The Impact of Intimate Partner Abuse on the Loneliness and Mental Well-being of Separated Fathers in Wales

The purpose of this study was to examine the associations between partner abuse and measures of distress in non-resident fathers. The impact of partner abuse on women has been widely studied but has been considered less often for male victims. Mental well-being and social/emotional isolation (loneliness) were quantified in this cross-sectional study using validated measures for a cohort of non-resident fathers in Wales. The study population was found to have substantially higher loneliness and lower mental well-being than the general population. Of fifteen predictor variables which might potentially have an association with these adverse outcomes, the fathers' experience of partner abuse was the variable most strongly associated and 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 lacking in comparable impact.

KEYWORDS: **fathers, partner abuse, loneliness, well-being**

This study addresses the hypothesised impact of intimate partner violence (IPV) on the wellbeing of non-resident fathers after parental separation. The main potential impacts of partner abuse that were the focus of the present study were mental well-being, social and emotional isolation (loneliness), and depression/suicidality. These issues were examined in a cross-sectional study of a sample of Welsh fathers after parental separation, comparing the importance of partner abuse to these outcomes to that of 14 other potentially explanatory variables. The latter included income, disability, ethnicity, whether the man had been accused of abuse himself, whether he or his ex-partner had police records, whether social services were involved with the family, and a range of variables relating to child contact issues. The hypothesis the study set out to test was that a quantified measure of partner abuse would be significantly associated with mental well-being, loneliness and depression/suicidality, that this would be of large effect size, and would be a stronger association and effect size than for the other 14 potentially explanatory variables. This work adds to current knowledge because studies of the quantitative association between IPV and degraded psychological functioning in men in general, and in separated fathers in particular, are rare. The following brief history of the IPV literature in respect of male victims forms the context for the present study.

IMPACT OF IPV ON MEN

There is now widespread acceptance that heterosexual men can suffer abuse from their female partners and that the prevalence rates are substantial. In the UK, the annual crime surveys of England and Wales (CSEW) by the Office for National Statistics have consistently shown for more than a decade that men are one-in-three victims of partner abuse (Office for National Statistics, 2023a) and that this relates to female abusers in 90%-95% of cases (Office for National Statistics, 2018a; Scottish Government, 2019). Reviews of multiple studies including data from many different nations indicate that heterosexual men are the

victims of partner abuse with a prevalence which is comparable to, or exceeds, the victimisation of women by their male partners (Hamel, Langhinrichsen-Rohling, & Hines, 2012; Esquivel-Santovena, Lambert, & Hamel, 2013).

Esquivel-Santovena, Lambert, & Hamel (2013) note that results 'suggest that although partner abuse is, in some respects, asymmetrical across gender (for rates of sexual coercion and physical stalking and the impact of physical abuse on victims), it is, in many other respects, quite symmetrical (prevalence rates of physical and psychological abuse, motives and risk factors, and the impact on child witnesses)'. In around half of couples experiencing IPV the abuse is bidirectional (Hamel, Langhinrichsen-Rohling, & Hines, 2012; Gou, Duerksen, & Woodin, 2019). However, that an individual might be both a victim and an abuser should not detract from the significance of the associated adverse impacts or the need for service provision. Of particular relevance to the present study, based on a cohort of separated fathers, is that the annual CSEWs indicate that partner abuse in the UK is six to eight times more prevalent in separated couples than in married couples, (Office for National Statistics, 2023b).

Until the last decade or two the comparable rates of victimisation of the sexes was often unacknowledged or minimised in significance because it was considered that the impact of IPV on women was far more severe that the impact upon men. Possibly this was because there had then been comparatively few studies of male-only samples, and many of these were of college students which are not indicative of separating couples in which partner abuse peaks. For example, Randle & Graham (2011) wrote, 'Historically, the assumption was that women typically suffer more physical and psychological injuries as a result of male-perpetrated IPV than do men who experience female perpetrated violence', citing Archer (2000) and Hines & Malley-Morrison (2001). In particular, a greater prevalence of serious

injury from physical violence among women victims than male victims continued to be claimed, e.g., Lawrence, Orengo-Aguayo, Langer, & Brock (2012).

