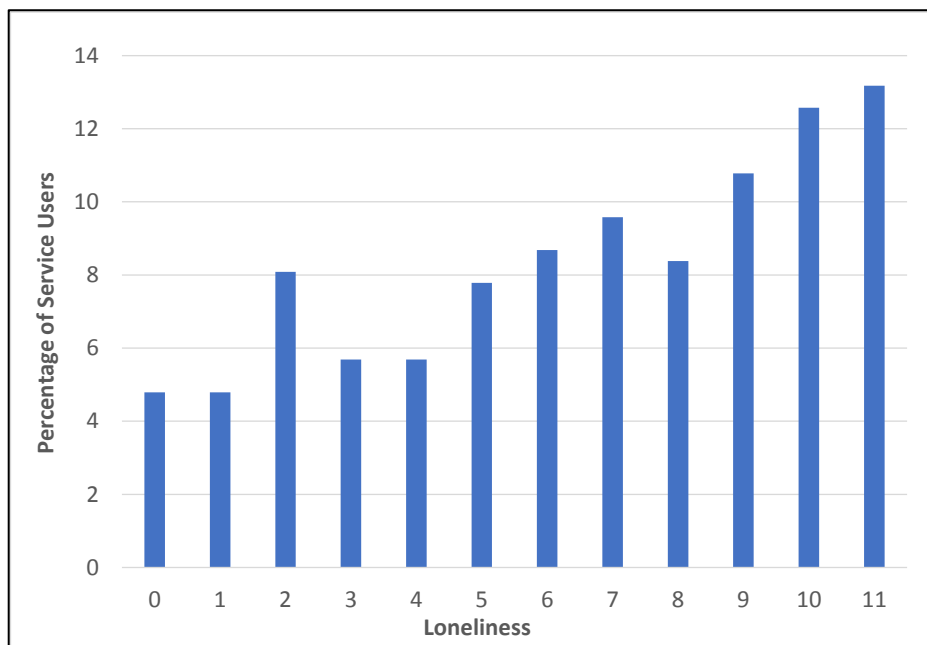


Figure 1. De Jong-Gierveld loneliness score (percentage of data)

The distribution of Warwick-Edinburgh mental well-being scores is shown in Figure 2 in comparison with the general population. The sample population had a median mental well-

being score of 19 and a mode of 16. The median is shifted down by 4.6 points compared with the general adult population of England (WEMWBS Resource, 2011). This cohort of separated fathers has mental well-being skewed to abnormally poor levels; 73% have poorer well-being than the mean of the general population, and 28% have a well-being score of 15 or lower, which has a prevalence of less than 2% in the general population. A Mann–Whitney U test confirms that the distribution of measured well-being is significantly different from the general population ($p < 0.00001$) with a large effect size (Cohen’s d of 1.00). The Pearson correlation between the loneliness and well-being scores was (minus) 0.57 ($p < 0.0001$).

The percentage of this cohort of separated fathers who had a RIC score of 14 or greater, indicative of high risk, was 39%.

