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Violence Against Women: Public health or Law Enforcement Problem. Or both?

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Violence Against Women: Public Health or Law Enforcement Problem. Or both?

Abstract

Despite on-going research spanning many years, the police investigation of different forms of violence against women remains under review. The most recent reviews exploring sexual and domestic violence suggest that vulnerable victims are not identified effectively and that this subsequently impacts on the investigation, level of attrition and the provision of correct support for victims. The authors suggest that some of the current methods, aimed at improving these issues, can further compound problems within a police culture that often remains focused on narrow quantifiable performance targets. Violence against women involves a range of very complex issues and for most victims there are a number of vulnerabilities involved. Considering these factors are often related to public health concerns the authors argue for a more consistent and joined up approach to supporting victims through the Criminal Justice System. In the short term this is necessary for keeping victims on board with the process and in the longer term this is essential when dealing effectively with the broader, longer term issues impacting on their victimisation. It is crucial given the current fiscal climate that these issues are dealt with universally, with a focus on longer term outcomes.

Keywords: rape, domestic violence, attrition, vulnerabilities, victims

Introduction

Authors from the 1970's onwards have written about the complex and problematic nature of policing and the way in which it deals with situations of violence against women – both in relation to domestic (Edwards, 1989, Stanko, 1985; Kelly, 1999) and sexual violence (Temkin and Krahe, 2008; Jordan, 2004). In cases of both sexual and domestic violence the police are essentially the gate keepers to the Criminal Justice System and similar issues have been noted in this debate for both areas of violence against women[1] (Lees and Gregory, 1999).

Particularly in relation to sexual violence, the problem of attrition and the classifications made at the point of reporting to the police have been the subject of ongoing research for a number of years (Lees, 1996; Brown, 2011). Furthermore, despite this research the attrition rate remains high, particular at the pre-charge stage (Stanko and Williams, 2009). A number of academics have pointed to the issue of consent bound together with the believability of the victim as two of the most critical factors involved in the complexity of rape investigations (Jordan, 2011; Hohl and Stanko, 2015; Munro and Kelly, 2009). This is further compounded by the complexity of the issues presented by the majority of victims of sexual and domestic violence who report to the police (Williams *et al*., 2009). It is these issues and the fact that the number of complex cases is increasing that make up the focus of this article and provide the evidence for a more rounded, joined up public health and law enforcement approach to deal with these crimes.

In December 2015, Her Majesty's Inspectorate of Constabulary reported that almost three-quarters of police forces in England and Wales are letting down vulnerable victims. As a result of rising numbers of allegations of historical sexual abuse and widening definitions of domestic violence (to include coercive control) the demand on the police regarding vulnerable victims is increasing (HMIC, 2015). With this rise in reporting, the police are having to manage a range of very complex needs amongst victims of sexual and domestic violence. Paradoxically, this is juxtaposed with a reduction in both financial and human resources to the police.

There has been much debate about what the police can realistically deliver in an environment where the demands on the police are widening (Millie and Bullock, 2013). Cuts to victim services, other public sector and voluntary agencies that deal with related issues (including individuals with mental health issues (Cummins, 2016)) have been linked to this rise in demand

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[1] This article will be focused on women – for a discussion on male victims please see Sleath and Bull (2010)

and subsequently, the number of vulnerable people coming into contact with the police. Liver (cited in Hartley and Hesketh, 2015:65) discusses how this changing demand has impacted on the need for police agencies to acquire a range of different skills and specialisms to effectively manage this changing picture. Dealing with issues that could be referred to as what Grint (2010) articulates as, 'wicked problems', requires clear problem identification via the correct assessment of vulnerable characteristics and, furthermore, suitable joined up methods to address these needs in a universal way. An *Independent Review into the Investigation and Prosecution of Rape in London* (Angliolini, 2015) revealed the extent of complexities involved in the lives of rape victims. Interviews with staff from Sexual Assault Referral Centres revealed the multifaceted nature of the issues involved that extend way beyond the actual incident of rape itself. These included chaotic lifestyle factors; housing issues and related homelessness; drug and/or alcohol dependency; mental health issues; learning and physical disabilities; domestic abuse and child care issues. All of which are likely to impact on a police investigation.