But this contrasts with UK data from the CSEWs over the last decade. For example, the 2023 CSEW reports that, 'The overall prevalence of any physical injury to victims of partner abuse was greater for male victims (22.2%) than female victims (13.6%)' (Office for National Statistics, 2023a). A larger percentage of male victims suffered from all the sub-categories of physical injury. Nor is this confined to less serious injuries. Although variable, the 2023 CSEW indicates that, of those that suffered partner abuse, a larger proportion of men than women suffered severe bruising or bleeding whilst the 2018 CSEW shows that a greater proportion of men suffered internal injuries or broken bones/teeth, (Office for National Statistics, 2023c). The greater prevalence of injury among male victims appears to be a stable finding over the last decade, despite running counter to many earlier studies. However, the CSEW is not unique in reporting a high prevalence of serious injury to male victims. Hines & Douglas (2010) found that 80% of the men in their help-seeking sample reported being injured, with 35% reporting a serious injury (e.g., a broken bone).

Even in 2011, Randle & Graham noted that the assumption of reduced impact of IPV on men was being challenged, e.g., by Hines (2007) and Holtzworth-Munroe (2005). But there was 'a relative dearth of research examining the consequences of psychological abuse for male victims' (Lawrence, Orengo-Aguayo, Langer, & Brock, 2012).

Among the earlier indications that IPV might be comparatively impactful on men as on women was the study of Coker et al. (2002). In their study, 28.9% of their sample of 6790 women, and 22.9% of 7122 men, had experienced physical, sexual, or psychological IPV during their lifetime. They used multivariate regression models to examine the association between IPV and a range of adverse outcomes. Their Table 1 indicated that men were more likely than women to experience psychological abuse alone. Their Table 3 indicated no

significant difference between men and women regarding the relative risk of poor health, injury, depressive symptoms or other mental ill-health associated with IPV. They noted that, 'When physical and psychological IPV scores were both included in logistic regression models, higher psychological IPV scores were more strongly associated with these health outcomes than were physical IPV scores'. This is particularly significant for male victims because, as noted by Follingstad & Rogers (2013) and by Scott-Storey et al. (2023), there is growing evidence to suggest that psychological abuse may be the most common form of IPV experienced by men.

More recently, Scott-Storey et al. (2023) have noted that 'Evidence of the pervasive and harmful impacts of IPV on men's health is accumulating', citing Coker et al. (2002), Cook (2009) and Massetti et al. (2018). They add, 'For example, data from the U.S. National Violence Against Women Survey (NVAWS) from 8001 men and 8005 women revealed that men who were victims of IPV experienced significant physical and mental health consequences'.

The association of IPV with PTSD in male victims has been noted by Dansky, Byrne, & Brandy (1999), Coker, et al. (2005), Hines (2007), Hines, Brown, & Dunning (2007), Hines & Douglas (2010), Nybergh, Enander, & Krantz (2016) and Machado, Hines, & Matos (2018), while the analysis of Hines & Saudino (2003) supports a conclusion that psychological abuse is just as strongly associated with PTSD as physical IPV. Randle & Graham (2011) opine that 'This raises questions and concerns for male victims of IPV, given findings that women are more likely to perpetrate psychological than physical aggression toward male partners'.

The impact of IPV on male victims' general physical or mental health, including the effects on depression and loss of self-worth, have been discussed by Coker et al. (2002), Hines & Douglas (2009), Tsui (2014), Hines and Douglas (2015), Salom, Williams, Najman,

& Alatiac (2015), Hines and Douglas (2015), Gou, Duerksen, & Woodin (2019) and Bates & Carthy (2020). Of particular relevance to the present work, 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.

Coercive control is a common feature of IPV. Within the UK, coercive control was made an explicit criminal offence via the Serious Crime Act 2015 (UK Government, 2015). Ample evidence exists that coercive control is not the exclusive province of male abusers but is also typical of IPV experienced by male victims with female abusers (Hines, Brown, & Dunning, 2007; Bates & Graham-Kevan, 2016; Gou, Duerksen, & Woodin, 2019; Powney, & Graham-Kevan, 2023). The study of Powney & Graham-Kevan (2023) was based on two international surveys totalling 3,433 respondents, of which the 538 UK residents formed the basis of the reported analysis. The findings demonstrated that male victims experience severe and longstanding negative effects from female perpetrated coercive control including anxiety, depression, post-traumatic distress and suicidal ideation. The male victims experienced persistent and severe patterns of coercive control similar to those experienced by female victims. Even in areas that are often seen as exclusively affecting female victims, such as economic abuse and sexual coercion, the surveys indicated that over half of the male victims had their earnings controlled and one in five men was ‘forced to penetrate’ as an ongoing pattern of abuse. The distress of experiencing abuse had a physical impact and psychological affect that would be of clinical concern in eight out of ten men responding to the survey.

