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

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EXECUTIVE SUMMARY

Violence against women in the home is a feature of contemporary life. Women are its usual victims and men its perpetrators. Domestic violence is not confined to any particular class and occurs in both rural and urban areas. Men use violence to exert control over women. Persistent violence undermines women's confidence and breaks their spirit. Where there is violence in the home, women and children are psychologically and physically at risk.

Research findings from the national survey illustrate that the prevalence of violence against women in the home in Ireland is extensive. The majority of Irish women know a woman who has been subjected to violence by a partner and 18 per cent of women reported that they themselves had been subjected at some time to either mental cruelty, threatened with physical violence, experienced actual physical violence, experienced sexual violence or had their pets and property damaged. Many women experienced multiple forms of violence and 11 per cent of women experienced actual physical violence and/or sexual violence. The rate of reported violence is likely to underestimate the true level of violence.

The effects of physical violence is severe. Seventy-one per cent of women who experienced physical violence reported that the violence resulted in physical injury. Injuries included broken bones, head injuries, loss of consciousness and miscarriages. Among the mental health effects reported were loss of confidence, depression and increased use of medication and alcohol. It was also reported by 64 per cent of women 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 The negative effects of violence on children include poor school performance, the children being fearful and withdrawn and experiencing sleeping problems.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 to a doctor and the police. One-fifth of women in the national sample who experienced violence

reported the violence to the police and 29 per cent reported it to a doctor. Sixteen per cent of women had reported the violence to a solicitor.

The Area Based Survey suggests that the ill health effects of violence on 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. Although the national survey indicated that the extent to which women had ever experienced domestic violence was not class related, almost three times the number of women who qualified for Medical Cards attending doctor's surgeries reported that they had experienced violence than non Medical Card holders. It should be noted that leaving a violent relationship results in changed economic circumstances for many women who then qualify for a Medical Card. The results suggest that the long-term ill health effects of violence on women living in poverty and on low incomes is greater than for the population as a whole. This is consistent with the view that women living in poverty are likely to experience greater ill health effects than other women and that the cumulative effects of a life in poverty exacerbates the effects of any one illness. Thus to clearly understand the long-term impact of gender violence, systematic health related differences between classes must be brought into focus. Further research is required on the class related health effects of violence against women.

Specific cultural factors are associated with violence against women in the Traveller community. These include the early age of marriage and arranged marriages. The difficulties Traveller women have in leaving violent relationships are related to the pattern of kinship marriage and the fact that the economic and kinship base is interlinked resulting in pressure to maintain family relationships. Traveller women also have larger number of children which makes it difficult for them to leave. However, kinship networks at a broader level have facilitated some Traveller women leaving violent partners. Many have gone to England and Northern Ireland to seek refuge and have accessed services which they feel have been supportive to them. A service response to women experiencing violence needs to take into consideration Traveller culture.

There is no overall Community Care strategy for responding to women who experience violence in the home. With the centralisation and stream-lining of the social work service, social work has become less accessible to women.

With the exception of emergency refuges, which are inadequately funded and of which there are inadequate numbers, there is no statutory services specifically designed to respond to the needs of women who have experienced violence in the home. Women's Aid, and particularly the Women's Aid Helpline provides crucial support to women. The lack of an overall policy and strategy by the state often results in women who seek help, either receiving no response or being directed to inappropriate services. Several agencies such as the Gardai, Community Welfare Service, the Community Home Maker Service, the Accident and Emergency hospital service, the Coolock Community Law Centre and organisations operating in the voluntary sector noted the lack of a support service in the community to which they could refer women who had experienced violence in the home.

Sixty-five per cent of women who experienced violence in the home both in the national survey and the Area Based Survey reported that they had suffered from depression. Other psychological illnesses were also reported. Qualitative data from group discussions indicate that due to the fact that there is no counselling or support available to women, women are channelled through the medical route, to general practitioners and for more serious forms of depression to psychiatric hospitals. Women are also referred to family therapy centres. Women's health needs often remain unmet as the medical model underlying the community care services is inappropriate as it does not address the underlying issue of domestic violence. A psychiatric response to a woman whose issue is domestic violence and not one requiring psychiatric treatment creates additional problems for a woman who then becomes labelled 'psychiatric'. Family therapy which does not recognise the unequal power relationship between a woman and her violent male partner is inappropriate for women who have been subjected to domestic violence. Requiring a woman to participate jointly with a violent partner may put a woman at physical and psychological risk. It was felt by women that when services did respond to women's needs, it was more the result of the fact that the children were perceived to be at risk than a genuine concern for the woman's health.

Although the Gardai perceive their primary role to be one of protection, Gardai are unable to protect women due to the fact that they have not clear powers of arrest or the right to entry. The forthcoming Domestic Violence

legislation aims to rectify this situation. Central to the success of any new policy is the need for on-going training for the Gardai and the monitoring of the implementation of the new policy. In this context it is important that the Garda policy and new domestic violence legislation is monitored and evaluated at a national, regional and local level. It is also important that statistics are published regularly.

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 heath 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 elimi nating 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 to examine 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 experience 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 understands 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 Conference at Dublin Castle, May '94).

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 a 24 hour Helpline and to advertise the Helpline nationally. Such helplines provide a national freephone service which is confidential, anonymous, non-judgmental and free.

CHAPTER ONE

Background to the Study

Increasingly it is becoming clear through research, and case histories publicised by women survivors of violence and women activists, that violence in the home is a feature of contemporary family life. Women are its usual victims and men its perpetrators. Study after study has documented the persistent, systematic, severe and intimidating force which men inflict on women (Dobash and Dobash 1979; Martin 1976; Pagelow 1981). Violence against women in the home, defined as repeated abuse of women by the men with whom they live, is not a new phenomenon. It is not confined to any particular social class, country, or period of history.

An important aspect of the power differential between men and women is the economic dependency of women and their confinement to particular roles within the family. Dobash and Dobash 1992) argue that cultural, economic and social factors of society have confined women in the home and excluded them from positions of power and status outside the family.

Levinson's (1989) cross cultural study of 90 small scale societies found violence in the home to be an integral part of nearly all cultures. Only in 14 cultures was it rare for women not be subjected to violence. The study concluded that 'economic inequality strongly predicts wife beating.' Other important predictors of wife abuse are male dominance in decision-making in the family, clear-cut division of labour based on sex and restrictions on the freedom of women to divorce their husbands. As Heisse (1994) points out, when seen in its cultural context, violence against women is not an inherent part of maleness, but a social construction of norms governing what is acceptable behaviour.

The notion that wives are the property of their husbands and that men have the right to control and dominate them was enshrined in nineteenth century British and Irish law. Although men no longer legally control women, women's position as subordinates within the family is underwritten in social and economic policy, religion and culture. Violence in the home can be traced to the very nature of the family structure. Delphy and Leonard (1992) claim that the western family is gendered and hierarchical comprising a male head and dependent wife. In order to enforce authority, Goode (1971) argues, that if we perceive the family as an institution of power, like any other institution, violence in the family or the threat of violence is necessary in order to enforce the preservation of the family. Violence is thus

endemic where there is unequal distribution of power.

Dobash and Dobash (1992) argue that there are four main sources of conflict which lead to violent attacks by men on women with whom they are in intimate relationships. These are: possessiveness and jealously; men's expectations concerning women's domestic work; men's sense of right to punish 'their' women for perceived wrongdoing; and the importance to men of maintaining or exercising their position of authority. Testing these hypotheses, Mooney (1993) undertook a study of 500 men. She presented the men with a number of stereotypical situations , such as infidelity, arriving home late at night without telling her partner, expectations over housework and child care, being 'nagged' and asked whether or not they could see themselves hitting their partner in any of the situations and if they had actually hit their partner in any of these situations. Only 37 per cent of men claimed that they would never act violently in any of these situations; 46 per cent stated that they were likely to be violent in two of the situations and 17 per cent stated they would act violently on every occasion. Nineteen per cent of men stated that they had already acted violently at least once within the range of incidents presented to them. This clearly suggests that violence in intimate relationships is about power and control over women. Where women fail to perform their perceived duties in the area of domestic and sexual services they are severely at risk of physical and sexual abuse.

The international Women's Aid movement, sometimes known as the battered women's movement, along with women's organisations throughout the world, has, over the last two decades, clearly articulated that violence against women is unacceptable. Its position is that men should be made responsible for their own violence. The Women's Aid movement has lobbied for social and political change and has focused on the unresponsiveness of the social services, criminal justice and police systems to the needs of women who have experienced violence in the home. At an ideological level it has challenged academics and the therapeutic professions who have sought to perceive violence in intimate adult relationships in gender neutral terms and/or to make women the agency of their own victimisation. Therapies which seek to keep the family together as the only option and see the family as the best context to treat women's symptoms have been strongly criticised. Reconciliation services, for example, which attempt to provide impartial reconciliation while ignoring the fact that the violence is sympto-

matic of men's dominance have been challenged. Mediation services which permit men to bargain about the type of controlling behaviour which is acceptable, have been criticised for colluding with the batterer in their resistance to change. No level of violence is acceptable. The problem of wife abuse, the women's movement argues, is not women's behaviour but men's violence. An inability to understand this can lead to inadequate and inappropriate responses from agencies and therapists and to the escalation of violence.

As a result of concerted mobilisation in Ireland by the Women's Movement and by Women's Aid and the Rape Crisis Centres and also as a result of the attention brought about by high profile court cases, a public discourse on violence against women is beginning in Ireland. Important legislative changes have taken place. These include legislation regarding rape, the protection of the family home and the introduction of injunctions against husbands, barring them from the family home and making breaches of such injunctions an arrestable offense. Important policy measures have also been developed relating to procedures for the Gardai in investigating incidences of violence in the home.

It is against this background that the present research was commissioned by Women's Aid. The research was undertaken between January and August 1995. It provides the first systematic data on violence against women in the home in the Republic of Ireland, as well as an account of the response of services at area level to women who have experienced violence. Several other studies which have been undertaken in the Republic of Ireland (Casey 1989; Cronin and O'Connor 1993; Morgan and Fitzgerald 1992; Ruddle and O'Connor 1992) and Northern Ireland (Evason, 1982; McWilliams and McKiernan 1993) are outlined in Appendix C.

Various terms have been used to describe violence in the home: domestic violence, family violence, spouse abuse, wife abuse, battered wives and battered women. Domestic violence is the term most frequently used in policy making areas because it is seen as covering all domestic relationships. As such it includes violence against women by family members such as children, fathers and siblings. It can also include violence in intimate gay and lesbian relationships. This term has been criticised as it fails to clarify who is the victim and who is the perpetrator of violence. Although the term

violence against women in the home is most frequently used in the present study, domestic violence is also used interchangeably.

On the completion of the research phase of the project, a Domestic Violence Bill was published by the Minister for Equality and Law Reform. The significance of this Bill is dealt with in the concluding Chapter of this report.

1.1. Objectives of the Study

This main focus of the study is on women's experience of violence in intimate relationships with men i.e. husband, partner, ex husband or live-in partner, boyfriend. Domestic violence and violence in intimate relationships are used interchangeably. As such the study does not address issues relating to violence among siblings, violence between children and parents, violence in gay and lesbian relationships or violence by women against men.

The main objectives of the study are:

- To examine the extent of violence against women in intimate relationships;
- To outline the extent to which services come in contact with the issue of violence against women in the home;
- To document the professional and service response to women who have experienced violence;
- In the light of the foregoing, to make recommendations regarding the development of services for women who have experienced violence in intimate relationships.

1.2. The Main Elements of the Research

The main elements of the study are:

- A National Survey of Violence Against Women in Intimate Relationships;
- An Area Based Study.

A National Survey of Violence Against Women in Intimate Relationships

A National Survey on violence against women who are in intimate adult relationships with men was carried out. The administration of the survey was contracted out to the Economic and Social Research Institute (ESRI).

Area Based Study

An area in the North East of Dublin City was selected for the Area Based Study. This area forms part of Eastern Health Board Area 8. It is a mixed housing area and covers the areas of Artane, Raheny, Sutton, Howth, Baldoyle and Coolock. The population of the area is approximately 200,000. There were three parts to the study:

(i) A survey was carried out in doctors' surgeries to examine the extent and impact of violence against women. Topics covered were similar to those included in the National Survey;

(ii) Group interviews were held with women living in the study area who had been subjected to domestic violence. Interviews were also undertaken with Traveller women living in the area in order to examine the experiences specific to Traveller women. In-depth individual interviews to construct case histories were also held with both Traveller women and women living in the settled community;

(iii) A survey of service providers to examine the extent to which violence against women in the home is a presenting issue was also undertaken. The response of service providers and the gaps in service provision as perceived by service providers was also documented,

CHAPTER TWO

Violence against Women in Intimate Relationships with Men

This Chapter presents the results of the National Survey, the Area Based Survey and of focused group discussions with Traveller women on violence against women in the Traveller culture. Topics covered in all three studies include the extent and consequences of violence.

2.1. The National Survey

The National Survey on violence against women was administered by the Economic and Social Research Institute (ESRI). The EU Consumer survey was used to identify households where there was a woman resident over 18 years. A national random sample of 1,483 women was selected for the survey. A total of 679 (46 per cent) questionnaires were returned. The survey results were checked against major demographic variables and weighted for age and education.

Each women identified for the survey received a personally addressed envelope with a copy of the postal questionnaire. In so far as it was practical, the Consumer Survey interviewer personally spoke to each potential woman respondent. The interviewer explained the purpose of the survey, emphasised its confidentiality and requested her co-operation.

Each respondent was asked to complete the questionnaire at her convenience. It was felt that it would be easier for the respondent to record her experiences on paper and that by leaving the questionnaire with the woman respondent, it would give her more time to give a considered response to the questions. Each respondent was asked to return the questionnaire to the Economic and Social Research Institute (ESRI). Every effort was made to maximise the response rate. Three reminders were sent to each respondent and the two last reminders were accompanied by a copy of the questionnaire. It could thus be said that the survey presents the best possible estimate of the reported rate of violence against women in intimate relationships.

The questionnaire was designed by Kelleher and Associates and Monica O'Connor from Women's Aid. It sought to investigate women's definition of domestic violence, the extent to which women are subjected to Domestic

Violence, the effect of Domestic Violence on women, whether or not and to whom women report instances of Domestic Violence and the reasons why many women do not report Domestic Violence. The questionnaire design was influenced by the questionnaire used by Jayne Mooney in her North London study, The Hidden Figure (1993).

It was recognised that a survey on the topic of violence against women in intimate relationships could cause distress to women by bringing up past memories and/or by acknowledging present violence. To respond to the needs of women who required help or support, all respondents were informed of the Women's Aid Helpline and given the Freephone Number if they wished to talk to someone about domestic violence. They were assured of the confidentiality of the service.

Survey Results

Of the 679 women respondents 575 (85 per cent) were or had been in intimate relationships with men.

Table 2.1.1: Whether Ever in Intimate Relationship with a Man

Intimate Relationship	Number	%
Yes	575	85
No	104	15

N = 679

Definition of Violence in the Home

In considering the definition of violence against women in the home, the researchers are in agreement with Heise (1994) who is of the opinion that definitions should not be so broad as to incorporate all forms of oppressive behaviour. Definitions must have at their centre, the core concepts of force

and coercion. The definition of violence used in the present study encompasses mental, physical, and sexual violence. It includes the following:

- 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.

The present study sought to ascertain women's own assessment of the seriousness of the different types of violence. This allows the researchers to relate the findings of the research on the extent of different forms of violence in the home to women's own definition of domestic violence.

Table 2.1.2: Women's Assessment of Different Types of Violence

Type of Violence	Extremely Bad	Bad	Not too bad	Total
	%	%	%	
Threats of physical violence	53	44	3	644
Actual physical violence	97	2	1	649
Being made to have sex without consent	90	8	2	641
Mental cruelty	84	15	1	647
Damage to personal property	79	19	2	644

Women's assessment of the different types of violence i.e. physical, mental, sexual violence indicates that there is broad agreement on what constitutes violence against women in the home. There was practically unanimous agreement that actual physical violence was 'extremely bad'. The majority of respondents (90 per cent) agreed that sexual violence, defined as being made to have sex without consent was 'extremely bad' mental cruelty and damage to personal property, which is a form of mental cruelty, was rated by the vast majority of women as 'extremely bad'.

Mooney (1993) points that violence in the home as experienced by women cannot be perceived along a simple continuum of seriousness which begins with mental cruelty and progresses to threats of violence and then to actual physical violence. Prolonged mental cruelty can have greater impact than the sporadic, isolated incident of actual physical violence. Walker (1979) found that most women in her study described verbal humiliation as their worst experience of abuse, whether or not physical violence had been used. Nearly 84 per cent of women respondents considered mental cruelty to be extremely bad. Threats or fear of violence, control and undermine women just as much as actual acts of violence. Over half of the women respondents rated this type of violence as extremely bad.

Knowledge of a Woman who had been Subjected to Violence

Fifty-nine per cent of women interviewed knew a woman who had been subjected to violence by a spouse or a partner.

Table 2.1.3: Knew Woman who was Subjected to Domestic Violence

	Number	%
Yes	399	59
No	278	41
Total	677	100

The following Table shows the relationship of the interviewee to the woman or women known to her to be subjected to violence by a spouse or a partner.

Table 2.1.4: Relationship to Person(s) Known to be Subjected to Violence

Relationship	Number
Relative	125
Friend	119
Neighbour	59
Other	96

Total = 399

The majority of women known by the interviewees to be subjected to violence by a partner or a spouse were relatives, friends or neighbours. This indicates that many women know someone close to them who is subjected to violence in the home.

The Extent and Type of Violence Experienced by Women Interviewed

Women were asked whether they were ever subjected to mental, physical or sexual violence.

It is recognised that self administered questionnaires which require that a woman self identify as having been subjected to violence generally underestimate the level of violence. Kelly (1988) states 'We have no way of knowing how many incidences are still buried in memory or that women choose not to tell us'. Results therefore are likely to underestimate the level of violence to which women are subjected. Table 2.1.5 shows that 18 per cent of women in intimate relationships reported having being subjected at some time to violence by a current or former partner.

Table 2.1.5: Ever Subjected to any Form of Violence

	Number	%
Yes	101	18
No	474	82
Total	575	100

In 66 per cent of cases, the violence was carried out by a current partner, while 34 per cent was carried out by an ex-partner. Seven per cent of women were subjected to violence during the last 12 months.

The following Table indicates that violence against women in the home occurs in all social classes. The extent of violence was greatest in the skilled manual category and lowest in the non agricultural self employed category.

Table 2.1.6:
Percentage of Women Ever Subjected to any Form of Domestic Violence by Social Class

Social Class	%
Non Agricultural Self-employed	13
Farmer	20
Professional/Managerial	17
Other Non Manual	16
Skilled Manual	24
Unskilled Manual	16

Survey results indicate that the extent to which women have been subjected to violence in the home is not related to education.

Table 2.1.7:
Percentage of Women Ever Subjected to Any Form of Domestic Violence by Education

Education	%
None/primary	18
Junior Cert	17
Leaving Cert	18
Third Level	20

Survey results indicate that the extent to which women experience violence is not related to whether they live in a rural or urban area.

Table 2. 1. 8:
Percentage of Women Ever Subjected to Any Form of Violence by Rural/Urban Location

Location	Yes
Rural	17
Urban	18

N = 101

Women who were subjected to violence were asked to specify the type of violence which was involved. Responses are presented in Table 2.1.9. below. Many women were subjected to multiple forms of violence.

Table 2.1.9: Types of Violence to which Women Subjected

Types of Violence	Number	%
Mental cruelty	72	71
Actual physical violence	59	58
Threatened with physical violence	52	51
Sexual violence	21	21
Damage to pets, property, other items	14	14

N = 101

The following is an estimate of the percentage of women in the survey who were in intimate relationships who were subjected to each form of domestic 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.

Mental Violence

The most common form of violence to which women were subjected was mental cruelty. The 72 women subjected to mental cruelty represents 71 per cent of women who have experienced violence and 13 per cent of the total population of women who were in intimate relationships.

Mental cruelty is generally accompanied by other forms of violence. Fifty of the 72 women subjected to mental cruelty also experienced physical violence from their partners and 42 women subjected to mental cruelty were also subjected to threats of physical violence and actual physical violence.

