Association of Partner Abuse with Loneliness and Impaired Well-being of Separated Fathers in Wales

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# Abstract

Mental well-being and social/emotional isolation were quantified using standard measures for a cohort of non-resident fathers in Wales. Loneliness was found to be severely increased, well-being strongly degraded, and suicidality abnormally prevalent in this cohort. Of eight predictor variables, the fathers’ risk from domestic abuse was the variable most strongly associated with these adverse impacts. The associations of each of the 24 questions of the Safelives Risk Indicator Checklist with loneliness, degraded well-being and suicidality were explored. This suggested that coercive/controlling behaviour was most significant. The severity and prevalence of degraded well-being, severe loneliness and suicidality challenge the notion that serious partner abuse of men is either relatively uncommon compared with that of women, or that it is less impactful.

*Keywords:* non-resident parent, parental separation, fathers, loneliness, well-being, domestic abuse, coercive control, suicidality

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, which is usually the father. 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). This study addresses the effects of parental separation on the mental well-being and social and emotional isolation of non-resident fathers.

There are indications in the literature that parental separation is particularly impactful for fathers. For example, (Dykstra & Fokkema, 2007) note that fathers after divorce “tend to have smaller support networks and higher levels of social loneliness. Among the divorced, men are more apt to suffer from emotional loneliness than are women”. Likewise, (Gerstel, Riessman & Rosenfield, 1985) concluded that “it is material conditions (income and parental obligations) that are most important in accounting for the greater symptomatology of separated and divorced women while it is dimensions of social networks (both structural and experiential) that are more important in accounting for the symptomatology of separated and divorced men”. Similar conclusions 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 have higher levels of poverty and deprivation, and lower levels of social support than do fathers with resident-only 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. They concluded that, “across the 12 months of the study, clinically low mental well-being scores were almost four times more common than would be expected in adult men in the UK”. This impact on separated, non-resident fathers is also apparent from the elevation in suicide rates which affects such men even more than separated mothers, (Sullivan, 2019), (Collins, 2019).

The subjects of the present work were fathers experiencing contemporaneous problems associated with parental separation and child contact. Attention is focused on measures of loneliness, mental well-being and depression/suicidality obtained from this population of separated fathers, together with the association between these outcome measures and a range of independent variables, including indicators of domestic abuse.

**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). The large, international meta-analysis by (PASK, 2013) 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**

**The source of subjects**

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. 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 specialistic 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.

**Data collection and ethics**

Data is 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 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.

**Demographics**

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, and 67% have an income of less than £12,000 pa. 30% self-report considering they have a disability (physical or mental). The proportion of black and minority ethnic service users were roughly 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.

**Loneliness, well-being and suicidality 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 (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 of close to 0.9.

For loneliness, the longer de Jong-Gierveld scale has been used (de Jong-Gierveld & Kamphuls, 1985). This combines both 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 (Iecovich, 2013) to be valid/reliable with a Cronbach’s alpha of around 0.86.

A further dependent variable was defined according to the service users’ self-reporting of depression and/or suicidality. The variable was defined as self-reported depression = 1, suicidal ideation = 2, suicide attempt = 3, none of these = 0. The Warwick-Edinburgh and de Jong-Gierveld scores, and the suicidality/depression score, will be treated as dependent variables in regressions.

**Domestic abuse risk index (RIC score)**

The SUP includes the Safelives/Dash 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.

Table 1

*The 24 Domestic Abuse Risk Indicator Checklist (RIC) Questions*

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

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 last18 months)?” was modified by omitting “are you pregnant” as being inapplicable to biological males. The higher the RIC score, the greater the assessed risk of domestic 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. Use of the RIC tool requires supervised completion by a trained person. The national manager of the charity is trained as an IDVA.

**Independent (predictor) variables**

Ordinary linear regressions were carried out based on eight independent (predictor) variables, with nicknames and definitions as follows,

* “RIC” is the domestic abuse Risk Identification Checklist score normalised by 14, so that RIC ≥ 1 indicates high risk.

