

The Executive Report - Contents

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Executive Report

Foreword

Motivation for social change can be stimulated for a number of reasons including dissatisfaction with the status quo or a clear vision for a just and equitable society.

The extent of the change that actually occurs, will in turn, be influenced by the resources and capacities of individuals, institutions, and political will to effect that change.

The Executive Report that follows is a summary of research commissioned by Foyle Women's Aid on advice and information needs in regards to domestic violence. This is also a stand-alone report that shares some of the findings and reflects on how the resources and capabilities of individuals, institutions and political infrastructure in Northern Ireland can impact upon the information requirements of all those who live and work with domestic violence.

Cecilia Whitehorn
Research Team Leader
Consultancy Mentoring Works

“Must have political will to stem the flow of domestic violence and not just crisis intervention”

[Anni Marjoram – The Mayor’s Policy Adviser – Women. Greater London Authority]

1. Background

Foyle Women's Aid is the leading agency responding to domestic violence in the Foyle area.

The vision of Foyle Women's Aid is:

“To eliminate domestic violence in the community by working for and with all women and children affected by domestic violence, to ensure their voices are heard and their needs met.” [Foyle Women's Aid Strategic Plan 2001-2003]

The rationale of the European Measure 3:2 Advice and Information Services comments on the factors that hinder Northern Ireland's transition to a “stable, prosperous, fair and outward looking society”.

The experience of Foyle Women's Aid is that for many women survivors, the notion of concepts such as “stable, prosperous, fair and outward looking” are severely hampered by the context and impact of the violence that is perpetrated by male abusers against them. For too long, the responsibility of raising awareness about the impact of domestic violence has depended upon the strength of the voices of the survivors and those who assist them.

As part of the 3:2 Measure funding, Foyle Women's Aid wished “to produce a strategy that would inform them and their social partners of the advice and information needs of those affected by domestic violence in the Foyle area and seek to provide a co-ordinated approach.” [Foyle Women's Aid] Any strategy is best informed by identified need and a research project was initiated to do so.

The research objectives were to:

- Identify the advice and information needs of women survivors of domestic violence in the Foyle area.
- Identify levels of awareness of domestic violence, training needs and current response to domestic violence survivors among social partners providing advice and information in the Foyle area.
- Make recommendations that would contribute to the development of a cohesive advice and information strategy for domestic violence victims.

“Victims and perpetrators of domestic violence and those responding to their needs, constitute a large community of interest within the Foyle Trust area, .i.e. Derry City, Strabane, Limavady and Dungiven”

[Foyle Women's Aid Document]“

It was also anticipated that the findings and recommendations of this research would contribute to workforce skills development, co-ordinated information, publicity strategies and cohesive service development within all social partner organisations within the Foyle Trust Area.

Foyle Women's Aid had also become increasingly aware that there was also a clear need to explore the context of domestic violence within the workplace and had commissioned research to begin this investigation within the healthcare services. [Ref Whitehorn and Stubbings 2003]

For many victims of domestic violence, whether service users or staff providing those services, employment opportunities are eroded when domestic violence means having to leave their employment, be absent, be unable to ensure their safety in the workplace or be unable to take up employment to meet their social and economic needs.

However, employers and managers need to consider not only the presence of domestic violence victims within the workplace but also the presence of perpetrators and to examine these implications for their 'business' and staff policies. It is intended, therefore, that the research findings would also inform the response of employers in private business as well as social partners across all sectors.

2. Methodology

Key questions were formulated, based on a series of theoretical assumptions, to inform the research design.

These are:

- What is the nature and extent of the crime that is domestic violence?
- What impact does it have?
- What patterns, if any, can be formulated about the help-seeking process and domestic violence?
- What are the advice, information and support needs of domestic violence victims?
- What helps/hinders accessibility to information and support?
- What helps/hinders the provision of information, advice and support by individuals, organisations and at a socio-political level?
- What are the implications of the above for policy and practice and specifically for the training and development of staff?

A multi-strategy approach to the research methodology was employed. This included the use of in-depth confidential self-reporting questionnaires, focus groups and individual interviews. In addition, secondary data review was conducted identifying previous research and resources, including other complementary research carried out by the Consultancy Mentoring Works team, and models of 'best practice' developed by others. A number of ethical and equality issues were considered within the research methodology. These are explored further in the main research report.

Consultancy Mentoring Works worked in conjunction with the Research Steering Group to ensure the widest possible representation of expert social partners.

A total of 700 domestic violence profiling questionnaires were distributed to the general population, with 253 completed and returned. This equated to a return rate of 36.14%. For staff members within the Advice and Information sector, a further 800 confidential questionnaires were distributed and 225 were completed and returned. A return rate of 28.12%.

Feminist values are embedded within the practice and process of the research team and its commissioning client Foyle Women's Aid.

Participants were asked to select from a list of 32 pre-determined forms of domestic violence, adapted from the Probation Board of Northern Ireland domestic violence profiling questionnaire, used in the 'Men overcoming domestic violence' programme.

[PBNI MODV]

3. What is the Nature and Extent of Domestic Violence?

The Northern Ireland Government policy Tackling Domestic Violence [1995] highlighted the difficulties in describing the true nature and extent of domestic violence. This research has identified the ongoing gaps, highlighted new ones and sought to provide information on the cost to institutions, organisations, agencies, groups and individuals.

3.1 Findings

The majority of the agencies who participated in the research did not record domestic violence. There is still a need eight years after the government policy document was first produced on domestic violence to devise a standardised monitoring system across all services.

An excellent electronic information system was sourced in the Foyle CAB. An opportunity should be provided to pilot the system expanding into a number of other social partners

"He comes to the house and harasses me but the police wouldn't come out even though it was in the Order"

[Woman Survivor]

specifically in relation to domestic violence. Any such pilot requires a mutual exchange of expertise in advice provision and responding to domestic violence. External funding should be sought either locally or regionally to facilitate the pilot.

The Multi-strategy approach to the Advice and Information Research, carried out by Consultancy Mentoring Works on behalf of Foyle Women's Aid, found that:

- 40.32% respondents [102] had experienced some form of domestic violence categorised in the profiling questionnaire.
- 35.6% [90] people knew at least one other person who had experienced domestic violence.
- 99 domestic violence survivors in the research were women and 3 were men. One male respondent had experienced the violence in a same-sex relationship.
- All forms of violence listed were experienced by at least one person in the research.
- A total of 1,126 incidents overall were recorded by 102 survivors.