Recent research by Khalifeh *et al.,* (2014) found that 40% of women with severe mental illness surveyed for their project had been victims of rape or attempted rape, this compares with seven percent of the general population. Similarly, adulthood domestic violence was reported by 69% of those surveyed, compared to 33% of women in the control group. Additional complexities in relation to substance misuse were also present. However, it is difficult to clarify whether these issues were present prior to experiencing the violence or as a result of the violence as a method of coping. Indeed, there is further evidence that women who experience domestic violence as an adult may have, at earlier stages of their lives, been victim to other forms of abuse directly or witnessed domestic violence in their homes (World Health Organisation, 2016). When it comes to the police dealing with both domestic and sexual violence against women, the pertinent issues relevant to the victim typologies present are also worth considering alongside wider police debates. Issues around police decision making (Williams and Stanko, 2016), the use of discretion (Myhill and Johnson, 2016), the way that policing is measured and subsequently what counts as 'good policing' (Westmarland, 2001) are also relevant in this debate. In order to curtail some of the issues arising from various review findings about the 'lottery' of police treatment (HMIC, 2015; HMIC / HMPSCI, 2007; Angliolini, 2015; Stern Review, 2010) one answer appears to be the development of evidence based tool-kits. The careful management of risk, has become a key feature of the police environment and much is written on the notion of risk aversion (Cockcroft, 2012) and risk management (Ericson and Haggerty, 1997). Conversely however, and perhaps more pertinent when considering the

complex issues involved in these situations, creative thinking and a more holistic approach can be limited by narrowly defined tool kits and the performance frameworks developed to measure the success of proposed reforms. Indeed, Sklansky (2008) talks about the concept of law enforcement 'Taylorism' which can limit creative, more considered approaches and reconstruct the artisan aspect of police work as almost robotic. Furthermore, Illich (cited in Chan, 2003: 6) concludes that structures to make organisations more professional do not always result in a more effective service. Top down regulated processes aimed at defining professional practice can result in the "systematic disabling of clients". When the police are faced with the types of complexities present in cases of violence against women, problem solving, working with other services and reflexivity is required. However, it is frustrating that these can be discouraged by top down regulation and reinforced by the dominance of risk aversion (Westera *et al*., 2014).

For this article the authors want to consider the notion of 'risk' further in the context of violence against women. This relates to the risks such vulnerable factors have on women being subject to victimisation and furthermore the risk these issues have on believability and legal credibility (Stanko and Williams, 2009). Identifying victims' vulnerable issues correctly is vital in relation to cases progressing through the system and also to ensure that relevant partners with expertise in, for example, mental health and / or drug and alcohol addiction issues are engaged from the onset to facilitate the building of credibility and to address longer term factors. Given the ongoing risk factors presented by these vulnerabilities, the chances of repeat victimisation are raised (Khalifeh, et al, 2014**).**

An analysis of the types of victims who report violence against women to the police concluded that the range of complex issues involved often relate to matters of public health, such as mental ill health and drug or alcohol issues. As Millie (2013) suggests the remit of police work has widened as more social care, public health and harm issues experience 'policification' as other services are reduced through the current climate of austerity. The current framework to measure police performance, whilst under review, is generally based on quantifiable outputs, such as targets which are ideally suited to the idea mentioned above of toolkits and organised processes (Curtis, 2015). As Christopher (2015) notes, complex situations require professional judgement, interpretation, reflection and problem solving skills and yet it seems some aspects of current practice are restricting this. When dealing with the range of victim needs presented by (in this case) a female victim of violence the very vulnerabilities that perhaps influence them

becoming a victim initially are also the issues that appear to influence decisions about the case leaving the system (Stanko and Williams, 2009).

