

“Making the Links”

Towards an integrated strategy
for the elimination of Violence
Against Women in intimate
relationships with men.



A study commissioned by Women's Aid
November 1995.

Briefing Paper

The research "Making the Links" is concerned with male violence against women in intimate relationships. It is based on research commissioned by Women's Aid and carried out between January and August 1995.

The research was undertaken by Kelleher and Associates with Monica O'Connor, from Women's Aid.

This is a brief summary of the findings of the research.

A full copy of "Making the Links" can be obtained from the Women's Aid administration office at £8.00.

The research addressed the following issues:

1. The meaning and forms of violence in intimate relationships;
2. The extent and impact of this violence;
3. The service response to women who have experienced violence.

In undertaking the research, a range of approaches were adopted. These included:

- A national survey to determine the extent, type and impact of violence. It is the first survey of its kind carried out in the European Union. We would like to acknowledge the assistance of the Economic and Social Research Institute who undertook the field work and data analysis for the survey;
- The national survey was complemented by an Area Based survey which examined the nature and extent of violence among a sample of 240 women in five doctor's surgeries. The study area was a mixed income area which extends from Howth, to Coolock to Beaumont and Clontarf;
- Group interviews were held with women who had experienced violence and with Traveller women. Individual women told their stories of how violence impacted on them and their families;
- Interviews were held with personnel working in Community Care, the Gardaí and service providers from the voluntary sector to examine the extent to which domestic violence presents as an issue and how services respond to women who have been subjected to violence in intimate relationships;
- Where relevant records of service providers were analysed.

Overall Extent of Violence

The national survey, was comprised of 677 women who completed questionnaires, 85 per cent (575) of whom had been/are involved in intimate relationships. This national random sample shows that violence in intimate relationships in Ireland is extensive, serious and takes many forms. In the national random sample, 51 per cent of women knew a woman who had been subjected to violence, and 18 per cent of women in intimate relationships had been subjected to male violence.

These figures are likely to be an underestimation of the extent of violence as many women find it difficult to acknowledge the violence in their relationships.

The definition of violence used in the present study includes:

- Threats of physical violence even though no actual physical force occurs;
- Actual physical violence (e.g. hitting, kicking, head butting, beating, attempting to choke);
- Being made to have sex without giving consent;
- Mental cruelty such as name calling, isolation from family and friends, deprivation of family income or car, prevented from taking up employment or attending education or training;
- Deliberate damage to pets, clothes, property or other personal items.

Extent and Types of Violence

Survey results show that violence in intimate relationships is extensive. The majority of women knew a woman who had been subjected to violence and 18 per cent of women in intimate relationships reported that they themselves had been subjected at some time to violence by a current or former partner.

In relation to the different types of violence:

- 13 per cent of women were subjected to mental cruelty;
- 10 per cent of women were subjected to actual physical violence;
- 9 per cent of women were threatened with physical violence;

- 4 per cent of women were subjected to sexual violence;
- 2 per cent of women had their pets, property and other items damaged.

Women tend to be subjected to multiple forms of violence. For instance a large proportion of women subjected to mental cruelty were also subjected to actual physical violence and threats of physical violence. A large proportion of women subjected to sexual violence were also subjected to physical violence.

Survey results indicate that violence in the home occurs in all social classes. It tends to be greatest in the skilled manual categories and lowest in the self employed. Violence is equally prevalent in both rural and urban Ireland.

In the sample of 240 women attending five doctor's surgeries in Dublin's Northside, 36 per cent of women, twice as many as in the national survey reported that they had experienced violence from a male partner. To some extent the higher level of violence reported by women in G.P. surgeries reflects the health consequences for women. The ill health effects of violence against women in the home may be more severe and persistent for women living in poverty and on low incomes than for women in the general population. Violence was more concentrated among Medical Card holders than non Medical Card holders. The high level of violence reported has major implications for health care policy, for personnel in social and medical services and for the overall service response to women who have experienced violence.