All the remaining variables are binary, taking the value 0 unless the following conditions are met when they take the value 1,

* “Income”: If the service user’s income is less than £12,000 pa then Income = 1
* “Allegations”: If allegations of domestic abuse were made against the father then Allegations = 1
* “Buddy”: If the service user requested to join the charity’s “Buddy” scheme then Buddy = 1. (The charity’s Buddy scheme provides emotional support via a befriending service, so this variable is an indication of the service user’s own recognition that he is in need of emotional support).
* “Services”: If social services were already involved with the family when the service user registered with the charity then Services = 1
* “Mediation”: If the (ex)partner has refused formal mediation then this variable is set to 1
* “Child DV”: If the (ex)partner or her family or new partner were reported by the service user as having been abusive to a child then Child DV = 1
* “Disability”: If the service user self-reports considering that they have a disability, either physical or mental, then Disability = 1

Note that all the variables are defined such that the value 1 might be expected to have a negative impact on the service user.

**Procedure and statistical analyses**

Attention focusses on which independent variables are most strongly associated with the dependent variables (well-being, loneliness and suicidality/depression). Analysis of the data was carried out in Python and cross-checked in Excel Data Analysis. This included calculating Pearson correlations between pairs of variables, and ordinary, multivariate, linear regressions between the dependent variables and the full set of eight independent predictor variables (unstandardized). As we shall see, the RIC score turns out to be the dominant predictor variable and so it is of interest to explore more closely which of the 24 individual RIC questions are most associated with well-being, loneliness and suicidality/depression. This is examined by firstly calculating Pearson correlations and, on that basis, selecting a subset of RIC questions to deploy as independent variables in linear regressions. These regressions were then repeated using a smaller set of independent variables according to which questions were found to be significant in the initial regression. By this means a small number of the RIC questions were identified as those of significance as regards well-being, loneliness and suicidality/depression.

A complete dataset for all variables was obtained for n = 264 service users. Including repeat well-being and loneliness assessments for some service users increased this to n = 291. Well-being and loneliness data, plus all predictor variables apart from the RIC, were obtained for n = 330 service users. A total of n = 285 RIC assessments were completed.

The significance of the relationships between variables may be judged from the p values quoted below. Statistical significance is indicated by p values ≤ 0.05.

**Results**

**Predictor Variables**

67% of service users had an income below £12,000. 52% of service users requested a buddy. In 28% of cases social services were involved at the time of registration. 37% of service users reported their partner/ex-partner as having refused mediation. In 15% of cases, domestic abuse by the partner against a child was reported. 30% of service users reported a disability (mental or physical). 63% of service users had had allegations of domestic abuse made against them. 71% of service users were identified as being a victim of partner abuse, either by self-reporting or due to a RIC score of 10 or higher. 39% of service users’ female (ex)partners were reported as having been in trouble with the police or as having a criminal history, and of these 68% were for physical violence. Overall, 58% of service users completing the RIC assessment reported a history of physical violence from their female (ex)partners.

**Dependent Variables**

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

Table 2

*Statistics of dependent variables and RIC scores*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Loneliness | Well-being | Suicidality/Depression | RIC |
| mean | 6.5 | 19.6 | 1.09 | 11.9 |
| median | 7.0 | 19.0 | 1.00 | 12.0 |
| st.dev. | 3.4 | 5.8 | 0.75 | 4.1 |
| min | 0 | 7 | 0 | 0 |
| max | 11 | 35 | 3 | 20 |

**Loneliness data**

Figure 1 displays in histogram form the distribution of de Jong-Gierveld loneliness scores from the charity’s male service users. Table 3 compares these scores with a large scale survey of the general adult male population of England (ONS, 2018d), in ranges which correspond with the verbal descriptions used in that source. Figure 1 is starkly distinct from the general population, the mode of the distribution being at the maximum possible loneliness, compared with the general population for which the mode lies in the “hardly ever lonely” range. 36% of the charity’s service users are severely lonely (“often/always”) compared with only 5% of the general adult population. 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). 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 n = 330)