The evidence that the long term problems with attrition and conviction rates remain indicates that the extensive research, on-going reviews and subsequent reform agendas in this area are having limited impact. The research project which this article will, in part, refer to (Stanko *et al*., 2005) shows, over a number of years, that the vulnerable characteristics present amongst victims of sexual violence remain consistent, as do the high attrition rates. Therefore, this paper will consider the relationship between these vulnerabilities, their identification, attrition and police decision making. Subsequently the authors will present an argument around the need for officers to extend their thinking about potentially narrowly defined outputs (Cockcroft, 2012). The benefits of considering these issues in terms of the longer term outcomes and moving away from the risks presented by quantifiable performance methods (Williams *et al*., 2009) are three fold. Identifying relevant partners at an early stage could assist officers with the correct identification of risk and facilitate a more effective process to encourage victims to continue their journey through the Criminal Justice System. Plus given the evidence presented below, working with these victims may lead to positive longer term outcomes for these women. Whilst there are a range of multi-agency approaches aimed at dealing with the perpetrator's behaviour (Alderson *et al.* 2013) this article is focused on the support provision for the victims.

So where is the evidence for this?

Rape and Vulnerability

The Strategic Research and Analysis Unit was established in 2004 within the Metropolitan Police Service – long before the College of Policing discussed the need for police and academic collaborations. The Unit was led by Professor Betsy Stanko and it was her team that developed and conducted the Rape Review[2]. The team was predominantly made up of social researchers, all of whom were police staff. The aim was to develop operationally relevant research projects within the organisation and facilitate evidence-based change.

Perhaps one of the most distinctive features of the unit was the range of data that the team had available to them. Whilst the police hold a wealth of valuable data the reality is that analysis is

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[2] For more detail on the SRAU and embedding research in the police please see Stanko, E and Dawson, P. (2016) *Police Use of Research Evidence: Recommendations for Improvement* London: SpringerBriefs

limited and analytical products created internally remain, in the main, descriptive and quantitatively based (Cope, 2004). The SRAU attempted to use effective research methodologies to create more strategic outputs which engaged practitioners and were focused on practical and operationally grounded recommendations. The MPS Rape Review was one of these projects. As is discussed in Williams, *et al.* (2009), the review utilised data from allegations of rape over a two month period (April and May), each year, for eight years (2005 – 2012). The data was qualitatively coded to provide a descriptive profile of the victim typologies of those reporting rape in London. Each case analysed by the research team was tracked through to final case outcome in order to develop an understanding of the extent of attrition over time, to identify critical points where cases dropped out of the Criminal Justice System and to consider which, if any, vulnerable factors where present in those cases leaving the system.

The findings were consistent year-on-year from 2005-2012 and highlighted that the vast majority of allegations suffered attrition, the majority of rape allegations are reported by women, and, the majority of allegations are reported by what can be defined as 'vulnerable victims'. For example from the 677 cases analysed for the first review in 2005, the research team identified four types of vulnerability which made the case susceptible to attrition: Victims under the age of 18; victims who were or had been in a relationship with the perpetrator; victims who had consumed alcohol before the offence and those noted to have a mental health issue. From the overall sample, 87% of cases involved victims with one or more vulnerable factors. Attrition patterns differed depending on the type of vulnerability present and there was a clear accumulative effect – the more vulnerabilities present the more likely it was that the cases would drop out of the system (Williams *et al.*, 2009).

Table 1: Predicted probability of attrition depending on the number of vulnerabilities

Probability of attrition	No vulnerabilities	1 vulnerability	2 vulnerabilities	3 or more vulnerabilities
Classified as no crime	23.8%	29.8%	36.7%	44.1%

Attrition at crimed-to-charged stage	74.2%	74.5%	74.9%	75.3%
Attrition at post-charged stage	31.6%	40.3%	49.7%	59.0%

Source: Williams, *et al., (*2009: 359)