Impact of Violence

Violence impacted in many ways:

- Physical
- Mental
- Impacted on Children

The effects of physical violence were severe. Seventy-one per cent of women in the national survey who experienced physical violence reported that the violence resulted in physical injury. Injuries included broken bones, head injuries and loss of consciousness. The prevalence of violence during pregnancy was highlighted by the research with the violence often resulting in miscarriages. Many injuries go unnoticed, even by women

themselves. Internal injuries, such as a burst ear drum or internal bleeding often go undetected or women do not often connect the injuries to the domestic violence to which they have been subjected. Women not only suffer the physical impact of violence, but in many cases are made to feel responsible for covering up the results of the violence. Women wear sunglasses or clothing to cover injured parts of the body.

Threats of violence can be more frightening than actual physical violence, even though this is not perceived to be so by the general population. One woman gave an example of how her partner would stand over her while she was asleep. She would sense his presence and wake up and see him standing over her with a knife or a scissors. He would walk away in silence. This was a terrifying experience.

Among the mental health effects reported were loss of confidence, depression, problems with sleep, increased isolation and increased use of medication and alcohol. Sixty-five per cent of women reported that they had experienced depression. Verbal abuse and undermining statements are common forms of mental cruelty used by men to break women's confidence. For example men say to women "nobody would want you, I made you what you are". Sexual abusive language is often used to undermine the personal integrity of women. "You are a slut", "You are a whore".

The following examples of mental cruelty were given by women to illustrate how men exercise total control over women:

- Being timed when going shopping and questioned afterwards about every movement;
- Not being allowed to use the telephone;
- Having no personal money and having to ask for permission to buy personal items such as toiletries.

Women told of the terror and humiliation of sexual violence. This took the form of the persistent attempts made by men to force sex on women. Examples of extreme forms of sexual violence and cruelty was forcing physical objects such as a bottle into the vagina of a woman or a man urinating on a woman. Many women endure forced sex and suffer in silence.

It was also reported by 64 per cent of women in the national survey who experienced violence that their children had witnessed the violence. The negative effects of violence on children include

poor school performance, the children being fearful and withdrawn and sleeping problems. These symptoms are similar to the symptoms experienced by children who themselves have been abused, either physically or sexually.

The severity of the violence against women is also reflected in the high reporting of the violence. In the National Survey:

- 50 per cent reported it to a friend;
- 37 per cent reported it to a relative;
- 29 per cent reported it to a doctor;
- 20 per cent reported it to the police;
- 16 per cent reported it to a solicitor.

In the initial stages of violence, many women remain silent. One of the fears of women is that if they report the violence to someone and their partner discovers that they did so, the violence will increase. Women felt that social workers do not always understand the impact which violence has on women. They are terrified that their children will be considered to be at risk and maybe taken from them. As a result women are constantly on their guard and become more stressed in their attempt to manage the violence.

The effects of violence on women living in poverty and Traveller women needs special attention. The cumulative effects of a life in poverty and for Traveller women of a life living in bad environmental conditions damages women's health. When this is combined with domestic violence and the physical, mental and emotional toll which this takes out of women, the effects are enormous.

Recommendations

Violence against women in the home is a complex issue which is deeply rooted in gender based power relations. It is socially constructed and reinforced by cultural, economic and social factors. Any systematic attempt to eliminate violence in the home therefore must be multi dimensional and address the issue at different levels. There is need for policies at national, regional and local level which address the issue of violence against women.

1. Overall Policy Development and the Establishment of an Inter Departmental Team on Domestic Violence

To date, the Department of Justice is the only government department which has a written policy

on violence against women in the home. The Department of Health has initiated a consultative process with the aim of developing a strategy on women's health and aims to include domestic violence. It has published a discussion document, Developing a Policy on Women's Health. There is a clear need for the Department of Environment, Department of Education, Department of Social Welfare and Department of Equality and Law Reform to develop written policies. There is also need for the health boards to develop policies and guidelines, and to recognise that violence against women is a health issue. The total unacceptability of violence against women in the home must be clearly stated.

