



# Every Voice Counts

Policing Response to Intimate Partner Violence in Northern Ireland:  
Full Report

An abstract painting of four stylized human figures in a row, rendered in vibrant, overlapping colors like blue, red, yellow, and purple. The figures are simplified, with some facial features highlighted in different colors.

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# About the Authors



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Susan completed her BSc in Social Psychology in 2012 at Ulster University. Before starting her PhD, she worked as a research assistant at Ulster University's psychology department for two years. Susan is currently a second year PhD student; her research is primarily focused on Intimate Partner Violence (IPV), risk, resilience, and outcomes in Northern Ireland. Susan recently published a comprehensive systematic literature review of IPV and mental health in a leading European trauma journal. Susan is a committee member of the Northern Ireland British Psychological Society and Ulster University Psychological Society. Susan is also the nominated Northern Ireland PSYPAG representative for postgraduate students. In addition to Susans main research focus on IPV, Susan assists Dr Cherie Armour, her PhD supervisor, on a number of trauma and mental health based projects including that of a recent study assessing the lived experience of Northern Ireland veterans and a study assessing the relationship between eating disorder and mental health outcome. To date Susan has presented at multiple academic conferences including as part of a sponsored symposium at the British Psychological Societies' annual conference.



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Dr Cherie Armour commenced her post as a Lecturer in Psychology at Ulster University in 2013. Cherie has both an MSc in Forensic Psychology and a PhD in trauma and Posttraumatic Stress Disorder (PTSD). Cherie has conducted research with many traumatized groups, for example, maltreated children, victims of sexual assault and rape, victims of intimate partner violence, refugees, the bereaved, and the military. Cherie has over 70 peer reviewed publications, many of which are in world leading Psychiatry and Psychology journals, and the majority of which focus on trauma and its impact on psychological well-being. She is an editor for the European Journal of Psychotraumatology and PLOS One and sits on the editorial boards of a number of well-respected journals, including the Journal of Anxiety Disorders and Psychological Trauma; theory, research, practice, and policy. At present Dr Armour supervises a number of PhD students across a wide range of trauma and mental health projects. Cherie is also the lead researcher on a three year funded project reviewing services and supports for Northern Irish veterans and their families.



## Professor Maurice Stringer

Professor Maurice Stringer is Professor of Psychology and Director of the Psychology Research Institute. He has lectured and researched for over 30 years in the areas of intergroup conflict and health psychology. He has held numerous positions within the British Psychological Society including Chair of the British Psychological Society's Representative Council; He is currently examining the effects of PSNI police training in Northern Ireland.

# Reflections from Sharon Burnett, Women's Aid

Every Voice Counts was born of collaboration and partnership working between Causeway Women's Aid, the PSNI and the Ulster University's Psychology Department, motivated by a desire to independently identify ways in which to better support victims of Domestic Violence.

The resulting research gives voice to the real life experiences of victims of Domestic Violence and PSNI officers who have attended Domestic Incidents. These experiences demonstrate clearly the complexity of needs and risks that surround Domestic Violence both for victims and responding officers. Their participation has been invaluable and central to ensuring that Northern Ireland specific research is available that highlights the personal needs of victims and the professional needs of PSNI officers.

Victims of domestic violence are acutely aware of the risks they take in trying to access support so all agencies that have an opportunity to provide life changing and life saving services should listen to all the voices within this research. These voices, if listened to, could really count.

# Acknowledgements

The women who have survived intimate partner violence and the constables, sergeants and inspectors who have worked so hard to respond and support the victims of intimate partner violence, we thank you for your insight, honesty and valour.

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# Introduction

Intimate Partner Violence (IPV) is generally defined as “physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy” (CDC, 2014). IPV as a term can and has been used interchangeably with the term domestic violence throughout the literature. This study will focus on the definition of IPV but use the term domestic violence. Domestic violence as a term is more easily recognisable within discussions but the study is focused on violence between sexual partners who are not biologically related. Domestic violence (DV) between sexual partners can vary in terms of severity and rate of occurrence within intimate relationships (CDC, 2014). Victims of DV may experience one type of violence or a combination of all types of violence within a single relationship, also known as poly-victimisation (Sabina & Straus, 2008). Furthermore, victims may be subjected to DV on more than one occasion, lasting weeks, months, and even years. Although both males and females can be victims and perpetrators of DV, a vast amount of research to date has indicated that females tend to be more closely associated with victimisation and suffer from more severe consequences of DV. Consequences of experiencing DV can include physical (cuts, bruises, broken bones) and mental health outcomes (Post Traumatic Stress Disorder, Depression, Anxiety). In addition, DV has been shown to impact upon other family members such as children (WHO, 2012).