Stanko and Williams (2009) argue that the legal definition of vulnerable only becomes relevant when a victim's case is being prepared for court as a result of the victim being considered for access to special measures. Both research by Burton *et al.* (2006) and Williams *et al.* (2009) in relation to serious violence highlighted that the police find it challenging to identify victim vulnerabilities from the start and this impacts on the ability for the police to effectively manage their needs throughout the process. In the context of the above findings this is critical. The role that risk assessments have in the decision making process when it comes to vulnerable victims is prominent. The very complex relationship between decision-making and vulnerability will be discussed further later on but ensuring vulnerability is assessed correctly is essential for an effective investigation. Training for police officers involved in identifying vulnerability and mental health issues is poor and therefore officers can refer to their experiential knowledge to make decisions about categories of vulnerability (Williams and Norman, forthcoming). Having access to information, advice from and working with relevant expert partners, such as, other health agencies and psychologists would be hugely beneficial. The identification of these complex vulnerable factors can be the difference between two identical 'incidents' being vastly different in terms of the risk posed to the victim in the future. Campaigns used to raise this awareness of crimes such as domestic abuse and rape have increased victim reports to the police. Such increased reporting comes at a time of decreasing resources, thus assessing risk of large numbers of cases is very difficult for front-line officers to do alone (Nixon, 2009).

When considering these victim typologies in the context of the attrition points and the ongoing issues with low conviction rates for sexual violence, it is clear that victim vulnerability plays a role. Hohl and Stanko (2015) suggest that it is not the vulnerabilities themselves that impact on attrition, it is the criminal justice agency's decision-making as a result of the vulnerability that becomes the evidential test to consider levels of credibility. Bohner *et al.* (2009) define rape myths as descriptive or prescriptive beliefs about rape that serve to deny, downplay or

justify sexual violence that men commit against women. Indeed, the influence of rape myths and how they feature in an assessment of victim credibility and the levels of provability of the case appear to remain (Williams et al, 2009). Qualitative research with women who had withdrawn their allegation of rape from the police suggests that some were encouraged to make this decision based on the difficulty the circumstances provided in terms of getting the case to court. This was also potentially impacted by the performance measures in place for rape at the time of the research as officers consider which case was classified as a crime (Williams and Stanko, 2016). This provides more evidence for public health expertise and appropriate support for the victim to meet their individual needs.

As was found in the *MPS Rape Review,* over a long period, the provision of support required to meet vulnerable rape victims' needs should therefore be addressed from when the allegation is first reported. Supporting victims' needs sufficiently throughout the process with an expert who understands the complexities of the vulnerability, through comprehensive partnership working may have a multitude of short and long-term benefits (Hartley and Hesketh, 2016). These complex characteristics involves a number of interdependent factors that are generally linked to uncertainty. As the complexity increases, the chances of any one person having all the answers—or even being able to make sense of the problem—declines (Pearce, 2004; Grint, 2010). Safeguarding these victims from the risk of re-victimisation in the future is both more beneficial in terms of public value and clearly for the individual. Whilst data on victim vulnerability is unavailable, analysis of data taken from a six-year average from the *British Crime Survey* (2004/5 to 2009/10) found that one in three rape victims are subject to repeat victimisation.

There are much broader issues around the legal and societal understanding of what constitutes consent and the potential experience in court alone is enough to explain consistent attrition rates (Gregory and Lees, 1998). The involvement of drugs or alcohol in the violation, the victims' previous history, whether the victim had had a previous relationship with the suspect and whether the victim had made a complaint to the police before are all issues that are considered in a court context. Furthermore, the absence of convictions in cases of rape involving these factors, can support rape mythology and service to reinforce ideas that women make up narratives of rape. Arguably these issues stretch way beyond the remit of the police, both in terms of capability and capacity, and are largely related to issues around public health.

Hence why the authors argue for a more comprehensive partnership approach to dealing with victims displaying such vulnerabilities, particularly in the current fiscal climate.