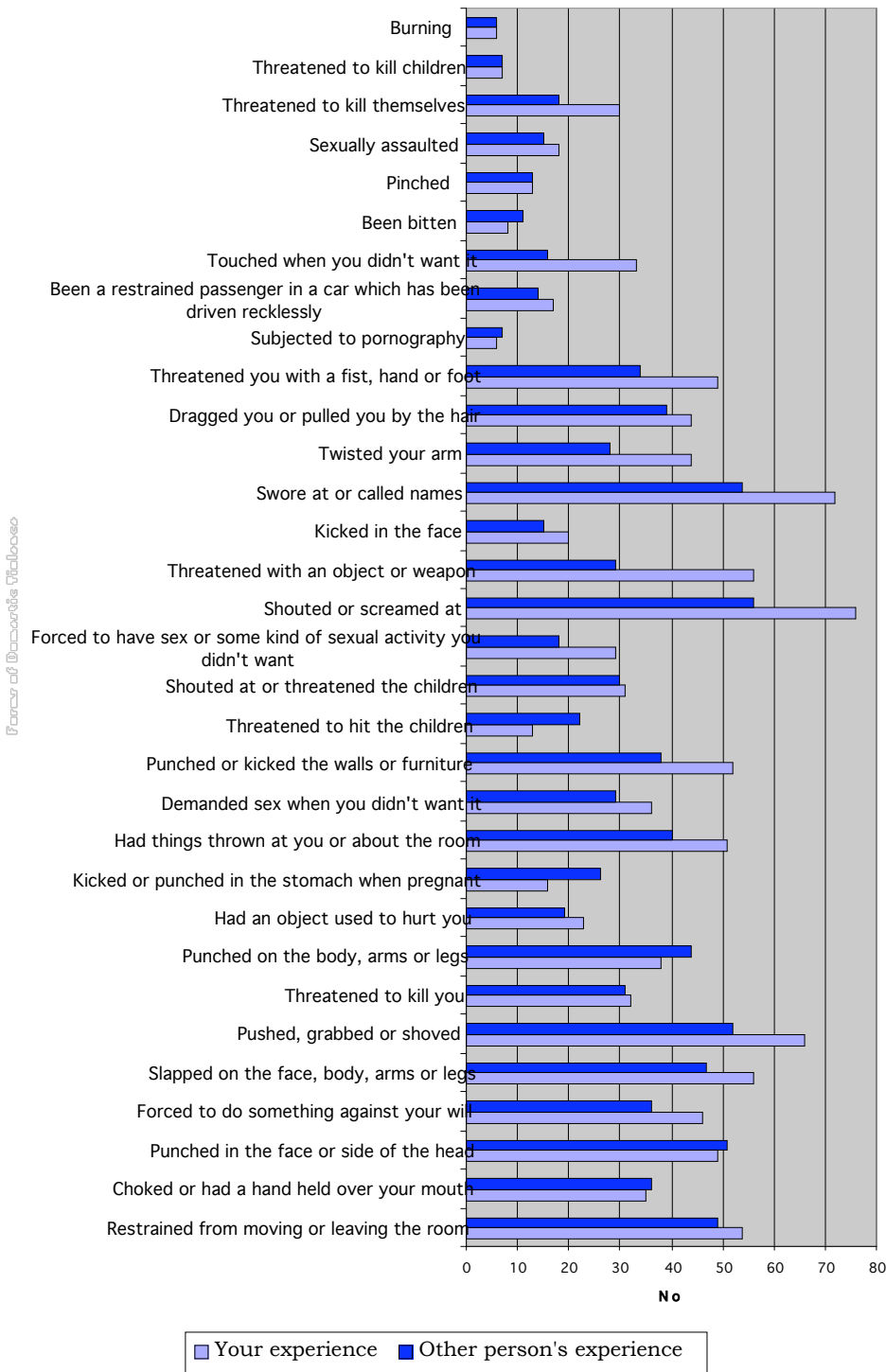
“I don't feel I can tell the police he spits at me or calls me whore or tries to keep the children away”

[Woman Survivor]

“Domestic violence victims need to be able to clarify that what was being experienced is domestic violence and not their minimisation of what will happen to them”

[Voluntary Health Manager]

Forms of Domestic Violence



“I was not aware of what domestic violence is, I thought that you had to go about with a black eye most of the time. Something has to trigger before you see it. Ads on television are good – hitting you with the truth”

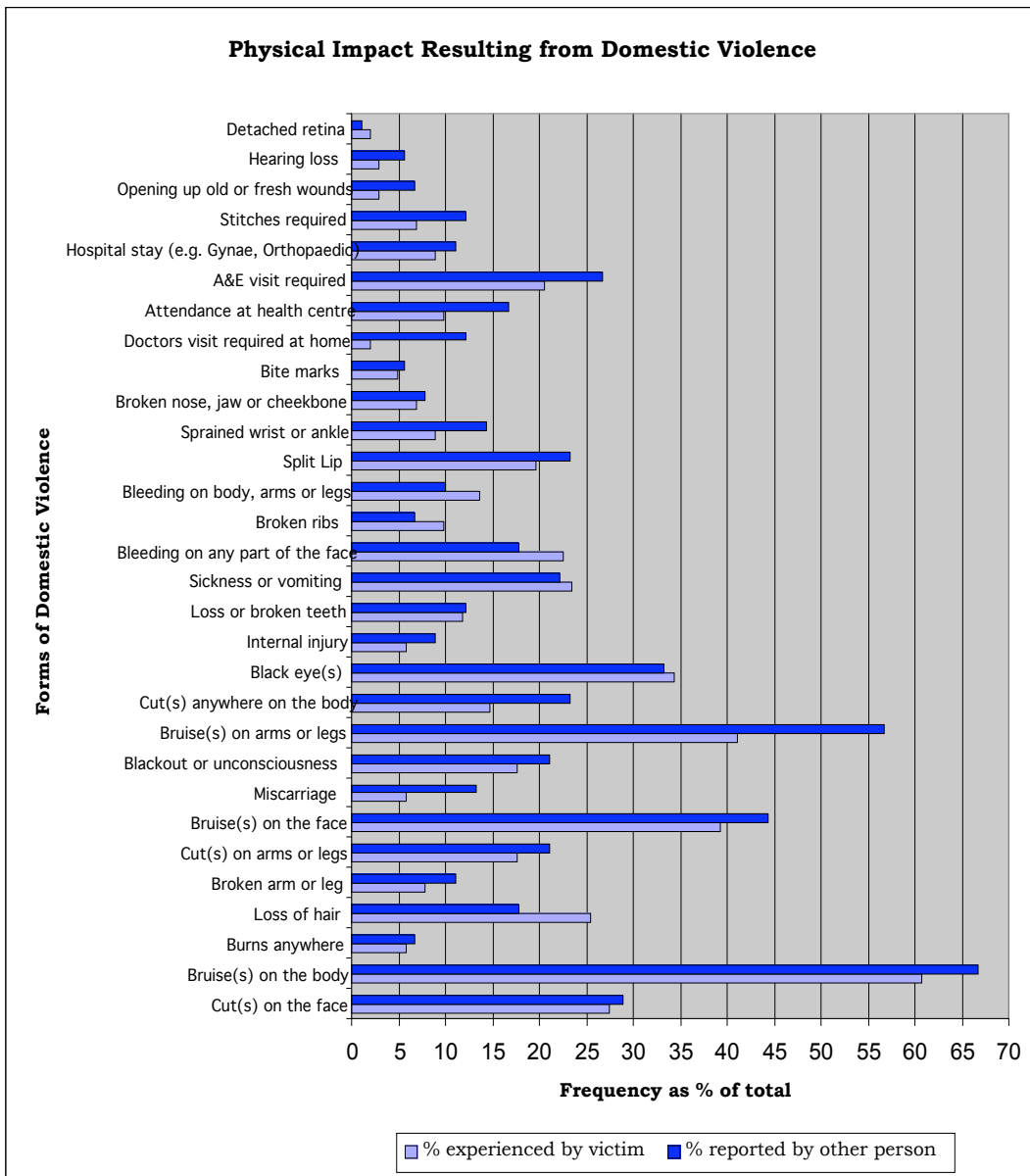
[Women Survivor]

“Just a wreck – physically / emotionally, didn’t function well, sick days and jeopardised work. The children weren’t at school because I wanted the children near me at all times. I was afraid, I was so scared of him”

[Women Survivor]

Pre-determined lists were used by survivors to record the nature and impact of the violence they had experienced. The domestic violence incidents of ‘hidden’ victims was recorded by respondents who knew them.

A similar pre-determined list was used for survivors to record the physical impact and resulting injuries of the violence they had perpetrated against them. The experience of indirect victims was also recorded by other respondents.



The research found other consequences that resulted from the violence were that 47% required medical attention, and 58% required initial intervention at an A&E department.