Based on their large surveys, Powney & Graham-Kevan (2023) observed that ‘coercive control for male victims is uniquely gendered in some aspects. In particular, men’s relationship with their children is often exploited to coercively control men, both within the

relationship and post-separation'. In addition they noted that false allegations, or the threat of making such allegations, were experienced as a pattern of abuse by almost two thirds of the male victims in their survey. Finally, it is now emerging from the literature that the phenomenon of a parent's alienation from his or her children on separation is also associated with having been victimised by IPV (Bates & Hine, 2023; Rowlands, Warshak, & Harman, 2023; Hine & Bates, 2024). These issues are all particularly pertinent in respect of the current study of non-resident fathers.

METHOD

Design

Validated measures of social and emotional isolation (loneliness) and mental well-being were used together with the *de facto* UK service sector standard measure of partner abuse to test the study hypotheses. These were augmented by self-reports of depression and suicidal ideation. The subjects of this cross-sectional study were non-resident fathers experiencing contemporaneous problems associated with parental separation and child contact. To provide challenge to the study hypotheses, other potential correlates of loneliness, impaired well-being and suicidality were included in the study as these might provide alternative, and perhaps better, accounts of the adverse psychological outcomes. In all, 15 independent (predictor) variables were considered, defined below. The associations of these 15 variables with measures of the adverse psychological outcomes were quantified via correlation, regression and effect size statistics.

Participants 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 2022. A complete dataset for all variables defined below was obtained for n = 831 male service users.

The primary role of the charity is to assist parents after parental separation in the context of child arrangements, and especially non-resident parents who have the greater difficulty in respect of child contact. 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, the majority of whom are fathers. This study uses data from male clients only.

People seeking free assistance from a charity tend to be from the lower socioeconomic groups. Consequently, 61% of the cohort were unemployed, earned less than £12,000 pa or were on benefits. 32% identified as having a disability (physical or mental). The proportion of black and minority ethnic service users, 11%, was rather greater than the Welsh national average (7%). Ages ranged from 15 to 85, with median age 36; 75% were in the age range 25 to 44. There was an average of 1.60 children per case, and the median age of the children was 6. It is noteworthy that 84% of the fathers had legal Parental Responsibility, despite being unmarried in many cases. In all cases the perpetrator of the abuse to the subject was the ex-partner, and female ex-partners were the mother of the child(ren) in question. All but two of the subjects' (ex)partners were female.

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 mental well-being and loneliness, discussed further below. The completed SUP is uploaded to a 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 users' 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 consist of all registered cases from 1st July 2019 to 31 December 2022 for which the service user was a father and for which all the items of data required by the analyses below were obtained (i.e., no selection has been applied, all data meeting those criteria have been used), n = 831.

Dependent Variables: Loneliness and Mental 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.

Cronbach's alpha is a measure of the internal consistency, validity and scale reliability of a proposed measure of a single factor construct. Tennant et al. (2007) have reported that the WEMWBS showed good validity/reliability with a Cronbach's alpha close to 0.9. For the charity's first year of recorded data (n = 261) the Cronbach's alpha for these fathers'

measured Warwick-Edinburgh score was calculated to be 0.87, confirming the expected internal consistency of this measure.

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 & Van Tilburg (2006) and by Iecovich (2013) to be valid/reliable with a Cronbach's alpha of around 0.86. For the charity's first year of recorded data (n = 261) the Cronbach's alpha for these fathers' de Jong-Gierveld data was calculated to be 0.91, confirming the data's expected internal consistency.

A third dependent variable was also considered, namely depression/suicidality. This was based on self-reports recorded as part of registration with the charity. This was scored as 1 for self-reported depression but no suicidal thoughts; 2 for suicidal ideation, either present or in the recent past; 3 for having made a suicide attempt; and 0 for none of these.