Of the 72 women mental cruelty took some of the following forms:

- Being undermined verbally (67)
- Limiting a women's contact with her family or friends (34)
- Preventing access to the family income (22)
- Preventing access to the family car (18)
- Preventing access to education and or employment (11)

The most common form of mental cruelty used by men against women was verbal abuse. Persistent verbal abuse undermines women's self confidence and breaks their spirit. Other forms of mental cruelty took the form of limiting a woman's access to the family income or car, or limiting her access to education/employment, and isolating a woman from family and friends. The result of this type of mental cruelty is that a woman becomes increasingly dependent on the partner who is subjecting her to mental cruelty.

Actual Physical Violence or Threatened with Physical Violence

Fifty-nine per cent of women experienced actual physical violence and over 50 per cent of women were threatened with physical violence. This represents ten and nine per cent respectively of the population of women who were in intimate relationships with men. Threats of physical violence are generally accompanied by actual physical violence and mental cruelty. Forty-eight of the 52 women threatened with physical violence were also subjected to actual physical violence.

The types of physical violence which women were subjected to are outlined in the Table below. Many women were subjected to more than one form of physical violence.

Table 2. 1. 10: Types of Physical Violence

Type	Number
Pushed, shoved	43
Kicked, bit, or hit with fist	29
Attempted to strangle or choke	22
Hit with something that could hurt	14
Thrown against something that could hurt	13
Beaten up	9
Thrown down the stairs	8
Head butted	6
Other	7

N = 59

Forty one (71 per cent) of the 59 women who were subjected to physical violence reported that the violence resulted in physical injury. The types of injury inflicted on the women are outlined below. Many women suffered multiple injuries.

Table 2.1.11: Types of Injury Inflicted

Type of Injury	Number
Bruising, black eye	28
Scratches, cuts, burns,	12
Head injuries	9
Broken bones, fractures	9
Injuries requiring stitches	5
Miscarriage	6
Knocked unconscious	5
Ruptured eardrum	1
Other	2

N = 41

As is illustrated above women suffered very serious injuries. Nine women reported receiving injuries to the head, nine had broken bones or fractures and five women had injuries which required stitches. For five women the injuries resulted in the women being knocked unconscious and for one woman the result was a ruptured eardrum. Although the time when a woman is pregnant should be a time of well-being, surveys illustrate that pregnant women are prime targets for abuse (McFarlane et al 1992). Studies of women during pregnancy suggest that women who are battered during pregnancy double their risk of miscarriage and increase the risk of having a low-weight baby by 400 per cent (Stark et al 1981; Bullock and McFarlane 1989). Twenty of the 58 women subjected to physical violence reported that they were pregnant at the time of the violence. Two women were threatened with a miscarriage and six women experienced a miscarriage as a result of violence.

Sexual Violence

Twenty-one women or 4 per cent of the total population of women in intimate relationships with men were subjected to sexual violence, defined in terms of being made to have sex without consent. Sexual violence is generally accompanied by other forms of violence. Seventeen of the 21 women who were subjected to sexual violence were also physically abused. Russell (1982) points out that rape within marriage can be traumatic, particularly when accompanied by physical violence. Only two women experienced sexual violence only. The extent of sexual violence is likely to be underestimated as there is still a great silence surrounding the issue of sexual violence, particularly in naming sexual violence within intimate relationships.

Damage to Pets and Property

The 14 women who had their pets and/or property damaged were also threatened with physical violence and were subjected to actual physical violence.

Impact of Violence on Women and Children

Violence against women by intimate male partners also has mental health effects. Women reported that the violence which they experienced affected them in the following ways:

- Loss of confidence (66)
- Depression (43)
- Problems with sleep (34)
- Became more fearful for their children (27)
- Became more isolated (25)

- Increased use of medication and alcohol (25)
- Became more fearful of men (22)

Studies have shown that children who witness violence experience many of the same emotional and behavioural problems that abused children experience and have similar problems during childhood and adolescence. In the present study, 64 per cent of women who experience violence reported that their children had witnessed the violence. The negative effects of violence perceived by women include: poor school performance (19), the children being fearful and withdrawn (15) and sleeping problems (10).

Reporting of Violence

Table 2.1.12. illustrates that women who report violence are more likely to report it to a friend (50 per cent) or a relative (37 per cent). Outside of family and friends, general practitioners (29 per cent) and the police (20 per cent) are the agencies to which women are likely to report the violence.

Table 2.1.12: Individuals and Agencies Women Reported Violence to

Person to Whom Violence Reported	%
Friend	50
Relative	37
Doctor	29
Police	20
Solicitor	16
Priest/Religious Minister	16
Courts	12
Casualty Unit	4
Social Services	3
Woman's Refuge	2
Other	5

N = 101

The reasons why women do not leave partners who are violent are complex. All women respondents were asked to consider whether the following reasons were reasons why women do not leave violent partners.

Table 2.1.13 : Reasons Why Women do not Leave

Reasons	Number	%
Nowhere to go, lack of affordable accommodation	599	88
Economic dependence	519	77
Children, fear of the break-up of the family	459	68
Hope that partner will change	420	62
Isolation from family/friends	335	49
Fear of further violence	300	44
Not enough support from professional agencies	227	36
No information	78	12

N = 677

Nowhere to go and economic dependence rank high in women's perceptions as to why women do not leave violent partners. Consideration for children and break up of the family as well as the hope that a partner will change were also seen as important. Forty four per cent of women stated that fear of further violence was an important factor.

Women were asked to consider whether the following reasons were important as to why women do not report violence to the police.

Table 2.1.14: Reasons why Women do not Report Violence in the Home to the Police

Reasons	Number	%
Afraid that men would take revenge	569	84
Feel embarrassed	508	76
Worried about publicity	430	64
Feel that it would do no good	422	62
Do not like to inform police	396	58
Feel that it was not serious enough	327	48
Feel that police would not treat matter serious enough	311	46
Afraid that partner would lose job	222	33
Other	50	7
No information	11	2

N = 667

The most frequently reported reason as to why women do not report violence to the police was that they were 'afraid that men would take revenge'. This was cited by 84 per cent of women respondents. Other reasons cited included embarrassment, shame and a feeling that it would do no good.

2.2. The Area Based Survey

To complement the national survey, a survey on violence against women in the home was carried out as part of the Area Based Study. The area selected forms part of the North East of Dublin City and is part of the Eastern Health Board Area 8. It is a mixed housing area and covers the areas of Artane, Raheny, Sutton, Howth, Kilbarrack. Baldoyle, Darndale and Coolock. Questionnaires were distributed in six doctors' surgeries located in different socio-economic areas. Women were asked to fill out questionnaires while waiting in the surgery and to place the completed questionnaire in a sealed envelope. They were assured of the confidentiality of the information collected. In addition to the survey, group interviews were held with women living in the area who had been subjected to domestic violence in order to discuss women's experience of violence in the home.

Women's Assessment of Different Types of Violence

Questionnaires were filled out by 240 women in doctors' surgeries. Survey results indicate that 88 per cent of women were in an intimate relationship with a man as either a spouse, a cohabitee or a girlfriend.

Table 2.2.1. Whether Ever in Intimate Relationship with a Man

Intimate Relationship	Number	%
Yes	211	88
No	29	12

N = 240

Of the women in intimate relationships, 47 per cent were Medical Card holders and 53 per cent were non Medical Card holders. A Medical Card holder is entitled to free medical treatment from General Practitioners.

Women were asked to give their assessment of the different types of violence.

2.2.2: Women's Assessment of Different Types of Violence

Types of Violence	Extremely Bad %	Bad %	Not Too Bad %
Actual physical violence	94	-	6
Being made to have sex	94	4	2
Mental cruelty	80	15	5
Damage to personal property	67	31	2
Threats of physical violence	48	45	7

N = 240

As with the National Survey, there was unanimous agreement by an overwhelming majority of women that actual physical violence and sexual violence were extremely bad. Mental cruelty and damage to pets and property were also seen as extremely bad. Threats of physical violence were only seen as extremely bad by 48 per cent of women.
Women were asked whether or not they knew of a woman who had been subjected to violence in the home.

Table 2. 2. 3 : Knew Woman who was Subjected to Domestic Violence

	Number	%
Yes	159	66
No	78	33
No information	3	1

N = 240

Sixty-six per cent of women knew of a woman who had been subjected to domestic violence. This contrasts with 51 per cent in the national survey. Both surveys show that the majority of women know of women who have been subjected to violence by an intimate partner indicating the widespread nature of domestic violence.

The majority of women known to have been subjected to violence were relatives or neighbours. Some respondents reported knowing more than one woman who had been subjected to violence.

Table 2. 2. 4: Relationship to Person Subjected to Violence

Relationship	Number
Relative	78
Friend	64
Neighbour	25
Other	21

N = 159

The Extent and Type of Violence

Of the 211 women who were in intimate relationships, 36 per cent reported that they had experienced violence. This is more than twice as high as was recorded in the national survey.

Table 2. 2. 5: Ever Subjected to any Form of Violence

	Number	%
Yes	77	36
No	121	58
No information	13	6

N = 211

Given the physical and mental health impact of domestic violence, it is reasonable to assume that women who attend doctors surgeries are more likely to experience domestic violence than a random sample of the population. The high percentage of women in the survey in doctors' surgeries who reported having experienced violence in the home points to the need for a service response to the issue.

It is interesting to note that 61 per cent of Medical Card holders experienced violence, compared to 20 per cent of non Medical Card holders. This was an unexpected finding as the national survey indicates that the extent to which women have experienced domestic violence is not confined to any one particular income or class group. It should be noted that many women become Medical Card holders after separation from their partners/husbands. The results suggest that the long-term ill health effects of domestic violence on women living in poverty and on low incomes is greater than for the general population as a whole. Given the link between domestic violence and ill health, and ill health and poverty, the effects of domestic violence on women living in poverty are likely to be persistent and long-term. This has important implications for medical and community care services.

The types of violence women were subjected to is presented in Table 2.2.6.

Table 2. 2. 6: Types of Violence Women Subjected to

Types of Violence	Number	%
Mental cruelty	74	96
Threatened with physical violence	59	76
Actual physical violence	53	69
Sexual violence	23	30
Damage to pets, property, other items	42	55

N = 77

In terms of the overall area sample of 211 women in intimate relationships with men, the percentage of women who experienced the following types of violence were:

- 31 per cent of women were subjected to mental cruelty;
- 28 per cent were threatened with physical violence;
- 25 per cent were subjected to actual physical violence;
- 11 per cent were subjected to sexual violence;
- 20 per cent had their pets and property damaged.

The point was made several times during group discussions that all forms of violence can be equally terrifying and debilitating for women. How each of the different types of violence affected women is outlined below together with examples and comments from women who discussed their experiences of violence with the researchers.

Mental Cruelty

Seventy-four women experienced mental cruelty. Mental violence took many forms:

- Being undermined verbally (67)
- Preventing access to family income (34);
- Limiting a woman's contact with family and friends (25);
- Preventing access to the car (12)
- Preventing access to education and employment (9).

Verbal abuse and undermining statements are common forms of mental cruelty used by men to break women's confidence. The following comments are examples given by women of their experience of verbal abuse by men. Such abuse undermines women's confidence and self esteem and their capacity to make decisions:

– *I made you what you are;*

– *Without me you are nothing;*

– *You are stupid.*

Many women are subjected to verbal abuse where the language used has sexually abusive connotations, which questions a women's personal integrity:

– *You are a slut;*

– *You are dirty;*

– *You are a whore,*

– *Nobody would want you.*

Verbal threats are also used by men to prevent a woman from doing anything about the violence. The following are examples of such threats:

- Threatening to tell the social services that the woman is mad, is not able to cope and not able to take care of her children;
- Convincing the woman that the children will be taken away;
- Threatening that if she leaves he will kill her.

In the group discussions, the following examples of mental cruelty were given by women to illustrate how men try to control a woman's movements and try to control with whom she has contact:

- Not being allowed to use the telephone;
- Being timed when going shopping;
- Being timed while on the telephone;
- Being watched and stared at when out socially;
- Having no personal money and having to ask permission to buy personal items, such as toiletries.

The above forms of violence result in a woman being almost totally isolated from family and friends. The psychological consequences of abuse within intimate relationships was described in group discussions. Being abused in intimate relationships means:

- Having no hope and feeling like ending your life;
- The constant fear of not being believed;
- Being constantly put down;
- Feeling inadequate;

- Being stripped of dignity;
- Being forced to have sex and told you are a slut;
- Being told that you are dirty and that no one would want you;
- Fear of being locked up in a psychiatric hospital;
- Fear of having your kids taken away;
- Feeling lonely and not loved;
- Being unable to focus or concentrate.

Women attempt to manage and minimise the impact of the violence both on themselves and their families. Women told how they became obsessed with distracting and pleasing men in order to keep them in a good mood and maintain some harmony within the family. During the initial stages of violence it is difficult for women to believe that the violence is a reality. Women believe that if they please the man that he will change. They believe that if they can manage his moods they will prevent him from being abusive. Women make an enormous effort to have everything right. They change the curtains, clean the house, change the furniture. They cook a special dinner, only to have it thrown on the floor or at the wall.

Physical Threats and Actual Physical Violence

Physical threats can be more frightening than actual physical violence, although survey results indicate that the general population are not aware of this fact. This is illustrated by the experience of women who have been threatened and who realise the seriousness of such threats. During a discussion group one woman told 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 scissors. He would walk away in silence. This was terrifying. A common threat used by men is 'Watch your back', implying that the woman is in danger.

The types of physical violence which women were subjected to are outlined in Table 2.2.7.

Table 2. 2. 7: Types of Physical Violence

Type	Number
Pushed, shoved	43
Kicked, bit, or hit with fist	38
Attempted to strangle or choke	15
Hit with something that could hurt	37
Thrown against something that could hurt	28
Beaten up	27
Thrown down the stairs	8
Head butted	7
Other	15

N = 53

For 41 of the 53 women (78 per cent) the violence resulted in an injury. The types of injuries inflicted on women as a result of violence are outlined in Table 2.2.8.

Table 2. 2. 8: Types of Injury Inflicted

Type of Injury	Number
Bruising, black eye	40
Scratches, cuts, burns,	28
Injuries requiring stitches	14
Miscarriage	14
Head injuries	12
Broken bones, fractures	12
Knocked unconscious	7
Internal injuries	4
Ruptured eardrum	2
Other	4

N = 41

Many women suffered multiple injuries. Many of the injuries were extremely serious. Fourteen women required stitches. Twelve women reported that they had head injuries, 12 had broken bones and fractures and seven women were knocked unconscious.

Twenty-nine of the 53 women (55 per cent) who were subjected to physical violence reported that they were pregnant when the violence occurred. In four cases it resulted in a threatened miscarriage. In 14 cases it resulted in an actual miscarriage. In five other cases it had other effects on the foetus or the woman.

It was stressed by the women in group discussions that many injuries go unnoticed , even by the women themselves. Internal injuries such as a burst ear drum or internal bleeding are often not detected or women do not directly connect them to the domestic violence which they have been subjected to.

Woman not only suffer the physical impact of the violence but in many cases are made to feel responsible for covering up the results of the violence. Women wear sunglasses or clothing which covers the injured parts of the body. One woman told how she put a two pound packet of frozen peas on her face to bring down the swelling. She then put on make-up to cover the bruises. Unable to cover up the bruises her husband confined her to the house which resulted in her being isolated. He then beat her because she was unable to cover up the injuries.

Sexual Violence

Twenty-three women were subjected to sexual violence. This accounted for 30 per cent of women who were subjected to violence or 11 per cent of the total sample of women in intimate relationships.

The terror of sexual violence from intimate partners was also explored by women in the discussion groups. Women told of the persistent attempts made by men to force sex on them. Men engage in making women feel inadequate, guilty, or threaten them with intimidation. Women spoke of

the humiliation experienced when a male partner forces a woman to have sexual intercourse. Many women are forced to have sex on demand several times a day. One woman stated that forced vaginal sex during the menopause is particularly painful as the vagina is not sufficiently lubricated. Forcing physical objects, such as a bottle into her vagina was given by one woman as an example of an extreme form of sexual violence to which she was subjected by her ex husband. Another form of violence mentioned was urinating on the woman. Sexual violence is generally accompanied by other forms of violence.

Women find it difficult to deal with male partners who force themselves sexually on them. This is partly the result of traditional and religious beliefs in regard to a man's 'marital rights'. Women for the most part endure forced sex and suffer in silent fear in order to keep a man happy and to deal with the guilt associated with refusing sex to a partner. One woman told how she became so terrified and unable to cope with her husband's sexual demands that she left the house at 3 am and walked several miles to a friend she could confide in.

Impact of Violence on Women

Violence against women by intimate male partners also has mental health consequences. Sixty-three of the 77 women who experienced violence reported that it had an impact on their psychological and emotional well being. Women reported that the violence which they experienced affected them in the following ways:

- Loss of confidence (50);
- Depression (48);
- Problems with sleep (39);
- Became more fearful for their children (30);
- Became isolated (30);

- Increased use of drugs, medication and alcohol (20);
- Became more fearful of men (17);
- Taking time off work (13);
- Went to see a doctor (26);
- Hospitalised overnight (6).

Impact of Violence on Children

Thirty-eight of the 77 women who experienced violence said that the violence affected their children in the following ways:

- Children being fearful and withdrawn (20)
- Poor school performance (21)
- Sleeping problems (17)
- Stammers (5)
- Children overdosed (4)
- Put into care (3)
- Children subjected to violence (8)
- Other (13).

Reporting of Violence

Fifty-six women reported the violence to an individual or agency. Table 2.2.10. illustrates that women who report violence are more likely to report it to a friend, relative, police, a social service agency and a doctor. In the Area Based Study, 24 women reported it to the social services. This is proportionately much higher than in the National Survey where only three women reported violence to the social services.

Table 2. 2. 9: Individuals and Agencies to whom Women Reported Violence

Person to Whom Violence Reported	Number
Friend	35
Relative	26
Police	25
Social services	24
Doctor	23
Courts	16
Hospital	15
Priest/Religious Minister	15
Woman's Refuge	12
Solicitor	9

N = 56

The group discussion focused on who women talk to about the violence. In the initial stages of the violence many women remain silent. Often a woman's first reaction is confusion and to blame herself. Women tend to ask such questions as ' What did I do to cause the violence?' For example, 'Did I rattle the newspaper or change the television channel at the wrong time?'.

Women fear that if they report the violence to anyone, and their husband discovers that they did so, the violence will increase. Women also felt that social workers do not fully understand the impact that violence has on women and thus are not able to respond in a way that women feel is helpful. Social workers need to understand that violence by a partner undermines a

woman's self confidence and that a woman may suffer severe depression and feel suicidal. Women, for instance, need practical help such as welfare rights information and/or information regarding family law. It is the experience of many women that they are judged by social workers whose primary responsibility as women see it, is to protect children. They are terrified that their children will be considered to be at risk. Women are constantly on their guard. They fear that the teacher or some such person will report that their child is being neglected. They become 'nervous wrecks' becoming more stressed as a result of having to be on guard and manage the violence.

The lack of response or the inadequate response experienced by women came up several times in discussions. One woman described how she was referred to a doctor who diagnosed that she was suffering from depression. She was then referred to a psychiatrist and ended up in a psychiatric hospital. No one asked why she was depressed. Women felt that inappropriately, many women end up in psychiatric services because there is little understanding of the issue and no strategy for dealing with it. A psychiatric response to a woman whose issue is domestic violence and not one requiring psychiatric treatment creates additional problems for women who become labelled as 'psychiatric' . Women then have the burden of extracting themselves from this negative definition of themselves. Their attendance at psychiatric services is on record which results in women feeling constantly policed by the social services. It can also be used against them in court in access and custody cases.

Another service response which one woman experienced was to be referred with her ex partner for family therapy. While acknowledging the benefits of family therapy for many relationship difficulties, this was considered an inappropriate response by the women who had been subjected to persistent violence by her partner. The woman felt that there was an obligatory element to the referral as she was aware that custody of her child was in question. Violence is used by men to control women and to exert their power over them. Requiring a woman who has been subjected to violence by a partner to interact with that partner in joint therapy sessions, does not recognise the unequal power relationship between the victim and the abuser, it also places the woman at further risk of psychological and physical violence. Where a woman is being persistently physically or sexually abused there is no neutral therapeutic position.

Why Women Do Not Leave

When asked to consider reasons why women do not leave violent partners, as with the national survey nowhere to go and economic dependence ranked high. Other reasons given were that women hope that their partner would change and their concern with keeping the family together for the sake of the children.