Domestic Abuse and Vulnerability

It is estimated from the latest *Office for National Statistics* (ONS) data that 4.3 million women have experienced domestic violence since the age of 16 (ONS, February 2016). Victims of DA are subjected to a multitude of abuse, described by some academics as a 'continuum of violence' (Hanmer and Saunders, 1984; Kelly, 1987; Stanko, 1987) which ranges from serious physical and sexual abuse through to controlling or coercive behaviour. Domestic violence has received much media coverage as a result of the HMIC report (2015) and the criminalisation of coercive control through the Serious Crime Act (2015). Myhill and Johnson (2016) describe this as a range of multiple controlling and abusive acts that collectively cause the greatest impact on the well-being of the victim. The levels of violence experienced by victims of DA whether physical, sexual or mental, is further compounded by incidents of repeat victimisation (Home Office, 2006). DA abuse rarely occurs in isolation (Riggs, *et al.,* 2000). Robinson (2006) found that 77% of the DA victims in their research, (and those who were identified with the highest risk) had previous incidents logged with the police. Therefore, DA is a continuing cycle of incidents for victims (Parmar and Sampson, 2007). Women subjected to DA often return to abusive relationships as a result of fear, being threatened by their partner, and fear of losing their autonomy if they access help from any public agency (Keeling and Van Wormer, 2012). Therefore, it is critical to understand the vulnerabilities that are present to ensure the victims are dealt with appropriately.

In addition to the existence of prior abuse within a relationship, other risk factors for DA have been identified as vulnerabilities that present as factors that increase the chance of victimisation. The *World Health Organisation* (2016) reports factors that increase an individual's susceptibility to becoming a victim of DA and sexual violence including: low education, exposure to violence between parents, abuse during childhood and an acceptance of violence and gender inequality. Women experiencing DA are also more likely to misuse drugs and alcohol than women more generally and to suffer with mental health issues or personality disorder (Kalifeh, 2014).

This highlights the existence of complexities in these victims' and the multi-faceted nature of the vulnerabilities. Furthermore, supporting these victims does not lie with one agency alone.

Victims of DA are more likely to be engaged with health services than any other service (Malpass *et al.,* 2014) highlighting how this issue is both a public health and law enforcement issues. As many DA offences are not reported to the police (Mirrlees-Black, 1999), for those victims that do report, the Criminal Justice System continues to be reviewed as being ineffective when dealing with the crime (HMIC, 2015). If a victim of DA receives support and a thorough investigation by the police, she then has the ordeal of court, and potentially family court proceedings. The focus on risk and safety planning is vastly different in civil hearings and thus victims can find themselves being re-victimised through ongoing court processes. A multi-agency, joined up approach to all aspects of the victim's journey through the criminal justice system and related hearings is paramount in order to protect victims and children within DA cases.

Early intervention: the joint role of law enforcement and the role of public health

As gatekeepers to the Criminal Justice System the response of police in relation to DA is paramount. Barrow-Grint's (2016) data analysis in Thames Valley Police revealed a correlation between attrition and time, namely that victims tended to withdraw their support for criminal action between day 1 and 10 after the violent act, but mostly before 5 days. Early positive experiences of the police lead to an increased likelihood of the victim cooperating with their case and not withdrawing an allegation as it progresses through the system (Goldstein, 1982; Lurigio and Mechanic, 2000). In addition, Brown (1984) suggests that victims who are satisfied with the response of the police have an increased likelihood of reporting future violence. However, negative experiences suggest the reverse is true (Fleury *et al*., 1998).

Robinson and Stroshine (2005) suggest that police behaviour and police demeanour were factors that contribute to DA victims' satisfaction levels of police response. This was predominantly related to whether the actions undertaken by the police are in-line with what the victim wanted as an outcome, and that the victim felt respected. This highlights the importance of a positive early encounter (and beyond) with the police[3]. A fundamental part of this process is identifying from the onset, the risks and potential dangerousness of the event at hand. Myhill and Johnson (2016) found that officers can still be overly focused on criminal offences and visible forms of violence as opposed to the wider context and the potential consequences of

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[3] For current recommendations around police responding to DA please see College of Policing (2015) *: Understanding risk and vulnerability in the context of domestic abuse* [Internet]. https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/domestic-abuse/risk-and-vulnerability/ [Accessed 10 March 2016]

more discrete psychological intimidation and control. In relation to the output driven nature of the criminal justice context, it is perhaps not surprising that such decisions and narrow viewpoints on what constitutes abusive behaviour may in part be about the requirements of the performance framework within which they work. These are predominantly focused in the main on criminal justice recourse (Williams *et al*., 2009; Waddington, 2012).