Prior literature suggests that DV may be caused by a number of co-occurring factors. For example, some pre-existing disorders and the participation in substance or alcohol abuse may cause increased risk of victimisation and perpetration of DV (Trevillion, Oram, Feder, & Howard, 2012). Studies such as that of Ehrensaft, Moffitt, and Caspi (2006), note that individuals reported as having a previously identified disorder were at greatest risk of becoming perpetrators of violence in abusive adult relationships. Global studies such as the WHO multi-cultural study of women suggest that a number of further key factors may also increase ones risk of experiencing DV. Some of the risks identified included, younger age of victim, a more accepting attitude towards IPV, alcohol abuse, prior experience of childhood abuse, past experiences of witnessing parental IPV, lower levels of education, and previous experience of DV during adult relationships. Abramsky et al. (2011) further stated that “The strength of the association was greatest when both the woman and her partner had the risk factor” (p. 1). Of note however, the World Health Organisation’s multi-cultural study stated that depending on the context and cultural ideology’s surrounding the issue of DV, results of risks and outcomes associated

with DV can be markedly different from one culture to the next.

The rate and propensity of DV has been shown to be so significant that considerable resources have been focused on the development of response and intervention programmes aimed at tackling this area (Capaldi & Langhinrichsen-Rohling, 2009). One particular area of response which is paramount to ensuring the safety of DV victims is the police service. The police service in any region is employed to enforce the law and provide justice and protection to society and individuals. For these reasons it can be postulated that understanding the nature and extent of the problem that is DV is particularly important for this service provider. During a 2014 review undertaken by Her Majesty’s Inspectorate of Constabulary (HMIC), inspectors used a combination of both qualitative (unstructured data such as focus groups) and quantitative methods (structured numerical data) to assess the quality of police response to domestic violence within England and Wales. The researchers collected data from both victims and police officers. The researchers found that although the police service has stated that tackling domestic violence within communities is

a priority, a number of shortfalls were identified. The report indicated that first and foremost, the education of police officers in relation to knowledge and understanding is very important. This point is evidenced by the below quote from the HMIC report:

*“Many frontline officers, and in some cases specialist police officers, lack the skills they need to tackle domestic abuse effectively. Officers are often ill-equipped to identify dangerous patterns of behaviour in domestic abuse perpetrators accurately, in particular where there is no overt physical violence but instead there is psychological intimidation and control, which can also have fatal consequences” (HMIC, 2014, p.9)”*

As previously noted, victims can be subject to different types of violence within their intimate relationships. That said psychological and emotional abuse can be noted as more discrete forms of violence and less obvious in terms of risk assessment. If police officers are not aware or trained to identify the signs of non-physical violence or how to deal with such violence appropriately, the ability of a police officer to intervene and take positive action is hampered due to lack of clear evidence. The HMIC report also noted that police attitudes towards domestic violence can make a difference in how attending officers deal with a DV case. As Logan, Shannon and Walker, (2006) noted “officer attitudes may be a silent contributor to situation interpretation and enforcement responses” (p.7). Moreover, if police officers do not understand the impact and severity of more discreet types of violence, their response may not reflect the serious nature of the situation.

In many cases, although victims may have decided to contact the police during a violent dispute, this may not be the first time they have experienced DV. Many police forces have systems in place or protocols to follow which help decide on the risk assessment whilst at a scene. If officers are not aware of repeat victimisation, or how to identify the signs, they may not respond appropriately. For example, the HMIC found that a number of police forces across England and Wales were not always vigilant in terms of evidence collection at a domestic abuse scene (HMIC, 2014). If officers perceive a situation as a one off, they may not be inclined to document all evidence. The collection of evidence and documentation may also be made difficult by the associated risk and moderating factors of DV. For example, use of alcohol has been found to increase the risk of perpetration of DV (Field, Caetano & Nelson, 2004). Research has also highlighted that DV victims may

exploit alcohol and substances in order to help cope with their experiences (Wingood, DiClemente & Raj, 2000). If officers arrive at a scene whereby the perpetrator and/or the victim are intoxicated, this may make it harder for officers to act positively.