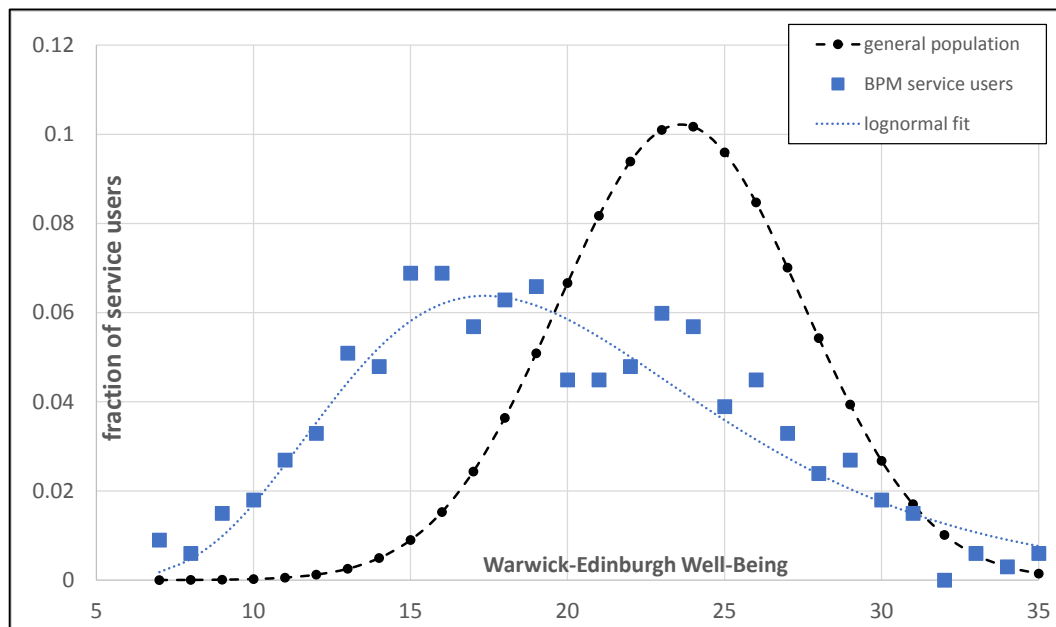


Figure 2. Mental well-being (fraction of $n = 330$) cf. the general population

Results of the Statistical Analyses

Numerical results for statistical measures are presented only where statistically significant. Table 3 presents the correlations and associated p values. Of the eight predictor variables, the RIC has the largest (absolute) correlation for both loneliness and well-being. Of the individual RIC questions, question 4 (“do you feel isolated from family / friends”) is the most strongly correlated with both dependent variables. Regression data are given in Table 4 (loneliness) and Table 5 (well-being). In the main regressions the RIC is again clearly the dominant association with both dependent variables. The exploratory regressions, in which the independent variables

are the individual RIC questions, confirm that question 4 is the strongest association, for both loneliness and well-being. Table 6 presents the Cohen's d values which indicate that, of the eight predictor variables only the RIC is associated with a large effect (d close to or greater than 0.8). As for the individual RIC questions, both questions 4 and 5 are associated with large effects. The Independent Samples t-Tests (IS-p) indicate a high level of statistical significance to these findings.

Table 3. Pearson Correlations between Dependent and Predictor Variables where Significant

Independent Variable	Loneliness		Well-being	
	r	p	r	p
RIC	0.25	<0.0001	-0.3	<0.0001
Income	0.20	0.0003	-0.16	0.005
Allegations	0.15	0.005	-0.17	0.003
Mediation	0.14	0.01	-0.15	0.006
RIC Qu.1	ns	-	-0.16	0.01
RIC Qu.4	0.42	<0.0001	-0.39	<0.0001
RIC Qu.5	0.29	<0.0001	-0.28	<0.0001
RIC Qu.6	ns	-	-0.20	<0.001
RIC Qu.11	0.14	0.02	-0.21	<0.001
RICQu.16	0.17	0.006	ns	-
RIC Qu.17	0.18	0.003	ns	-
RIC Qu.23	ns	-	-0.13	0.043

Table 4. Regression Data where Significant (Loneliness)

Independent Variable	b	β	p	R
Main Regressions				
				0.36
RIC	2.65	0.23	0.0005	
Income	0.93	0.13	0.04	
Mediation	0.96	0.14	0.02	
Exploratory Regressions				
RIC Qu.4	2.5	0.35	<0.0001	0.46
RIC Qu.5	1.2	0.14	0.02	
RIC Qu.17	0.9	0.13	0.02	

Table 5. Regression Data where Significant (Well-being)

Independent Variable	b	β	p	R
Main Regressions				
RIC	-5.00	-0.25	0.0001	0.32
Mediation	-1.4	-0.12	0.048	
Exploratory Regressions				
RIC Qu.4	-3.4	-0.28	<0.0001	0.48
RIC Qu.5	-2.2	-0.14	0.02	
RIC Qu.6	-1.5	-0.14	0.02	
RIC Qu.23	-1.8	-0.15	0.01	

Table 6. Effect Size Metrics (for Predictor Variables found to be Significant)

Independent Variable	Loneliness		Well-being	
	d	IS-p	d	IS-p
Main Analyses				
RIC	0.78	0.003	0.92	<0.0001
Income	0.38	0.003	-	-
Mediation	0.33	0.005	0.28	0.016
Exploratory Analyses				
RIC Qu.4	0.98	<0.0001	0.90	<0.0001
RIC Qu.5	0.82	<0.0001	0.78	<0.0001
RIC Qu.6	-	-	0.42	0.0004
RIC Qu.17	0.38	0.001	-	-
RIC Qu.23	-	-	0.28	0.017

DISCUSSION

The literature suggests that separation might be especially impactful for men, as regards social isolation and impaired well-being. Consistent with this expectation, the charity's staff and volunteers commonly observe that service users are in a state of considerable distress. This study has addressed whether these general expectations, and anecdotal evidence, are sustained when confronted with standard measures and statistical tests. Whilst the present study has limitations, its value lies in the fact that there is currently a dearth of studies addressing separated fathers' well-being and loneliness using quantified validated measures. A major finding of the study, therefore, is that such validated measures do indeed confirm that this cohort of separated fathers suffers reductions in mental well-being and elevations in social and emotional isolation, and that these impacts are statistically significant and large in terms of effect size compared to the general population (Cohen's *d* of 0.8 or greater).

The charity is aware that social isolation often exacerbates non-resident fathers' other difficulties. This isolation comes about because men's social circle tends to concentrate on just two areas: work and family connections. Because most of the charity's service users are unemployed, after separation both centres of social contact often cease to function, leaving the man without social support at a time when it is most needed. The degree of loneliness is so marked that the mode of the distribution lies at the maximum measurable loneliness and 36% of the charity's service users are severely lonely compared with only 5% of the general adult population. Extremely poor mental well-being scores were also common in this population, 28% of the cohort scoring below the level which has a prevalence of less than 2% in the general population. One of the benefits of collecting these data routinely from service users is to provide a baseline against which to measure progress, or deterioration. Unfortunately, the timescales involved are long as family court cases typically take years rather than months to resolve in the UK.