Table 3

*Loneliness of the charity’s male service users cf general adult male population*

|  |  |  |  |
| --- | --- | --- | --- |
| loneliness score | Description | General Population | This Study |
| *0* | *Never lonely* | *27%* | *5%* |
| *1 - 2* | *Hardly ever lonely* | *32%* | *13%* |
| *3 – 5* | *Occasionally lonely* | *22%* | *19%* |
| *6 - 8* | *Lonely some of the time* | *14%* | *27%* |
| *9 - 11* | *Often/always lonely* | *5%* | *36%* |

**Well-being data**

Results of the Warwick-Edinburgh mental well-being assessments are plotted in Figure 2 in comparison with the general adult population of England (WEMWBS Resource, 2011), where the latter is represented by a normal distribution with a mean (or median) of 23.6 and a standard deviation of 3.9. To aid visualisation the best lognormal fit to the service user data is also plotted on Figure 2. The median is 19 and the mode is 16. It is clear from Figure 2 that the separated fathers have mental well-being skewed to abnormally poor levels, the median being shifted down by 4.6 points. 73% of these separated fathers have poorer well-being than the mean of the general population. 28% of the separated fathers 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).

**Depression and suicidality**

Of the 293 service users who addressed the question during the period of this study, 69 (24%) were experiencing, or had recently experienced, suicidal ideation, of which 13 (4.4%) had attempted suicide. These prevalences are substantially elevated compared with the general UK population (which are a mean annual rate of 5.4% for suicidal ideation and 0.7% for suicide attempts, across both sexes and all ages (Collins, 2019)). The number of service users experiencing suicidal ideation appears to be trending upwards (Figure 3), but this is against increasing numbers of registrations per month and will need monitoring over a longer period to confirm if this is a settled trend.

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

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*Figure 3*. Service users per month reporting suicidal ideation or suicide attempts

**Domestic abuse and RIC scores**

The results of the RIC assessments are displayed in histogram form in Figure 4 which plots the percentage of service users assessed in each RIC score range. The median RIC score was 12. 39% of service users with a RIC assessment were assessed in the “high risk” category, having a RIC score of 14 or greater. In 34 cases (12% of assessed cases) the charity’s IDVA judged the risk sufficient to motivate a MARAC referral. The average RIC score for these 34 cases was 16.2. However, few of these were actually referred to MARAC. It is no longer the charity’s policy to do so. The reason is several experiences with breaches of security within the MARAC process which led to the abuser discovering the victim’s address and thereby furthering the abuse. The charity no longer regards the MARAC process as a safe recourse for men.

Figure 4 shows separately the histogram of RIC scores for those men who answered the question “have you been the victim of domestic abuse?” in the negative before being assessed using the Safelives checklist. 80 men did so. Of these, 56% scored a RIC of 9 or higher, a level judged by the charity to be sufficient to provide evidencing for a legal aid application. Moreover, 14% of men who did not initially consider themselves to have been the victim of domestic abuse scored in the “high risk” range, a RIC of 14 or higher.



Figure 4. *Domestic abuse risk index (percentage of n = 285 or n = 80)*

**Correlations**

Table 4 gives the Pearson correlations between all pairs of loneliness, well-being and depression/suicidality and their p values. All are highly significant with the anticipated sign (i.e., reduced well-being relates to increased loneliness and increased suicidality/depression). The negative correlation between the Warwick-Edinburgh well-being and the de Jong-Gierveld loneliness is the largest correlation identified in this study.

The Pearson correlations of each of the dependent variables (loneliness, well-being and depression/suicidality) were evaluated with respect to all eight predictor variables. Where these were significant the results are given in Table 5. The domestic abuse RIC score has the largest correlation, and is the most significant predictor variable, for all three dependent variables. The two other predictor variables which are significant for all three of the dependent variables (loneliness, well-being and depression/suicidality) are low income/unemployment and having allegations of domestic abuse made against the service user.