Similarly, research has highlighted that factors such as mental health can influence both the risk of experiencing DV as well as being an outcome of experiencing DV. Trevillion et al. (2012) in their systematic review which included 41 research papers reported that individuals who were victims of DV were more likely to report experiencing a mental health disorder. An average of 45.5% of females experiencing lifetime occurrence of DV reported depressive disorders. On average 27.6% of females also reported anxiety disorders and 61% reported post-traumatic stress disorder (PTSD). In relation to men, two studies reported a prevalence of lifetime DV among men with depressive disorders (5.3% and 31.3%) and men with anxiety disorders (7.4% and 27%; Trevillion et al., 2012). Rousenbaum and Leising (2003) noted that symptoms of PTSD can also cause anger dysregulation which has been found to be associated with generalised aggression and aggression towards ones partner. Mental disorders can cause individuals to display symptoms that when not understood in the context of the mental disorder can be skewed by observers. Police officers arriving at a scene where the victim is potentially suffering from a mental disorder and displaying symptoms that do not reflect victimisation, may respond to surface behaviours rather than fully understanding the underlying context. Such displays have been noted by researchers such as Krause, Kaltman, Goodman and Dutton when reviewing PTSD symptoms among women who had experienced partner violence (2006). The researchers found that in particular, women who reported numbing symptoms were also more likely to have experienced repeat victimisation. Such findings have particular importance for officers attending repeat callers.

The police services are also faced with a number of indirect barriers to effectiveness; some of which they have very little control over. Indeed, in many cases DV victims do not report their experience and thus little can be done to ensure safety. Wolf et al. (2003) conducted focus groups with 41 DV female victims in order to understand the barriers to help seeking from the police. The researchers found that in many cases victims would not contact the police because they felt that the violence must be physical with proof, that they would be judged, face possible

repercussions, or that they would not be listened to, or the situation would be trivialized. They also found that the victim's emotional and psychological state played a role in their help seeking behaviours. In many DV cases victims are repeatedly exposed to violence to the point of learned helplessness. Victims in this state of mind may not seek help as they feel nothing will help their situation. Wolf et al. (2013) reported that;

*“Women discussed the damaging cumulative effect of physical violence, emotional abuse, and manipulation on their self-esteem, limiting their ability to break free of their abuser and to seek help from the police. Victims are often emotionally entrapped by their abuser's promises that things would change for the better, or convincing arguments that she brought the abuse upon herself or that the abuse did not really occur”. (p.124)*

A further challenge for the police service and the development of appropriate protocols and police response guidelines is the definition of DV itself. Many researchers and governments still tend to use the term domestic violence to define the occurrence of violence between partners. More specific terms such as intimate partner violence have been incorporated into the literature to help distinguish violence between family members (domestic violence) and violence between current or prior sexual partners (intimate partner violence). The use of umbrella terms such as domestic violence has meant that the differences and approaches to tackling violence among intimate or sexual partners and violence among family members has become somewhat generalised. Such generalisation has made it difficult to empirically measure the extent and nature of these issues independently with many government policies adopting a one size fits all approach. Researchers of the HMIC found that the definition of domestic abuse in the UK has changed in 2012 to include patterns of controlling, coercive or threatening behaviour as well as incidents, and relates to young people aged 16 and over, yet existing police guidance in England and Wales remain to be based on earlier definitions.

The Police Service of Northern Ireland (PSNI) define domestic abuse as “any incident of threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation” (PSNI, 2014). In 2013, the Northern Ireland Crime Survey results indicated

that from 2010/2011 around one-in-twenty adults experienced at least one form of partner violence and abuse within a three year period (Toner & Freel, 2013). Furthermore, reports provided by the PSNI on domestic abuse noted that “The figure of 27,628 incidents for 2013/14 is the highest level recorded since 2004/05, and shows a slight increase of 1.6% on the 2012/13 figure of 27,190”. The problem is further exasperated by the fact that these reports may only be the tip of the iceberg. Indeed, many DV crimes go unreported and thus unrecorded every year; resulting in only a partial understanding of the extent of the problem. For example, Women's Aid Northern Ireland is a charitable non-government organisation aimed at helping women who experience DV get the support and advice they need. Women's Aid provides a helpline service to victims of IPV providing support and advice. In a 2013 Women's Aid report, it was noted that the helpline received a total of 47,597 calls during the year. During the same year the PSNI reported 27,190 incidents with a domestic motivation (Women's Aid, 2013). Although using combined results of varied sources such as above help clarify the extent of DV occurrence, these reports do not reflect the complexity's associated with experiencing DV.