Table 2. 2. 10: Reasons Why Women do not Leave

Reasons	Number	%
Economic dependence	169	70
Nowhere to go, lack of affordable accommodation	162	68
Hope that partner will change	149	62
Children, fear of the break-up of the family	143	60
Fear of further violence	101	42
Not enough support form professional agencies	101	42
Isolation from family/friends	90	38
Other	28	12
No information	1	8

N = 240

As with the national survey, the most frequently reported reason as to why women do not report violence to the police was because they were afraid that men would take revenge.

Table 2. 2. 11: Reasons Why Women do not Report Violence in the Home to the Police

Reasons	Number	%
Afraid that men would take revenge	180	75
Feel that it would do no good	149	62
Feel embarrassed	142	59
Feel that it was not serious enough	125	52
Feel that police would not treat matter serious enough	122	51
Do not like to inform police	106	44
Worried about publicity	96	40
Afraid that partner would lose job	57	24
Other	21	9

N = 240

It was emphasised in group discussions that the Gardai rarely arrest. More often than not they take the man out of the house, walk him around the streets and wait for the 'woman to cool off'. Other times they advise the man to go to his mother's house. This was seen as inappropriate for women who have experienced violence. It was felt by the women that Gardai need increased powers and a pro arrest policy. In cases where the woman is isolated and held prisoner in the house by her partner, the Gardai should have the option of entering the house and taking the woman to a place of safety if this is what her choice is. The Gardai should then press charges on the man. Training for Gardai on how to deal with domestic violence cases was seen as central if Gardai were to successfully deal with domestic violence cases in a way that protects women.

2.3. The Experience of Violence Against Women among Traveller Women

Group discussions were held with 15 Traveller women to examine Traveller women's experience of violence against women in the Traveller community. The women ranged in age from early 20's to mid 50's. The following topics were discussed:

- The definitions and meanings of: mental abuse, physical abuse, sexual abuse and other forms of personal abuse;

- Factors specific to the Traveller community influencing violence against Traveller women;

- Help seeking strategies employed by women Travellers to cope with violence.

During discussions of violence against women by Traveller men, Traveller women pointed out that the Traveller community as a whole are subjected to extreme violence and discrimination from the settled community and particularly from settled men. The effects of this oppression causes high levels of stress among Travellers and has an effect on the level of violence against women.

Mental, physical and sexual abuse and abuse of personal property were considered to be 'extremely bad' by all Traveller women. It was particularly noted that threats of physical violence are taken seriously by Traveller women as their experience is that threats can be of an extremely serious nature. All 15 women who participated in the group discussion knew of a woman who had been subjected to violence by a male partner. Several women in the group reported that they themselves had been subjected to violence. Traveller women subjected to violence are likely to be subjected to multiple forms of violence. It was stated by the women that the level of violence in the Traveller community was unacceptable.

Mental cruelty, in the Traveller community, was not unusual and takes such forms as name calling, preventing the woman from attending training courses, extreme jealousy, going on extended drinking sessions where the man does not inform the woman when he will return, leaving the woman without finance. Many women reported that they were forced to beg for money as they were refused access to the family income. Locking a woman out of the trailer overnight was a common form of abuse, as was 'wrecking' the caravan if the woman left. Several participants expressed the view that the trailer was the man's property and that this left them very vulnerable.

The types of physical violence experienced by Traveller women are similar to those experienced by women in the general population. Injuries listed included black eyes, teeth kicked out, broken bones, broken ribs, burns and hair pulled out. Actual and threatened miscarriage were also experienced by Traveller women in the group. One woman reported that she is now experiencing deafness as a result of a ruptured eardrum.

Women reported that it was not uncommon to have their pets, property and other items damaged. Several women stated that while they were in a refuge or a women's hostel that their caravans had been burnt by their husbands/partners.

Women reported feeling depressed, rejected, feeling a loss of confidence and were fearful for themselves and for their children. In group discussions women stated that the violence had a major impact on how they, as women, felt about themselves. It affected their self image and resulted in women neglecting themselves. Traveller women perceived that violence against women had serious effects on their children. In the group discussion some women stated that their sons learnt to become violent and had begun to hit their sisters and their mothers. Often children became very demanding and were very wild and out of control as a result of violence in the family.

The idea that 'men had the right to boss women' and that the men encourage each other to exert control over women are factors which related to Traveller men's violence against Traveller women. Men who did not exert this control are jeered at by other men. A particular pattern of drinking among Traveller men intensified the violence against women by men. During the discussions, factors specific to the Traveller community were highlighted as to why Traveller men use violence against women. These include the early age of marriage and the lack of pre-marital contact between men and women. In some cases, women were in match-made marriages and had never been out with their husbands before the wedding.

As discussions progressed it became clear that a large number of women had been in contact with services. Women were familiar with women's refuges, women's hostels, social workers and with the police. The following points were made by Traveller women in relation to how services responded to the issue of violence against Traveller women:

Courts, Traveller women felt, were unsympathetic to their situation. Several women were refused barring orders because they had not physical marks on their body. They felt that this was unjust.

Gardai were slow to intervene when a Traveller woman was being abused. When men are eventually arrested and sentenced, women live in fear that the violence will increase when the men are released.

It was generally felt that social workers were inaccessible and lacked the expertise to respond to the issue of domestic violence.

Traveller women had positive experiences of refuges in Belfast and England. The refuge in Rathmines, Dublin, was highly regarded. It was felt however that it was difficult to access due to the pressure of space. Traveller women were critical of other hostel accommodation in Dublin. A major difficulty experienced by many women was that they could not bring their older male children to the refuges. When traveller women leave partners, they leave extended kin and are thus without support.

It is now becoming more frequent for Traveller women to leave their husbands. One woman stated that in order to leave she went out begging to save money to buy her own caravan. Many Traveller women who leave their husbands remain permanently separated. They often go to their extended kin in Northern Ireland or England. A recurrent theme of the group discussions was that services in these countries were far superior to those in the Republic of Ireland. The counselling services available in other countries to women were singled out as being extremely important and helpful. Counselling services had given some women the skill and confidence to negotiate a better relationship with their husbands. Some women who had stayed away for several years, successfully negotiated clear conditions for their return. One of the main demands of the women was that the violence end. All women were in agreement that violence against women is becoming unacceptable to Traveller women. Women stated repeatedly that if there is violence in a relationship that women should get out of the relationship at an early stage.

The following factors featured as obstacles to Traveller women leaving men. These included:

- The difficulty of getting support from family and friends. This is the result of the strong pattern of marriage between cousins within the Traveller community which has led to a pattern of overlapping kin networks. The economic base of the Traveller community is intermeshed with extended kin networks. There is family pressure to keep the family together.

- When a woman makes a decision to leave she leaves both friends, neighbours and kin relations. She also faces a hostile environment which is unsympathetic to her needs.

- Breaking up a marriage is seen as jeopardising the marriage chances of the younger female children who then tend to be seen as 'not good wives'.

- Men frequently burn or sell the caravan/trailer when the woman leaves. What a woman has spent her life building up can be quickly destroyed.

- Traveller women with a large number of children generally cannot be accommodated in emergency accommodation. Some women reported that they are afraid to leave their teenage boys at home for fear that their husbands would neglect or abuse them. For many there is little support from family and friends.

The following two case studies illustrate the forms which violence against women in the home can take in the Traveller community.

Noreen

Noreen is 52 and is separated from her husband. They had 12 children, four of whom live with Noreen. She now lives in a caravan on a temporary site. Her husband lives separately on the same site.

Noreen never attended school and was married at the age of 16 years. From early on in her married life she was beaten severely. Her husband stabbed her in the head and several times he threw sharp objects at her which resulted in her having to get the wounds stitched. He frequently hit her when she was pregnant. On several occasions she was hospitalised. He often left her without money while he went off drinking.

The Gardai were called several times and he was brought to court on many occasions. One time he was sentenced to a three month prison sentence. On his release the beatings got worse. Finally, Noreen's brothers intervened. They took Noreen and her children to England and got them a flat. Her husband followed and broke into the flat. He threatened to injure her if she did not allow him to remain in the flat. She was terrified and agreed that he could stay. After a short time he resumed the beatings. The police were called and Noreen, with the assistance of the social services, got a barring order against him. Her husband forced his way into the flat. He was convicted of malicious damage and assault and served a three year sentence.

Noreen returned to Ireland. She got custody of her younger children. She is living on a Traveller site with her children. On the release of her husband from prison, he too returned to Ireland. She got a barring order against him. Noreen is terrified of him. She now however feels protected from him by her children.

Noreen has not been able to access the services of a social worker. She would like a legal separation from her husband. She would also like to live in a house. Noreen says that she knew nothing about her rights or about the services which were available for women who were experiencing violence in the home. She thinks that Traveller women need to know more about these services. Noreen is on a training course and getting support from other women and from the staff. She is beginning to get her spirit back and to feel that life is worthwhile.

Barbara

Barbara is 29 years old. She lives on an official site with her husband and five children. The early years of her marriage were difficult. Her husband would shove and push her around. She did not however experience any physical injuries. He would shout and argue with her and break her personal possessions. She left him several times and went to hostels for women. She would stay away for a week or two until her husband came looking for her. He would promise her that he would take the pledge and she would return. She was lonely in the hostels and felt isolated. Her children also put pressure on her to return as they did not like being away from home. Barbara feels that her husband has a major problem with alcohol. His violence intensifies when he is drinking. She can anticipate when he is going to go on a heavy drinking session and if she can she leaves before she is subjected to his violence.

Women who participated in the group discussions felt that the level of violence against women in the Traveller Community is unacceptable. Specific factors within the Traveller community such as early age of marriage and arranged marriages result in particular gender based power relationships. This study illustrates that leaving a partner is difficult for any woman. For a Traveller woman leaving a partner means leaving her extended kinship group and close knit community. Despite these factors, it is clear that women are increasingly unwilling to put up with violent partners. The extended kin network, which at one level functions to keep a woman in a violent relationship, also functions to facilitate some women to leave violent partners. The fact that Traveller women had extended family and kin in England and in Northern Ireland was important in helping them to gain access to support services such as counselling.

In addition to gender and ethnic factors related to violence, the marginalisation of Travellers by the settled community exacerbates violence within the Traveller community. Travellers experience economic, social and cultural discrimination and live in conditions which are sub standard, unhygienic, overcrowded and dangerous. A study undertaken in 1993 of 606 Traveller families in the Greater Dublin area, found that 66 per cent of families were living without electricity; 50 per cent were without their own toilet, and 46 per cent were without their own water supply (Irish Traveller Movement,

1993). Travellers have difficulty accessing medical services and acquiring medical cards (Government Publications, 1995). Traveller children grow up witnessing extreme violence by the settled community, particularly settled men against Travellers. This violence takes the form of the burning of caravans, eviction and harassment. At an institutional level Travellers are subjected to extreme forms of discrimination such as being refused access to shops, pubs and other public places and Traveller children are segregated at school.

Persistent negation and systematic discrimination of a minority's culture by a dominant culture affects the psychic and the internal social organisation of that minority group. The effects of this domination can result in large numbers of the marginalised group experiencing very high stress levels. The effects of high stress levels are documented in relation to the Native American Indian cultures, the New Zealand Maori culture and the Australian Aboriginals, as well as ethnic minorities in Great Britain. Effects can include high rates of accidental death, alcoholism, violence against women, chaotic personal and family ties, and glue and petrol sniffing. Some of these indicators of serious cultural stress are likely to be present in Irish Traveller culture (DTEDG, 1993). The presence of unacceptable levels of violence reported in the present study would suggest that violence against women is one of the stress induced results associated with a negated Traveller community.

The results of this study indicate that several factors need to be taken into consideration in planning services for Traveller women:

Many Traveller women can anticipate the likelihood of violence occurring 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 marital separation. There is also need for a support worker among Traveller women who understands Traveller culture.

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

2. 4. Conclusion

Research findings illustrate that the extent of violence against women in the home is significant. National survey results show that 18 per cent of women were subjected to violence in the home. Violence is not confined to any one class or specific to either rural or urban areas. The majority of women knew a woman who had experienced violence in the home.

Different forms of violence are used by men against women. These include: mental cruelty, being threatened with physical violence, actual physical violence, sexual violence and damage to pets and property. The majority of women who experience violence experience more than one form of violence. The compounding effects of different forms of violence results not only in physical injuries, but also in a severe psychological impact. Seventy-one per cent of women in the national survey who experienced physical violence received physical injuries. These included broken bones, head injuries, loss of consciousness and miscarriage. The mental health impact of violence on women was highlighted by the research. Among the effects, women reported loss of confidence, depression and increased use of medication and alcohol. The severity of the violence is reflected in the high reporting of the violence to a doctor and the police. One-fifth of women who experienced violence reported the violence to the police and 29 per cent reported it to a doctor.

Reasons why women do not leave violent relationships are complex and range from: nowhere to go to economic dependence. Other reasons stated in group discussions included: fear that the man will seek revenge which would exacerbate the violent situation, a concern that the children will be

taken away or that the husband will get custody of the children, to self blaming and a feeling that she cannot cope.

Specific cultural factors are associated with violence against women in the Travelling community. These include the early age of marriage and arranged marriages. The difficulties Traveller women have in leaving violent relationships are related to a pattern of marriage within kinship and the fact that the economic and kinship base is interlinked resulting in pressure to maintain the family relationships. Traveller women also have larger number of children which makes it difficult for them to leave. Kinship networks at a broader level have facilitated Traveller women leaving violent partners and many have gone to England and Northern Ireland to seek refuge and have accessed services which they feel have been supportive. Services for women experiencing violence need to take into consideration Traveller culture.

It is important to recognise that as McGibbon, Cooper and Kelly (1989) have pointed out that women see themselves, the perpetrator and the violence differently at different stages in the relationship. The needs and concerns of women change in accordance with the changing dynamic of the relationship. In this context there is need for a continuum of options to be available to women who are in violent relationships which range from advocacy work, counselling, group work, self-help groups and legal aid. There is also need for policing, housing, Community Welfare, public health nursing and social work services to understand violence in intimate relationships, both at a micro family level and in its societal and cultural context.

CHAPTER THREE

Legislation and the Enforcement of the Law

In order to examine the enforcement of the law by the Gardai and the extent to which domestic violence comes to the attention of the Gardai, 20 people concerned with policing and the law were interviewed. These comprised personnel from the Domestic Violence and Sexual Assault Investigative Unit, two Superintendents and an Inspector in the study area, Gardai in the five Garda stations in the study area and personnel from the Probation and Welfare Services. The purpose of the interviews was to ascertain:

- Overall policing policy relating to violence against women in the home;
- The legislative framework governing violence against women in the home;
- The reported rate of violence in the home;
- The response of the Garda Siochana;
- Inter Agency work;
- The gaps in service response.

In addition, statistics were made available by the Domestic Violence and Sexual Assault Investigative Unit on the reported incidence of domestic violence at a national level and for the nine Garda stations in the study area.

3.1. Policing Policy Relating to Violence Against Women in the Home

Two important policy related initiatives have been instituted in the recent past:

- The Establishment of the Domestic Violence and Sexual Assault Investigative Unit;

- The introduction of a Garda Siochana Policy on Domestic Violence Intervention.

Domestic Violence and Sexual Assault Investigative Unit

In response to the Kilkenny Incest Case and lobbying by women's organisations, the Garda Commissioner established a Women and Child Unit in the Serious Crime Section in March 1993. The Unit was later renamed the Domestic Violence and Sexual Assault Investigative Unit. The Unit operates in the Dublin Metropolitan Area which extends from Swords on the Northside to Enniskerry on the Southside. The objectives of the Unit are as follows:

- To overview all cases of domestic violence and sexual violence/ assault and to assist where necessary in the investigation of the more complex cases;

- To improve methods of investigation by training, advice and assistance;

- To liaise with statutory and non statutory bodies and organisations which have a brief for sexual assault and domestic violence;

- To make arrangements whereby the Unit performs its duties in tandem with Community Relations Section and Junior Liaison Officer personnel;

- To draft a protocol on the role of the Garda Siochana in such cases.

Domestic Violence reports are usually received by phone. When Garda assistance is requested, details of the call are logged on a computer. These include the name of the Officer dispatched to deal with the call, the time of arrival at the scene of the call as well as the time of departure. Other details recorded include whether or not children were present, whether or not a barring order/protection order was in existence and action taken by the Gardai. If an arrest was not made Gardai are required to record the reasons

for not arresting. It is usual to dispatch two Gardai in the patrol car to the scene of a domestic dispute. Details regarding all cases are sent to the Domestic Violence and Sexual Assault Investigative Unit on a monthly basis.

Garda Siochana Policy on Domestic Violence Intervention

A Garda Siochana Policy on Domestic Violence Intervention was introduced in April 1994. This policy document sets out a pro arrest policy, stating that where powers of arrest exist they should be used. It also outlines procedures which Gardai should follow in proceeding with cases of domestic violence, stating that domestic violence should be considered like any other crime with the Gardai adopting a policing role. The Guidelines state that the primary role of the Gardai should be one of protection and law enforcement and the role of reconciliator and mediator should be undertaken by other services. Other provisions of the policy include:

- If a Protection Order or Barring Order is in existence, the Gardai will arrest;

- Station bail should not be granted to the accused as the likelihood of intimidation to the injured party is extremely high;

- Official transport may be used to ensure the safety of the injured party;

- The victim should be provided with information on the civil remedies available. Such advice should include addresses of the Family Law Court and/or District Court Clerk. The investigating member of the Gardai should inform the victim fully of the procedures to be followed in applying for a Protection/Barring Order. Where the case involves a cohabiting couple the complainant/alleged victim should be informed of the possibility of applying for a civil court injunction;

- The investigating Garda should make the victim aware of the rele-

vant services in the area, both statutory and voluntary which may be of assistance to him/her;

- The investigating Garda should give the victim his/her name in writing, the name of the station and telephone number (call card). The Garda should call back to the victim at least once in the following month to provide further information on any developments in the investigation, and in cases where there is on-going investigation to reassure the woman.

3.2. Legal Framework Governing Violence Against Women in the Home

Cases involving violence against women in the home are governed by Criminal Law, Common Law and Civil Law. They are also governed by the Law of Evidence and Constitutional Law.

Criminal Law

The main legislation which can be evoked in cases in domestic violence is as follows:

Dublin Police Act (1842)

Under Section 28 of the Dublin Police Act, a Garda in the Dublin Metropolitan Area (DMA) may arrest without a warrant any person charged by another with having committed an aggravated assault, if the Garda has reason to believe that such an assault has been committed. This legislation only relates to the Dublin Metropolitan Area and provides Gardai in this vicinity with the strongest powers of arrest in cases of domestic violence.

Offences Against the Person Act (1861)

Under Section 42 of the Offences Against the Person Act a man who assaults his wife can be charged with 'common assault' (attempt to hit, attempt to cause bodily harm). Under Section 47 a person can be charged with more serious assaults of occasioning actual bodily harm (ABH) (breaking of skin, blood, blood spills). Gardai have only powers of arrest for Grievous Bodily Harm (GBH), which involves life threatening situations (Section 18).

Criminal Damage Act (1991)

Under Section 12 of the Criminal Damage Act a member of the Gardai Siochana may arrest without warrant any person whom s/he believes is about to damage property or he suspects has been guilty of such an offence. For the purpose of arresting, a Garda may enter by force if need be and search where s/he suspects the person to be.

Breach of Protection/Barring Order

Under Section 7 of the Family Law (Protection of Spouses and Children) Act 1981 the Gardai have powers of arrest for breach of a Protection Order or Barring Order. The legislation however only applies to married couples. For cohabitees a civil remedy may be sought in the High Court in the form of an injunction.

Criminal Law (Rape) Amendment Act (1990)

This law abolished any rule of law by virtue of which a man could not be guilty of the rape of his wife. Section 2 defines sexual assault as 'indecent assault on a male or female'. It has a five year penalty. Section 3 defines aggravated sexual assault as a sexual assault that involves serious violence or the threat of serious violence or is such as to cause injury, humiliation or

degradation of a grave nature to the person assaulted'. A person guilty of Aggravated Sexual Assault can receive imprisonment for life. Section 4 defines rape as a sexual assault that includes: penetration (however slight) of the anus or mouth by the penis; penetration (however slight) of the vagina by an object held or manipulated by another person. It carries a penalty of life imprisonment. Section 5 defines that a husband can be guilty of rape. A person charged with rape can be convicted of a reduced charge. Section 9 states that failure to offer resistance does not amount to consent. All cases involving rape, aggravated sexual assault or attempted sexual assault, aiding and abetting must be held in the Central Criminal Court.