IPV Risk Score

The SUP includes the Safelives domestic abuse Risk Identification Checklist (Safelives, 2020). This is the same tool which is in common usage within the women's domestic abuse service sector in the UK and is designed to indicate current risk. It consists of 24 questions with yes/no/don't know responses, such as 'has the current incident resulted in injury?', 'are you very frightened?', etc. 'Yes' scores 1, 'no' or 'don't know' score 0. The overall IPV risk score is thus between 0 and 24, with higher scores indicating a higher severity or risk of

partner abuse. A score of 14 or more is the accepted UK definition of 'high risk of abuse'. Use of the IPV risk score tool requires supervised completion by a person trained by a qualified Independent Domestic Violence Advisor (IDVA). The charity has IDVAs on the staff to provide this training. For the full dataset of fathers in this study (n = 831), the Cronbach's alpha for the IPV risk score was calculated to be 0.72 and hence falls within the conventionally accepted range of acceptability, namely > 0.7.

Independent Variables and Initial Regressions

The study hypothesis was tested using multivariate linear regressions for the dependent variables (well-being, loneliness and depression/suicidality) based on fifteen independent (predictor) variables, with nicknames and definitions as given in Table 1. With three exceptions, these independent variables were binary, with a 'yes' answer being scored 1, and 'no' scored 0. In the case of ethnicity, a self-report of BAME was scored as 1 and otherwise scored as 0. The variable 'buddy' indicates that the subject recognised his need for emotional support by requesting to join the charity's 'buddy' scheme. (This scheme provides emotional support via a one-on-one personal befriending service). The variable 'disability' indicates if the service user self-reported that they have a disability, either physical or mental. The exceptional variables were,

- 'age': the service user's age in years was normalised by the average age (36.4);
- 'children': the number of children relevant in the case normalised by the average number of children per case (1.60);
- 'IPV risk score': the initial score (0 to 24) normalised by the average score (11.05).

These normalisations have the advantage of making the regression b-coefficients of comparable meaning across all variables. All the binary variables, with the exception of parental responsibility, are defined such that the value 1 ("yes") might be expected to have a negative impact on the service user.

TABLE 1. The Fifteen Independent Predictor Variables

Nickname	Question asked to elicit the self-report
age	Service user age at registration in years (divided by mean, 36.4)
Disability	Do you suffer from any disability (mental or physical)?
Ethnicity	Self-reported identity
Income	Do you receive universal credit, are unemployed or earn less than £12,000 pa?
Children	Number of children in the case (divided by mean, 1.60)
prohibited contact	Are you being completely prevented from seeing the child/ren?
potential alienation	Is anyone trying to turn the child against you?
mediation refused	Has formal mediation been refused by the other parent?
parental responsibility	Are you named as a parent on the birth certificate?
DV alleged	Have you been accused of domestic abuse?
SS involved	Are Social Services currently involved with your children (at the time of registration)?
police interview	Have you been interviewed by the police in relation to a relevant criminal offence?
Buddy	Was allocation of a buddy requested or recommended?
IPV risk score	Supervised assessment IPV risk score (divided by mean, 11.05)
partner police record	Has the abuser ever been in trouble with the police or has a criminal record? (service user report)

Refined Regressions

Caution is needed when regressing against a large number of independent variables, many of which are found not to be statistically significant. Many insignificant variables can eclipse the

true level of association of significant variables. The following approach was adopted after the initial regressions against all fifteen variables,

- For each dependent variable, the independent variables with $p \leq 0.1$ in the initial regressions were identified;
- For each dependent variable, a second, refined, regression was carried out which used only those independent variables thus identified;
- Statistical significance was defined, as usual, by the criterion $p < 0.05$ in the refined regressions.

Statistical Analyses

To challenge the study hypothesis, attention focussed on which independent variables were most strongly associated with the dependent variables (well-being, loneliness, depression/suicidality). Pearson correlations (r) were calculated between all independent predictor variables and the three 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 multivariate 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, for the Independent Samples t-Tests (IS-t) the associated p values (IS-p) were employed to gauge the significance of this measure of effect sizes. 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. In the case of the number of children, the partitions are defined as lower or higher than the average number (hence, one child, or no child, versus more than one child). For the IPV risk, scores were partitioned into low risk (IPV risk score 0-6), medium risk (IPV risk score 7-13) and high risk (IPV risk score ≥ 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 three dependent variables (loneliness, well-being and depression/suicidality), and those for the IPV risk score, are shown in Table 2.