The Northern Ireland definition of DV, although all inclusive, further exacerbates the complications of understanding violence between sexual partners by not clearly defining the issue at hand. Differences in the experience of domestic violence between sexual partners and the types of violence perpetrated against a victim of violence between sexual partners can be gravely important for service providers such as the police service in knowing how to approach and deal with DV cases. During 2009/10, the PSNI found that of 4309 cases detected with a domestic abuse motivation over 2000 cases were the result of DV between either a current or former partner (Northern Ireland Policing Board, 2011). Furthermore, DV within Northern Ireland is also noted as having a tangible impact on both the victims and wider services. A public consultation document reported;

*“It is estimated that the economic costs of domestic violence and abuse in Northern Ireland for 2010/11 was approximately £610m, with the majority of the costs falling on victims and their families. Sizeable costs also fall on the health, social care and criminal justice services” (DHSSPSNI, 2014, Stopping Domestic and Sexual Violence and Abuse in Northern Ireland 2013-2020, Public Consultation Document, p30).*



Within Northern Ireland the PSNI have set out clear guidance for their police officers for dealing with DV cases through the adoption of the Multi-Agency Risk Assessment Conference (MARAC) system (DHSSPSNI, 2012). The MARAC system involves information sharing with regards to high risk DV cases between key stakeholder services in order to provide service and safety to victims and their children. The MARAC system also allows for decisions and actions to be taken towards managing perpetrators behaviour. The first steps with regards to the MARAC system involves the 'DASH' risk Identification model which requires the completion of a 27 item checklist during all incidents of domestic violence by the first response officer. The checklist addresses all aspects of DV (Physical, sexual, emotional abuse etc.) and has been designed to help officers identify the risk level of the incident as well as a method of record keeping. Following the completion of the DASH, the form is then reviewed by the supervisor before submission to a domestic abuse officer. Once the level of risk has been fully assessed, appropriate action is taken (CAADA, 2012). MARAC was initially rolled out across the Police Service of Northern Ireland during 2009. Although research evaluating its effectiveness in regions such as England and Wales has taken place (See Steel, Blakeborough & Nicholas, 2011), no such independent evaluations have been carried out in Northern Ireland. To date, there is very little Northern Ireland based research which can shed light on best practice in relation to DV and policing response, thus it is difficult to implement a uniformed and effective approach. The PSNI are continually provided with training and are subjected to review through criminal justice inspections. What can be clearly seen from a review of such reports is that the PSNI implement and practice recommendations as best they can but a number of shortfalls are consistently identified (CJINI, 2010, Northern Ireland Policing Board, 2011, CJINI, 2013). Without clear understanding of the extent and nature of DV within a particular culture, government and legal interventions will be unable to produce desired results. Such obstacles hold particular importance for Northern Ireland given the recent consultation publication for the Northern Ireland strategy to tackle domestic and sexual violence and abuse (DHSSPSNI, 2014)

The HMIC suggested that "The voices of victims need to be heard to make sure the police response is focused on them. Feedback from victims helps forces to plan appropriate services. It also provides a means of assessing how well the force is performing" (p.10)

Therefore the aims of this research project were threefold:

1. Use similar methods as utilised by HMIC in order to assess the attitudes and beliefs of both domestic violence survivors and PSNI attending officers in relation to current policing response to domestic violence between sexual partners within H District (Ballymena, Ballymoney, Coleraine, Larne, Moyle), Northern Ireland
2. Help clarify and fill the current research gap in regard to policing response in NI
3. Make any notable recommendations to service provision based on findings.

# Methods

This study was granted ethical approval by Ulster University's Research Ethics Committee. Researchers have followed the British Psychological Society's Good Practise Guide and Code of Ethics and Conduct across all aspects of this study.

The current study employed qualitative methods in the form of a multi- category focus group design (Howitt, 2013). Focus groups are a form of group interview that capitalises on communication between research participants in order to generate data (Kitzinger, 1994). This method involves eliciting opinions and points of view through encouraging interaction among members within the group. These members are normally selected through purposive sampling, this method involves choosing participants on the bases that they hold knowledge or a clear opinion that relates directly to the research question or questions (Patton, 2002) thus ideally can generate vast amounts of insight and understanding to a particular area of interest. For this study, focus group participants included domestic violence survivors who had previously been in receipt of police assistance and incident attending officers who had previously attended domestic calls.

We also used some additional complimentary methods such as asking participants to review situational based scenarios. Short situational scenarios can be valuable when researchers wish to explore sensitive topics that participants might find difficult to discuss (Barter & Renold, 1999). Commenting on a story is less personal than talking about a direct experience; it is often viewed by participants as being less threatening (Barter & Renold, 1999). Scenarios also offer the possibility of examining different groups' interpretations and attitudes towards the same situation (Barter & Renold, 1999). In addition, the study made use of a brief questionnaire to help summarise key points of interest.