Common Law

An arrest can be made for Breach of the Peace if a person is behaving or using language that gives reason to believe that this behaviour will lead to criminal damage which the Garda cannot otherwise prevent. The charge is made under Common Law.

Civil Law

In addition to Criminal Law and Common Law, a woman may institute civil proceedings against her husband under the Family Law Acts:

Family Law (Maintenance of Spouse and Children) Act 1976,
Family Law (Protection of Spouses and Children) Act 1981

Under Section 22 of the 1976 Act, Barring Orders and Protection Orders can be issued to a married spouse 'if the court is of the opinion that there are reasonable grounds that the safety or welfare of that spouse or any dependent child of the family requires it'. A Barring Order is an order which orders the offending spouse to leave the place where the applicant spouse is residing. A Protection Order is usually brought into force between the time of

application for a Barring Order and the determination of the order. The Order stipulates that the respondent spouse shall not use or threaten to use violence against, molest or put in fear the applicant spouse or the child. The Protection Order ceases to have effect on the determination by the Court of the application for a Barring Order.

3.3. The Extent of Violence Against Women in the Home Reported to the Gardai

Statistics were provided by the Sexual Assault and Investigative Unit on the number of incidents reported to the Gardai. At a national level statistics relate to the eight months from May to December 1994. For the nine Gardai stations in the study area statistics relate to the twelve months from January to December 1994. In addition more detailed information is given for the month of March I994 on the action taken by the Gardai in these nine Garda stations.

Table 3.3.1 outlines the number of domestic violence incidents reported to the Gardai in the eight months from May to December 1994. Domestic violence refers to violence in the home reported by any person in the home. The number of incidents for the eight months were 3951. The estimated number for twelve months is 5926.

Table 3.3.1:
Incidents of Domestic Violence Reported to The Gardai May to December 1994

Districts	Incidents	Arrests	Persons Charged	Persons Injured	Persons Convicted
Carlow/Kildare	94	40	37	33	33
Cavan/Monaghan	69	7	11	22	4
Cork East	129	53	25	53	18
Cork West	20	11	8	9	4
Clare	29	4	3	28	2
Donegal	76	21	14	27	6
Galway West	36	23	28	18	14
Kerry	62	18	17	23	9
Laois/Offaly	36	11	8	6	7
Limerick	93	35	24	35	11
Longford/Westmeath	35	10	9	4	7
Louth/Meath	131	45	28	41	21
Mayo	18	4	6	4	3
Roscommon/Galway East	25	2	2	4	1
Sligo/Leitrim	55	10	10	16	2
Tipperary	51	12	10	51	7
Waterford/Kilkenny	82	15	10	30	7
Wexford	35	7	5	5	1
D.M.A. (South Central)	291	42	34	65	12
D.M.A. (South)	1350	169	129	71	103
D.M.A. (North)	574	100	95	130	63
D.M.A. (North Central)	477	86	47	28	25
D.M.A. (East)	183	40	40	53	32
Total	3951	765	600	755	392

* D.M.A. indicates the Dublin Metropolitan Area

Nineteen per cent of all incidents reported resulted in arrests. As Table 3.3.2 below illustrates there was a higher percentage of arrests in the Districts outside the Dublin Metropolitan Area (D.M.A.). Fifteen per cent of incidents

resulted in arrests in the D.M.A. compared to 30 per cent in the districts outside the D.M.A.. Again there is a difference between the D.M.A. and other Districts in the percentage of persons charged. Overall 15 per cent (600) of incidents resulted in persons being charged (Table 3.3.1). Twelve per cent (345) were charged in the D.M.A. and 26 per cent (255) in the other districts (Table 3.3.2).

Reflecting the differences in percentages in the number of charges between the D.M.A. and other area a high percentage of incidents resulted in injury outside of the D.M.A.. Thirty eight per cent of incidents resulted in injury outside of the D.M.A. compared to 12 per cent in the D.M.A. (Table 3.3.2). Again the number of convictions reflects the trends in the number of arrests, persons charged and persons injured. Table 3.3.2 shows that outside the Dublin area 15 per cent of incidents resulted in conviction compared to 8 per cent in the D.M.A..

Districts	Incidents	Arrests	Persons Charged	Persons Injured	Persons Convicted
D.M.A.	2875	437	345	347	235
Country (excluding D.M.A.)	1076	328	255	408	157

Table 3.3.2: Incidents in the D.M.A. and Districts Outside the D.M.A.

The above statistics indicate that there were nearly 6,000 incidents of domestic violence reported to the Gardai in 1994. Despite the restrictive powers of the Gardai to arrest under current legislation for domestic violence incidents, 19 per cent of these incidents were serious enough to result in an arrest. Also 19 per cent of incidents resulted in an injury. The percentages of arrests, persons charged, persons injured and numbers of convictions was much higher for the districts outside of Dublin then it was for the Dublin Metropolitan Area.

Statistics on domestic violence calls for the nine Garda stations in the Study Area were provided for the 12 months January to December 1994. The number of reported incidents is presented in Table 3.3.3 below.

Table 3.3.3:
Incidents Reported January 1994 – December 1994 in the Nine Garda Stations in the Study Area

Garda Station	Number of Cases
Santry	48
Whitehall	17
Ballymun	95
Raheny	55
Clontarf	44
Howth	42
Coolock	144
Malahide	35
Swords	41

Total = SUM(ABOVE) 521

The total number of incidents reported was 521. Fourteen per cent (75) of incidents resulted in a minor injury and in almost two per cent (9) there was a serious injury (Table 3.3.4).

Table 3.3.4: Whether Incident Resulted in Injury

Injury	Number
Serious injury	9
Minor injury	75
No injury	437

Total = SUM(ABOVE) 521

Of the 251 reported incidents 39 per cent (97) resulted in arrests and in 33 per cent (82) of incidents resulted in a person being charged. There were 24 barring orders in existence and 15 of these incidents resulted in an arrest. There were 32 protection orders in existence and 17 of these resulted in an arrest.

Table 3.3.5 below outlines the relationship to the victim of the person against whom the complaint was made. In only 8 per cent (39) of the

reported 521 incidents was the persons a female, in 82 per cent (429) of incidents the person was a male and for the 10 per cent (53) remaining cases there was no information.

Table 3.3.5: Relationship to the Victim

Relationship to Victim	Number
Husband	233
Boyfriend	51
Son	47
Common law husband	42
Ex husband/ex boyfriend	22
Brother	18
Wife	19
Father	16
Daughter	13
Ex girlfriend	2
Mother	2
Girlfriend	2
Sister	1
Other	53

Total = SUM(ABOVE) 521

In order to examine the outcome of cases reported to the Gardai in the North Dublin area it was decided to document the outcome of cases reported in the month of March 1994. It was felt that this would provide sufficient time to the Gardai to track the cases.
The following Table illustrates the extent of violence in the home reported in the nine Garda stations comprising the three Garda Districts of North Dublin for the month of March 1994:

Table 3.3.6: Number of Incidents Reported to the Nine Garda Stations for March 1994

District	Number	Station	Number	Station	Number
Whitehall	1	Coolock	16	Raheny	3
Santry	3				
Malahide	3				
Clontarf	2				
Ballymun	6				
Swords	2				
Howth	7				

Total = 43

In the nine Garda stations in March 1994, there were 43 domestic violence incidents reported. The following Table gives the distribution of the calls by the status of the victim.

Status of Victim	Number
Wife/Common Law Wife/Girlfriend	32
Mother	4
Daughter	4
Husband	2
Father	1

Total = SUM(ABOVE) 43

Table 3.3.7: Status of the Victim

In 34 of the 43 cases the victim was either a wife, girlfriend or common law wife, or husband. In 12 of these cases it was reported that children were present. It should be noted that in only two cases was the victim a husband. The following Table gives the outcome for these 34 cases.

Table 3.3.8: Outcome of Incident

Outcome of Case	Number
Cautioned	17
No action taken	11
Arrested and Detained	5
Summonsed	1

Total = SUM(ABOVE) 34

Cautioned: The most common outcome was that the Gardai cautioned the man. In 8 of the 17 cases where the outcome was a caution the man was argumentative and verbally abusive. In 2 situations the woman was assaulted but not injured and the assault was not witnessed by the Gardai. In one incident the woman was threatened with a knife but was not willing to press charges. In three situations there was an argument between partners after returning from the pub and in one case there was an argument between husband and wife when the husband was moving out of the house. In only one case was the husband the person who called the Gardai and he alleged that his wife took papers regarding separation which were in his possession. In the remaining case the woman became angry and broke the window of her husband's car when she found out that the Gardai had no powers of arrest.

No Action Taken: In six of the eleven cases where there was no action taken both parties agreed that they did not want the Gardai to take further action. In five cases the man was gone when the Gardai arrived.

Arrested and Detained: In five cases arrests were made. In three cases the husband broke furniture or caused damage to the house. Two of these three cases reached court but the woman did not give evidence in court. In the third case the woman decided not to press charges and the Gardai explained that the man could be charged at a later date if she changed her mind. In the remaining two cases there was a barring order in operation and arrests were made and the man was brought to court. In one of these cases, the man was brought to court the following morning but his wife refused to

give evidence and the charges were withdrawn. The second barring order case was not heard for approximately three months. When the case reached court the woman agreed with the defence solicitor that she would have the man back in the house.

Summoned: In one situation a summons was issued but could not be served because the man had left his accommodation and he could not be traced.

In many of the above situations although there was no actual physical violence or evidence of criminal damage, the man was aggressive, argumentative and threatening to the woman. In two situations the woman was being threatened by an ex partner. One ex partner followed the woman home and another called to the house where the woman was living. In other situations there was what is described as a 'row' which was serious enough for the woman to call the Gardai and in many cases serious enough for the man to have left before the arrival of the Gardai. It is important that these complaints are taken seriously and are not minimised. Evidence from other studies suggests that a woman is in most danger after she reports a domestic violence incident to the Gardai. It is important also that violence against women in the home is seen within the broader context of the imbalance of power between men and women. Victim reluctance to give evidence must be understood in terms of women's fear of violent partners, their fear of further violence and the social and economic inequality between men and women.

3.4. The Enforcement of the Law

The general consensus among Gardai interviewed is that violence against women in the home occurs in all social classes. However Gardai perceived a difference between classes in whether or not violence is likely to be reported to the Gardai. The difference is that women in the higher socio economic classes are likely to have the resources to employ a solicitor while women in lower socio economic classes are more likely to report violence to the Gardai. Women in middle class areas, particularly, if they do not have an independent income may not report violence to the Gardai or be in a position to employ a solicitor. The following quotes

illustrate the class difference in reporting domestic violence incidents to the Gardai.

> *"There are not many incidents of domestic violence reported in our area. In areas like this where there is serious wealth, they don't call the Gardai. They go to the solicitors and barristers and get a High Court separation. The more affluent deal with it in what they consider to be a more civilised way."*

While an increasing number of middle class women are seeking Barring/ Protection orders they are reluctant to call the Gardai in situations of Domestic Violence:

> *"Women in middle class areas have greater fear of calling the Gardai. They have to keep a veneer of respectability. The husband trades on this."*

Gardai Guidelines and Legislative Framework

In discussions with Gardai at local level, Gardai felt that the new Garda Policy on Domestic Violence had focused attention more clearly on violence in the home. At a policy level the primary role of the Gardai in relation to situations of domestic violence is now seen as one of protection and of law enforcement rather then one of mediation or reconciliation:

> *"The traditional attitude was to go to the family and calm things down. We were making a bad situation worse. Only vicious assaults were taken seriously. Now there is a new attitude."*

However at the time of the interviews because of the absence of clear powers of arrest in situations other than where Barring/Protection Orders were in force or where there was actual grievous bodily harm, Gardai often reverted to the role of mediator.

> *"The Gardai at present have no powers of arrest when a woman claims she has been assaulted. In these situations we sit down and talk to both sides*

independently and see what is best for the situation."

There was a recognition by the Gardai that violence against women in the home is rarely a once off occurrence. In the view of most Gardai interviewed, the violence is likely to re-occur and to escalate.

> "Men don't change spots. This is a fallacy. Violence is like an addiction. A fellow who beats a woman continues to do so."

A uniform pattern emerged as to how Gardai deal with cases of breach of Barring Orders. If a woman has not got a Barring or Protection Order, she is advised by the Gardai to seek such an Order. Gardai interviewed were clear that in cases of a breach of a Barring/Protection Order that they should arrest. The following quote from an interviewee explains the practice.

> *"The new guidelines have made it more streamlined. There are strict instructions to follow. In the case of a breach of a barring order, you always arrest where there is reason to believe that the order is breached. The injured party's attitude is not to be the determining factor. Our main role now is to protect not to reconcile."*

The pattern emerging was that while arrests are made, few court convictions are achieved. This was the result of a combination of factors which included: the length of time it takes for a final decision and the likelihood that the woman would withdraw charges.

> *"I would always arrest and bring him to court the following day even if the woman had let him into the house. The case however would be likely to be dismissed."*

> *"A person who breaches a Barring Order inevitably finds himself charged. It takes a couple of months to get to the final hearing. Many women withdraw charges during this time. It is hard on them to hold out. I have only ever seen one man who has been sentenced."*

Powers of Arrest

Despite the policy on domestic violence, Gardai are unclear about their powers of arrest. Gardai were asked how they would handle a particular incident relating to aggravated assault in the home and how they would deal with a situation where they were refused entry to a home.

In interviews with Gardai there was a range of views expressed in regard to the powers of arrest of the Gardai in cases involving aggravated assault in the home. Responses ranged from a very clear use of the Dublin Metropolitan Police Act and making an arrest to the perceptions that Gardai do not have powers of arrest. Two Gardai explained:

> *"Yes, I would arrest under the Dublin Metropolitan Police Act in cases where a woman alleges that she has been assaulted. I use this Act a lot."*

> *"If I see an injury, I would bring him in. I never leave anyone in danger. I look for the legislation afterwards."*

The most common view held was that Gardai do not have powers of arrest and would not arrest in cases of aggravated assault. They do not use the Dublin Metropolitan Police Act as they have not the confidence that it stands up in court.

> *"The law is obscure. The Dublin Metropolitan Police Act is a century and a half old. Some Gardai do not use it. Powers of arrest under the Offences Against the Person Act are extremely limited. You could have an ear hanging off and you would not have powers of arrest as it is not considered life threatening."*

> *"No, the police do not have powers of arrest in this situation. With the-exception of breach of Barring\Protection Orders, I would not arrest except in a life threatening situation. I never use the Dublin Metropolitan Police Act. The Dublin Metropolitan Act is practically gone."*

The main approach adopted is to persuade the man to leave the house for the night in order to ensure the safety of the woman.

> *"I do not go in heavy handed to a domestic violence situation. My approach is to get the man out of the house and leave time to cool down. "*

> *"If I feel the woman is in danger I try to get the man out of the house and to agree to stay with a relative."*

Some Gardai in the absence of clear powers of arrest charge under Breach of the Peace.

> *"If he was drunk and disorderly, I would try to arrest him outside of the house and charge him under breach of the peace. I would try to get him to go down to the Garda station and sleep it off. "*

Explanations offered for the different approaches used was that the legislation is out of date going back to the middle of the 19th Century and it is uncertain whether or not the Dublin Police Act has been superseded. Other sources felt that many young Gardai were reluctant to take a risk and arrest for fear the case would be dismissed by the courts.

Powers of Entry

Gardai had different interpretations regarding their powers of entry where there is a suspected incident of domestic violence. The following quote illustrates the most clear position taken in relation to entry and the protection of women:

> If I heard a woman screaming and felt that a woman was in danger, I would visit and ask to see the woman. Even if he asked me to leave the property, I would force my way in. This is lawful, as in Common of property. The Garda is duty bound to make sure the person is safe.'

This Garda agreed that young Gardai may not have the confidence to adopt this approach and the approach adopted can be influenced by the ethos of the particular Garda station. The following quote illustrates a more hesitant attitude on the part of the Garda:

> *"If some one is in trouble, I would attempt to go in. If I was refused entry, I would wait around the house until I got an opportunity to check if the woman was safe."*

In some cases the Constitutional right to private property is seen as an insurmountable barrier to entry, except in extreme situations.

> *"The house is private property. You cannot enter unless you believe that the woman is seriously injured suffering from Grievous Bodily Harm."*

Evidence

Gardai gave various reasons as to why there is not a higher number of prosecutions. These include the difficulty of getting sufficient evidence and the reluctance of women to make statements. The reluctance of women to give evidence in court when a charge was made was seen as a difficulty by Gardai. Some Gardai understood the reasons for the reluctance on the part of the woman:

> *"It is a big problem that women will not give evidence in court. Part of the reason is the time it takes for a case to be heard in court. A serious case can take between 12 and 18 months to come to trial. There is need for a counselling service for the woman. Coming to court on her own is very intimidating for her."*

The perceived reluctance of women to give evidence in court resulted in a negative attitude on the part of some Gardai and an unwillingness to take action.

> *"I have had the experience of women changing their minds and withdrawing charges. I now find it a waste of time to make arrests. There are big demands on the time of the Gardai who are on duty."*

Other Gardai were frustrated with the court system.

> *"The purpose of the defence is to weaken the case. There is often technical loopholes. Justice is hard to get."*

Inter Agency Response

When women call Gardai to the home for reasons of domestic violence, they are almost always very distressed and in need of on-going support. Modern Garda policy and practice prescribes that the role of the Gardai is one of law enforcement and protection. In many cases, Gardai perceive that this role needs to be complemented by a worker who will support, counsel and act as an advocate on behalf of the woman.

> *"The Gardai cannot provide a back-up service. It is better that we stick to a policing role and other agencies have a support role. If we get too involved, roles get mixed up."*

At present there is no agency which has statutory responsibility for supporting women in situations of domestic violence. This was perceived as a serious gap in services by the Gardai. Their perception of social workers is that they are primarily concerned with child abuse and do not have the time to engage in the support work needed to respond to domestic violence situations. They also raised the question as to whether there was a conflict between the approach adopted by the Gardai and that which is adopted by social workers when they become involved. The strategy of the Gardai is to remove the perpetrator from the house, while the perception of some Gardai is that social workers adopt a more conciliatory approach and try to

mediate between the parties. This perceived difference is illustrated in the following quote.

> *"Social workers approach the problem differently. They attempt to integrate the man back into the family. Our approach is to get him out of the house."*

Training

While domestic violence is now part of induction training and is provided for in a special module, there is little in-service training on the issue. Most Gardai interviewed would welcome on-going training. Some Gardai mentioned the need for inter agency training on the issue.

3.5. The Role of the Probation and Welfare Service

For the past 20 years the Probation and Welfare Service has provided independent assessments in family law cases when requested by the courts. These reports mainly relate to: custody and access applications, barring orders and occasionally maintenance disputes. The reports focus on the family circumstances with particular regard to the welfare of the children. In cases of barring orders, a recommendation as to which party should get custody of the children is made. No recommendation is made as to whether a barring order should be issued or not. Approximately 55 reports are prepared by the Probation Officer in the Family Court in the Dublin Metropolitan District each year. This is estimated to be less than 10 per cent of the cases which require a report to be prepared. As part of the present study two Probation Officers were interviewed.

The role of the Probation and Welfare Service in civil family law cases is not enshrined in legislation. The non-statutory basis of the service has consequences for resources and for prioritising the work of the Probation and Welfare Service. In Dublin, since 1990 the number of Probation Officers assigned for the Family Court (District Court Number 11) has been reduced

from three to one. The consequences of the lack of staffing are:

- District Justices are forced to take decision without the benefit of Probation and Welfare Officers independent assessments;

- As a result of the extensive waiting list requiring a Probation and Welfare Service assessments, the District Justice is forced to choose which cases get assessed;

- Circuit Court requests for Family Law assessments are being refused by Probation and Welfare Service.

The present situation is unsatisfactory in relation to assessment reports. It is also unsatisfactory in relation to procedures governing supervised access. Supervised access is required where:

- There is a possibility of abuse;

- Addiction;

- The person is of an aggressive disposition;

- The man has been violent to the mother or the children.

The Probation and Welfare Service do not have sufficient resources to undertake supervised access but in the absence of an agency to do so are often requested by the court to undertake supervised access. Normally they get a relative, 'someone who is respected by both parties and knows the young people. This is usually a mother or sister'.

There is need for the Probation and Welfare Services to be resourced to undertake assessment reports and supervised access. There is also need for specialised training for Probation Officers who staff the Family Courts.