In addition to a policy at individual government department level there is need for an inter departmental policy team which would work in partnership with the voluntary sector to develop an overall strategy, policies and procedures on domestic violence. This team should be responsible to the Minister for Health who would be responsible for implementing the recommendations of the team within a three year period.

Central to a policy on violence against women is the need for training in procedures of identification, disclosure, referral and support for all personnel of services which meet abused women in the course of their work. Training is important not only to increase disclosure and develop more effective referrals among agencies, but also to ensure that victims of violence are not re-victimised in their attempt to gain help. In this context there is need for personnel to receive training in the dynamics of abuse. There is also need for personnel to scrutinise their beliefs and values which support violence. They need to learn to give women positive emotional support which challenges male violence and domination. Given the central role which social workers have in relation to families, there is need for social workers to be trained in 'protection work for women'

2. The Establishment of a Domestic Violence Resource Unit

A Domestic Violence Resource Unit be established on a three year pilot basis in Dublin's north east. The project should be administered by Women's Aid. The rationale for Women's Aid administering the project includes the following:

- There is no statutory agency which has responsibility or the expertise in the area of violence against women;
- Women's Aid has developed expertise in a variety of

areas which include: training for professionals, piloting a community based response to violence against women, launching a public campaign on violence against women, and staffing a Freephone Helpline for women who have been subjected to violence in the home;

- Women's Aid has set up a sister company called Sonas which has designed and developed a housing project in the north Dublin area.

It is important that the Unit has the co-operation of the relevant government departments. In this context there is need for the Unit to be formally recognised at Ministerial level by the relevant government departments. It is also important that the Unit be adequately resourced. It is estimated that the cost of establishing the Unit and the operating costs for a year is £100,000. Subsequent operational costs will be £80,000 per annum. The terms of reference of the Unit will include:

- Facilitating the establishment of an Area Based Inter Agency Task Force on Domestic Violence. Personnel from relevant statutory and voluntary agencies will be represented on the Task Force. The main aim of the Task Force is to develop an inter agency policy on domestic violence which will include a policy on identification, disclosure, recording, referral, and support for women who have been subjected to violence in the home. It would also assist in developing good practice guidelines for the various social service providers;
- Assisting agencies to develop a clear policy on violence against women in the home and consistent recording procedures which are linked to a uniform definition of domestic violence;
- Assisting agencies to develop an effective referral policy;
- Undertaking training for service providers in the pilot area;
- Developing a drop-in, advice, information and advocacy service with a 24 hour crisis Helpline for women who have been subjected to violence in the home;
- Providing an outreach service to women who need support following contact with the Gardai, the Accident and Emergency Hospital service or other services;
- Developing self-help groups with women who have experienced violence in the home;
- Providing special support to Traveller women which is culturally appropriate and consistent with gender based equality;
- Assisting schools to develop educational programmes on gender relationships and non violent resolution of inter personal conflict;

- Promoting programmes which expand the availability of services for women who have been subjected to abuse which would include programmes which build the confidence of women and give them the skills to leave violent relationships. There is need for a range of supports related to the different stages of domestic violence;
- Promoting programmes which increase women's access to training and employment opportunities;
- Identifying policies which need to be addressed at local, regional and national levels by various government departments and voluntary organisations;
- Monitoring and documenting the effectiveness of strategies for eliminating violence against women in the home.

Other reforms which need to be introduced include:

3. Public Campaign

There is need for a public campaign to raise awareness about the issue of violence against women in the home. Public awareness about the issues of violence and for the empowerment of women have a vital role to play in transforming both individual men's attitudes and behaviour, and those of society in general.

The government must invest in public campaigns to challenge stereotypes and to change attitudes by bringing the issue of domestic violence out of the privacy of the home into the public arena.