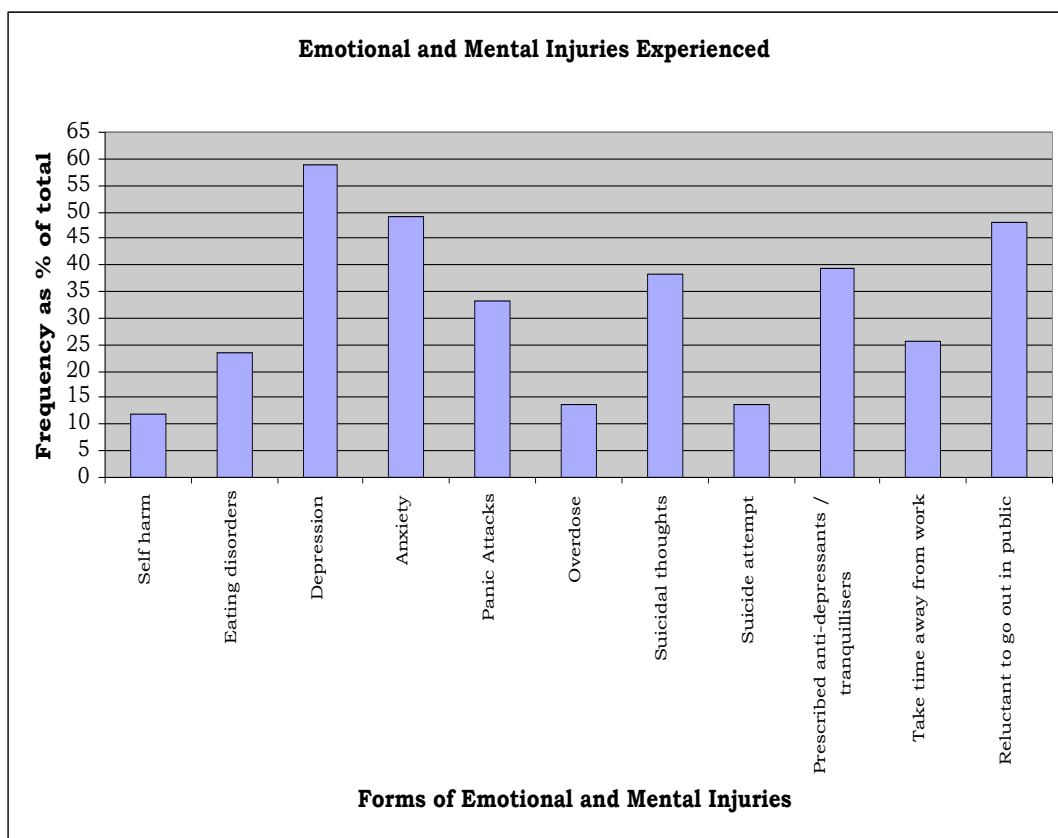
There was a significant differential in the response times that the survivors chose to take when seeking out medical attention. This ranged from ‘immediate’ through to ‘3-4 months later’. Participants in focus groups emphasised the impact of the trauma on the ability of the survivors to deal with administrative and information details required to get the help they need.

The most significant findings relate to the impact upon the mental health and emotional well-being of survivors.

A number of women in the focus groups commented on their concern that there was a tendency for them to be prescribed anti-depressants. 14 women had attempted suicide and 12 self harm. 49 survivors were reluctant to go out in public as a result of the impact of the violence upon their emotional well-being and mental health.

“The social worker I went to [named town] asked why I didn’t have my children with me. I explained the situation and she asked if I didn’t have any big brothers to give that boy a good kicking, but I didn’t think that violence was the answer”

[Women Survivor]



“There is a wile mix-up by social workers between domestic violence and depression”

[Woman Survivor]

“It was all about psychological abuse for me. No one would believe you, I though because I didn’t have any physical injuries. I felt it wasn’t domestic violence. It took me so long to see the mental side of it. I was living hour to hour, never mind day to day”

[Woman Survivor]

58.8% of women had experienced depression with high levels of anxiety and panic attacks.

For two women, their mental health had been used as a ‘weapon’ against them by their partners.

Research currently ongoing by the Women and Equality Unit estimates that there are three kinds of costs that may be estimated for each homicide [in England and Wales]. Loss of economic output £370,000; the use of public services £27,330 and the human and emotional impact £700,000. The ‘cost’ of domestic violence has never been calculated in Northern Ireland.

3.2 Conclusions

Domestic violence is a significant cost upon the public purse and the organisational resources of all social partners. Much has been written and resources allocated to deal with the ‘cost’ of political conflict. A similar model for domestic violence would greatly enhance decision-makers and service planners.

The cost for individual domestic violence survivors, the majority of whom are women is highly significant upon their physical and mental health and emotional well-being. Over the last five years, three women in the Foyle area alone have paid with their lives.

4. Patterns of Help-Seeking

Any effective response to domestic violence whether at an individual worker, organisational or institutional level must be based on an understanding of four crucial elements of the help-seeking process:

- The help seeking process often begins with a gradual recognition of the event. For any domestic violence survivor or perpetrator the notion of what domestic violence is, may reflect some of the cultural myths held in the wider society and consequently affect their ability to recognise the abuse they are experiencing or indeed perpetrating. It may also increase their willingness to minimise the violence or continue to cope the best way they can for a longer period of time.

“Fear is the worst part and I am still scared, I still jump to him”

[Woman Survivor]

- Leaving is a process, not an event.
- Throughout this process, a woman given effective support will gradually be enabled and empowered to move from Victim/Survivor to Thrivor.
- As she changes so too do her advice and information needs.

4.1 Findings

Despite 102 respondents indicating that they had experienced at least one form of the violence on the domestic violence profiling list, in a subsequent question that asked if they considered themselves to be a ‘victim of domestic violence’ only 65 identified themselves as such.

“Do not pity me, I am nobody’s victim”

Similarly, when asked how long it took to realise that that they were in a violent relationship, a diverse range of timeframes were presented by survivors.

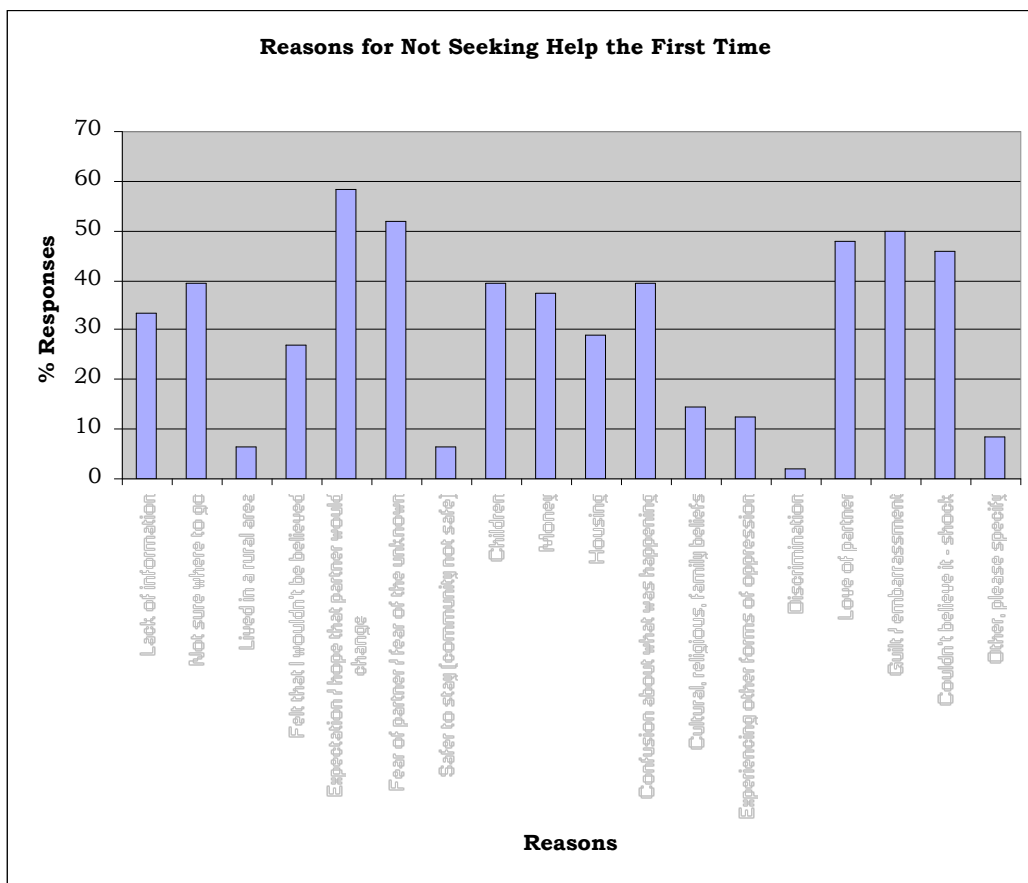
[Woman Survivor]

Timeframe before Realising being in a Violent Relationship	% of Total Respondents
Immediate	9
Up to 6 months	3
6 to 12 months	4
12 to 18 months	5
18 months to 2 years	2
2 to 5 years	3
5 to 10 years	5
10 to 15 years	5
15 years or more	2
No response	10*

* = Comments were descriptive rather than date/duration based. E.g. ‘not long’, ‘a long time’ etc.