A multi-agency approach

As has been described previously, there are a number of interdependent issues that help explain the problematic relationship between the police and victimisation in cases of domestic abuse, sexual assault and rape. These include a number of victim vulnerabilities, the need for their correct identification, issues with attrition, performance methods and the continuing impact of societal myths about victim believability and credibility (Williams and Stanko, 2016). Many of these factors reach beyond the remit of policing and the criminal justice system and if there is to be a significant reduction in cases of domestic abuse, sexual assault and rape and other forms of harmful practices against women then resources need to be directed at 'early intervention approaches' (Allen, 2011).

Multi-agency initiatives have increasingly been introduced since the 1990s, to co-ordinate responses and best support victims of DA (Hague, 2005). Evidence informs us that a police response alone will not effectively tackle violence against women (National Institute for Health and Care Excellence [NICE], 2014). Increasing knowledge amongst all practitioners may facilitate a sense of confidence in asking appropriate questions of victims, culminating in a higher chance of keeping victims safe in the future (Stanley, 2011). Further developments of a multi-agency model can be exemplified through co-located teams, consisting of field experts and frontline responders. For example, The Hackney Project (2013) resources their multi-agency approach to DA using domestic abuse experts who are embedded within social work teams, subsequently improving services to women.

Independent Domestic Violence Advocates (IDVA's) provide short to medium term support to women at high risk of domestic violence and abuse and in cases where IDVA's are involved research found that 69% of domestic abuse ceased at the point of case closure. There was an additional 45% cessation over a year in police call outs after a Multi-Agency Risk Assessment Conference (MARAC) (Co-ordinated Action Against Domestic Abuse (CAADA)) –2014, p.8). Thus, multi-agency response aligned with dedicated policing teams is the most effective way

to deal with both domestic abuse and sexual assault cases. However, the majority of cases do not meet the threshold for high risk and thus large numbers of victims go without this dedicated support. In relation to potential escalation and further violence this is critical. In addition, this deals only with reported cases and many women do not report the abuse for a multitude of reasons (as discussed above).

In 2011, the London Safeguarding Children Board (LSCB) began rolling out Multi-Agency Safeguarding Hubs (MASH). MASH's were pioneered in Devon as a direct response to several high profile failings in the safeguarding of children. Munroe's review (2011) found that agencies were not sharing information and were failing to work together effectively. The idea of the MASH is to increase effective partnership working in a timely manner at the point of referral from professionals. A review conducted by Crockett et al (2013) found the MASH approach has the potential to address some of the issues highlighted in serious case reviews in the past. One of the main successes is the reduction in time to respond to the safeguarding concern. Whilst there are examples of individual initiatives having some positive impact there is also much evidence that suggests that health professionals rarely participate in domestic abuse forums, findings can be inconsistent and that multi-agency schemes may simply be a justification for the reduction in resources for victims (Harwin *et al.*, 1999). This is despite recommendations from the Department of Health about the need to consider DA as a matter for health services. There was also no evidence of other agency involvement in the complex risks presented by victims of sexual violence in the *MPS Rape Review* (Stanko and Williams, 2009). It is likely in today's current fiscal climate that consistency of delivery will become even more problematic.

In addition to funding and accountability, the evidence that feeds into the NICE guidelines also raises questions about the practicalities of agencies working together collaboratively as this has been identified as problematic. The lack of useful data and information concerning risk and how to subsequently safeguard victims is a recurring theme in research in relation to the effective identification of risk vulnerable factors from the very start of the process (Williams *et al.*, 2009; Myhill and Johnson, 2016). Loftus (2009) found that Domestic Violence Investigation Records (DVIR) which were developed to provide an accurate overview of the victims' needs were considered to be 'intrusive' and 'pointless' by the many officers and reinforced the already present perception of DA jobs as troublesome. Indeed, she found that officers at times did not use the form and subsequently completed it at a later stage to save

time. The very purpose of the DVIR is negated as a tool to assess victim needs both for the investigative process and the victims' longer needs. Consequently, the lack of consistent support provided by agencies leaves women vulnerable in terms of re-victimisation and exposes them, potentially to more serious crimes perpetrated against them by their offender. Indeed, the latest ONS data (2016) reports that in the last 12 months, 81 women have been killed as a result of a domestic homicide indicating the current response is failing victims of DV (Horley, 2016).