## Marterials

All focus groups were semi structured. Focus group participants were asked a number of open ended questions which reflected the main aims of this study. Questions which were posed to attending officers and domestic violence survivors differed slightly in that they were designed to complement one another and reflect the different experiences of attending officers and domestic violence survivors. The questions were designed to encourage open discussion between the group members but restricted to the key topic of 'policing response to domestic violence between sexual partners'. Table's 1 and 2 provides an overview of questions asked:

## Additional Marterials

All Focus groups participants were also provided with three short situational scenarios relating to different types of domestic violence between sexual partners and asked to comment using a likert scale (Harrist & Cook, 1994). This type of scale is normally used to help represent people's attitudes. The scale has 9 pre-coded responses with a neutral point in the middle, for example 1 = definitely agree, 10 = definitely do not agree. The scenarios were utilised to allow participants the opportunity to express their own attitudes without group pressure or bias. Responses were completely anonymous (See Results section for overview of scenarios).

Focus groups including survivors only were also asked to complete a short questionnaire. The reason for this was to help inform recommendations based group characteristics as well as individual needs. The questions asked related to participant demographics (such as occupation), perceptions of their own mental health and perpetrators mental health, use of alcohol during a domestic incident and whether children (if any) were ever present during a violent dispute with a partner.

*Please note that all questions were asked in a conversation style format. Some prompt questions may have also been asked during times when conversation was not flowing as easily as expected or when the researcher felt the participants of the group needed further explanation of the question.*

## Table 1: Questions for domestic violence survivors

Can I ask in your opinion, do you think that domestic violence is an important issue for the PSNI?

Can you tell me a little bit about your experience of dealing with the police as a result of your experience?

To what extent do you feel that the police focused on your needs as an individual?

When dealing with the police, where you ever asked to complete a DASH form.

Did the police explain the MARAC system to you? This is a system where your information may be shared with other agencies to provide you with further support.

What was it that made you decide to contact the police for help?

If there was a criminal investigation, what the quality of this was, and how did the outcome help you and the situation?

How confident would you be to report a DV incident to the police again and why?

Which types of abuse would you seek police help for (or abuse you would not seek help for)?

How do you think the police deal with situations when they are called out and there is alcohol involved?

If you (or anyone) had a mental health concern do you think that disclosing this to the attending officers would result in a change in how they dealt with the situation?

What expectations do you have (what you would want the police to do) if you called them for help with regards to partner violence?

Through dealing with the police for a domestic incident, were you provided with support from other services/ agencies?

What can the police do to improve the way they handle cases?

## Table 2: Focus group questions for attending officers

Can I ask, in your opinion, is domestic violence an issue for the PSNI?

Within the definition of DV, violence can be in the form of physical, sexual, emotional abuse. Do you feel comfortable in dealing and responding to all these types of abuse?

Part of the PSNI protocol in dealing with a DV case is the completion of the DASH risk assessment by the first attending officer. Is this always achievable at the scene?

The PSNI use the MARAC system to share information with important service providers, working in partnership to protect victims. Do you feel that you know enough about the MARAC system?

What do you think is expected from you by the injured party (IP) when you arrive at the scene?

Research has told us that the risk of being violent is increased if individuals use alcohol or drugs. However we also know that victim's may also use alcohol or drugs as a coping mechanism. Let's discuss this a little and how it impacts on how you respond to domestic violence incidents?

If you are called to a domestic incident, is it always easy to identify the victim? If there appears that there are grounds for arrest in relation to both parties – how likely is it that this will happen?

If you attend a domestic violence incident and children are present how is this situation handled? Lets first talk about when there are very young children in the house (say under 10). What if the children are over the age of 10?

What information on previous history will a responding officers have each time they attend a DV call?

If you are responding to a non-molestation order does this always result in an arrest?

What training over the past 5 years have you received which has helped you deal with domestic violence cases? Tell us about that

Have you ever had cases were you believe or know that the suspect or injured party has or may have a mental health problem? Let's talk about that and how it affects your responding?

Do you ever feel personally at risk during a DV case?