Having responded to the length of time they had been in a violent relationship, the questionnaire then asked the respondents to consider at what stage of their relationship the abuse commenced. Again there was a diverse range of answers but two stages were highlighted as being the most significant. 27.08% of victims identified ‘early in the relationship’ as a time when the violence began. This was closely followed by ‘2-3 years into marriage’ with 25%. 12.5% indicated ‘first pregnancy or birth’ as a time when domestic violence was first inflicted on them.

When asked about their reasons for not seeking help the first time they experienced domestic violence, more than 58% respondents hoped [or had an expectation] that their partner would change. 52% who had a fear of the partner or a fear of the unknown. Guilt/embarrassment was felt by 50% of the total respondents.

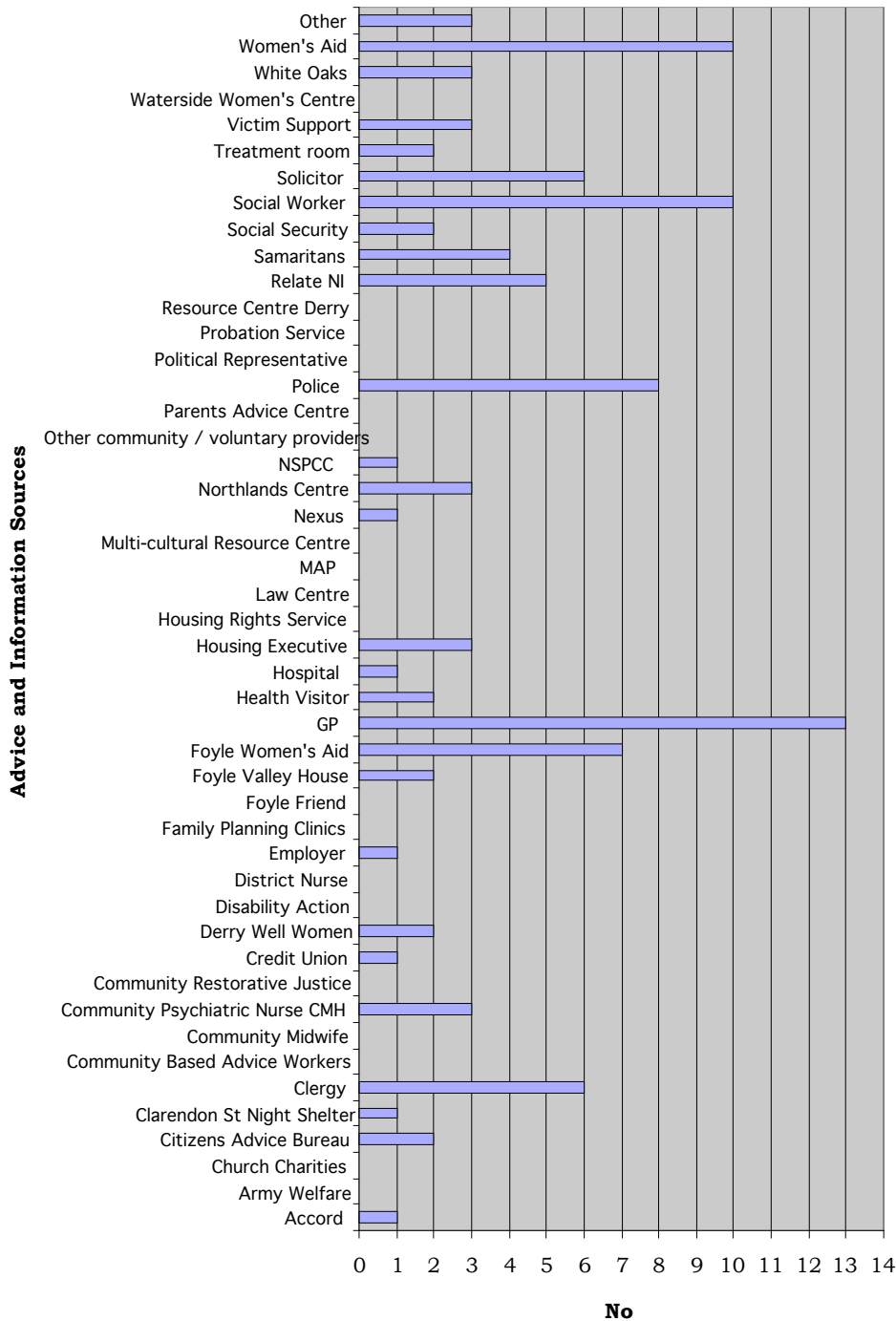


“We are always having to prove ourselves.”

[Woman Survivor]

The table below illustrates the sources of advice and information that the research respondents indicated that they approached for help the first time they experienced the violence. This was set against a predetermined list of social partners in the questionnaire.

First Point of Contact with Advice and Information Sources



“I never knew I had somewhere to go”

[Woman Survivor]

“I don’t remember the first time I went for help. They [Women’s Aid] had to do it for me”

[Woman Survivor]

“What we need is a handbook, not just what to do”

[Advice and Information Worker]

4.2 Conclusions

An information strategy should be integrated into a Northern Ireland Government strategy on domestic violence. This implies, of course, that a strategy on domestic violence is in place. Unless domestic violence is recognised at the highest levels of government and clear messages given out to its citizens, the help-seeking process of survivors and the re-education or punitive measures taken against perpetrators cannot be fully realised. A series of key messages needs to be ‘broadcast’ throughout Northern Ireland, possibly with the support of local domestic violence fora. Different messages need to be designed for

different target audiences. Women survivors felt that there was a need for these messages to be clear and simple.

5. What Helps or Hinders Accessibility to Information and Support?

Section 75 and Schedule 9 to the Northern Act 1998 places a statutory obligation on public authorities to carry out their functions with due regard to the need to promote equality. The research used the framework of this legislative framework to address the provision of advice and information in regard to domestic violence.

“It’s like information leaflets, nobody wants to tell you. They just hand you the information”

[Woman Survivor]

5.1 Findings

64.6% of those who had experienced domestic violence were aware of clergy as a source of advice and information. 6 [9.2%] had gone to clergy the first time they experienced domestic violence. 14.58% of survivors said that they did not leave the first time they experienced violence because of cultural, family and religious beliefs.

No attempt was made to monitor the political opinions of any of the research respondents. However some findings are presented in regard to political parties and their representatives.

The research questionnaires and an invitation to the focus groups were extended to 31 elected representatives across all parties in the Derry City Council. While four local government workers identified themselves within the staff audit returns, no evidence was found from political representatives or the staff who assist them.

A total of 478 people responded to both questionnaires and 40 people participated in focus groups or individual interviews. Only two participants were from a minority ethnic group, with one identified as a member of the Travelling community. Women from the Traveller population have used the services of Women’s Aid in the past.

Women’s Aid and other social partners need to consider traveller culture, lifestyle and health determinants in terms of health, domestic violence and access to advice and information. There is a need for a proactive response from all agencies to initiate positive action in terms of all minority communities of interest.

A domestic violence survivor was found in all the age bands, from sixteen years to sixty-six plus. However, there was a concentration of survivors within two specific age bands. A total of 15 [23%] of domestic violence survivors were found within the 36-40 age group, followed closely by 31-35 age group illustrating a response of 11 survivors [16.92%]. This is consistent with the profile of domestic violence survivors found in other research. Particular attention must be brought to the “hidden victims” within this research.

“A lot of other agencies think that it is only successful if she leaves. They are not really assessing the risk”

Responses from domestic violence survivors indicated amongst them a population of 103 children and young people with age ranges between 2 and 18 years.

[Women’s Aid Help Line Worker]

Within the total number of research respondents both among staff and general populations a total of 7 identified themselves as homosexual or lesbian.

One respondent had experienced violence in a same sex relationship.

Much has been written in regard to defining domestic violence within a gender specific context. The agreed definition of domestic violence has significant implications for all stakeholders most notably for domestic violence victims and perpetrators.

In Northern Ireland particularly, the importance of this can be seen in the parallel discussion and political energy that is exercised on who or what constitutes a ‘victim’ or ‘perpetrator’ of political conflict.