TABLE 2. Statistics of Dependent Variables and IPV Risk Scores

Item	Loneliness	Well-being	Depression /Suicidality	IPV risk score
mean	6.5	20.0	1.06	11.05
median	7	20	1	11
st.dev.	3.4	6.2	0.80	3.8
min	0	7	0	1
max	11	35	3	22

The cohort's de Jong-Gierveld loneliness may be compared with that of the general population for adults in England, taken from the Office for National Statistics (2018d), which indicates a rather higher degree of loneliness than the general adult Welsh population, taken from the Wales Centre for Public Policy (2021). 63% of the cohort of the charity's male service users were lonely more often than "occasionally" (scoring above 5) compared with

21.5% of the general adult male English population or 16.9% of the general adult Welsh population.

The study group's Warwick-Edinburgh mental well-being scores may be compared with that of the general UK population, the latter taken from WEMWBS Resource (2011). The study population had a median mental well-being score of 20 and a mode of 17. The mode is shifted down by 6 points compared with the general UK adult population. This cohort of separated fathers has mental well-being skewed to abnormally poor levels; 75% have poorer well-being than the mean of the general population, and 26% have a well-being score of 15 or lower, which has a prevalence of less than 2% in the general population.

73% of the study cohort self-reported being the victim of partner abuse before the formal risk assessment was carried out. Following assessment, 42% of those assessed were in the "medium-significant risk" range (IPV risk score from 9 to 13) and 29% of those assessed were in the "high risk" category (IPV risk score ≥ 14, noting that any 14 or more questions out of the 24 questions in the assessment might result in this score).

Correlations

Table 3 presents the Pearson correlations between the dependent variables (all p values less than 0.0001). Table 4 presents the Pearson correlations between the dependent and independent variables where these were statistically significant. The p values are indicated. As regards the correlations between the dependent and the independent variables, the correlations with the IPV risk score are the largest for all three outcome variables (0.21 to 0.25 in magnitude). After the IPV risk score, the largest correlation is between disability (mental or physical) and depression/suicidality (0.19).

TABLE 3. Pearson Correlations between the Dependent Variables

	loneliness	depression/suicidality
well-being	-0.59	-0.36

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loneliness	-	0.31

TABLE 4. Pearson Correlations between Dependent and Predictor Variables where Significant ($p < 0.05$). Variables listed in order of the greatest correlation. The stated p statistic is the largest for the three independent variables.

Predictor Variable	depression/ suicidality	well-being	loneliness	p
IPV risk score	0.21	-0.25	0.24	< 0.0001
disability	0.19	-0.10	0.12	< 0.004
income	0.16	-0.09	0.13	< 0.01
number of children	0.12	-0.07	0.15	< 0.044
police interview	0.14			0.0002
buddy	0.13	-0.08	0.13	0.02
prohibited contact	0.10	-0.13	0.11	< 0.044
mediation refused		-0.08	0.12	0.02
DV alleged	0.12			0.001
potential alienation	0.09	-0.07	0.09	< 0.044
Parental responsibility	-0.07		-0.09	<0.044
age			0.09	0.004
ethnicity			0.07	0.042

Regressions

The initial regressions against all fifteen independent variables indicated that many variables did not have a statistically significant association with the outcomes. There were six independent variables with $p < 0.1$ for the regression of the Warwick-Edinburgh well-being scores, and nine variables with $p < 0.1$ for the de Jong-Gierveld loneliness score, and also

nine for depression/suicidality. Regression coefficients were largest for the IPV risk score for all three dependent variables, consistent with the study hypothesis.

Table 5 presents the results for the refined regressions, giving the b coefficients, the β coefficients, their p values, and the F and R statistics. Only variables with $p < 0.05$ are listed (conventionally identified with statistical significance). The superior fit provided by the refined regressions, compared with the initial 15-variable regressions, is indicated by the substantially larger F statistics, which have increased to 12.6 to 15.0 compared to 6.5 to 8.0 for the initial regressions against all 15 variables.