## Selection and Recruitment

The researchers contacted and were given permission by a senior PSNI officer who was responsible for service delivery to work with police officers of the PSNI in the H District as part of a wider review on police response to domestic violence in Northern Ireland. The researchers were also given permission to work with the main domestic violence charity organisation, Causeway Women's Aid and Women's Aid ABCLN in order to recruit survivors to take part in focus groups. Both organisation representatives agreed to become organisation liaisons for the researchers and to help support the researchers through the recruitment stage of the study. Before contacting potential participants, information regarding the study, such as background, aims of the study, methodology to be applied, and information for potential participants was sent to the project liaisons for consultation and review. This was to ensure that the type of questions being asked and scenarios given were relevant and applicable to real life as experienced by potential participants. Once all materials and methods had been agreed, recruitment then commenced during December 2014.

## Recruitment with Attending Officers

Initially the researchers provided the PSNI project liaison with an email containing key pieces of information to send out to all officers (both male and female) in H District (Ballymena, Ballymoney, Coleraine, Larne, Moyle). The email gave an overview of the study e.g. focus groups discussing police response, experience, and attitudes towards domestic violence between sexual partners; as well as a consent form to be signed before participation, and details of how to sign up and take part in a focus group. Inclusion criteria for officer participation was that officers must have completed the PSNI domestic violence training course (Onus) and must have dealt with domestic calls.

Response rates with this method were relatively low. The researchers and liaison believed that this may be due to officers being apprehensive about their participation due to the research title and the fact that officers were unfamiliar with the researchers and the research process. The researchers and PSNI liaison decided that a more direct approach might work better with this group; specifically it was agreed that if the officers could meet and speak with the researchers themselves this might reduce any worries that officers had about taking part in the study.

The PhD researcher Susan Lagdon therefore attended a number of officer briefings across Coleraine and Ballymena police stations. These briefings are normally held to inform and update officers of important information prior to the start of their shift. Along with a trainee research assistant, the PhD researcher was given permission by the PSNI liaison to speak with officers at the start of the briefings. This session was used as a way of providing officers with all of the relevant study information so that officers could make a decision about participating in a focus group. Given that the PhD researcher would also be the main person facilitating the focus groups this ensured that officers were met with a familiar face when attending the focus groups. Once the PhD researcher had provided the officers with the information and answered all questions, officers were provided with an information sheet and sign-up sheet for anyone who wished to take part in a focus group. To ensure that officers did not feel coerced into taking part, the researcher, trainee research assistant and project liaison left the room after the sign-up sheet was given to officers. Officers were instructed to sign their names and provide an email address if they wished to take part. Once all officers who wished to take part in a focus group had provided relevant details, they were asked to place the sign-up sheet into an unmarked envelope and call the researcher back into to the room. This method ensured that officers were free to not take part in the study if they did not want to and that the researcher would only know who was taking part after leaving the police station.

## Recruitment of Domestic Violence Survivors

Researchers provided the Causeway Women's Aid Liaison with information relating to the study which included an information sheet which could be passed on to potential participants. The liaison agreed to invite survivors along to take part in a focus group reviewing their experience, thoughts, and attitudes towards policing response to domestic violence between sexual partners. These individuals were invited on the basis that they were no longer at risk of harm and considered their domestic violence experience as not a current issue of concern. All participants must have had experience in dealing with police officers as part of a partner violence dispute.

The Causeway Women's Aid liaison worked with a



number of organisation branches including Women's Aid ABCLN in H District to help recruit survivors across H District. The Women's Aid liaison noted that beyond the issue of fear, many of the women availing of their service had not ever contacted the police for help. This in turn meant that recruitment with survivors was a slow but steady process. The liaison met with groups of survivors and explained in person the purpose of the study and all relevant information, reiterating anonymity and confidentiality to help reduce any fears survivors may have had as they related to participation.

Liaisons with both the PSNI and Causeway Women's Aid were nominated to be the direct channels of communication between the researchers and participants. The PhD researcher was present at all focus groups, however liaisons arranged the time and place of the focus groups.

## Protocol

Separate focus groups were held for PSNI attending officers and domestic violence survivors over a period of 14 weeks. In total, 13 focus groups were conducted, 7 with PSNI attending officers (n=23) and 6 with IPV survivors (n=20). Focus groups tended to be comprised of smaller than expected numbers with 3-4 people per group rather than the expected 6-7. Given the sensitive nature of the topic of discussion it was however thought best to keep groups more intimate for in-depth discussions. On average, individual focus groups lasted no longer than 60 minutes (this time frame also helped for control of fatigue) but extra time was allocated if necessary. All participants were aged 18 or over.