3.6. Conclusion

Although Gardai for the most part perceive that their primary role should be one of protection, Gardai feel however that they have insufficient powers to protect women. The result is that the Gardai adopt different strategies. These include arresting the man outside of the house and charging him with Breach of the Peace and trying to calm things and getting the man to leave the house for the night. Despite the conviction of many Gardai that their role is not one of mediator, in the absence of powers of arrest, they are forced into a mediation/conciliation role rather than one of law enforcer. In this context, there is a need for consolidated legislation which states clearly the powers of arrest of the Gardai in relation to cases where there is reason to believe that an assault has taken place in the home. The tension between a person's Constitutional right to his own property and the duty of a Garda to protect the woman needs to be resolved and be clearly stated in consolidated legislation.

Giving the Gardai additional powers of arrest will not in itself ensure an effective response to women who are being subjected to domestic violence. Gardai need to participate in regular in-service training on domestic violence where inputs are given by agencies who provide a response to women who have been subjected to domestic violence. Domestic violence calls by women to the Gardai need to be followed by a call from trained personnel to ensure that the woman is safe. There is a need for a support worker at a local level to whom Gardai could refer women and who would ,where necessary visit a women in her home. In order to test the effectiveness of this approach a pilot study should be carried out in one local area. As part of this study women who have sought assistance from the Gardai should be interviewed in order to examine women's fears and concerns, their expectations of the Gardai and the supports which are needed to help women who are experiencing violence in the home.

There is also a need for a strategy at an inter-agency level which would specify the roles of different agencies. In this context, specific information on the activities and services provided by relevant local voluntary and statutory agencies needs to be provided. An overall policy on referral needs to

be developed.

Central to assessing the success of any law enforcement strategy is the need to monitor the effectiveness of law enforcement. There is need for the Sexual Assault and Domestic Violence Investigative Unit to publish statistics regularly and for agencies concerned with violence against women in the home to have easy access to these statistics.

CHAPTER FOUR

The Role of Community based Services in relation to Women who have experienced Violence in Intimate Relationships

In order to outline the extent to which violence against women has come to the notice of services providers and to document the service response to women who have experienced violence, service providers in the social services, public health, supplementary welfare and accident and emergency hospital services were interviewed. Topics covered included:

- The overall policy of agencies on violence against women in the home;
- The extent to which services come in contact with the issue of violence against women in the home;
- The service response to women who have experienced violence;
- Perceived gaps in services and changes which need to be introduced to respond to women experiencing violence in the home

In carrying out the research, in addition to the Gardai, 26 service providers were interviewed. These comprised of the Head of a Social Work Department in a third level education institute and an editor of a social work journal. At local area level interviewees included: six people from the social work service, a senior public health nurse, five people from the Supplementary Welfare Service and a medical social worker from the Accident and Emergency Department of the regional hospital. From the voluntary /community sector, personnel from the Coolock Law Centre, Parents Alone Resource Centre (P.A.R.C.) and the Northside Counselling Service were interviewed. These voluntary/community agencies were selected because they are located in the study area and between them provide a range of support services to women. In interviewing personnel from the agencies, semi structured and unstructured interview schedules were used.

Where violence against women was perceived by service providers as a significant presenting issue, the researchers requested personnel from the services to review their caseload to assess the extent of violence or suspected violence against women which came to their notice. Forms were filled out by personnel from the Supplementary Welfare Service, the Home Maker Service and the Accident and Emergency Department of the regional hospital. Similar forms were filled out by the Coolock Law Centre and P.A.R.C.

The Northside Counselling Service provided the research with statistics on the numbers of suspected cases of violence against women in a sample of their caseload.

4.1. The Role of the Community Care Services

Community Care Area 8 extends from Clontarf on the East to the Malahide Road on the South West to Balbriggan on the North. The population of the Area 8 is approximately 200,000. The study area is part of Area 8 and comprises a population of approximately 100,000. The Eastern Health Board supports the following Community Care Services:

- Social Work Service;
- Public Health Nursing Service;
- Community Welfare Service.

Other family based services supported by the Eastern Health Board include:

- The Child Care Worker Service;
- The Family Support Service;
- The Community Home Maker Service.
- Claidhe Mor, a Family Centre located in Santry is also part of the catchment areas of Area 8.

As part of the present study 14 people involved in service provision were interviewed, as well as a Head of a Social Work Department in a third level institution and an editor of a social work journal. Personnel interviewed were involved in the following services:

- The Social Work Service;
- Public Health Nursing Service;
- The Community Welfare Service;
- The Family Support Worker Service;
- The Community Home Maker Service;

The purpose of the interviews was to examine:

- The overall policy of the various services on violence against women;
- The extent to which the services come in contact with the issue of violence against women in the home;
- The response of services;
- Perceived gaps in services and changes which need to be introduced to respond to women experiencing violence in the home.

Overall Policy on Violence Against Women in the Home

The point was made during discussions that no agency has statutory responsibility for women who experience violence in the home and that there is a gap, at a general policy level, in relation to the issue of violence against women. The following is the perception given by one interviewee:

> Violence against women is not on the agenda of the Eastern Health Community Care Service. There is need for a commitment from senior management of the Eastern Health Board to respond to the issue of violence against women in the home. There is a need for a clear policy response and for guidelines to be developed. There is no support for women unless children are considered to be at risk.'

4.1.1. The Social Work Service

Area 8 is serviced by a social work team which comprises 28 social workers, including one community worker. As part of the study, the Senior Social Worker of Area 8, three social workers and the community worker operating in Area 8 were interviewed.

The social work in-take service is located in St Francis' Day Centre in Raheny. There are four in-take workers, one of whom staffs the in-take service each day between 10.00 am to 12.30 am. Access to social work is now centralised. The system whereby people could access social work services at a local clinic has been discontinued and current access is gained through a centralised in-take service.

The in-take service receives referrals from social workers, public health nurses, community welfare officers, Gardai, other service providers and self referrals. The in-take social workers make an assessment of each case and either refer it to the appropriate agency or make a decision to take on the case within its own services.

St. Francis' Day Centre where the in-take service is located is part of a complex of buildings which comprises a psychiatric day hospital and a Capuchin Friary. The social work service is located on the first floor of the psychiatric day hospital. It is not easily accessible to the public and is difficult to find even with detailed instructions. The social workers are accommodated in rooms which are small and which were once used as cells for monks. The rooms need to be refurbished to make them suitable work spaces for a social work service.

In recent years, the health board due to the demand on its service has had to 'prioritise cases'. Priority cases are cases which are mainly concerned with child abuse where there is Non Accidental Injury or where there is evidence of physical injury due to sexual assault. Social workers recognise that there are other important cases to which it is not possible to give an immediate response:

> 'These may be important cases, but not urgent in terms of the definition of how we define 'priority cases'. The issue of violence

> against women in the home does not come up as a presenting problem although it may be there as an underlying issue. Our main cases are child abuse, sexual abuse, teenagers out of home and families with multiple family difficulties.'

Non priority cases go on a waiting list. The current waiting list is approximately 80 cases. In Area 8 it is estimated that approximately half of the social work time is concerned with work with 120 children who are in residential or foster care from the area.

Because of the social worker's role in protecting children, social workers are aware that there is a perceived tension in the role of the social worker:

> The main role is child protection work. Often social workers are seen as agents of social control. This can be somewhat misleading as social workers only take children into care as a last resort. There are very few compulsory care orders. The main question which social workers ask is Are the children safe? Safe here means safe from sexual abuse or Non Accidental Injury. If children are safe in these terms it is not a high priority case.'

Violence against women in the home has not yet been identified as a special issue in need of attention by the social work service and there are no written guidelines on social work practice relating to domestic violence. It has not been a category used by the social work service to record its in-take of cases. In Area 8 the social work team have now included domestic violence as one of the categories used to record in-take cases. Of the current caseload of 500 to 600 cases, social workers estimated that approximately 80 to 100 women have been subjected to domestic violence at some time.

Violence against women in the home is not part of in-service training for social workers. In an interview with Head of a Social Work Department in a third level institution, the need for specialist training in domestic violence at third level was stated. The absence of training on the issue of domestic violence, contrasts with the increasing recognition and identification of child abuse in social work training. There is now a clear model for intervening and clear guidelines in relation to child abuse. Central to this model is the need to protect the child:

> 'Since the Kilkenny Incest Case, there is a lot more content on child protection on social work courses. Child protection modules are now part of the social work training. There is need to give similar attention to the issue of violence against women in the home. The woman needs to be protected in her own right. Another way of looking at it is 'protecting women protects children'. There is need for clear models of intervention which could be incorporated into social work training.'

In Area 8, as well as social workers, a Community Worker has recently been employed to work with women's groups and other local groups. A central focus of the groups is concerned with building confidence and empowering women. Local women have become involved in networking with other women's groups and have visited a London women's group to exchange ideas and information. The issues of violence against women and the issue of child sexual abuse have been identified as important concerns of women. The group invited a worker from Women's Aid to speak on the issue of violence against women. The recent employment of a Community Worker is an example of the type of response needed to empower women.

4.1.2. The Community Welfare Service

The Community Welfare Service operates from five centres in the study area: Coolock, Kilbarrack, Edenmore, Sutton and Howth. The main role of the Community Welfare Service is to provide income maintenance for families in need and to alleviate financial stress. Each Community Welfare Officer deals with approximately 25 cases a day. Although Community Welfare officers do not provide a social work service there is a welfare content to their work. One Community Welfare Officer explained that when the service was originally established, the income maintenance function was to be secondary to the welfare function:

> Although our service as originally conceived has a broad brief which includes advocacy, we do not have time to deal with cases in an in-depth way and visiting in homes is limited. Our role is

mainly an across the desk financial service which seeks to alleviate worry and hardship. '

Typical cases coming to the attention of the service include unemployment, marital desertion and illness. A large proportion of cases involve housing supplements and financial supports for people with special dietary requirements. For the purposes of the present study, two Superintendent Community Welfare Officers and three Community Welfare Officers were interviewed. All Officers interviewed were aware that violence in the home was a significant problem for women availing of their service. They were also aware of the severe impact which mental abuse can have on women. A form commonly encountered by the service is the withholding of money.

Two Community Welfare Officers reviewed their caseload in order to identify the number of known or suspected cases of domestic violence which had come to their attention. One Officer reviewed her caseload for a three month period. She identified 28 cases where the issue of violence in the home was known or suspected The following is a breakdown of the type of violence experienced by the 28 women.

Table 4.1: Type of Violence Experienced by Women Clients

Type of Violence	Number
Physical abuse and deprived of income	9
Physical abuse and mental cruelty	7
Physical abuse, mental abuse and damage to property	6
Physical abuse, mental abuse and deprived of income	4
Physical abuse	1
Deprived of income	1

Total = SUM(ABOVE) 28

A second Community Welfare Officer identified eight cases over one month. These include two cases of physical abuse, three cases of mental and physical abuse and three cases of mental abuse. It is estimated that actual or suspected cases of abuse which were identified represents approx-

imately five per cent of women clients who are in married or common law relationships.

If we take eight cases a month to be the average number of actual or suspected cases which comes to the attention of any one Officer, it can be estimated that 88 cases a month come to the attention of the Service in the Study Area. These figures are significant and illustrate that many women who use the Community Welfare Service are experiencing violence in the home.

Community Welfare Officers, on taking up employment have varying levels of skills. Some have third level degree qualifications. Many Officers have attended the Maynooth College Counselling Course. They receive on-going training on specific topics and issues. Violence Against Women in the home is not a topic which has been dealt with to any great extent. Officers interviewed would welcome in-service training on the issue.

The recognition of the importance of training is illustrated by the following quote:

> Training is important for our job. We are aware that we are in the front line and that we are often the first service which women who are subjected to domestic violence come to. How we respond is very important. If a woman does not receive a positive response, she can become disillusioned and give up her attempt to seek help.'

It was recognised that although Community Welfare Officers can make a positive response in terms of providing financial assistance, they need a service to which they can refer women. In this context, the withdrawal of the ISPCC Family Centre which provided informal support to families and particularly to women is a major loss. The centralisation of the social work service has also reduced women's access to social workers. This puts pressure on the Community Welfare Service to provide support to women. The need for an informal centre where women could meet other women, have access to support groups, advice and counselling was clearly recognised.

> We used to be able to refer people to the ISPCC centre in Darndale. The ISPCC filled a big gap. It was informal and accessible. It is a great loss. One woman whom I considered needed counselling ended up travelling as far a Dun Laoire. It is very embarrassing at times having nowhere to refer people to.'

The Community Welfare Service refers women, where appropriate, to a wide range of services These include:

- The Community Home Maker Service;
- Men Overcoming Violent Emotions (MOVE);
- Northside Counselling Service;
- Credit Unions;
- Money Advice programme (MAP);
- The Coolock Community Law Centre;
- Women's Refuges.

Community Welfare Officers were aware that violence against women in the home was a significant problem and saw the need for women to be supported and for a service response to the issue.

4.1.3. The Community Home Maker Service

There are two full-time positions of Community Home Maker in Area 8. The service which was established 25 years ago in Coolock and primarily responds to requests in Darndale, Coolock and Edenmore. Clinics are held in the health centre between 9.30 am and 11.30 am. In order to respond to the needs in other localities, group work sessions are held on request. In response to the needs of the Swords area, it is planned to open a clinic in Swords. The Community Home Maker Service, is

financed by the Eastern Health Board and is managed by a voluntary management committee which comprises people from the statutory and voluntary agencies.

Community Home Makers assist families by providing advice on money management, parenting and hygiene. Alongwith providing a clinic based advice service, Home Makers spend time with women in the home. Home sessions range from two to three hours and may be provided up to three times a week depending on the needs of the client. The philosophy underlying the service is to support the woman, many of whom have low self esteem. The starting point is to encourage the woman and to acknowledge the difficulties with which women living in poverty have to cope. Time spent in the home means that trust develops between the woman and the Home Maker. In this context personal issues are often disclosed. Home Makers are aware that low self esteem of women is often related and compounded by violence against women in the home. Violence against women in the home is seen as a significant issue by the Home Maker Service. The difficulty women have in disclosing violence against women in the home is recognised:

> 'It is difficult for women to disclose abuse when they go into an office and where there may not be a relaxed atmosphere. We spend a lot of time in the home. Trust is built up and women tell us. Domestic Violence is a large problem. The extent of marital rape is horrific. Most women do not do any thing about it. No statutory service has the issue of violence against women within its brief. We cannot refer cases to anyone, unless there is a child at risk. Until recently we could contact social workers and ask them to call on a family. Now a request has to be put in writing and the family is then put on a list for a visit.'

Referrals made by the Community Home Maker service include referrals to:

- The Community Welfare Service;
- Public Health Nursing Service;
- Psychiatric Service;

- St. Vincent de Paul;
- The Coolock Law Centre.

The Community Home Maker Service comes in contact with very complex family situations, many of which involve physical, sexual and mental violence. Training in this context would be welcomed by the workers.

The Supervisor of the Community Home Maker Service agreed to keep a record of the extent of violence being experienced by women who are in intimate relationships in her current caseload of 30.

Table 4.2: Type of Violence Experienced by Women Clients

Type of Violence	Number
Mental cruelty	11
Physical and mental abuse	3
Threatened with physical violence	3
Sexual abuse	3
Sexual abuse and deprived of income	1
Physical violence	1
Deprived of income	1
Threatened with income loss	1

Total =SUM(ABOVE) 24

In 24 of the 30 cases women experienced some form of violence in the home. Eleven of the 24 women experienced either physical or sexual abuse. A further eleven of the 24 women were subjected to mental cruelty. Home Makers perceive that many women's low self esteem and poor self image is a result of persistent mental cruelty and other forms of violence from their partners.

4.1.4. Public Health Nursing Service

There are 54 public health nurses in Area 8 who work on a patch system. Training for public health nurses comprises three years of midwifery training and one year training in public health. A Superintendent Public Health Nurse was interviewed as part of the study.

There are two essential elements to the public health nursing service: preventative and curative. Much of the time of public health nurses is spent responding and attending to the needs of young children under the age of three years and to the needs of elderly people. If the family is considered to be at risk, for example, where there is drug addiction or family difficulties, this age is extended to six years. The main task of the service is to create positive health and to give mothers advice in terms of diet. They also identify and monitor cases involving sexual abuse and cases where they consider that the child lacks stimulation. If they come in contact with a case of sexual abuse they refer it to the social work team. Referrals to the Home Help Service and Society of St. Vincent de Paul are also made. The issue of violence against women in the home is not an issue which has come to the attention of the Superintendent Public Health Nurse who was interviewed.

4.1.5. The Family Support Worker Service

Under the Child Care Act, the health boards have responsibility for family support services. In Area 8 a Family Support Service was established in 1993. Twenty people were recruited as Family Support Workers and received a short intensive training course. They are paid on an hourly basis. The role of the Family Support Worker is to support families with certain tasks which are identified by the social worker. These tasks include for example: helping a child with homework, providing one to one support for a young person which could involve engaging the young person in social or other activities; providing stress free opportunities for families to enjoy themselves away from every day responsibilities; supporting young people who leave care institutions. The latter could involve helping the young person to find accommodation, helping him/her to settle into the accommodation and to access local services and supports. The role of the

Family Support Worker is clearly distinguished form that of the social worker in that it is activity based and does not involve assessment, counselling or referral work. Their main function is to work with children in order to reduce the risk of them being taken into care. It also gives mothers a break from children. Given their role in relation to children at risk, it is important that workers understand the effects of violence in the home on women and children.

4.1.6. Claidhe Mor Family Centre

Claidhe Mor Family Centre is a therapeutic centre situated on the Northside of Dublin. It services Areas 7 and 8 of the Eastern Health Board. The objectives of the Centre are:

- Involve the family in the assessment of problems and strengths, to provide clarity, information and guidelines which will assist the agency and the family in working together;
- Enable families towards self reliance in meeting their own needs;
- Facilitate children staying in the family wherever possible.

Families are referred for a range of reason which include the following:

- Assessment for court/custody;
- Assessment of parenting skills;
- Development of parenting skills;
- Child behaviour difficulties;
- Couple difficulties;
- Personal development/counselling for parents;

- Supporting foster placements;
- Family relationships;
- Sexual abuse.

The content and structure of the Centre's programmes aim to enable families to be more self reliant. There is an emphasis on supporting parents to fulfil and develop their own potential at a personal and parental level.

4.1.7. Conclusion

The Eastern Health Board has no overall policy on domestic violence and there are no written guidelines for personnel of community care services in relation to domestic violence or suspected violence against women in the home. Violence has not been identified by social workers as a significant presenting issue. As is illustrated above the Community Home Maker Service and the Community Welfare Service have identified violence against women in the home as a significant issue. The need for a support worker to refer women to has also been identified by these services

4.2. The Role of the Accident and Emergency Service

A large proportion of domestic violence cases enter the hospital system through the Accident and Emergency (A. & E.) Department. Experience from pilot projects in other countries suggests that training programmes and the introduction of procedures and protocols relating to identifying and managing cases of assault in Accident and Emergency Units have significant effects on the identification and response to abused women (Tilden, in O'Connor & Cronin, 1993).

In 1993 Women's Aid initiated a pilot project in the Accident and Emergency Department of St. James Hospital. The project introduced procedures for identifying and managing cases of violence against women in the home.

Due to the effectiveness of the St. James Hospital project (Cronin and O'Connor 1993), similar projects were introduced to the Accident and Emergency Departments in Beaumont Hospital, the Meath Hospital, Holles Street Hospital and the Rotunda Hospital. The aims of the programme are:

- To provide training for the medical and nursing staff on the issue of violence against women to increase their awareness and understanding of the different levels of abuse suffered by women presenting at the A.& E. Department;

- To develop a procedure and protocol in the A. & E. Department for the handling of cases of violence against women based on the New Jersey Protocol (New Jersey, 1990);

- To record the number of women who are admitted with suspected or disclosed abuse by their husband, partner or male family member. The name, age, marital status of patient is to be recorded.

Issues covered in the training course include:

- The economic, social and cultural dimensions of violence against women;

- The impact of beliefs and value systems on the response of professionals to women;

- Principles governing the disclosure of violence against women;

- The creation of a supportive atmosphere for the disclosure of violence against women;

- The identification of injury as a result of assault;

- The accurate recording of injury;

- The filing of medical evidence to be used if necessary, in legal evidence;

- Information on the legal, economic and support services for women;

- Referral.