Having established that an effect on well-being and loneliness exists, the study proceeded to attempt to identify independent variables that might be associated with the effects. The eight independent variables investigated were: a domestic abuse risk index, low income, allegations of abuse against the father, social services involvement with the family, refusal of the ex-partner to consider mediation, the father's concern about abuse of a child by the ex-partner or other parties, the father's self-reported disability, and an indicator of the father's recognition of his need for emotional support.

The tool used to quantify the risk from domestic abuse was the Safelives Risk Indicator Checklist (RIC), consisting of 24 standard questions. This tool is used by the charity because it is the standard tool for the purpose in the UK service sector. It is recognised, and can readily be interpreted, by third party professionals involved in court processes, including refuge charities, solicitors, IDVAs and the legal aid agency. What has become clear during this work is that the RIC has limitations when used within an empirical study to accepted psychology standards of rigour. The absence of a validation study using a large population sample is one indication of that limitation (though the dataset used here shows a Cronbach's alpha of 0.74, which is adequate). Within the scientific context it is reasonable to question whether the RIC is doing what it purports to do, namely to quantify the risk of domestic abuse. Within the service sector

that question does not arise because it is the *de facto* industry standard and lies outside the gift of an individual charity to vary. Clearly, this is an unfortunate situation and should be borne in mind when interpreting the results of this study.

Associations of well-being and loneliness with the eight predictor variables were investigated using correlations, linear regressions and effect sizes (Cohen's *d*). Elevated loneliness and reduced well-being were most strongly associated with the fathers' partner abuse victimisation, in as far as this is faithfully measured by the RIC score. Partner abuse (RIC) was the only predictor variable with a large effect size as measured by Cohen's *d*, and was highly statistically significant. This is the other main finding of this study.

In interpreting the results of this study, it should be borne in mind that the sample population were not only non-resident fathers but were also currently involved in family court cases, and were also skewed to the lower socioeconomic groups.

Discounting question 7, which is affected by sample bias, it is noted that the RIC question with the largest number of affirmative answers (88%) was question 12, "does your (ex)partner try to control everything you do and/or are they excessively jealous". The dominance, in different ways, of RIC question 4 and RIC question 12 may have wider significance because they are both symptomatic of coercive or controlling behaviours by the female (ex)partner.

There continues to be a widespread notion that domestic abuse is overwhelmingly about female victims and male perpetrators. The suggestion that partner abuse of men, and fathers in particular, is relatively uncommon is not supported by the fact that 71% of the charity's service users have been identified as experiencing such abuse to a greater or lesser degree, and 39% in the high-risk category (RIC ≥ 14). Nor can any claim that the impact of such abuse on men is minor be sustained in the light of the present findings. Social and emotional isolation is severe, and mental well-being substantially impaired, in this cohort of non-resident fathers, and the strongest associations of these outcomes is with the UK service sector's *de facto* standard measure of domestic abuse risk, the RIC.

CONCLUSIONS

Data was obtained by a Welsh charity which assists non-resident fathers, primarily with child arrangement problems after parental separation. Anecdotal accounts that such men are in

a severely distressed state have been confirmed using the Warwick-Edinburgh mental well-being scale and the de Jong-Gierveld social and emotional isolation scale (loneliness). Of eight predictor variables investigated, the variable which had the dominant association with degraded well-being and elevated loneliness was the fathers' victimisation by partner abuse as measured by the Safelives domestic violence Risk Indicator Checklist (RIC). The limitations of this measure have been noted, but currently it provides the service-sector standard in the UK. The effect sizes of the RIC on well-being and loneliness were large and significant. This is the main finding of the study. It challenges the notion that partner abuse of men is lacking in substantive impact.

Exploratory investigations suggested that certain individual questions contributing to the RIC score also had notable associations with loneliness and well-being. These were question 4, "do you feel isolated from family / friends" and question 12, "does your partner try to control everything you do and/or are they excessively jealous". This observation is made in the context of motivating further research, rather than a definitive conclusion, as these issues may have wider significance because they are symptomatic of coercive or controlling behaviours by the female (ex)partner.

DISCLAIMERS

Conflict of interest

The author is a volunteer and former Trustee of the charity from which the data used in this study was obtained. He has no financial interests or benefits arising from being a Trustee or from this research or its publication, nor any other conflicts of interest.

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Ethical Standards and Informed Consent

Informed consent was obtained from all participants to this study. Ethical and legal restrictions were considered by the Institutional Review Board of the charity from which the study participants were drawn (FNF Both Parents Matter Cymru) who approved publication.

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AUTHOR PROFILE



Richard A.W. Bradford is an Honorary Senior Research Fellow in the Department of Mechanical Engineering, University of Bristol, UK.

Contact details: rb14307@bristol.ac.uk

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