Concluding remarks

Understanding the complexities of the issues involved for women who have experienced domestic and / or sexual violence is crucial in developing a co-ordinated response to the problem. The aetiology of violence against women is extremely complex and this results from a variety of forces that operate on several levels, including that of the individual, the family, the community, and the society (Krug, el al, 2002). Indeed, there is clear evidence above that a rounded response to these crimes is required for a number of reasons in both the short and longer term. This must involve a thorough assessment of any risk of future harm and the correct identification of vulnerable factors, appropriate support to assist women to stay on board with the process and longer-term assistance with their issues, which are often related to the public health arena. Reporting an event is often assumed to be the difficult part of the process however, feeling fearful, lonely, apprehensive and confused after the report is made can be when victims need the most support (Williams *et al*., 2009). This is why a multi-agency response to domestic and sexual abuse is paramount.

Complex problems involve multiple interacting systems and much diversity (Herrington and Colvin, 2016). It would appear that current solutions to the DA and sexual violence 'police issues' as identified in recent reports (HMIC, 2015; Angliolini, 2015) remain focused on relatively narrow tick box solutions which can limit discretion and inhibit a problem solving approach (Myhill and Johnson, 2016). Additionally, as Loftus (2009) found in her ethnographic research with officers, ensuring they, as individuals, were covered and their actions justified seem to take precedence over providing sufficient support for the victims in cases of DV.

Such attitudes may also relate to the prevailing notions of police culture and what officers perceive to be priority police work (Silvesti, 2003). Indeed, the extent to what is valued within the organisation as well as what is 'done' is vital to understand when reviewing the extent to

which reforms on policing rape and DA have been successful. As described by Cockcroft and Beattie (2009) the customer focus side of policing in the current measurement culture is often neglected. Some officers considered such methods as challenging the notion of police professionalism as it drives officers to undertake easily measureable tasks as opposed to utilising softer skills, discretion and problem solving (Fleming and Scott, 2008). These are typically the skills officers would be required to both do well (via creative, innovative behaviours and reflection) and prioritise within the context of dealing with victims of violence against women.

Such crimes require a far wider remit than law enforcement. It seems contradictory that such methods almost reinforce the dominant discourse of a law enforcement paradigm, which does not comfortably view public health issues in the mandate of police work. It seems from an overview of the literature that some of the changes undertaken within policing in the current climate might have the reverse effect of limiting the change required to develop a more professional police service that recognises both reflection, critical thinking and the use of partners when dealing with such crimes. Short-term performance methods may assist with the re-establishment of cultural identities via traditional behaviours that provide officers with a sense of capital within their role as a police officer (Chan, 1997). It is contradictory therefore that it might be some of these very behaviours that the reform agendas and proposals for longer term outcomes are seeking to address (Loftus, 2008). Indeed, as Neyroud (2009) argues one of the most difficult issues with an understanding of being reflective is the permanency of the performance culture which negates the importance of the process involved in police interaction.

Perhaps another area within this debate which is worthy of more research is the issue of leadership and understanding complex long-term problems with partners. Making progress on complex problems requires effective leadership, but not just top down processes and authority. This as seen in the argument presented above can result in issues being missed due to a culture of risk aversion and the lack of the reflection required. Reliance on one individual leader can limit effective joined up responses to such complexity because it can encourage individuals to look to internal managers for the answers rather than thinking more diversely (Herrington and Colvin, 2016).

There is no doubt that the long term issues affecting women experiencing violence are further impacted on by their experience with the Criminal Justice System. Yet despite the extensive evidence, the notion of using evidence-based strategy in the context of public health for both

short term investigation purposes and the longer term prevention of violence against women does not appear to have been universally adopted by law enforcement practitioners who work in this field. Hence, there is a shortage of preventative public health approaches to avert such violence (Schewe, 2006). There is a clear need to integrate the worlds of law enforcement and public health when dealing effectively with violence against women.

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