The Consultant and senior staff members of the A. & E. Department and Medical Social Work of Beaumont Hospital agreed to co-operate with the project. Training sessions, presented by the Women's Aid Education Officer and the Medical Social Worker were held. A morning seminar was also held to examine the referral system to be put in place between the medical/nursing staff and the social worker. The medical social worker attached to the A.& E. Department plays a key role in providing an effective response to the issue of domestic violence. The main role of the social worker in cases of assault is to:

- Provide a supportive environment for women to disclose the issue of domestic violence, to medical/nursing staff;

- Provide counselling and on-going support for women;

- Help women to access other services, such as, social welfare, legal aid, housing;

- Provide evidence for court cases and accompany a woman to court, where necessary.

Dealing with domestic violence cases is a significant part of the work of the medical social worker attached to the Accident and Emergency Department. It accounts for one-third of her caseload and half her work time.

Between January and June 1995, 45 cases of domestic violence were referred to the medical social worker in the Accident and Emergency Department. Forty-two of the 45 were women. The Table below shows that the majority of women were aged between 20 to 50 years. Four women under 20 and two women over 65 were admitted to the Accident and Emergency Department.

Table 4.2.1: Age of Person Admitted to the A&E

Age	Number
< 20	4
21-30	11
31-40	12
41-50	11
51-64	5
> 65	2

Total =SUM(ABOVE) 45

In 44 of the 45 cases the alleged offender was male. The following Table gives the status of the alleged offender.

Alleged Offender	Number
Husband	27
Boyfriend	7
Co-habitee	2
Ex husband	3
Ex boyfriend	1
Father	2
Son	1
Brother-in-law	1
Daughter	1

Total =SUM(ABOVE) 45

Table 4.2.2: Status of Alleged Offender

In only three of the 45 cases was the victim a man. In these three cases, the victim was assaulted by another man i.e. father, brother-in-law and son.

Only seven admissions occurred during medical social work hours i.e. between 9 am and 5 pm, Monday to Friday.

The following Table presents the types of violence used by the assailant. In some cases more than one type of violence was used.

Table 4.2.3: Type of Violence Used

Injury	Number
Blows	24
Kicks	9
Weapon used	9
Thrown	5
Shaken	1
Burnt with cigarette	1
Bitten by partner	1

Total =SUM(ABOVE) 50

The most common type of violence was blows, kicks and use of weapons. The use of weapons ranged from being hit by a shelf, being hit by a broom, knocking a press on top of the victim, being stabbed with a glass and being hit in the head with a mobile phone. In two cases, there was attempted strangulation, one case involved rape, two women had their hair pulled-out, one woman was locked in the house and one woman' s partner threatened to kill her.

The following Table outlines the type of injuries suffered by women.

Table 4.2.4: Type of Injury

Injury	Number
Bruising	28
Lacerations	16
Fractures	3
Burns/scalds	1
Internal injuries	3

Total =SUM(ABOVE) 51

There was multiple bruising in five of the 28 cases where bruising occurred. Multiple bruising is defined as bruising in more than three areas of the body. In 18 cases there was injuries to the head, three of which resulted in loss of consciousness. Lacerations generally required stitches. A common laceration, was lacerations to the hand resulting from women attempting to protect themselves.

The following three case studies which came to the attention of the A.&E. Department illustrate the context of violence against women in the home.

Ann's Story

Ann is 27 years. She has two children, a girl aged 8 and a boy aged 5. She had lived with her ex husband Bill for 8 years before she finally left him.

She met Bill through her brother and shortly after meeting him they began to live together. He was a very gentle fellow when he was out socially, and people saw him as a very nice guy. He did not drink. Her family liked him.

They lived in a local authority high rise flat. Sometimes at home, he was moody. Mood swings gradually resulted in Ann getting 'hidings'. They got married after she became pregnant for the third time. A horrible change came over her husband after their marriage. His mood swings were now 'rapid'. Most of the time she managed to calm him down. He saw her as his property. He became paranoid if she was gone to the shops for too long. When she came home from the shops he asked her Who did she meet? What was she talking about? He timed her when she went out and warned her not to be too long. She began to see the other side of him. Eventually she had no friends, except the friends she made through Bill.

Things got worse. He beat her frequently. She had a miscarriage as a result of the beatings. He would find reason to start an argument, for example: if the towels were not lying straight on the side of the bath; if the beds were not properly made and the sheets recently changed; if the curtains were not hanging straight. He would for instance throw the dinner at the wall and tell her to clean it up within five minutes, and beat her if it was not cleaned

up. The beatings got worse and more frequent and she was frequently 'black and blue' from severe beatings.

Ann was terrified that anyone would ask her what had happened to her or that anyone would suggest that she had been beaten. She was ashamed. She knew that other women in the flats were aware of the beatings as they must have heard the noise while they were taking place.

One day Bill hit her so hard and persistently that his own hands were sore. At such times he would take an object which was nearby and continue hitting her. He took up an iron bar that was on a counter top and walloped her all over her body and legs. She did not go out for 2 weeks. He warned her that when she did go out to wear jeans so that no one could see the bruises. Another night he held her over the balcony and threatened to let her drop five storeys. He had put a knife to her throat several times. When he was beating her in the flat he turned up the hi fi convincing himself that no one could hear him beating her. He warned her that if she screamed the beatings would get worse. He threatened that if she ever told any one that he would kill her. She never told anyone. Her family began to notice the bruises and cuts and they began to suspect that he was ill treating her. Her brothers warned him to stop beating her. They also contacted the local Gardai. The Gardai said that they could not intervene unless Ann requested them to do so.

Bill came home one Saturday evening. The children were staying with her mother for the weekend. He said that the hairbrush was not properly cleaned. It was about 6 pm. He smacked the side of her ear with the hairbrush. He continued to hit her and said that he was going to continue until 2 am the following morning. During these eight hours he burned her twice in the face with cigarettes. He cut up all her clothes except, a pair of jeans. He ripped the sofa and then made her gather up the feathers. Then he told her to get a needle and start sewing the ripped pieces. As she began to sew the material back together, he continued to kick her. He made her sew for several hours. The violence continued: he threw hot tea into her face and hit her with the sweeping brush several times, because his own hands were too sore to hit her. He took off his runners and put on hard shoes so as to get a harder kick. He put his hands around her neck and attempted to strangle her. She could not breath. She was getting weak. It

was like a white cloud coming over her head. He let her go. She fell to the ground.

At 2am, after 8 hours of violence, he said that he was going to bed. He told her he loved her. She was terrified. Her chest was sore, her groin and her back were sore. Her whole body ached. She was afraid to move in the bed for fear he would wake. She waited until she felt that he was sound asleep. At 10.45 am the following morning she sneaked out of bed. She went to her mother's house about five miles away. Her mother called her brothers who brought her to the Garda station. They were sensitive and asked if she wanted to see a woman Garda. The Gardai took a statement and noted the bruises and cuts, They asked her if she would make a statement and they would press charges. She agreed.

Her brother and sister-in-law brought her to Hospital at 6 pm that evening. She was embarrassed walking in. She felt that everyone was looking at her. At this stage the bruises were yellow and she had a burn on her nose and one over her eye. She had a cut on her head. She had to wait in the public area with everyone looking at her. In the X Ray room they asked her if she had been in a car crash. The staff sister who came on at 10 pm was great. She had attended a course on Domestic Violence and had an understanding of the issue. She offered Ann a bed in the hospital for a rest for a few days. Ann decided to go home with her brother. The staff sister noted her brother's telephone number and said that a social worker would be in contact with her.

The medical social worker in the hospital was very helpful. She informed Ann about barring orders and protection orders and made an appointment for her with a legal aid centre. She got a protection order and seven weeks later got a barring order The tenancy of the flat was in her name. She was however afraid to go back to the flat to live. Bill was living there. Also he had a lot of friends in the area. With the assistance of the social worker, she negotiated a transfer with the Welfare Section of Dublin Corporation. If Ann relinquished her flat she would be put on a priority transfer list. She heard from a friend that Bill had taken possession of the flat. She went to the police and asked them to get him out. The police had a barring order against him for the flat and read it to him. She had to accompany the police to the flat. It was her first time seeing Bill in 6 weeks. He came over to her

and said 'I don't believe that it is you who is doing this to me. It is your family. Let us sort it out by ourselves'. The police made him leave.

Bill made an application to the court to have the tenancy of the flat in his name. Bill claimed that as Ann was not living in the flat that it should be put into his own name. Ann was represented by a solicitor. She was terrified in court. Only the judge, the prosecutor, the defendant and solicitors are permitted to attend. Bill was defending himself and could put questions to Ann directly. She was terrified. The solicitor representing Ann did not understand the intricacies of local authority tenancies or Family Law. The judge asked Ann if she was willing to return to the flat. She attempted to explain that she was terrified to do so and that she also felt that she was in danger. When Ann declined to return, the judge said that he was not going to make two people homeless. The solicitor was unable to defend the case. He had not for instance served a subpoena on the social worker. Bill won the case and got the tenancy. Ann felt let down by the court.

Ann had been attending the local doctor for depression. He suggested that she see a psychiatrist. He told her that the psychiatric service was not the ideal service for her and he did not want her labelled psychiatric. Counselling was what she needed but it was not available. The psychiatrist was helpful to Ann and explained that she was suffering from the post trauma effects of the battering. Her children also needed counselling. The adjustment was huge for them. The Welfare Officer of Dublin Corporation was also very co-operative. Ann has heard that she is listed for a local authority house in an area near her relatives.

In the meanwhile, the Gardai proceeded to press charges. The Director of Public Prosecutions after reviewing the medical report from the Hospital has agreed to charge Bill with Grievous Bodily Harm. A date for the hearing was set. However, Bill did not attend court. A warrant is out for his arrest,

Bill is gone. Ann does not know where. She is terrified that he will turn up somewhere and take the kids.

Eilish's Story

Eilish is 67 years of age. She has been married for 44 years. Her husband is a trades man. She only recently considered leaving him because of the violence he inflicted on her for the duration of their married life. They had four children, all of whom are now adults and are married. Eilish's husband was moody. She saw the aggressive side of her husband soon after she married. He refused to take her out. Money was always an issue. His aggressive behaviour got worse and he would indulge in tantrums. He would throw the dinner against the wall or throw the kettle on the floor. He demeaned her and belittled her. He took little interest or responsibility for the children. Eilish protected the children from him and hid his behaviour from them.

The aggressive behaviour developed into physical violence whereby he would push, shove, and throw her around. He would hit her across the face. Eilish worked as a shop assistant Her employer noticed bruises on her wrists and arms. Ann confided that her husband had assaulted her and thrown her against the wall. She was now 66 years old. Her employer referred her to the social worker in the Accident and Emergency Department of a Hospital.

The medical social worker had several sessions with Eilish. In the 44 years of her marriage, Eilish endured her husband's violence silently, hiding his behaviour from her children and neighbours. In fact she never used the word 'violence' to describe his behaviour. Eventually she told her daughter about the violence. In discussions with the social worker she decided to apply for separate payments. She also made a decision not to get a Barring Order/Protection Order against her husband as he had a serious heart condition. She has applied to Dublin Corporation for a local authority flat near to where her daughter lives. The Welfare Officer is sympathetic to her case and Eilish's points for housing have been increased on special grounds due to her circumstances.

Deirde's Story

Deirdre is 32. She married Tom when she was in her mid 20's. She stayed with him for three and a half years. Tom is a professional man, earning a

high salary. Prior to the marriage Deirdre lived with Tom for 9 months. During this time he was attentive towards her and he was never violent. Looking back on it now she knows that this attentive behaviour was a facade.

Tom was never the same man after the marriage His control over Deirdre became total. She was not allowed to open her own post. Tom opened it, read it and decided whether or not to give the letters to her. She was not allowed to use the phone. When Tom went out to work in the mornings, he plugged the phones out of the sockets and locked them in a room where he put on the answering machine. He got itemised bills and any phone calls he suspected she made were queried. Deirdre discontinued work after marriage. She had no money of her own. When she went shopping everything had to be accounted for. She was not allowed to purchase personal items such as toiletries. Tom drove her to the shops and sat outside in the car waiting for her. The only time she was allowed out was once a week for bingo with her mother. He would give her £5. If she won, he insisted on taking all the winnings from her. He would strip search her to ensure that she was not hiding money from him. He also locked Deirdre into the house when he went out, locking all the outside doors with chubb locks. Deirdre was a prisoner in her home.

The violence started a few weeks after their wedding. On the first occasion it happened, Tom claimed that Deirdre had not ironed the inside of the collar of his shirt. For three and a half years Deirdre endured the most horrific violence. During this time she was brought to the Accident and Emergency Department of Hospitals three times. Injuries included a broken nose, a busted lip, her hair being torn from the scalp of her head and multiple bruising. Prior to her final leaving, she was beaten twice daily. For the first 14 months of her marriage, her family never suspected that she was being beaten and Deirdre never told anyone of the violence. The perception of the family was that Tom was very attentive to Deirdre.

Deirdre left her husband five times. She returned to him four times. The main reason why she returned is that she believed that he would change. When she had left for the third time, he promised in writing that the violence would stop. He gave her a commitment that he would go for counselling. He never kept these promises. The Gardai at this time were aware of

the violence and kept contact with Deirdre over a two year period. On the fourth occasion she returned to him, thinking that because they had a young child that he would change for the sake of the child. She felt that he would not want to be deprived of his child. On returning there was only one week which was free of violence. Again the promises he made were not kept. Like other times, Deirdre was expected to make reparation for exposing his violence towards her.

The last time Deirdre left followed an incident whereby she was cleaning a rug with washing-up liquid and a nail brush. Tom claimed that she should be using 1,001. He proceeded to kick her in the head. He dragged her onto the couch. She was half conscious and heard the baby who was now two and a half years old screaming. She indicated to her husband that the baby was terrified. He sat the baby in the hall way by himself, returned to the couch where Deirdre was and continued to beat her. He left her there for two hours. Deirdre's life was now in severe danger. The Gardai were aware of the case and were aware of the danger she was in. Gardai were cautious about calling to the house for fear of escalating the violence. If Tom found out that they were calling to check up on Deirdre's safety the violence was likely to escalate. They thus called to the house several times using other pretences.

During the last two years with her husband, Deirdre was aware that she had to leave her husband for her own safety and the safety of her child. She did not want to implicate anyone else in her leaving for fear that her husband would take revenge on them. She also did not want to be seen to be the instigator of her own leaving for fear of retaliation to herself or her child. On reflection, what was needed was for the Gardai to remove her forcefully from the house for her own safety. Over the last three months of her marriage the Women's Aid help line was in continuous contact with Deirdre's mother and with Deirdre when she was visiting her mother.

Last time she left Tom, she was elated walking out of the house. She was aware that her relationship with her husband had been dismantled and that she needed to re-build her life. She knew the fantasy marriage was over. Despite her husband's high income Deirdre was only awarded £30 a week maintenance for her child and herself.

Tom has threatened to kill Deirdre several times. He has done so in the presence of medical and other professionals. He has being diagnosed as suffering from tendencies towards schizophrenia and paranoia. Despite this, he has overnight access to their child at week-ends. This on-going access to the child puts not only her own, but the child's life at risk. Deirdre feels let down by the psychological service which recommended overnight access and the community care services which did not strongly oppose unsupervised access in the court. She is also of the opinion that the Family Centre which she was ordered to attend by the court on the recommendation of the social services is inappropriate. The purpose of attending the centre is to help Deirdre and her husband to jointly parent their child. Deirdre's parenting skills are not at issue. She feels that attending joint parenting sessions with her ex husband who is hostile and whom she feels is dangerous, puts her at psychological and physical risk. Given his aggression it is impossible to negotiate anything with him. The real issue is the decision which was made by the court on the basis of a psychological report and not opposed by the social services, to give her ex-husband unsupervised access to their child. Deirdre does not want her child to be deprived of contact with his father. However she feels her ex husband should not have overnight access and access should be supervised.

One day Deirdre hopes to be able to assist other women who are caught-up in the imprisonment of violent relationships.

4.3. The Role of Community Based Voluntary Organisations

Personnel from three community based services who provide support for women at a local level were interviewed on their experience of the issue of violence against women in the home. The three community based services are Parents Alone Resource Centre, The Northside Counselling Service and The Coolock community Law Centre.

4.3.1. Parents Alone Resource Centre (P.A.R.C.)

Parents Alone Resource Centre (P.A.R.C.) was established in 1985 as a community resource centre for one parent families. The need for a project to respond to the needs of lone parents was identified by social workers and other social service professionals who recognised the increase in the numbers of women lone parents seeking help and assistance. P.A.R.C. is based in a purpose built centre. An average of 350 adults and children use the centre every month. The main aims of P.A.R.C. are:

- To implement an innovative self help model of provision which assists lone parents to overcome poverty and social exclusion;

- To develop a community resource centre, managed and staffed by lone parents.

The Centre

- Provides a drop-in information, support and guidance service;

- Implements tailor made training courses on subjects identified by lone parents. Courses run include: return to work, childcare and enterprise development courses;

- Campaigns on policies in order to change attitudes and remove obstacles to women who are parenting alone.

Childcare is provided or childminding fees given to parents who attend P.A.R.C. activities and meetings outside school hours. Networking at a local and national level is seen as important by P.A.R.C. and the Centre is represented on the Coolock Law Centre, the Coolock Development Council, the Coolock Joint Care Committee, Kilmore West Care Committee and THREAD. The Centre has also played a key role in the development of the Northside Partnership.

P.A.R.C. agreed to review the calls made to the centre from January to April

1995 and to document the number where it was known that there was domestic violence. Out of a total of 113 calls made, there were 20 (17 per cent) where the woman disclosed that there was domestic violence involved.

The following examples illustrate the difficulties which were encountered by women who contacted P.A.R.C. and the support given by P.A.R.C.

Example 1

Mary was subjected to persistent mental and sexual abuse. Her partner controlled the money, eventually taking over control of the shopping. She felt that she had no freedom and had lost control of her life. Her family were reluctant to intervene. A neighbour referred her to P.A.R.C. She expressed some of her difficulties to the support worker in P.A.R.C. The decision to leave was complex and raised several questions. Was it fair to the children? Would he stop the violence as he promised? Who could she tell? Through her involvement in P.A.R.C she met with women in all age groups who had left their homes. With the support of women she made the decision to leave home as she wanted to make a new start. One of the difficulties she encountered was getting support from the Community Welfare Officer in her area who felt that by giving her a rent allowance he was contributing to the break-up of the family. Eventually, she got a sympathetic Community Welfare Officer who agreed to give her rent allowance to move to rented accommodation.

Women subjected to persistent violence in the home need support in naming and acknowledging the problem. In the early stages, there is disbelief that violence is taking place and hope that it will stop. Women are not sure who they can tell. Often families withdraw or do not want to be seen to interfere. Basic questions which women ask , such as, who should I tell? Should I leave? Does he really love me? Is he willing to change?.

The above case illustrates the importance for a support worker who understands the issue, the importance of support given by other women and the need for financial assistance to get alternative accommodation.

Example 2

Ann was subjected to physical and mental violence over a long period. She had been beaten regularly over many years. Mental cruelty took the form of locking her out of rooms in the house, her partner having other relationships and staying out of the house, and returning unexpectedly when he choose. When she came to P.A.R.C. she was confused, had very low self esteem and she was very angry. One of the first supports she got from P.A.R.C. was acceptance and support for her view that it was not acceptable to put up with the violence anymore, and it was O.K. to want to leave the relationship. In P.A.R.C. she became involved in groups where she felt safe in expressing her anger and other feelings. She was referred for individual counselling to the Northside Counselling Service. A member of P.A.R.C. accompanied her to court when her case was being heard.

The above case illustrates the importance of supporting women to feel that violence in the home is not acceptable, the importance of accompanying a woman to court and the benefit of individual counselling and group support.

Example 3

Helen was brought to court by her ex partner who wanted greater access to their child. Helen was looking for increased maintenance. Shortly before the court case, she sought help from P.A.R.C. Due to the waiting list for Legal Aid, there was insufficient time to get Legal Aid. A worker from P.A.R.C. accompanied her to court. Her ex partner was legally represented. The solicitor made the case that her ex partner was giving Helen adequate support. He also maintained that Helen had a house which she inherited from her grandmother and that her father and mother were very supportive to her. Helen tried as best she could to represent herself in court. She was nervous and neglected to disclose to the court that during the time with her ex partner she was subjected to physical and mental violence. The judge was unsympathetic to her case. The outcome was that she got no additional maintenance. Her ex partner got the requested access to their child. In addition, the judge chastised her for being so difficult.

The case illustrates the need not only for a sympathetic person to support women in court but also the need for legal representation and the adequate preparation and presentation of the case.