This research does not want to engage in this debate other than to acknowledge its consequences upon understanding why defining domestic violence may be a contentious issue and why those with knowledge and understanding continue to lobby strongly that any best practice definition used should: acknowledge diversity, the gendered nature of domestic violence, include different types of abuse and acknowledge the issue of power and control

Six people with disabilities completed the domestic violence profiling survey. Two of these

identified themselves as survivors of domestic violence.

38 of general population respondents were full time parents/carers. Of this, 14 identified themselves as survivors of domestic violence.

From the total of survivors that had required a visit to A&E, 4 had needed to take their children with them.

19 respondents [39.58%] did not seek help the first time they experienced domestic violence because of their children. 89 respondents felt there should be specific support and advice directed to children who have directly or indirectly experienced domestic violence.

No information is available or assumptions are made that returns from political leaders or their representatives are included or absent within other categories of respondents such as advice or information or community development

To eliminate or even address effectively domestic violence in community lives in Northern Ireland political will is required at every level of public life. A government policy Tackling Domestic Violence was published in 1995. [DHSS and NIO 1995]

While the four key policy objectives remain central there is a need for such policies to recognise and respond to the strategic planning, policy and practice requirements that have arisen in the interim.

The setting up of an interdepartmental unit for victims of political violence attached to the office of the First Minister and Deputy First Minister and set up to lay out how Departments and Agencies working with the voluntary and community sectors would develop policies, and support services for 'victims' provides a model for a strategic and political response to domestic violence.

Currently and within a period of two years from the last review the Victims Unit has commissioned research to evaluate the impact of the Victims Strategy and the improvements for victims of political conflict.

A baseline measurement of the services available to domestic violence victims and their views on the range and quality of the services available to them would be an essential starting point.

5.2 Conclusions

Any conclusions based on the religious identity of individuals when correlated against their experience of domestic violence have to be viewed within the demographic profile of the environment in which the research takes place.

Further conclusions on demographic trends and domestic violence could not be drawn until recording of domestic violence becomes embedded into monitoring requirements in the same way that other equality or inequality issues are addressed under Section 75.

Leaders of faith communities and the organisations within those, charities, counselling provision need to alert to the presence of domestic violence among their communities and service users.

The lack of visibility of specific communities of interest in regard to minority ethnic groups and the gay and lesbian population in the research is indicative of the need for more pro-active work from all social partners in this regard.

Further work is needed to identify the correlation between abuse and disability. Pro-active measures need to be addressed, particularly in regard to advice and information interventions.

Issues discussed elsewhere in this research refer to the importance of understanding what domestic violence is and how it may be experienced within any intimate relationship including same sex and trans -gender relationships.

There was clear evidence in this research that while men may also be victims of domestic violence, regardless of the gender of the perpetrator, a significant majority of domestic violence victims, 95.38% of research domestic violence victims are women.

“Because the deaf population is so small, they’re wary of their business being told. It’s like ‘Chinese whispers’. More people need to be trained in communication support. There should be more on the website, maybe somebody signing”

[Disability Worker]

“If they have a learning disability, they may not even know they are being abused and often if it is a carer they are frightened to say in case they are left on their own”

[Disability Worker]

The nature and experience of that violence is also different.

Men do suffer from sexual assault and violence. The perpetrators are almost always male. Support is and should be available for all victims of abuse. A response to female as well as male perpetrators of violence in any intimate relationship needs to be considered further by primary stakeholders across all sectors.

There are common principles that apply when working with all those who experience violence and abuse in intimate relationships:

- All victims of violence in intimate relationships must be treated with dignity and respect.
- All agencies must have the safety of victims as their primary goal.
- All perpetrators of domestic violence must be challenges to stop, in the belief that the use of violence is a choice repeatedly made.
- Institutional structures and systems that perpetuate gender-based violence must be challenged and changed
- All agencies working to eliminate abuse and violence in the home, must by definition, themselves behave in a non-abusive way.
[Cork Domestic Violence Project et al 2002]

“For male victims to be believed they have to pick up that they are victims”

[Focus group member]

The findings of this research show that domestic violence is a matter of both social inclusion and social exclusion. It impacts upon all citizens and those same citizens may experience a lack of focus on their needs resulting in limited and varying degrees of engagement among political institutions, organisations and groups across all sectors.

6. What Helps and Hinders the Provision of Advice and Information?

68 agencies across all sectors were invited to participate in the research.

Individual staff from a number of agencies attended the focus groups [see main report for details]. Along with Women’s Aid, the Housing Executive had the highest attendance of staff members participating with representatives from NIHE offices throughout the City present in a number of the groups.

6.1 Findings

225 individual workers returned the staff audit questionnaire across a range of agencies.

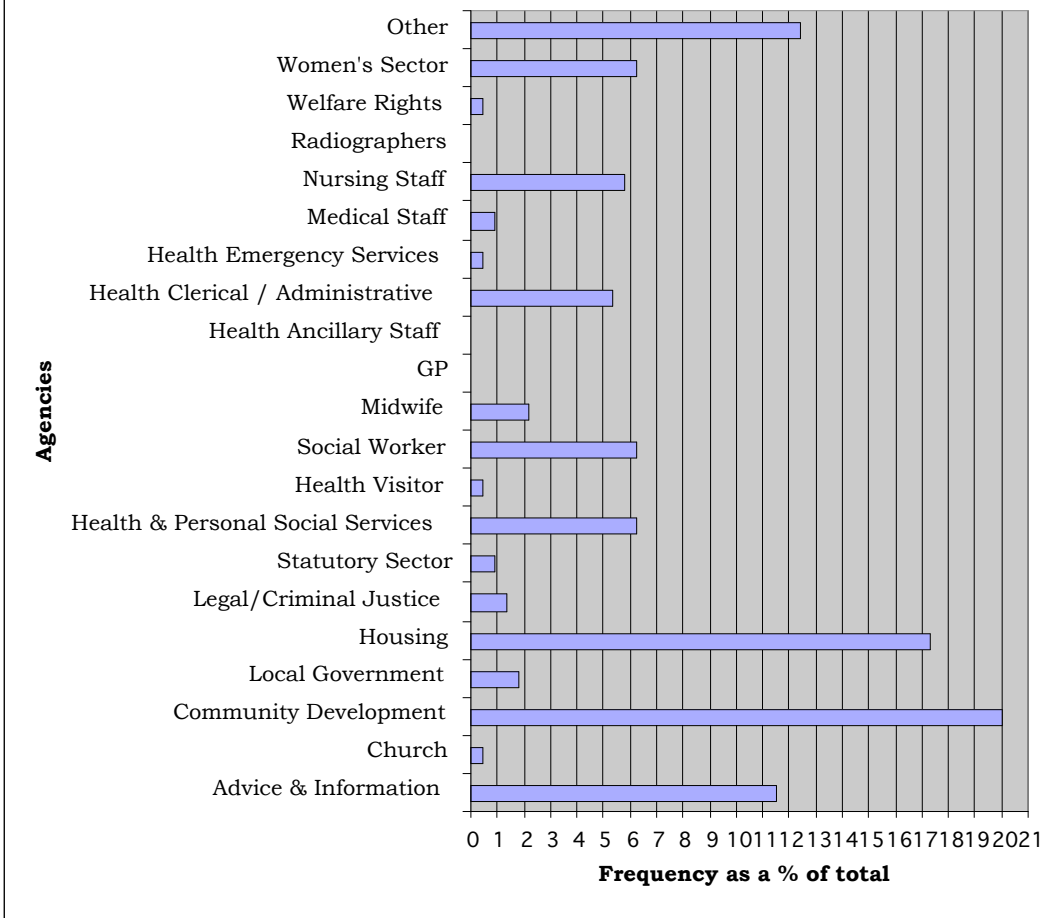
The highest percentage of returns was received from those who identified themselves from the Community Development sector [20% or 45 staff], followed by Housing [17.33% or 39 staff] and Advice and Information sector with 11.55% or 26 staff. On a multi-disciplinary basis, healthcare was represented with returns from social workers, health visitors, midwives, nurses, including health emergency services and other HPSS staff. This represented an overall return from HPSS sector workers of 62, which equates to 27.52% of the total returns.

No GPs returned the questionnaire, while only 3 representatives or 1.33% of the overall response was from the legal and criminal justice sector. The questionnaire did not evaluate the job roles these three representatives held.