Local authorities and councils should play an active part in funding public awareness and educational campaigns.

4. Monitoring and Research

There is need for an independent evaluation on the effectiveness of the Garda Policy on Domestic Violence. The Domestic Violence and Sexual Assault Unit should publish detailed statistics on how cases are dealt with by the Gardai. In this context there is need for the Unit to make detailed statistics available on a regular basis.

Statistics also need to be made available on a national, regional and local basis by other agencies working with women who are experiencing violence in the home. Unless there is some estimation of the numbers involved, it is difficult to provide an appropriate service response.

In this context there is need to establish a National Review Committee comprising representatives of voluntary agencies, women's organisations,

community care personnel, the Gardai, the judiciary and the probation service. The Review Committee would oversee the independent monitoring of the operation of the domestic violence policy.

It is vital that further research be funded for examining the particular factors which may contribute to male violence for women in marginalised or isolated situations such as women with physical/mental disability, women in isolated rural areas and Traveller women.

We would recommend that the research be carried out by Women's Aid in consultation with the relevant organisations who have experienced and expertise in these areas.

5. Need for Consolidated Legislation and Legal Reforms

It became evident during discussions with Gardai that the dispersed nature of the powers of the Gardai which are located in different pieces of legislation going back as far as 1842 inhibits the efficient and uniform implementation of the law. There are many 'grey areas' in the law which discourage the Gardai from taking strong action to protect the victim in cases of violence in the home. There is need for:

- Consolidated legislation which states clearly the powers of entry of the Gardai in cases of violence in the home and the powers of arrest in cases where Gardai believe that an assault has taken place;
- The internal Garda policy on domestic violence should be made public;
- Barring Orders and Protection orders should be extended to cohabiting partners;
- A pro arrest policy should be implemented. Decisions to proceed should rest with the prosecution not the victim. Provision should be available to drop the prosecution only when the victim is totally opposed to prosecution;

A sentencing policy should take account of the needs of the victim, the relationship between the victim and assailant and the nature of the violence. In recognition of the fact that many victims are unwilling to proceed with a prosecution if the only outcome is a prison sentence for the assailant, there is need for a broader range of sentencing options, including a pre trial diversion policy incorporating counselling for assailants.

Many of these recommendations are incorporated in the Domestic Violence Bill 1995. The implementation

of legislation depends on the attitudes and values of the Gardai. In this context there is need for on-going training and evaluation to be undertaken with the Gardai on the implementation of the new domestic violence legislation.

6. Need for a Pilot Project at Local Level

Giving the Gardai additional powers of arrest will not in itself ensure an effective response to women who have been subjected to domestic violence. Gardai need to participate in regular in-service training on domestic violence where inputs are given by agencies which provide a response to women who have been subjected to domestic violence.

Different responses to domestic violence need to be piloted and evaluated. The setting up of special Domestic Violence and Sexual Assault Units can be effective in developing expertise, recording statistics, and evaluating and monitoring police practice at regional and local level. However there is also a need to pilot a project at local level where accountability for the response to domestic violence is the responsibility of the local Gardai. A domestic violence call to the Gardai needs to be followed by a call from trained personnel to ensure that the women is safe. There is a need for a support worker at local level whom the Gardai could refer women to, and who would, where necessary, visit a women in her own home. As part of this study women who have sought the assistance of the Gardai should be interviewed in order to examine women's fears and concerns, their expectations of the Gardai and the supports which are necessary to help women who are experiencing violence in the home.