Table 4

*Pearson correlations between loneliness, well-being and suicidality/depression*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variable 1 | Variable 2 | Correlation | p-value | n |
| Loneliness | Well-being | -0.57 | <0.0001 | 330 |
| Suicidality/Depression | Loneliness | 0.27 | <0.0001 | 330 |
| Suicidality/Depression | Well-being | -0.31 | <0.0001 | 330 |

Table 5

*Pearson correlations between dependent and predictor variables where significant*

|  |  |
| --- | --- |
| Dependent Variable | Independent Predictor Variable |
| RIC | Income | Allegations | Mediation | Disability |
| Loneliness  | 0.25 | 0.20 | 0.15 | 0.14 | ns |
| *p-value* | *<0.0001* | *0.0003* | *0.005* | *0.01* | *-* |
| *n* | *291* | *330* | *330* | *330* | *-* |
| Well-being  | -0.3 | -0.16 | -0.17 | -0.15 | ns |
| *p-value* | *<0.0001* | *0.005* | *0.003* | *0.006* | *-* |
| *n* | *291* | *330* | *330* | *330* |  |
| Suicidality/Depression | 0.25 | 0.11 | 0.15 | ns | 0.15 |
| *p-value* | *<0.0001* | *0.05* | *0.015* | *-* | *0.017* |
| *n* | *264* | *264* | *264* | *-* | *264* |

**Regressions**

Ordinary linear regressions for the dependent variables were carried out in terms of the eight independent predictor variables. The resulting unstandardized (or “b”) coefficients are given in Table 6 for those predictor variables which are statistically significant only. (The b-coefficients indicate how much the dependent variable would increase, on average, if the predictor variable in question increased from 0 to 1). The salient feature of the regressions is that the dominant predictor variable is the domestic abuse RIC score. This is true for loneliness, well-being and suicidality/depression, and is highly significant (p ≤ 0.0007). Refusal of the ex-partner to agree to mediation is significant at the 95% confidence level for loneliness and well-being, and income is significant for loneliness. The linear fits accounted for 53% of the range of the loneliness measure, 40% of the range of the well-being measure and 42% of the range in suicidality/depression.

Table 6

*Regression “b” coefficients where significant*

|  |  |  |  |
| --- | --- | --- | --- |
| Predictor Variable | Loneliness | Well-being | Suicidality/Depression |
| b-coeff | p-value | b-coeff | p-value | b-coeff | p-value |
| RIC | 2.65 | 0.0005 | -5.00 | 0.0001 | 0.59 | 0.0007 |
| Income | 0.93 | 0.04 | *ns* | - | *ns* | - |
| Mediation | 0.96 | 0.02 | -1.40 | 0.05 | *ns* | - |

**Exploring the Individual RIC Questions**

The preceding results have shown that the RIC score is clearly the predictor variable which dominates the outcome variables, as regards both correlations and regressions. This motivates taking a closer look at the 24 individual questions contributing to the overall RIC score to identify which questions are most strongly associated with the dependent variables. Figure 5 shows in histogram form the percentage of service users answering affirmatively each of the 24 RIC questions (arranged from highest to lowest percentages). The most frequent, at 93%, was question 7 which asks if there is conflict over child contact. Since the charity’s primary purpose is the support of separated fathers, mostly non-resident, virtually all of whom have child contact problems, the dominance of question 7 is inevitable and has no significance (i.e., it is sample bias).

The second highest scoring question, for which 88% of service users answered ‘yes’, was question 12: “does the abuser try to control everything you do and/or are they excessively jealous?”. That this particular question is dominant, and with such a very high score (88%), is one of the major findings of this study. This will be seen to be especially relevant when considered in conjunction with correlations and regressions, below.