“Her understanding of domestic violence affects her ability to take information on board until she becomes the expert in identifying her own needs. As workers we have to see this as a process that needs assessing on a regular basis. It is important that we recognise that there is a continuous process of change for the woman. We have to have an understanding of her, not only as she first presented, she doesn’t say a victim, she moves and becomes stronger”

[Women’s Aid Worker]

Staff Returns - Range of Agencies



“As women change their perceptions of what is happening to them, they require difference levels of advice. They have different questions at the beginning, they are looking for options”

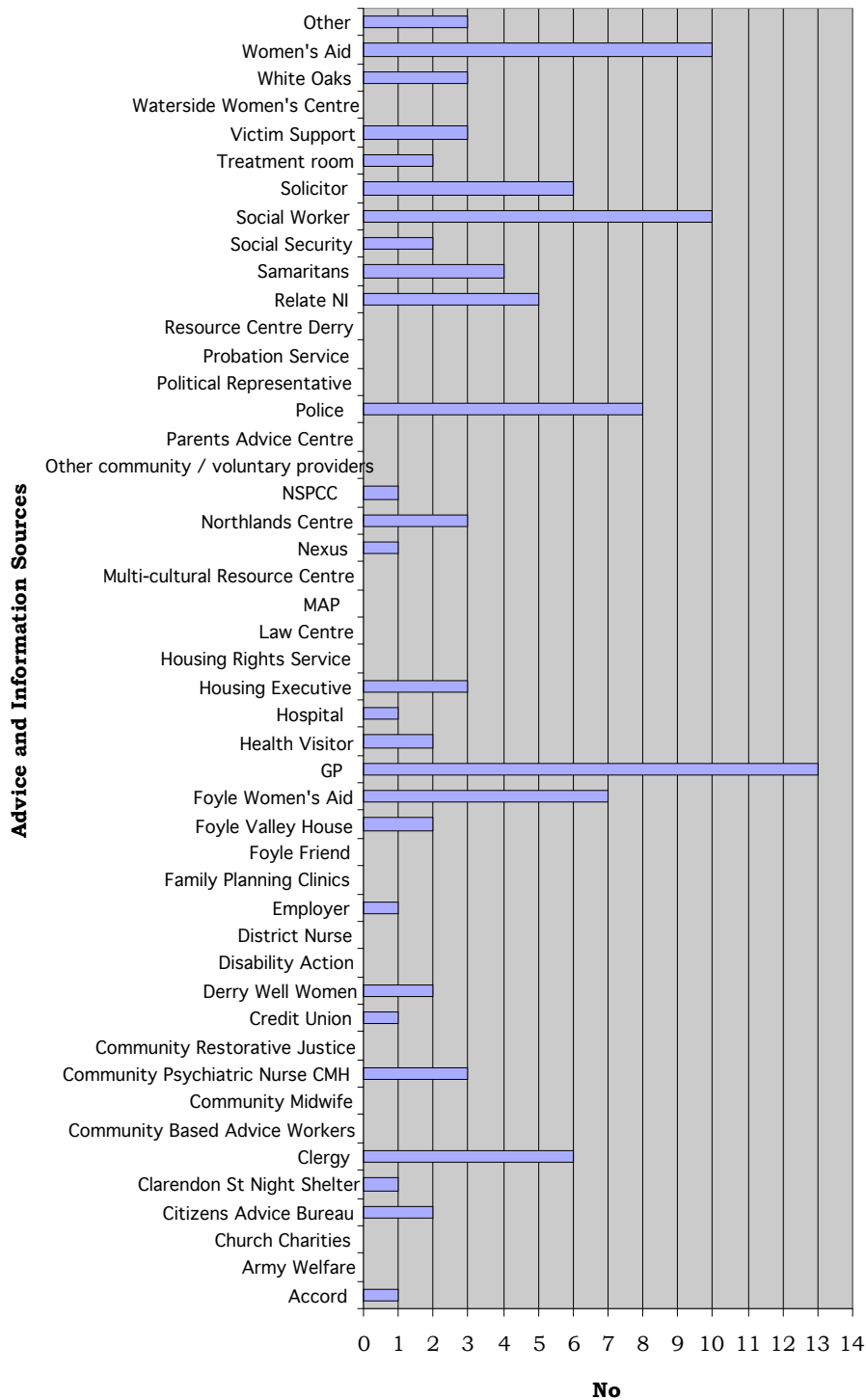
[Women’s Aid Worker]

The response from agencies and the individuals who represent them is of even more interest when placed beside the information from domestic violence survivors.

“What happens is that it is often raw recruits into the front line services for families. It often has the highest turnover of staff and they are the one’s dealing with it. It depends on their experience and they may not have had it on their course”

[Statutory Health Manager]

First Point of Contact with Advice and Information Sources



“There is a lack of structure. They are looking for too much out of too little in the Foyle area.”

[Women’s Aid Worker]

It is of equal importance to note the absence of representatives from a variety of other sectoral partners. 4 local government workers returned the questionnaire. However, they may have chosen to identify themselves within one of the other sectors. A surprisingly low response was recorded from those identifying themselves from the ‘women’s sector’ [6.22%].

Of returns in the focus groups the only woman’s sector organisation to participate other than Women’s Aid was Derry Well Women

Focus groups and individual interviews invited participants for their views on what helped or hindered the provision of advice and information in relation to domestic violence.

The following section has been presented from the dual perspective of what helps or hinders individuals, survivors and perpetrators, from accessing information and support and what helps or hinders individual staff, organisation and inter-agency collaboration who may be providing information and support.

The information reflects and repeats similar findings and analysis elsewhere in this document Therefore no attempt has been made to analyse these opinion but simply to provide a sample that are representative of consensus opinion expressed by others in groups and individual interviews.

Helps Survivors	Hinders Survivors
<ul style="list-style-type: none"> ▪ Being able to leave and come into the refuge ▪ Staff giving information/leaflets [social workers, GPs, psychiatrist etc mentioned] ▪ Open understanding people who do not judge and who have respect for the people in front of them. ▪ Flyers, posters and cards in public places with things written by women themselves 	<ul style="list-style-type: none"> ▪ Family and friends not wanting me to come into the refuge because the do not understand what it is like. ▪ Having to find out all the information myself. ▪ Rudeness and/ or ignorance. Won't talk about my circumstances. ▪ Not being as strong as I've had to be sometimes. ▪ Being re-housed into an adverse environment

Foyle Interagency Forum exists to create a safer community through challenging individuals and agencies to work inclusively and collaboratively to eliminate domestic violence and to promote a non violent society for us all.

[Foyle Interagency Strategic Plan]

Helps Perpetrators	Hinders Perpetrators
<ul style="list-style-type: none"> ▪ Entitled to same advice, information etc., as victims. ▪ Ongoing support important after initial contact. ▪ Identify clear route to support e.g. MODV programme/anger management. ▪ May want counselling for areas beyond domestic violence. ▪ Clear boundaries that it is mandatory. ▪ Encourage perpetrators to access help available. ▪ Send clear message that what they are doing is wrong. ▪ Need an understanding of why e.g. low self esteem 	<ul style="list-style-type: none"> ▪ May not identify themselves as perpetrators of domestic violence. ▪ Security of facilitators. ▪ How can I keep the status quo without having to do much/ personal attitude/ lack of motivation? ▪ Shame / stigma of being a perpetrator. ▪ Allegation of being a perpetrator/ not always clear evidence. ▪ Term 'perpetrator' can act as a barrier. ▪ Not enough experience of dealing with perpetrators e.g. lack of policy.

“Male victims of domestic violence don't want prosecution, they want resolution to try and fix the situation.”