7. The Probation Service

In relation to the Probation and Welfare Service there is need:

- To establish a Civil Family Law Section within the Probation and Welfare Service. The Probation Officers title should be changed to Family Law Officers as Probation Officers has a criminal connotation to it. There is need for a specialised team of five to six Family Law Officers with special training in Family Law;
- To increase resources to the Probation and Welfare Service to supervise access in cases where the court recommends supervised access for civil law cases. It is vital that this supervision is undertaken by trained professionals who are aware of the dangers to the woman and the children and are aware that in certain cases access can be used to further abuse the mother and children;

- For Probation Officers to undertake assessment reports on the needs of children in separation and custody cases.
- To establish community based access centres which would be overseen by the Probation Service;
- The establishment on a national basis of special family courts on the model of Dolphin House;
- Training for the Judiciary on all aspects of violence against women;
- To appoint special District Justices, with training in family law to Family Law Courts;
- To address the housing needs of men who are out on bail and have been charged under the domestic violence legislation.

8. The Accident and Emergency Department of Beaumont Hospital

The Accident and Emergency Department of Beaumont Hospital has developed a procedure for identifying and responding to the needs of women who have experienced violence. It is important that the following recommendations are implemented:

- A medical social work service to be available on a 24 hour basis, seven days a week to respond to cases of domestic violence;
- All permanent medical/nursing staff should undergo training;
- Non medical staff i.e. receptionists and administrators should also undertake training; Training should take place outside of the hospital setting and staff should be given time off work for training;
- Training should be on-going, with regular evaluations on the implementation of the domestic violence policy;
- A community based support system for women who have been subjected to domestic violence should be established. This would include an outreach service and counsellors who are specifically trained in domestic violence. The absence of a support system at community level is a major gap in service provision. For some women the only way of accessing counselling is to be referred to the psychiatric services which are inappropriate as women subjected to violence become defined in psychiatric terms.

9. Traveller Women

Traveller women have particular needs. Any strategy aimed at responding to the needs of Traveller women should take account of the following points:

Many Traveller women can anticipate the times when violence is likely to occur, for example, when their partners go on extended drinking sessions. Women thus

need to be able to access emergency accommodation during these times to avoid the anticipated violence.

Many Traveller women benefited from counselling. This was more likely to be available in Northern Ireland or England. There is need for counselling to be made available to Traveller women which takes their particular ethnic background into consideration. Traveller women should be trained as counsellors.

There is need for Traveller women to have information on the legal, social welfare and housing implications of separating from their partners. There is also need for a support worker who understand Traveller culture.

Future research on the Traveller community should incorporate a special section on gender violence within the Traveller community.

10. Women's Refuges

Access to adequate, safe refuge is essential for women and children who are being physically, sexually and mentally abused in their own homes. A refuge must provide a safe environment run on the self-help and empowerment model which has proved to be effective across the world.

Access to safe, secure refuges is an essential part of a crisis response to women at risk. It is recommended that:

- i) Systematic financing of refuges, based on detailed assessment of need in each Health Board area, be an immediate priority of the Department of Health.
- ii) That the recommendations from the policy document produced by the Federation of Refuges be fully implemented. (Policy for Women's Refuges - Proceedings and Recommendations of a conference at Dublin Castle, May 1994.)
- iii) Systematic financing of refuges and the improvement of standards in all refuges.
- iv) That staff training in refuges should include an understanding and analysis of violence against women.
- v) Access to support and information must be provided for an abused woman to allow her make an informed choice about her own and her children's future.
- vi) Fully trained child care workers must be provided for refuges.

11. Women's Aid Helpline

There is need to provide resources to adequately staff the 24 hour Helpline and to advertise the Helpline nationally. Such helplines provide a national freephone service which is confidential, anonymous, non-judgemental and free.

Overall Policy and the Need for Training

One of the main findings of the report was the lack of an overall policy response on the issue of domestic violence. The Department of Justice is the only government department which has a written Policy on Violence Against Women in the Home. At a local area level the need for an Inter-agency policy was clearly identified and a broad range of services which came in contact with women who experienced violence reported an absence of a service to whom they could refer women. Personnel in the Community Care Sector and the voluntary sector recognised the need for training on the issue of violence in the home. At third level educational there is a need to put domestic violence on the curriculum of relevant disciplines such as, social work, social science, medicine, teaching. There is also need to develop a model of intervention which has at its core principles the protection of women and children.