*Figure 5*. The percentage of service users answering ‘yes’ to each RIC question (n = 288)

The third highest scoring was question 5 (83%) which asks if service users are depressed or having suicidal thoughts (generally relating to depression but not suicidality). The next was question 2 at 77% which asks “are you very frightened?”. That men should so commonly evince such fear, and in the context of their female partners, may surprise some and is particularly noteworthy. In fifth place with 68% of service users responding in the affirmative was question 4: “do you feel isolated from family/friends?”. Of the 24 RIC questions, this turns out to be dominant in correlations and regressions with the dependent variables, as we shall see next. This is important because this question, together with the very high scoring question 12, are indicators of coercive and controlling behaviours.

The procedure which was followed to identify the most significant of the 24 RIC questions as regards their association with loneliness, well-being and suicidality/depression was, firstly, to calculate all the pairwise Pearson correlations (24 x 3). Then ordinary linear multivariate regression was conducted using as independent variables those questions whose (absolute) correlation was 0.1 or greater. After identifying the variables which were significant in the regression (i.e., those with p < 0.05) the regression was repeated using only the significant variables to obtain the final regression and the (unstandardized) b-coefficients. In the case of suicidality/depression, RIC question 5 was omitted as it relates directly to suicidality/depression.

For de Jong-Gierveld loneliness there were ten variables with correlations ≥ 0.1 of which only four were significant in the regression. The repeated regression resulted in the four regression b-coefficients given in Table 7. For the Warwick-Edinburgh well-being there were eleven variables with correlations ≤ -0.1 of which six were significant in the regression, the repeated regression resulting in the six b-coefficients given in Table 8. For suicidality/depression there were nine variables with correlations ≥ 0.1 of which only two were significant in the regression, and the repeated regression resulted in the two b-coefficients given in Table 9. The variables (i.e., RIC questions) in each of Tables 7, 8 and 9 are listed in order of size/significance of regression coefficient, and thereafter in order of correlation coefficient. The full regressions accounted for 57% of the range of the loneliness measure, 53% of the range of the well-being measure and 40% of the range in suicidality/depression.

Table 7

*Pearson correlations and regression b-coefficients for loneliness*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RIC Question | 4 | 5 | 17 | 23 | 2 | 16 | 11 | 20 | 18 | 10 |
| Correlation | 0.42 | 0.29 | 0.18 | 0.12 | 0.19 | 0.17 | 0.14 | 0.13 | 0.12 | 0.10 |
| b-coefficient | 2.4 | 1.3 | 0.8 | 0.8 |  0 | 0  |  0 |  0 |  0 | 0  |
| *p-value* | *< 0.0001* | *0.01* | *0.02* | *0.05* | *ns* | *ns* | *ns* | *ns* | *ns* | *ns* |

Table 8

*Pearson correlations and regression b-coefficients for well-being*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  RIC Question | 4 | 5 | 23 | 6 | 1 | 11 | 2 | 19 | 20 | 10 | 17 |
| Correlation | -0.39 | -0.28 | -0.13 | -0.20 | -0.16 | -0.21 | -0.15 | -0.12 | -0.12 | -0.10 | -0.10 |
| b-coefficient | -3.4 | -2.2 | -1.8 | -1.5 | -1.6 | -1.2 |  0 |  0 | 0  |  0 | 0  |
| *p-value* | *< 0.0001* | *0.02* | *0.01* | *0.02* | *0.05* | *0.07* | *ns* | *ns* | *ns* | *ns* | *ns* |

Table 9

*Pearson correlations and regression b-coefficients for suicidality/depression*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RIC Question | 4 | 11 | 2 | 12 | 3 | 18 | 17 | 20 | 6 |
| Correlation | 0.31 | 0.21 | 0.20 | 0.17 | 0.16 | 0.12 | 0.11 | 0.11 | 0.10 |
| b-coefficient | 0.44 | 0.24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| *p-value* | *< 0.0001* | *0.008* | *ns* | *ns* | *ns* | *ns* | *ns* | *ns* | *ns* |