- All the statistically significant coefficients in the Warwick-Edinburgh well-being regression are negative, i.e., associated with reduced well-being;
- All the statistically significant coefficients in the de Jong-Gierveld loneliness regression are positive, i.e., associated with increased loneliness;
- All but one of the statistically significant coefficients in the regression of depression/suicidality are positive, i.e., associated with greater depression or suicidality. The exception is the statistically significant association with ethnicity, which is negative, indicating that BAME are somewhat less likely to be depressed or suicidal.

The regression coefficients are easily the largest, and the p values smallest, for the IPV risk score, for all three dependent variables: well-being, loneliness and depression/suicidality, confirming the dominance of their association with the IPV risk score which was also found in the correlations. Other than the IPV risk score, the two next largest β regression coefficients were: (i) between prohibited contact and well-being, and, (ii) between disability and depression/suicidality, which were also the largest correlations for these two dependent variables (Table 4).

TABLE 5. Refined Regression Coefficients for Variables with p < 0.05

Independent Variable	Warwick-Edinburgh Well-being			De Jong Gierveld Loneliness			Depression / Suicidality		
	b	β (%)	p	b	β (%)	p	b	β (%)	p
age				0.90	6.8	0.041			
disability	-1.00	-7.6	0.023				0.19	11.4	0.0013
ethnicity							-0.19	-7.0	0.036
income				0.48	6.9	0.048	0.14	8.5	0.016
number of children				0.60	9.8	0.004	0.10	6.9	0.040
prohibited contact	-1.69	-12.6	0.00015	0.67	9.3	0.006	0.15	8.5	0.010
mediation refused				0.50	7.2	0.034			
police interview							0.12	7.4	0.032
buddy	-1.21	-8.9	0.011	0.79	10.8	0.0011	0.17	9.6	0.004
IPV risk score	-4.71	-26.2	6.E-14	2.12	21.8	5.E-10	0.40	17.6	2.E-07
Multi-R ($\sqrt{R^2}$)		0.314			0.349			0.350	
F		15.0			12.6			12.7	

TABLE 6. Effect Sizes and Independent Samples t-Tests

Statistic	Mental Well-being (Warwick-Edinburgh)	Loneliness (de Jong Gierveld)	Depression or Suicidality
Effect of IPV risk score			
Cohen's d	0.76	0.84	0.79
IS-t	5.70	6.81	5.85
IS-p	<0.0001	<0.0001	<0.0001
Prohibited Contact			
Cohen's d	0.28	0.24	0.21
IS-t	3.77	3.16	2.84
IS-p	0.0002	0.0016	0.005
Assignment of Buddy			
Cohen's d	0.18	0.28	0.30
IS-t	2.35	3.77	3.96
IS-p	0.019	0.0002	0.0001
Disability (mental or physical)			
Cohen's d	0.21	0.25	0.42
IS-t	2.88	3.47	5.40
IS-p	0.004	0.0005	<0.0001
Number of Children			
Cohen's d	0.22	0.27	0.29
IS-t	3.17	3.87	4.01
IS-p	0.0016	0.0001	0.0001
Income			
Cohen's d	0.20	0.28	0.35

IS-t	2.73	3.74	4.88
IS-p	0.0065	0.0002	<0.0001

For those predictor variables which the refined regressions identified as most strongly associated with the dependent variables, Table 6 gives the Cohen's d effect sizes together with the Independent Samples t-statistic (IS-t) and the corresponding p value (IS-p). The effect of IPV risk is large on all the dependent variables: well-being, loneliness and depression/suicidality (Cohen's d of 0.76 to 0.84). The effect size for the other predictor variables is small or moderate, the largest being the effect of disability (mental or physical) on depression/suicidality (Cohen's d of 0.42). All the IS-p values indicate the effect sizes are statistically significant, even when small.