[Project Manager]

Helps Individual Staff Providing the Information	Hinders Individual Staff Providing the Information
<ul style="list-style-type: none"> ▪ More general awareness raising within the public domain and among specific communities of interest e.g. disability community. ▪ More effective use of information technology to increase access. ▪ Individual workers communication skills active listening skills. ▪ More people trained in communication support who have an understanding of domestic violence and language to express it. ▪ Individuals including voluntary workers accessing a range of training linked to their role and responsibilities and integrating it into their practice. ▪ Underpinning competencies of different levels set for all advice and information workers across all agencies. ▪ Individuals able to create a trusting alliance with the women based on empathetic understanding and non-judgement 	<ul style="list-style-type: none"> ▪ Fears about confidentiality being breached, particularly in 'restricted' communities e.g. urban, housing area, rural village, specific community of interest, those who are deaf. ▪ Lack of information in general about other agencies and what they offer. ▪ Individuals not looking at their knowledge and skills base enough in relation to domestic violence. Don't look to bring new thoughts/ ideas and activities into their work. ▪ Individuals not understanding the social and political framework of domestic violence which results in them not really understanding why women don't come forward or being realistic to the culture that women are coming from. ▪ Element of fear for own safety. ▪ Brings up own issues

Helps Organisations	Hinders Organisations
<ul style="list-style-type: none"> ▪ Has to be high on their agenda, particularly at management level ▪ Standardised training for everyone to get standardised quality service for all. ▪ Electronic information system that can cope with changing legislation etc. ▪ Well governed responses and consistency in agencies about the criminality of domestic violence and the agency responsibility for that. ▪ A policy, identified structure, clear steps for implementation, ongoing review. ▪ Domestic violence needs to be embedded in policies, such as health and safety, staff support, training and development as well as policy in its own right. 	<ul style="list-style-type: none"> ▪ Lack of staff/ facilities in other organisations including issues of spatial equity. ▪ If the referral is made and a woman has a negative experience, she remembers that and is wary in the future. ▪ Lack of supervision support to deal with complexities of domestic violence. ▪ Domestic violence not being taken seriously or minimised or not on their strategic agenda.

Helps Inter-Agency	Hinders Inter-Agency
<ul style="list-style-type: none"> ▪ More shared information about what everyone else does, what they have to offer. ▪ More shared information about what the inter-agency forum is doing or has done. ▪ Better promotion of all services particularly Women's Aid services outside refuge. ▪ Basic marketing individually and as an inter-agency group. ▪ If participating in the Forum, need to be active as a visible sign of their commitment. ▪ Flexible yet standard recording systems to enable the collation of available and updated statistics. ▪ Powerful people in government and elsewhere listening and responding to the issue. ▪ Information strategy at inter-agency and individual organisational level. 	<ul style="list-style-type: none"> ▪ Lack of resources/ time/ money/ sustainability structural framework to support local work. ▪ Lack of interest in issue. ▪ Restricted by individual organisation boundary setting. ▪ Send 'wrong people' or no one. ▪ 'Off the cuff' comments about an individuals participation in the Domestic Violence Partnership e.g. "Oh, you're not involved in that". ▪ Often it is women that are picked to go along to the Forum and an assumption about that. ▪ Lack of involvement at Chief Executive and senior management level in many agencies.

“Organisations need to take account of the workload when it comes to domestic violence, but most of all they need to count the cost if it is not done”

[Statutory Health Manager]

The range and depth of the responses provided above illustrate a high degree of knowledge and understanding in regard to domestic violence among many of those who participated in the research focus groups.

Discussion elsewhere in the main body of the research report has centred on the issues that arise when there are different perceptions of what constitutes domestic violence and the levels of skills. A similar discussion may also be made in regard to what constitutes 'advice' and what constitutes 'information.'

Any strategic response to advice and or information and similarly in regard to domestic violence requires organisations and individual workers to be clear about their roles and responsibilities both in terms of domestic violence and in advice or information provision.

The Derry City Council Review of Advice Service Provision suggests a structure of three levels of advice provision

- Level 1: generalist advice provision at local level.
- Level 2: advice providers
- Level 3: Specialist advice agencies

A similar model might perhaps be utilised by Women's Aid to support others to identify the level of training they require in relation to domestic violence and to structure their own training to meet these levels of need in relation to domestic violence.

Within the model of repeat crime along with the vulnerable victim and motivated

perpetrator the third crucial element is the “capable social guardian”.

The parameters that define ‘capable domestic violence social guardians’, particularly training and knowledge requirements are increasingly being developed within individual organisations and inter-agency settings.

The research team set these parameters within four key areas for the purposes of this research.

- Skills
- Knowledge
- Attitude
- Confidence

The research methodology used to maximise response was a self-assessing audit questionnaire for advice and information staff.

Earlier in this section the provision of skills was examined in regard to advice giving .For those involved in providing domestic violence advice or information, the notion of “cultural competence” is even more valid.

A total of 225 respondents returned the staff questionnaires 83 [36.9%] indicated that they had had received domestic violence training. When then asked to indicate the amount of time given to domestic violence training the highest return of 31 staff respondents identified that they had only received a half day training. The second highest return was from staff respondents that had selected ‘other’ as a response. Here the number as 23. It is important to note that the comments that accompanied this response showed that many of those attending a training event [of more than two days - other] were heavily weighted by workers [paid and voluntary] from Women’s Aid or “specialists” within PBNI or HPSS involved with the MODV programme.

A sample of eight recognised signs of domestic violence were used as a guide for the staff respondents to self-assess their level of confidence. On first reflection, there seems to be a wide range of responses in terms of degree of confidence, but on closer inspection, the majority of responses are centrally focused. Staff respondents most frequently labelled their ability as being between ‘confident’ and ‘quite confident’.

“The male police [uniform] I thought when he came out he’s thinking, “sad bitch” – he was doing small stupid things but they all added up.”

[Woman Survivor]

“DVO was the only thing that kept me sane even when I went to the solicitor. If felt that I was burdening them and they didn’t believe you, but she believed me”

[Woman Survivor]

Confidence in Identifying Signs of Domestic Violence

<input type="checkbox"/>	Extremely Confident	Very Confident	Confident	Quite Confident	Not Very Confident	Not Confident at all
Physical injury	22	38	84	44	22	7
Emotional abuse	9	30	63	60	47	9
Mental health concerns related to/as a consequence of violence	7	17	43	61	73	15
Financial deprivation	9	21	58	65	45	18
Child protection in relation to domestic violence	11	32	50	51	52	17
Sexual violence against women	7	17	31	47	90	24
Verbal abuse	16	29	49	63	45	15
Emotional impact of domestic violence on children	14	35	55	51	38	20

[The above table does not include 'not applicable to my job' responses]

With the above results in mind, it is then significant to record that when the same staff were asked about their level of confidence in the knowledge and understanding of domestic violence, the responses were less encouraging.

Out of the eight identified areas of knowledge and understanding that the respondents were to assess themselves against, they identified six areas where they felt that they were 'not very confident'. These included 'the extent of domestic violence in the Foyle area' with a response rate of 83 and 'the help-seeking process for survivors of domestic violence' which had a response rate of 67 staff. [See table below for breakdown of responses].

A primary objective of this research was to inform an advice and information strategy at local and regional level. So in light of this, a third question was posed to the staff related to their ability to respond to the general advice and information needs of clients affected by domestic violence. Again, a pre-determined list of areas was offered and out of the nine areas to select from, seven of them rated highest in the category of 'not very confident'. [These findings are addressed in greater detail in a later section of this report, in the context of advice and information.]

"I felt more uncomfortable around my husband's solicitor than my ex. She keeps giving me dirty looks in the street. I felt backed into a corner, especially when the solicitor lied for him to get money"

[Women Survivor]

Confidence in Knowledge and Understanding of Domestic Violence

	Extremely Confident	Very Confident	Confident	Quite Confident	Not Very Confident	Not Confident at all
Extent of domestic violence in the Foyle area	6	13	49	52	83	22
Causes of domestic violence	10	45	59	55	46	10
Cycle of violence - how domestic violence increases in frequency and intensity	14	32	46	61	61	11
Why women stay	13	39	64	59	40	10
The help-seeking process of survivors of domestic violence	8	29	49	56	69	14
Profiling perpetrators	2	12	22	42	110	37
Other agencies support services for survivors of domestic violence	10	23	41	64	67	20
Other agencies support services for the perpetrators of domestic violence	8	9	26	38	101	43

"Go ahead and respond and take immediate steps, there is a certain amount of fear for you, but you need help and the first step at that point is you need to hold a hand at that stage."

[Woman Survivor]

In assessing the confidence levels of the staff respondents, the research team then considered the influence of attitude. Specifically, the attitude that individual staff respondents had in relation to domestic violence.