The stand-out feature for all three outcome variables (loneliness, well-being and suicidality/depression) is that RIC question 4 has the largest correlation, the largest regression b-coefficient and is the most significant of all the 24 RIC questions. This is the question which asks “do you feel isolated from family / friends?”. It is hardly surprising that this is associated most strongly with the de Jong-Gierveld measure, as this is intended to be a measure of social and emotional isolation. In this sense our dataset confirms that de Jong-Gierveld is indeed a measure of isolation within our service user base. However, that question 4 is also the most significant of the 24 RIC questions in respect of well-being and suicidality/depression is less obvious, as most (perhaps all) of the 24 questions might have had a substantial effect on these outcomes.

The second most significant RIC question associated with loneliness and well-being is question 5, which asks “are you feeling depressed or having suicidal thoughts?”. That there would be a significant association between this question and loneliness and well-being is hardly surprising, but it is less obvious that it should be one of the small number of statistically significant questions, any or all of which might reasonably have turned out to be significantly associated.

**Summary and Discussion**

Mental well-being and social/emotional isolation were quantified using standard measures for a cohort of fathers seeking assistance from a Welsh charity which assists primarily with child arrangement problems after parental separation. A measure of suicidality/depression was also obtained. Associations of these dependent ‘outcome’ variables with eight predictor variables were quantified, the latter being: 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 her new partner, the father’s disability, and an indicator of the father’s recognition of his need for emotional support.

The charity’s staff and volunteers are well aware that a large proportion of service users are in a state of considerable distress. Consequently, it is unsurprising that the measured mental well-being of this cohort of separated fathers is skewed to lower levels than the general population. However, it is salutary that extremely poor well-being scores are so common in this population, 28% having a well-being score of 15 or lower, which has a prevalence of less than 2% in the general population.

It is also unsurprising that the charity’s service users have elevated loneliness scores. The charity is aware that social isolation often exacerbates service users’ 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. Despite being readily explicable, it is still rather concerning that the degree of loneliness is so marked that the mode of the distribution lies at the maximum measurable loneliness. 36% of the charity’s service users are severely lonely compared with only 5% in the general adult population.

In view of service users’ markedly reduced well-being and commonly severe social isolation, the observed elevation of suicidality is to be expected. This was borne out by 69 (24%) of those asked the question having recently experienced suicidal ideation, of which 13 (4.4%) had attempted suicide. It is known that there is a link between separation and men’s suicide, though there is a dearth of confirmatory data from the UK. (Collins, 2019) analysed data referenced in (Samaritans, 2012) and (Evans, Scourfield & Moore, 2016), none of it from Great Britain, and concluded that separation increases the suicide rate for both sexes, but more so for men than for women. The suicide rate for men after separation was estimated to be 8 to 12 times higher than for women in the general population. To the effect of separation must be added the effect of domestic abuse in elevating suicide rates further, and again this is more marked in men than in women. In 2017/18, in England and Wales, 11% of male victims of partner abuse tried to take their own lives compared to 7.2% of female victims (ONS, 2018b).

Associations with the eight predictor variables were investigated using correlations and linear regressions. All the dependent ‘outcome’ variables, elevated loneliness, reduced well-being, and the elevated prevalence of depression/suicidality, were most strongly associated with the fathers’ domestic abuse victimisation (RIC score). The greater significance of the fathers’ victimisation by domestic abuse than any of the other seven predictor variables is one of the main findings of this study.

The other variables which were significantly associated with dependent variables were unemployment/low income, allegations of domestic abuse by the father, and the refusal of mediation by the (ex)partner.

The tool used to quantify the risk from domestic abuse was the Safelives Risk Indicator Checklist (RIC), consisting of 24 standard questions. Because the overall RIC score was found to be the dominant predictor variable, it was explored further which of these 24 questions might be causing this dominance. To do so, correlations and regressions of well-being, loneliness and suicidality/depression were carried out also with the individual RIC questions. This revealed that question 4, “do you feel isolated from family / friends”, was dominant for all three outcome measures.