4.3.2. Northside Counselling Service

The Northside Counselling Service was established in 1987 and was the first community based counselling service in Ireland. It is located in Coolock. It is non-denominational, non-directive and confidential. It has a team of 40 voluntary counsellors who have completed a three year training course. The only paid position is that of Head of Training. All administration and secretarial work is voluntary.

The Northside Counselling Service receives referrals from a wide variety of sources including community care services, doctors, the parish team, local industry, schools and self referral. It has a waiting list of 160. Eighty per cent of clients are women. Priority is given to people living in the Coolock area. While there is no specific charge, clients are encouraged to make a minimum donation of £5. No one is refused because of a lack of money. The issue of violence against women in the home is seen to be a significant issue by the service. In a sample of 257 cases, it is estimated that 57 (22 per cent) were experiencing some form of domestic violence.

The absence of any counselling service provided by state agencies and the waiting list of Northside Counselling Service illustrates the need for one to one support. The Northside Counselling Service was consistently mentioned by other service providers, both statutory and voluntary, as being an important resource. It needs finance for core staff.

4.3.3. The Coolock Community Law Centre

The Coolock Community Law Centre was established in 1975. It is the only community law centre in the Republic of Ireland. The catchment area of the Centre takes in Coolock, Darndale, Howth, Clontarf,

Whitehall, Kilbarrack and Beaumont. The Centre is funded by the Department of Social Welfare. The Centre is run by a locally based management committee comprising representatives of local groups and co-opted members. Any local community group can apply for representation on the Committee of the Centre. The Centre employs two full-time staff (a solicitor and a Community Law Officer) and three part-time staff. The services of the Centre are free. Donations are accepted.

Apart from individual case work, the Centre is involved in a wide range of issues.

Legal Aid Service: The centre is open between 9.30 am and 5 pm . It provides a legal aid service and court representation where necessary. One evening a week a Legal and Social Welfare Advice Clinic is held. Two evenings a month a Tax and Financial Advice Clinic is held.

Education and Rights Work: Personnel from the Centre give information talks to local schools, local groups, and local professional groups. The Centre, in conjunction with Coolock Library ran a series of 'Know Your Rights' talks in the library covering such topics as Debt, Social Welfare, Wills, Consumer Protection and Entitlements for the Elderly. The Centre has also produced leaflets on Judicial Separation, Family Home Protection Act, Barring Orders, Maintenance and Social Welfare. It is also involved in project work on such issues as credit and debt, access to consumer credit, social welfare appeals, and mediation. The Centre produces a quarterly newsletter.

Research and Campaign Work: One of the Centre's key objectives since its inception has been influencing legislation through campaign work aimed at law reform. It is actively involved in the Dublin Welfare Rights Group, the Legal Aid Alliance, the National Campaign for the Homeless and Coolock Joint Care Services Committee. More recently the Centre published an important report on Domestic Violence: The Response of the Legal System (1995).

Due to the demand on its legal aid service, the Centre made a decision to prioritise its work. An assessment of local needs was undertaken by the Management Committee of the Centre and it was decided to prioritise cases of domestic violence and other urgent family law matters because of the

demand in the area, and the seriousness of the cases coming to the attention of the Centre. It was also decided that the Law Centre's current limited resources would not allow it to deal with separation cases and that such cases be referred to the Legal Aid Board as these cases are too time consuming for the Centre to respond to. Approximately 95 per cent of Family Law cases dealt with by the Centre involve violence in the home. As part of the present study, the Centre agreed to review its cases relating to violence in the home for 1994 and the first half of 1995. In the year and a half, approximately 82 cases of domestic violence were dealt with by the Centre. A form was filled out in relation to 68 of these cases. The type of violence involved is illustrated in the following Table.

Table 4.3.1: Type of Violence

Type of Violence	Number
Physical violence	33
Mental cruelty	18
Physical and mental cruelty	11
Sexual abuse	2
Sexual and mental violence	2
Sexual and physical violence	2

Total =SUM(ABOVE) 68

Physical violence was the most common type of violence involved. In 33 of the 68 cases there was physical violence and in a further 11 cases there was both physical and mental violence. Eighteen cases involved mental violence only. In many of these cases there may be no legal remedy other then separation open to women who are experiencing mental violence. There were six cases where sexual violence was involved.

Fifty eight of the 68 cases of domestic violence were situations where women were in intimate relationships with men. The relationship of the client to the alleged assailant is given in the following table.

Table 4.3.2: Intimate Relationships

Relationship of Client to Alleged Assailant	Number
Wife	42
Female with children in common	10
Female live-in partner	4
Husband	1
Male live-in partner	1

Total = SUM(ABOVE) 58

The vast majority of clients were women. In only two cases was the client a man. The relationship of the client to the alleged assailant in the remaining 10 cases is outlined below.

Table 4.3.3: Non Intimate Family Relationships

Relationship of Client to Alleged Assailant	Number
Both parents in relation to son	5
Mother on behalf of daughter (violent father)	2
Brother and sister in relation to other brother	1
Aunt in relation to nephew	1
Daughter in relation to father	1

Total = SUM(ABOVE) 10

The alleged assailant in all cases was a male.

In 58 cases involving an intimate relationship, 8 couples had no children. In 32 cases children either witnessed the violence and/or it was known to have had a negative impact on them. It was not known whether or not the violence had an impact on the children of the remaining 18 couples.

The following Table classifies the 58 cases by type of case.

Table 4.3.4: Type of Case

Type of Case	Number
Barring Order	18
Injunction	11
Barring Order and Separation	8
Barring Order and Guardianship	4
Barring Order, Maintenance and Guardianship	4
Guardianship	3
Separation (long-term aim)	3
Barring Order, Guardianship and Separation	2
Injunction and Guardianship	2
Barring Order, Maintenance and Separation	1
Barring Order and Maintenance	1
Family Home	1

Total = SUM(ABOVE) 58

The majority of cases were cases where there were grounds for barring orders. Cases involving injunctions are the second largest category. The assistance given by the Law Centre in the 58 cases is outlined below.

Table 4.3.5: Assistance Given by Coolock Community Law Centre

Assistance Given	Number
Advice and representation in court	33
Advice (e.g. barring orders, injunction, wardship, abduction)	16
Advice and referral to Legal Aid Board	4
Advice and court proceedings drafted	2
Advice and representation in court and referral to Legal Aid Board	2
Advice and letter of warning to partner	1

Total = SUM(ABOVE) 58

Thirty-three of the 58 clients were given advice and were also represented in court. A further 16 were given advice regarding a variety of issues including barring orders, injunctions, wardship and abduction of children. Four clients were referred to the Legal Aid Board and in a further two cases court proceedings were drafted.

The outcome or the current status of the case for the 58 clients who were in intimate relationships is given below.

Table 4.3.6: Outcome/ Current Status of Case

Outcome/ Current Status of Case	Number
Barring order granted	16
Decided not to proceed or did not turn up for appointment with Law Centre	12
Long-term separation	7
Injunction granted	4
Guardianship	4
Failed to appear in court	3
Protection order granted	2
Proceedings drafted	2
Other	8

Total = SUM(ABOVE) 58

Barring Orders: Sixteen barring orders were granted. In three of these cases, the woman sought and was granted custody of her children and in one case the woman sought and was granted custody and maintenance. The physical injury in many of these cases was very serious and in five cases the Gardai had been called to the house. The Law Centre advises clients that that it can be difficult to get a barring order unless the woman can prove physical assault.

Not to Proceed/Did Not Turn Up for Appointments: In eight of the 12 cases clients were given advice regarding the options available and at the time decided not to proceed. In two cases warning letters were sent to partners and the client agreed to take proceedings further if the situation deteriorated. In

two cases the clients failed to turn up for their appointment at the Centre. In some cases the Law Centre was concerned about the non action of the client. In this context the Centre recognises the need for a support structure for women and has fears for the safety of some women who do not proceed with the case. One of the reasons why women withdraw is because of fear of further injury to themselves or to someone close to them.

Long-Term Separation: Some clients made a decision to take out proceedings for long-term separation, rather than apply for a barring order. The reason for this was that under current legislation they had insufficient grounds for a barring order.

Injunction Granted: In four cases an injunction was granted. Injunction proceedings are cumbersome and can take up to 18 months to conclude. It is the experience of the Law Centre that for these reasons many people decide not to take injunction proceedings.

Guardianship: In three cases advice was given on guardianship and in one case custody was granted to the woman applicant.

Failed to Appear in Court: Three women failed to appear in court. One case related to a barring order application and the two cases related to injunction proceedings.

Protection Order: In the two cases women were refused Barring Orders, but granted Protection Orders. The husbands of both women were present in the court and contested the Barring Order applications.

The eight cases classified as 'other', included an adjournment pending an improvement in the husband's behaviour; two cases where the partners swore a statement to stay away from their wives; a denial of violence by husband; an agreement from the partner to undergo treatment and in one case a partner left the home after proceedings were drafted for the Circuit Court. In two of these cases subsequent assaults took place on the women.

The experience of the Coolock Community Law Centre raises the following issues:

- It is difficult for women to get barring orders except in cases where it can be shown that there is physical injury. Where this cannot be demonstrated women are advised not to proceed with barring order applications;

- Many cases are dropped by women or women fail to appear in court. In some of these cases there was concern that women were seriously at risk. Many women are intimidated by court procedures and also are intimidated by male partners. There is need for a witness assistance programme to support women who are subjected to violence in the home;

- Evidence suggests that where there is domestic violence, children are clearly affected;

- Where hospital evidence is needed there can be a long delay in getting a medical report. There can also be considerable costs involved;

- In many cases of domestic violence, Gardai fail to use their full powers of arrest or to issue a summons;

- There is a tendency of courts to play down the crime of violence in the home. The experience is that where men are sentenced, the sentence issued is either a suspended sentence or one of short duration. There is a need to undertake research on the difficulties experienced by women in bringing cases to court and on court decisions;

- There is need to give the courts greater sentencing options which would include pre-trial and post- trial diversion programmes for men.

The Coolock Community Law Centre recommends that an integrated domestic violence programme be implemented. This programme would include:

- Support for victims incorporating a developed witness assistance

programme;

- The internal Garda policy on domestic violence to be made public;

- A pro prosecution policy to be implemented. Decisions to proceed with the prosecution, however, would rest with the prosecution not the victim. Provision to be available to drop prosecution where 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;

- The establishment of a National Review Committee comprising representatives of voluntary agencies, women's organisations, the Gardai, the judiciary and the probation service. The Review Committee would oversee the independent monitoring of the operation of the domestic violence policy.

4.3.4. The Work of an Unpaid Support Worker

Three years ago a local woman who had been involved in women's education and development issues began to work informally on a wide range of issues with women who needed support. She became known for her knowledge of welfare rights, the legal system and generally how women can access services. She was also known for her understanding of women who were experiencing difficulties and in particular difficulties relating to violence in the home.

She recognised that women who were experiencing violence in the home were often, for a variety of reasons, not ready to go to a women's centre, a women's refuge or seek formal support. In response to requests from many

women she visited them in their home. What they need initially, she feelt is someone they can trust who is available to them, will listen to them and most importantly will believe them. Women also need someone who will give them direction, information and practical advice on the options open to them. Someone, who will help them access services and if necessary accompany them to court. She stresses that it is important that all information which is disclosed is kept in the strictest confidence.

The experience of the support worker is that women who experience violence in the home need intensive help at times, particularly in the initial stages when the violence is disclosed. Women need to know that someone is available to them. The experience of violence causes confusion, results in low self esteem and lack of confidence. Even the smallest decision may need to be discussed and clear direction given by a support worker. The experience of the support worker is that the process of disengaging from a violent partner is difficult, complex and takes time. Stages in the disengagement process often involve several attempts at separation and reconciliation.

The support worker currently has contact with approximately 36 women.

4.3.5. Conclusion

The issue of violence against women in the home is a significant presenting issue for the three community based services. P.A.R.C. and the Northside Counselling service understand the difficulties women have in coping with violence. While they have no specific responsibility for the issue and are not funded to provide a service response, where violence arises as a presenting issue within the limits of their service they provide invaluable support to women. They are used by statutory agencies to refer women who have experienced violence in the home. However they operate within a policy vacuum. There is need to specify their role within an overall strategy.

The Coolock Community Law Centre provides an invaluable legal service at local level and has prioritised family law. The majority of family law cases involve domestic violence. It too operates within a policy vacuum.

Additional legislation relating to domestic violence is required and an overall strategy is needed which specifies the range of support needed by women subjected to domestic violence and a clear referral system. If this was in place, the effectiveness of services such as the Coolock Community Law Centre would be maximised. There is also need to provide specific training for service providers on the issue of violence against women in the home and to provide adequate funding for a service response.

CHAPTER FIVE

Towards a Strategy for Eliminating Violence against Women in the Home

5.1. Overall Summary

Violence against women in the home is a feature of contemporary life. Women are its usual victims and men its perpetrators. Domestic violence is not confined to any particular class and occurs in both rural and urban areas. Men use violence to exert control over women. Persistent violence undermines women's confidence and breaks their spirit. Where there is violence in the home, women and children are psychologically and physically at risk.

Research findings from the national survey illustrate that the prevalence of violence against women in the home in Ireland is extensive. The majority of Irish women know a woman who has been subjected to violence by a partner and 18 per cent of women reported that they themselves had been subjected at some time to either mental cruelty, threatened with physical violence, experienced actual physical violence, experienced sexual violence or had their pets and property damaged. Many women experienced multiple forms of violence and 11 per cent of women experienced actual physical violence and/or sexual violence. The rate of reported violence is likely to underestimate the true level of violence.

The effects of physical violence is severe. Seventy-one per cent of women who experienced physical violence reported that the violence resulted in physical injury. Injuries included broken bones, head injuries, loss of consciousness and miscarriages. Among the mental health effects reported were loss of confidence, depression and increased use of medication and alcohol. It was also reported by 64 per cent of women 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 experiencing 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 to a doctor and the police. One-fifth of women in the national sample who experienced violence reported the violence to the police and 29 per cent reported it to a doctor. Sixteen per cent of women had reported the violence to a solicitor.

The Area Based Survey suggests that the ill health effects of violence on

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. Although the national survey indicated that the extent to which women had ever experienced domestic violence was not class related, almost three times the number of women who qualified for Medical Cards attending doctor's surgeries reported that they had experienced violence than non Medical Card holders. It should be noted that leaving a violent relationship results in changed economic circumstances for many women who then qualify for a Medical Card. The results suggest that the long-term ill health effects of violence on women living in poverty and on low incomes is greater than for the population as a whole. This is consistent with the view that women living in poverty are likely to experience greater ill health effects than other women and that the cumulative effects of a life in poverty exacerbates the effects of any one illness. Thus to clearly understand the long-term impact of gender violence, systematic health related differences between classes must be brought into focus. Further research is required on the class related health effects of violence against women.

Specific cultural factors are associated with violence against women in the Traveller community. These include the early age of marriage and arranged marriages. The difficulties Traveller women have in leaving violent relationships are related to the pattern of kinship marriage and the fact that the economic and kinship base is interlinked resulting in pressure to maintain family relationships. Traveller women also have larger number of children which makes it difficult for them to leave. However, kinship networks at a broader level have facilitated some Traveller women leaving violent partners. Many have gone to England and Northern Ireland to seek refuge and have accessed services which they feel have been supportive to them. A service response to women experiencing violence needs to take into consideration Traveller culture.

There is no overall Community Care strategy for responding to women who experience violence in the home. With the centralisation and stream-lining of the social work service, social work has become less accessible to women. With the exception of emergency refuges, which are inadequately funded and of which there are inadequate numbers, there is no statutory services specifically designed to respond to the needs of women who have experienced violence in the home. Women's Aid, and particularly the Women's

Aid Helpline provides crucial support to women. It however, operates, on short-term year to year funding. The lack of an overall policy and strategy by the state often results in women who seek help, either receiving no response or being directed to inappropriate services. Several agencies such as the Gardai, Community Welfare Service, the Community Home Maker Service, the Accident and Emergency hospital service, the Coolock Community Law Centre and organisations operating in the voluntary sector noted the lack of a support service in the community to which they could refer women who had experienced violence in the home.

Sixty-five per cent of women who experienced violence in the home both in the national survey and the Area Based Survey reported that they had suffered from depression. Other psychological illnesses were also reported. Qualitative data from group discussions indicate that due to the fact that there is no counselling or support available to women, women are channelled through the medical route, to general practitioners and for more serious forms of depression to psychiatric hospitals. Women are also referred to family therapy centres. Women's health needs often remain unmet as the medical model underlying the community care services is inappropriate as it does not address the underlying issue of domestic violence. A psychiatric response to a woman whose issue is domestic violence and not one requiring psychiatric treatment creates additional problems for a woman who then becomes labelled 'psychiatric'. Family therapy which does not recognise the unequal power relationship between a woman and her violent male partner is inappropriate for women who have been subjected to domestic violence. Requiring a woman to participate jointly with a violent partner may put a woman at physical and psychological risk. It was felt by women that when services did respond to women's needs, it was more the result of the fact that the children were perceived to be at risk than a genuine concern for the woman's health.

Although the Gardai perceive their primary role to be one of protection, Gardai are unable to protect women due to the fact that they have not clear powers of arrest or the right to entry. The forthcoming Domestic Violence legislation aims to rectify this situation. Central to the success of any new policy is the need for on-going training for the Gardai and the monitoring of the implementation of the new policy. In this context it is important that the Garda policy and new domestic violence legislation is monitored and

evaluated at a national, regional and local level. It is also important that statistics are published regularly.

5.2. 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.

5.2.1. 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 heath 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'

5.2.2. 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:

5.2.3. 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 t 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.

5.2.4. 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.

5.2.5. 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.

5.2.6. 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 woman 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 woman 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.

5.2.7. 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 themodel 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.

5.2.8. 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.

5.2.9. 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.

5.2.10. 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. (1994)

iii) Systematic financing of refuges and the impovement 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.

5.2.11. 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.

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APPENDIX A

List of Women's Aid Workers

Charlton, Denise
Colgan, Janet
Fahy, Karen
Madden, Celine
McArdle, Oonagh
Mullen, Rachel
Reilly, Myra
Ryan, Noreen

APPENDIX B

List of Doctors' Surgeries

Coughlan Mary, 4, Kilbride Road. Killester, Dublin 5.
Coughlan, Thos, 122 Raheny Road, Dublin 5.
Delap, John, Coolock Health Centre, Cromcastle Road, Dublin 5.
Holmes, Mark, First Floor, 2 Sutton Cross, Dublin 13.
Mc Nicholl, Patricia, 6 Bayside Square, East Sutton, Dublin 13.
O'Driscoll, Frank and Geraldine, 188 Clontarf Road, Dublin 3

and with co-operation from:
Dr. Fergus O'Kelly, 478, South Circular Road, Rialto, Dublin 8.
Dr. Tom Houlihan, 110, North Strand, Dublin 3.
Dr. Deirdre Mulholland, 110, North Strand, Dublin 3.

APPENDIX C

Literature Review

The problem of violence against women in the home did not emerge as a significant public issue until the mid 1970s. This was true not only of Ireland, but of Britain, Europe and the United States. Women's Aid opened its first refuge in Dublin in 1976 for women who had to leave home because of physical, mental or sexual abuse. Through the work of Women's Aid and other women's organisations such as the Rape Crisis Centre, violence against women is beginning to be recognised as a major social problem. More recently, the publicity surrounding individual cases, such as the Kerwick case and the Kilkenny case has brought the issue of violence against women to public attention. What is evident is that for many women and children, the time of greatest risk is while they are in their own homes. Women's groups are now demanding that violence against women and children be recognised as a crime and treated like any other crime.

The literature review is necessarily selective. It focuses on key issues relevant to the research.

Definition of the Problem

It is now internationally recognised by Women's Aid organisations and feminist researchers that violence against women is intentional behaviour chosen by men as a tactic or resource associated with attempts to control and dominate women (Dobash and Dobash 1992). Men are also seen as responsible and accountable for their acts. Research has shown that although the severity of the abuse varies, incidents of violence have several

common characteristics. They are rarely isolated occurrences. They tend to be repeated over a period time, often increasing in their severity. They often extend beyond the woman to children living within the home.

In devising a definition of violence for research purposes, one has to take into account how women themselves define violence. This may contrast with the researcher's definition of the problem. In addition, some researchers have preferred to confine their definition to physical behaviour. Physical violence can involve slapping, pushing, shoving, kicking, hitting, biting, choking, use of weapons, forced sex and sexual assault. Confining violence to physical violence can imply that physical abuse is worse then mental cruelty, psychological or sexual abuse. Walker (1979) however reported in her study that the majority of women described verbal humiliation as extremely damaging, irrespective of whether physical violence had been used or not.