DISCUSSION

Data was obtained by a Welsh charity which assists parents, predominantly non-resident fathers, primarily with child arrangement problems after parental separation. The value of the present study 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 substantially lower levels of mental well-being and elevations in social and emotional isolation compared with the general population. Indeed, the degree of loneliness in the study group was so marked that the mode of the distribution was at the maximum possible, compared with the general UK population for which the mode lies in the "hardly ever lonely" range (Office for National Statistics, 2018d). Some 36% of the charity's service users are severely lonely ("often/always", scoring from 9 to the maximum of 11) compared with only 5.4% of the general adult population (Office for National Statistics, 2018d). The extreme degree of loneliness evident in this cohort of separated fathers is one of the main observations of this study. (It is worth noting that single parents, overwhelmingly

mothers, are also a notably lonely group, the Wales Centre for Public Policy (2021) observing that ‘among those in fair health, single parents are loneliest (49.8%) and are more than six times more likely than retired married couples without children to be lonely’).

Extremely low mental well-being scores were also common in the study population, 26% of the cohort scoring below the level which has a prevalence of less than 2% in the general population. The study group also had high levels of self-reported suicidal ideation, with 25% of the sample having self-reported ongoing or recent suicidal ideation at the time of registration with the charity. IPV is known to be associated with suicidal ideation in male victims (Chan et al., 2008; Tsui, 2014; Nybergh, Enander, & Krantz, 2016; Machado, Hines, & Matos, 2018; Wolford-Clevenger, Vann, & Smith, 2016).

Having established these features of the well-being and loneliness data, and suicidal ideation, the study then addressed their association with fifteen potentially explanatory variables, one of which was a measure of partner abuse, the IPV risk score, obtained using the standard tool for the purpose in the UK service sector. Associations of well-being, loneliness and depression/suicidality with the fifteen predictor variables were investigated using correlations, linear regressions and effect sizes. Degraded well-being, elevated loneliness and increased incidence of depression/suicidality were most strongly associated with the fathers’ partner abuse victimisation, as measured by the IPV risk score. The IPV risk score was the only predictor variable with a large effect size as measured by Cohen’s d, and this was highly statistically significant. This is the main finding of this study.

LIMITATIONS

The current study is restricted to a cross-sectional analysis. Following the subsequent fortunes of the charity’s service users, to enable a longitudinal study to be carried out, would be of considerable interest. Lamentably, however, this is currently beyond the reach of the charity which has provided the data due to resource limitations.

In interpreting the results of this study it should be borne in mind that the sample population consisted of non-resident fathers who were also, for the most part, currently involved in disputes over child arrangements post-separation. Not all these cases would involve the family courts, but the great majority would. In England and Wales only about 38% of parental separations involve the courts (MacFarlane, 2019), so the study cohort is likely to be skewed to the more disputatious couples. The study population is not, therefore, statistically representative of the national population of separating parents, and still less of couples more generally. On the other hand, it is known that, in England and Wales, IPV is six to eight times more prevalent among separating couples than among stably married couples, (Office for National Statistics, 2023b). Consequently, the skew in the study sample is in a direction in which IPV is particularly common rather than the reverse.

A further skew in the study sample is the overrepresentation of the lowest socioeconomic groups, as indicated by 61% of the cohort being unemployed, on benefits or earning less than £12,000 pa. This is a self-selection effect as wealthier couples would be more likely to seek assistance directly from solicitors, whereas those unable to afford to do so are more likely to contact a charity offering free advice. The implications of this socioeconomic skew on the results of the analyses are unclear.

CONCLUSIONS

The study set out to test the hypothesis that a quantified measure of partner abuse would be significantly associated with mental well-being, loneliness and depression/suicidality and to compare the finding with the significance of other potentially explanatory variables. The result was that partner abuse, as quantified by the UK service sector's *de facto* standard measure, was far more strongly associated with all three of these adverse effects than any of the other 14 independent variables examined. A further objective of the study was to determine and compare the effect sizes of any associations. The effect size of partner abuse

with each of mental well-being, loneliness and depression/suicidality was large, whereas other associated variables had only a small or moderate effect size with any of the three adverse outcomes, further confirming the study hypothesis.

There continues to be a widespread notion that domestic abuse is overwhelmingly about female victims and male perpetrators. The idea that partner abuse of heterosexual men, and fathers in particular, is relatively uncommon is not supported by the fact that the majority of the charity's male service users have been identified as experiencing such abuse to a greater or lesser degree, and 29% of those assessed were in the high risk category (IPV risk score ≥ 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/emotional isolation is severe, mental well-being is substantially impaired and depression/suicidality is exacerbated 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 partner abuse risk, the IPV risk score.

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