Discounting one question which was affected by sample-bias, the RIC question with the largest number of affirmative answers (88%) was “does the abuser try to control everything you do and/or are they excessively jealous?”.

The dominance, in different ways, of these two RIC questions (“do you feel isolated from family / friends” and “does the abuser try to control everything you do and/or are they excessively jealous?”) has particular significance because they are 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. Moreover, this false perspective can be carried through into the operation of the family courts. This is exemplified by the recent family justice review in England and Wales which addressed the potential harms to children and parents arising from domestic abuse (Ministry of Justice, 2020). The final report, literature review and implementation plan resulting from this judicial review, amounting to some 406 pages, presented only the harms to women and children from abusive men. When such one-sided presentations are challenged, the response may be that the domestic abuse of men is relatively rare or that, when it occurs, it is less harmful.

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. Nor can any claim that the impact of such abuse on men is minor be sustained in the light of the present findings. 39% of service users subject to risk assessment were assessed in the “high risk” range, with a RIC score of 14 or higher. But perhaps most revealing is that it is the domestic abuse risk index (RIC) which, out of the eight predictor variables examined, is most strongly associated with loneliness, well-being and depression/suicidality. Add to these findings from this study the national crime survey findings that male domestic abuse victims are more likely to attempt suicide than female victims (ONS, 2018b), and it ceases to be credible to argue that partner abuse is a less serious issue for men than women, either in terms of prevalence or impact.

A further factor identified in this study is that the two RIC questions which are either most commonly answered in the affirmative or are most significantly associated with fathers’ adverse outcomes are both symptomatic of coercive or controlling behaviour. This suggests that men experience coercive or controlling behaviours from their female partners far more commonly than is generally supposed or reflected, for example, in criminal justice statistics in which it is overwhelmingly men who are convicted, (ONS, 2020). Most importantly, the findings of this study as regards the severity of the degraded well-being, loneliness and suicidality challenge the notion that serious partner abuse of men is either relatively uncommon compared with that of women, or that it is less impactful.

**Conclusions**

Separated fathers accessing the services of charity FNF Both Parents Matter Cymru were found to have: (a) substantially degraded mental well-being, 28% having a well-being score of 15 or lower, which has a prevalence of less than 2% in the general population; (b) highly elevated social and emotional isolation, 36% being severely lonely compared with 5% in the general adult population; (c) markedly elevated prevalence of suicidality. Of eight predictor variables investigated, the variable which had the dominant association with degraded well-being, elevated loneliness, and the increased prevalence of depression/suicidality, was the fathers’ victimisation by partner abuse as measured by the Safelives domestic violence Risk Indicator Checklist (RIC). Other variables which were significantly associated with the dependent variables were unemployment/low income, allegations of domestic abuse by the father, and the refusal of mediation by the (ex)partner.

The RIC variable is an aggregate of 24 questions. Correlations and regressions of well-being, loneliness and suicidality/depression were carried out with the individual RIC questions. This revealed that the question “do you feel isolated from family / friends” was dominant for all three outcome measures. Discounting one question which was affected by sample-bias, the RIC question with the largest number of affirmative answers was “does the abuser try to control everything you do and/or are they excessively jealous?”. Both these questions are indicative of coercive or controlling behaviour by the (ex)partner. The commonality of these experiences within this cohort of separated fathers, and their dominance as regards adverse outcomes, suggests that men experience coercive or controlling behaviours from their female partners far more commonly than is generally supposed or reflected, for example, in criminal justice statistics. Moreover, the findings of the study as regards the severity of degraded well-being, loneliness and suicidality challenge the notion that serious partner abuse of men is either relatively uncommon compared with that of women, or that it is less impactful.

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**Declaration of Interests**

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