Explanations of violence against women range from psychological interpretations to structural explanations. Feminist researchers focus on structural explanations and see violence against women in the home in the context of wider power relations. The emphasis is on the gender inequities in the family and the reproduction of the family structure at the societal and cultural levels. Evason (1982) states 'The causes are the deeper assumptions of husbands that they have a right to dominate and the powerlessness of wives which makes them legitimate outlets for aggression which cannot be vented on others as sanctions and disapproval would follow'. Wilson (1983) identified the paradox: the place to which most people run 'to get away from fear of violence' can be, for some women the place where they experience 'the most frightening violence of all'.

In western culture a dominant position is given to men in the marriage relationship and women are given a subordinate position. This social context of the marriage relationship is thus seen as essentially an asymmetrical relationship which is legitimised by wider societal values and culture. Researchers have also focused attention on the mechanisms whereby patriarchal relationships are socially reproduced. Violence against women is perpetuated because people internalise dominant cultural values. It is also perpetuated by state agencies' which fail to recognise this violence and by the inadequate response of many of the professional bodies to the issue.

One aspect of being dominated is that the person who is in the subordinate position often perceives experiences from the perspective of the dominant person (Russell, 1982). In marriages, this means that women accept or are greatly influenced by their husband's views of their relationships and the world around them. Battered women can thus experience 'double victimisation', first by batterers and then by social control agents who assign women the blame.

The broad sociological explanation which sees patriarchal relationships between men and women as a core explanatory factor contrasts with the explanations of many social scientists who have focused on the personality traits of both batterers and victims of battering. Victim blaming has been strongly criticised in the literature. Walker 1979, 1984, holds that there are no specific personality traits to suggest that some women are more victim-prone than other women. It has been suggested that the characteristics of the man with whom the woman is involved are actually better indicators of a woman's likelihood of being victimised than are the characteristics of the woman herself. Whatever the role of alcohol or psychological factors, they rate generally as mediating factors which need to be located in a broader social structural context. Feminists have also focused on the role of state agencies in responding to domestic violence and how patriarchal values are maintained and reproduced by these institutions. Ineffective responses by the police, social service agencies and the legal and court systems have been documented. Central to the response is the assumption agencies make about the privatised nature of the family and are reluctant to intervene in what they see as private matters. Maynard (1985) contends that for women who are beaten the very term privacy is an unfortunate misnomer for physical, social and emotional isolation.'

Research on the Extent of Violence Against Women

Little national research has been undertaken on the extent of violence against women in intimate relationships. The full extent and prevalence of violence in the home for the most part remains unknown. Pagelow (1984) estimates that between 25 and 30 per cent of all American women are beaten at least once during the course of intimate relationships. Dobash and

Dobash (1980) estimate that the extent of violence against women in the home is somewhere between 1 in 4 and 1 in 10 families. The report of the Select Committee in Britain (1975) was unable to make any reliable estimate of the extent of marital violence. It found that the lack of research on domestic violence hampered the formulation of policy and one of the main recommendations of the report was that more research should be undertaken. There is still no national research undertaken in Britain. Surveys undertaken in the United Sates by Strauss et al and published in 1980 have been strongly contested on methodological grounds (Dobash and Dobash, 1992).

Research has mainly relied on the reported rate of violence or on surveys based on women in women's refuges. An important small scale study was undertaken by Jayne Mooney The Hidden Figure (1993) in North London. The study consisted of 535 women randomly selected from the Post Office address file. The focus of the study is on the extent of domestic violence experienced by women from their husband's and boyfriends. The study starts from the premises that mental cruelty, threats, sexual abuse, physical violence and any other forms of controlling behaviour used against a woman by her husband or boyfriend is violence. Mooney points out that there is however a need to know the categories being used and the rates which correspond to each category or combination of categories. Results indicate that 30 per cent of women have been subjected to actual physical violence which involved being punched, slapped, kicked, head-butted, attempted strangulation and hit with a weapon.

The only national random survey of male violence against women has been carried out in Canada. Between February and June 1993, a survey was commissioned by the Department of Health on male violence against women. Approximately 12,300 women 18 years of age or older were interviewed in depth by telephone about their experiences of physical and sexual violence since the age of 16. Results indicate that one-quarter of Canadian women have experienced violence by a current or past marital partner.

Studies Undertaken in Ireland

Several studies on violence against women in the home have been undertaken in the Republic of Ireland: Casey (1989); Ruddle and O'Connor (1992); Morgan and Fitzgerald (1992) and Cronin and O'Connor (1993). The main objectives of Casey's study which is of 127 women in seven refuges were to describe women's experiences of violence and to examine the responses of agencies to women who seek assistance. Results indicate that battering occurs early on in the relationship and it is both frequent and severe. Sixty per cent of women reported that they were battered when they were pregnant. Domestic violence was perceived by the majority of women as having a negative effect on their children. Agencies approached by women included Gardai (72 per cent); doctor (60 per cent); social worker (57 per cent) and women's family (52 per cent). Fifty-eight women (43 per cent) praised the Gardai for being sympathetic. A wide discrepancy existed however between women's expectations of the Gardai and what they perceived as the Gardai's response. Seventy per cent (52) women who called the Gardai expected them to act as law enforcers, to arrest/charge, remove or take a statement from their partner. This occurred in 38 per cent (18) of cases. The offending partner was removed from the scene in 23 cases only and in 14 of these 23 cases he was removed for a matter of hours or less. In 45 per cent of cases (33) the Gardai acted as 'maintainers of the peace', a response that only 14 women (19 per cent) expected. Charges were taken against the partner in 47 cases. On 30 occasions the charges were made by the victim only, on 10 occasions by the Gardai, on six occasions by both Gardai and the victim and in one case by a relative of the woman. Two women withdrew from legal proceedings of assault charges initiated by the Gardai and eight women stated that they withdrew from proceedings initiated by themselves/relative. The other agencies approached most frequently were doctor (60 per cent); social worker (57 per cent) and women's family (52 per cent). The factors mentioned most frequently by women as to the worst aspect of their experience were mental torture (30); living in fear and terror (27); physical violence (27); loss of confidence (18) and effects on children (17).

The aim of the two studies undertaken by Ruddle and O'Connor (1992) was to draw up a profile of the women who use the ADAPT refuge in Limerick. They also sought to find the women who had sought assistance from and

been responded to by the agencies. The client group using the refuge is young with almost half of the women under 30 years of age. The majority of women have large families and the report brought to attention the vulnerability of children are exposed to violence. The studies also note that women who have been dominated, controlled and frightened for years are likely to have low self-esteem and confidence. Nine per cent of women are from the Traveller Community. Over 50 per of women experienced extreme physical violence requiring hospitalisation. Over 14 per cent experienced violence daily, while over 50 per cent experienced it frequently e.g. a few times a week. One quarter of women had used the refuge on more than one occasion.

A study on the role of the Gardai was undertaken by Morgan and Fitzgerald (1992). The study was based on questionnaires which Gardai filled out in relation to a random sample of 282 incidents of domestic violence between April 1992 and June 1992. Roughly half of the incidences were taken from the Dublin Metropolitan Area and half from the rest of the country. Findings indicate that 75 per cent of the incidents in the Dublin Metropolitan Area and 77 per cent outside the Dublin Metropolitan Area took place between 8 pm and 8 am, a time when other services, with the exception of the Accident and Emergency Departments of hospitals are not open. Results also illustrate that Gardai primarily see themselves in some kind of counselling role in relation to domestic violence, as opposed to a strictly policing function. In addition, Gardai were of the opinion that many incidents of domestic violence are most appropriately dealt with by the civil law. The study also showed that in the vast majority of cases children were present. Domestic violence cases are not confined to husband and wife relationships. Common law couples, parents and children are frequently the victims.

Based on the belief that training for medical personnel is crucial in order to make a sympathetic and effective response to women who have experienced domestic violence, Cronin and O'Connor (1993) undertook a training programme for staff in the Accident and Emergency Department of a prominent Dublin Hospital. The aims of the pilot programme was to:

- Educate the medical and nursing staff on the issue of violence against women;

- Develop a procedure and protocol in the Accident and Emergency department for the handling of cases of violent assaults on women;

- Record the number of women who were admitted with suspected or disclosed abuse by their husband/partner or male family member.

Results indicated that training had an important impact on disclosure. In the 12 months following the training, 81 separate women were admitted who had been subjected to violence. Some women had been admitted multiple times accounting for 119 admissions in all. Forty-six women disclosed a history of assault. Injuries included:

Two important studies have been undertaken in Northern Ireland. One study was undertaken by Evason in 1978/1979 and published in 1982. A second study was undertaken by McWilliams and McKiernan. In Evason's study, Hidden Violence, of 277 separated and divorced women in Northern Ireland, 56 per cent had been battered. The study explored the pattern of battering and the sources of support from which women sought help. Evason reports that nearly half of the women had sought assistance from general practitioners and 56 per cent were positive about the help they received. Help was rated highly when treatment was placed in the context of the broader approach to care, involved advice, emotional support or the provision of evidence for legal proceedings. Women were dissatisfied with general practitioners who confined themselves totally to treatment prescribing medication for nerves or even being positively unhelpful. Evason notes that in relation to social workers, clients value advice and information and practical help, such as accompanying the woman to court. In this context there is need to ensure that social workers have a thorough grounding in law and related matters.

She also address the issues specific to Northern Ireland whereby many men have access to arms through their involvement in the Ulster Defence Regiment and para military organisations. She describes the situation as a 'armed patriarchy'. Her recommendations include the need for increased refuge places and for clear policies by the police, courts and housing executive.

Bringing it Out in the Open, involves interviews with 56 women who

sought assistance in relation to domestic violence and 120 service providers. McWilliams and McKiernan describe the pattern of abuse and injuries experienced by women and the impact which the violence had on themselves as women and on their children. They also describe the help seeking strategies used by women and the response women received from the service providing agencies. Through their interviews with social workers, health visitors, general practitioners and community psychiatric nurses, they describe the operation of services, the extent to which these services have a policy on domestic violence and have a procedure for recording and monitoring incidences of domestic violence. The main recommendations of the report included the establishment of a Northern Ireland Working Party, involving statutory and voluntary sectors to address the issues of domestic violence; the development of protocols for identifying and recording incidences of domestic violence by service providers; the introduction of multi disciplinary training for service providers; aftercare, establishing support and counselling services which also deal with the needs of children; a community based advocacy, information and advice service be established as a pilot project. The research has had a major impact. An Interdepartmental Group on Domestic Violence was convened by the Minister for Health and Social Service and the Department of Health and Social Services published an interdepartmental policy document for Northern Ireland Tackling Domestic Violence.

Response to Violence

The lack of supportive services available to women, both from the state and relatives and friends has been a key focus of both Women's Aid activists and social researchers. The literature identified constraints which can prevent women from seeking help from relatives and friends and which restricts the help that friends and relatives are prepared or able to offer. It has also been shown that many professional bodies such as the legal and the medical profession, have depoliticised the issue by narrowing the definition of violence and seeing it in terms of individual pathology rather than being socially structured (Borkowski 1983). The results of an inappropriate response can be that in many cases professionals coerce women who are appealing for help back into the situations of relationships with men who batter them.

Social Service Response

Using data from interviews of 109 battered women, Dobash and Dobash (1985) examine the nature of domestic violence and the pattern of help-seeking. In relation to the role of social workers they argue that the response of social workers generally reflects several concerns which are of fundamental importance to their profession: the protection and/or care of children; the maintenance of the family unit; and the ideal of domestic privacy. They conclude that social workers often advise women to cope with the violence and/or change their behaviour in order to appease their husbands and maintain the family unit.

This interpretation of the role of social workers is consistent with the interpretation of Maynard (1985) who examined social workers' case files of women who had been subjected to domestic violence. Thirty-three per cent of the 103 case files analysed contained direct reference to domestic violence. Her research reveals a failure of social workers generally to focus on the violence directed at women and a tendency to see domestic violence in terms of:

- The woman's own private problem which she must rectify;
- A disinclination to believe what battered women have to say about their domestic violence situations;
- Tacit support for the preservation of the nuclear family structure and the inferior position of the woman within it;
- Implicit support for male reasons for violence and encouraging women to understand and to respond to these.

Maynard notes that social workers were remarkably unsympathetic and continually emphasised their neutral role in relation to the family. This 'balanced view' approach to wife beating, she notes:

> Is part of general social worker attitudes and training. It is related to the idea that professional social workers do not get emotionally involved in the problems of their clients and is rooted in a concern

> to treat most issues in terms of the family. One of the primary concerns of social work is to patch up marital conflicts and tensions so that family relationships may be restored to a working equilibrium, usually for the sake of the children.'

This view which sees social work practice as coercive, intrusive and restrictive has been articulated by other researchers (Maguire 1988; Kelly 1988). Kelly (1988) maintains that social workers have little understanding of the impact of violence on women or the limited practical options open to women. An unsympathetic view of the social work role is also portrayed by Maguire who gives an example of a social worker who having statutory responsibility for the welfare of children informed a woman who had left her husband and was residing in inadequate accommodation that she must find accommodation for her children or they would be taken from her (Maguire 1988). The result is that many women are afraid to inform social service departments for fear that they will not be believed and that they will loose their children. Little sympathy is given to the problems of battered women unless the problem can be seen to affect other members of the family and even here interventions tend to be punitive.

Shepard (1991) sees the need for social workers to draw up practice guidelines to govern social work practice which go beyond the narrow psychological or interpersonal constructs to include social and cultural factors. It is only by developing a woman-centred approach to violence against women that the punitive approach associated with social work practice can be reconstructed.

Medical Profession

Many investigators have documented the discrepancy between the large numbers of women who come to health care services with symptoms related to living in abusive relationships and the low rate of detection and intervention by medical staff (Warshaw 1993). Warshaw contends that up to 64 per cent of hospitalised female psychiatric patients have histories of being physically abused as adults. Kutz and Stark (1988) maintain that current medical response to abuse alternates between a narrow clinical focus on

physical injury to an approach which stigmatises abused women implying that they are responsible for the violence. In a study of an emergency hospital department they show that most women are typically sent home without additional medical or social service attention or follow-up. When a referral is made, a battered woman is twice as likely to be referred to psychiatric services rather than to social service agencies. In a study of 52 medical records of women with clear symptoms which indicated abuse, Warshaw found that the constraints of a busy emergency room in a training institution led not only to non detection and non-intervention, but to health care providers ignoring battering and requests for help and to treating symptoms while having no way to respond to the underlying causes. They were unable or unwilling to address the issues of battered women.

The lack of diagnosis and lack of referral has serious consequences in that it leads to a continuation of the violence. It is vital for medical personnel, both in hospital settings and in general practice, to have the skills and training to identify violence and to have information leaflets on sources of help and referral. In addition, medical personnel need to keep accurate records of injuries sustained which can be of vital importance for medico-legal purposes.

It is in this context that pilot projects have been introduced which focus on training programmes for personnel and the introduction of procedures and protocols for identifying and managing cases of assault in Accident and Emergency Units.

Policing and Criminal Justice Response

In situations of domestic violence between persons who are in intimate relationships there is a bias towards non arrest. The closer the relationship between the victim and offender the less likely that an arrest will occur (Black 1971). Burris and Jaffe (1983) state that police made assault charges in only three per cent of all family cases, despite the fact that they advised 20 per cent of the victims to seek medical treatment. In all but the mandatory arrest jurisdictions, an informal but real operational requirement for an arrest is that the victim desires the officer to make an arrest. Without victim

concurrence, most jurisdictions have policies which actually discourage arrest.

Sentencing by the courts is also seen to be lenient. Courts have a tendency to minimise the crimes and to reduce the charges in domestic violence cases. The result is that they are heard in the lower courts where lower maximum penalties are available. The majority of cases result in fines and/or probation despite evidence of serious violence and use of weapons (Kelly 1988).

What is becoming clear is that when police give an ineffectual response, it tends to condone the behaviour of the abuser and reinforce the normalcy of his conduct. It also signals to other potential abusers that violence against women is acceptable. If police do not offer unconditional protection to women they tend to imply that the victim is a guilty participant. Police have a pivotal role to play as most domestic violence calls are made at times when alternative service providers are generally not available. The policing response has been repeatedly criticised for its failure to respond to urgent requests for assistance and for the failure of the police to prosecute. The following reasons have been forwarded for police reluctance to prosecute in cases of domestic violence:

- Most police departments have not developed clearly defined policies regarding arrests and the laying of charges;

- Wife assault cases are given low priority within the justice system and there is no reward or attention given to officers who rigorously pursue arrests or charges in these cases;

- Police recruits receive little training on the issue.

Sherman and Berk (1984) tracked the behaviour of the abusers six months after the police intervention. Official recidivism measures show that the arrested abusers manifested significantly less subsequent violence than those who were not arrested. This study was replicated by Berk and Newton (1985) which concluded that the deterrent effect for high propensity offenders is very dramatic and in these cases the arrest deters new incidents. The conclusion drawn from this study was that police should make arrests

unless there are good reasons why the arrest is not likely to be appropriate. The publicity surrounding these research projects mobilised a large constituency which in turn had a big influence on increasing the number of states in the U.S.A.which introduced mandatory powers of arrest for the police.

The mandatory arrest policy has been challenged by people who feel that it does not always help victims or protect citizens especially when the victim does not want to press charges. It has been argued that it may in fact aggravate the situation, increasing family stress and the risk of further violence. It has been proposed that rather than eliminating police discretion in domestic violence incidents, it should be structured in accordance with clear guidelines and improved by appropriate training.

Heise (1994) having reviewed the evidence of several studies suggests that the effect of arrest varies with the characteristics of the perpetrator. When the perpetrator is married or unemployed, or both, arrest reduces recidivism, but for unemployed and unattached perpetrators, arrest actually increases abuse in some cities. She comments however that to understand the differential effect of arrest will require further analysis and research. She reminds us that one of the original objectives of advocates in promoting arrest was not to deter future violence, but to interrupt current abuse and to ensure women's equal protection under the law. She concluded that when part of an integrated justice system response which strongly favours arrest and prosecution and court mandated treatment, arrests offered significant protection from further abuse.

Dobash and Dobash (1992) have outlined two programmes which have introduced an integrated response to domestic violence cases:

The San Francisco Family Violence Project was established in 1980. The overall emphasis of the project is on law enforcement and prosecution. The aim is to stop violence, change traditional legal responses of acceptance or indifference, provide services to the victims and families and educate the community about the serious nature of domestic violence. Specific material was developed for police training programmes. Police procedures emphasise treating violence in the home like any other form of violence. This means not using crisis intervention and mediation as a substitute for criminal proceedings, acting only upon the elements of the crime and/or the victim's

willingness to make a citizen's arrest without consideration of other factors to do with the personal, financial or emotional relationships involved. The project has also developed strict and delimited guidelines for eligibility and suitability for diversion of violent men out of the system .

The Duluth Domestic Violence Intervention Project (DAIP) provides a pro-active response to victims in order to increase support, protection and the victim's use of criminal justice interventions. To achieve these aims, one of the first steps was to limit police discretion and to introduce a mandatory arrest policy. Training for police officers has been central to the programme. Police officers are required to file reports on all calls involving a complaint of an assault, and advocates are allowed to review all police reports three times a week in order to provide follow-up advocacy to women in situations where arrests are made. Within a two hour period worker advocates meet with victims. In cases where action is taken against the assailant, the special safety needs of the woman are taken into consideration and there is restricted or limited contact with the assailant. For misdemeanours without aggravating circumstances a stay of execution is put on the sentences, if the participant agrees to participate in a six month education programme or counselling group, and to attend a chemical or alcohol treatment programme where necessary.

The DAIP has sought to formalise civil court proceedings so that it can be determined whether or not abuse has taken place. This contrasts with prior practice, where the court was asked if anyone had objections to an order being issued without ever determining whether or not abuse existed. The proportion of women filing for orders tripled over the first three years of the project's existence.

Dobash and Dobash (1992) conclude that the Duluth Project has made significant progress in shifting the focus of criminal justice intervention from the victim to the assailant, establishing meaningful consequences for violent abusers and reducing the frustrations and dissatisfactions of members of criminal justice system. Rather than seeing violence in the family as merely a domestic problem arising from pathological individuals of dysfunctional families, battering is now seen as a criminal offence.

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