So to offer a comparison model, attitudinal responses were explored by offering the staff respondents the opportunity to state their opinion on a six-point scale from 'strongly agree' through to 'strongly disagree' and 'don't know' for a list of 40 statements.

On analysing the outcome, the majority of respondents showed a deterministic response to the statements. This means that either all or an exceptionally high proportion of individuals answered the question identifying the same level of agreement, which in turn

would support a generalised attitudinal rule in the wider community. For example, ‘women who get hit must do something to deserve it’ produced a ‘strongly disagree’ response of 93.3%; ‘it is ok for men to hit women’ again the response was a 97.7% [219] majority of ‘strongly disagree’.

However, there were a number of statements that worked against the deterministic principle. These included:

- Abused women should leave their partner if they do not like being hit, whatever the circumstances.
- If I asked every woman (who is relevant to my practice) if she has been abused I will offend a lot of my clients/service users.
- Domestic violence is about power and control.
- My profession should be more involved in identifying cases of domestic violence.
- Domestic violence is almost always done by men to women.
- Abused women should leave their partner if they do not like being hit, whatever the circumstances.
- If I ask every woman (who is relevant to my practice) if she has been abused I will offend a lot of my clients/service users.

“What women talk about when asked what, if anything, makes a difference is not integrated responses, referrals, or advice [although all that is important and remains the states responsibility to put in place] but the clear messages that they got: naming violence, being told that it was not their fault and especially that they deserved something better.”

[Monica McWilliams]

The attitudinal responses for these were less defined in terms of their agreement, with their relative frequency distribution offering up no real clear consensus. This lack of unified agreement is an important consideration when then evaluating an individual’s self-assessment response to their confidence and competence in addressing issues around domestic violence.

Future training needs identified by the research respondents were:

Training Area	No of Respondents
Identifying immediate risk where there is domestic violence	139
Advising the victim on their personal safety in relation to domestic violence	133
Range of support services and programmes available across all agencies	150
The law and domestic violence	143
Physical and emotional needs of adult victims of domestic violence	133
Physical and emotional needs of child victims of domestic violence	141
Specialist services and programmes offered by Women’s Aid	142
Welfare rights, housing financial support etc	121

There are clear indications of a training programme that Women’s Aid could develop in collaboration with its’ social partners in the Foyle Domestic Violence Inter-agency Forum to share expertise and in doing so to discuss the attitudes that are underpinned by cultural beliefs and the resulting behaviours towards clients and colleagues alike . In fact not too dissimilar to the MODV programme!

Previous work by the research team on the Skills Dialogue Report for the Social Inclusion Sector suggested that there is a clear need for a model of training developed that generates a common commitment to social cohesion, equality, a knowledge –based economy, outward looking and entrepreneurial in spirit . [Whitehorn and Stubbings 2002]. To place this within the context of violence against women the research team leader has suggested that what is required is the transferability of cultural competence from other forms of oppression to that of violence against women. This is discussed further in the main body of the research.

6.2 Conclusions

In assessing the requirements of staff consideration needs to be given to a range of aspects that may impact upon individual staff confidence and competence in responding to domestic violence. Training for domestic violence should, like any other area of vocational

competence, be placed within a framework that is strategic, planned, verifiable and progressive. Crucially must also address the attitudes and values of the training participant.

7. Domestic Violence in the Workplace

The foreword in the Investing for Health government policy document states that:

“Investing for Health has the potential to improve all our health and, in particular that of those groups at greatest risk”

One of its primary objectives is to offer everyone the opportunity to live and work in a healthy environment.

Preliminary investigation, their experience and anecdotal evidence gathered by Foyle Women's Aid led them to believe that there was also a clear need to investigate the context of domestic violence not only among those who are the service users of personal health and social services but among staff themselves in order to assess their health and safety needs.

However, a primary aspect of the Advice and Information project funded through the European Measure 3.2 Advice and Information services was also to address how domestic violence may impact upon the employability of its' women survivors.

Consequently the CM Works team included categories on employment status in the domestic violence-profiling questionnaire and invited comment on the questionnaire, in focus groups or individual interviews.

“Domestic violence was at the back of her head. She was more worried about the weans, the mortgage”

[Advice Manager]

7.1 Findings

From the 65 respondents that identified themselves as victims of domestic violence, 40% [26] indicated that they were in paid employment. Of these, 12 were women who held a full time employment with supervisory/managerial responsibility.

Comments by women in focus groups also showed the reality of the impact of domestic violence in the workplace setting.

- 17 respondents had to take time away from work due to domestic violence.
- 16 respondents knew of another person who has to take time away from work due to domestic violence.
- 14 experienced work placed bullying or harassment.
- 5 knew of another person who had experienced work placed bullying or harassment.
- 6 had experienced sexual harassment at work.
- 1 knew of another person who had experienced sexual harassment at work.

“ I spent days with him [perpetrator] offering him counselling for drink abuse and why he was torturing his wife. I was able to talk about domestic violence to him because I have a close relationship with him”

[Anon Manager]

Much emphasis has been placed recently on the risk of violence in the workplace from angry and aggressive clients. This research shows that there is a need for employers to consider their responsibilities in regard to domestic violence victims in the workplace and also to perpetrators always remembering that domestic violence is a crime.

It is crucial that public, statutory, voluntary and community organisations throughout Northern Ireland that regard themselves as a sector concerned with social inclusion address their responsibilities as employers and their ethical principles in terms of social and corporate responsibility.

In 2001 there were between 4,500 and 5,000 voluntary organisations in Northern Ireland with paid workforce numbers of 29,168. 72,908 people are registered as volunteers. 72.4% are women. This accounted for 4.55 % of the Northern Ireland Workforce. The voluntary and community sector employs more than agriculture, transport, the financial sector or local government. 30 % of employment in Northern Ireland is accounted for by public sector employment. [Ref Whitehorn and Stubbings 2002].

7.2 Conclusions

Employers have a duty under the Health and Safety at Work Act 1974 to ensure; so far as is reasonably practicable, the health safety and welfare at work of their employees.

The management of H&S at Work Regulations 1992 also requires employers to assess the risks of violence to employees and make arrangements for their health and safety by effective planning, organisation and control.,

Productivity cost, safety and liability should be taken into account when considering any issues that affects employees and the workplace. Domestic violence is no different.

By working to mitigate the risks related to domestic violence, a company will also create a safer workplace for women experiencing abuse and will send a powerful message to society that domestic violence is unacceptable, and that responding to it makes good business sense.

There is a need for employers to consider not only their responsibility in relation to domestic violence survivors but their responsibility in regard to perpetrators, including the potential damage to company reputation, misuse of resources and impact on corporate and social standards.

This is discussed further in the Investing for Health research to be launched in the Autumn.

“Then it’s like can I come hack for support. Later on it’s about needing to know about your future, getting back into the job scene. Having the confidence and step to go back to work”

[Woman Survivor]

“Policies are crucial, Everyone has to do it to get a cultural shift otherwise we are continuously re-explain ourselves.”

[Women’s Aid Worker]

8. Recommendations

- A Northern Ireland Government strategy on domestic violence and within that, an information strategy to be developed.
- A standardised monitoring system piloted to begin counting the cost of domestic violence in Northern Ireland. [Foyle Women’s Aid and Foyle CAB could possibly consider a joint collaboration on this].
- A campaign of key messages on domestic violence assisted by regional government utilising the network of local domestic violence fora in a cohesive and integrated way.
- Better use of a range of information and communication technology to increase accessibility to information for all those either living with or working with domestic violence.
- Domestic violence training to be developed within a framework that allows for standardised assessment, progression and that addresses cultural competence.
- Foyle Women’s Aid to work with others in the Interagency Partnership to compile a pilot “level one” advice pack and training in relation to domestic violence.
- Increased awareness and response, by all social partners, to the advice and information needs of all minority communities of interest who are further marginalised by domestic violence.
- Foyle Women's Aid to increase the focus of the PASS project worker in regard to women in paid employment and to monitor the extent of the activity. .
- User groups of domestic violence survivors encouraged to be proactively involved in proofing resources sent out by Women’s Aid and others in regard to domestic violence.
- Foyle Women’s Aid to work proactively to take forward the recommendations of their research.