All officers who signed up to take part in a focus group were contacted via internal emailing. Given the operational demands placed on a police officer, the PSNI liaison worked with operations planning staff to schedule focus groups on the days that worked best for attending officers. During some occasions, not all officers could attend a focus group due to unforeseen operational demands. Police officers participating in focus groups were grouped by their rank order i.e. constables, sergeants, and inspectors. It was hoped that grouping officers according to their rank would encourage honesty and to ensure that participating officers were not influenced by the presence of more senior ranking officers or vice versa. All PSNI focus groups were held at either the Coleraine or Ballymena police stations.

All survivors were contacted in person or by telephone by a Women's Aid worker who they were

familiar with. Women's Aid workers arranged a time and date that suited the women to attend a focus group. All focus groups were held at a Women's Aid premises across H District.

At the beginning of each focus group, the PhD researcher introduced herself and the research assistant. All participants were then reminded of the purpose of the study, the themes of the questions to be asked, and their right to withdraw at any time without reasons if they wish to do so, and importantly their right to anonymity and confidentiality. Each participant was given an information sheet for final review and a consent form for signing. Each participant then had a numbered card placed in front of them. Participants were asked to refrain from using any identifying language such as referring to each other by name and instead use the numbered cards if necessary to refer to one another. That said, it was explained that if any identifying or personal information was disclosed during focus group recordings, this would be removed from final transcripts.

The researcher then explained some rules associated with taking part in a focus group, for example, the importance of anonymity / confidentiality and mutual respect and listening among participants. All participants were then asked to agree and sign a confidentiality agreement ensuring that no personal information disclosed during the focus groups by any individual would be discussed in any context after the focus group had ended. This agreement helped ensure that participants had an extra safeguard against information being disclosed, as well as allowing them an opportunity to speak free from judgment. Once all documentation was signed, recorders were switched on and the focus group commenced.

Once the focus group had come to an end the researchers then facilitated a debriefing discussion with the participants, reviewing the notes of the discussion and discussing areas that seemed particularly salient. Participants were asked if anything was missed or taken out of context and to agree on the final overview of discussion points. Once recording had halted, participants (both police officers and survivors) were then provided with a sheet containing three fictional scenarios. The participants were asked to read these scenarios independently and respond to some brief questions.

Additionally, survivors (only) were provided with

a short questionnaire at the end of the session to complete independently and anonymously. When all participants had completed their feedback on the scenarios and questionnaires they were provided with a debriefing information sheet which gave a final overview of the study purpose, researcher details for any follow-up questions, and details of further support services if needed.

## Data Collection and Analysis

### Focus Groups

All focus group interviews were recorded using electronic recording devices. A research assistant was also present during all focus groups for note taking during the duration of the focus groups as a supplementary method of recording nonverbal cues during discussions to help provide context to written transcripts. A total of 13 focus groups were completed

in total, 6 with domestic violence survivors and 7 with PSNI attending officers. Recruitment and focus group conduction was halted at this number as the researchers had reached data saturation, by this we mean that no new information was being generated. As mentioned, all participants also had number cards in front of them to protect their anonymity. Once interviews had all been completed, recordings were transcribed verbatim and said numbers were used to help indicate the order of speakers.

Analysis of transcripts followed the format of thematic analysis as depicted by Braun and Clarke (2006). This involves six separate stages but is not restricted to a sequential order, rather the researcher moves backward and forwards between stages of the process to achieve a full understanding of the data and results. Figure 1 provides a visualisation of the thematic analysis process:

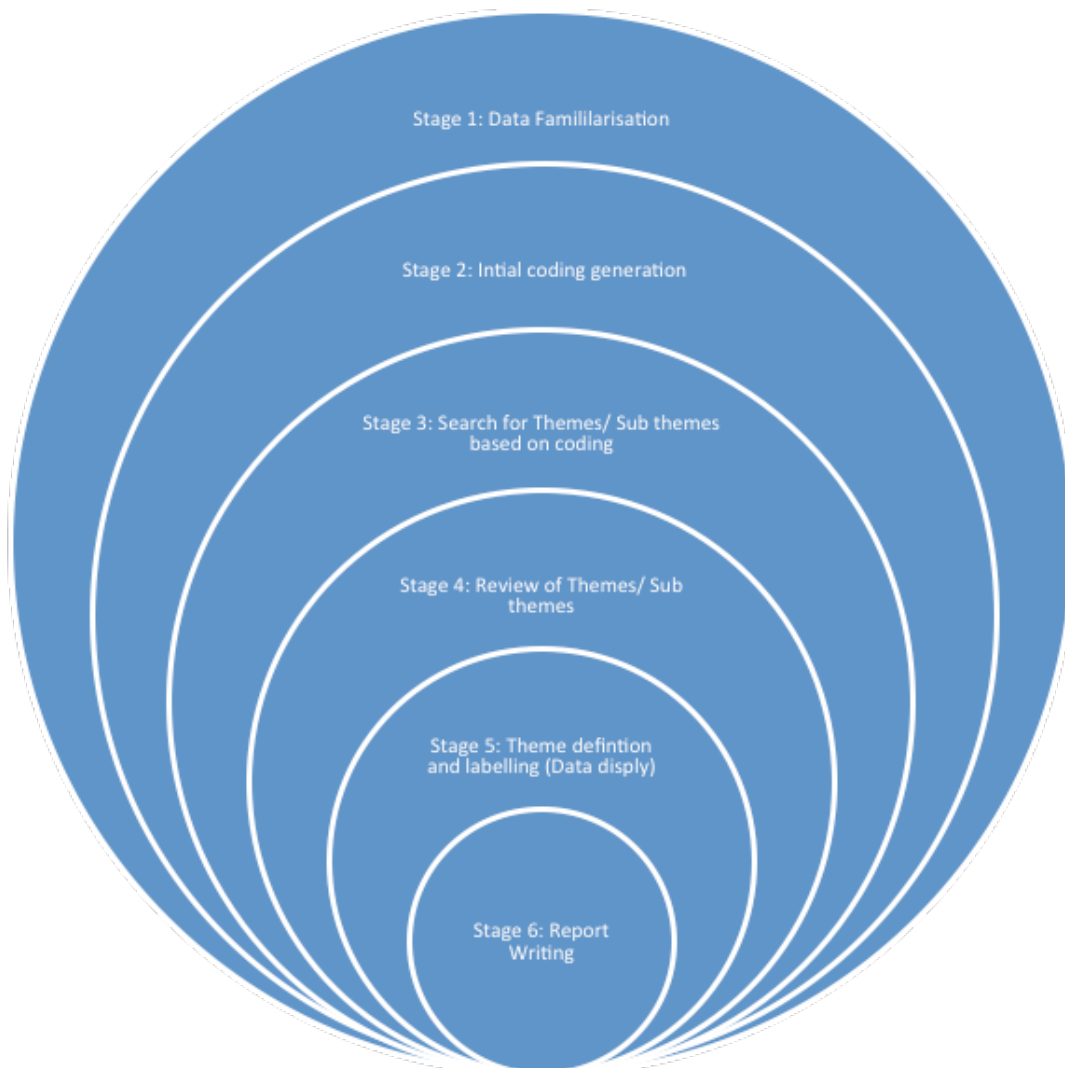


Figure 1: Braun and Clarke's model of Thematic Analysis (Howitt, 2013, p182)

The process initially involves familiarisation of the data by reading and re-reading the transcripts. This is followed by reducing the data by developing 'start codes' or 'initial coding generation' which are related to the main aims and objectives of the research. This is completed on a line by line basis and categories / codes of information are identified. After reviewing a number of transcripts a coding frame was generated. The appropriateness of the coding frame was checked and confirmed by the continual iteration of codes across transcripts. The coding frame was then used to identify initial concepts that reduced the 'chunks' of information into the most salient themes / sub themes across all transcripts. The researchers then developed tables to display themes and subthemes and support findings through the identification of multiple quotations from across transcripts which represented the same codes. These tables helped the researchers review the themes and subthemes and confirm findings. A final framework was developed and themes and subthemes were given fixed labels and defined throughout the results section. A final overview table was developed to represent main themes and subthemes with individual quotes. This process was conducted for both survivor transcripts and attending officer transcripts.

*Note: A second independent researcher was invited to review and independently code a random selection of transcripts. Inter-coder discussion took place between the primary researcher and second researcher with any contention to be settled by the chief investigator; Dr Cherie Armour. This independent coding by a second researcher helped confirm results.*

## Domestic Violence Situational Scenarios

Responses received as part of the scenarios were transferred to Microsoft Excel for review. Individual response scores were recorded for survivors and attending officers for each of the scenario questions. Responses for each question were entered and summed using an Excel average formula to provide an overall average response to each question by survivors and officers. Average response scores for survivors and officers were compared.

## Survivors Questionnaires

Responses received as part of survivor's questionnaires were manually transferred into an SPSS v 22 data file for assessment. Descriptive statistics were calculated in order to review survivor demographic information, perceptions of personal perpetrators mental health, use of alcohol during a domestic incident, and whether children (if any) were ever present during a violent dispute with a partner.

# Results

Given the importance of representing the individual and collective views, thoughts, perceptions and experiences of both PSNI attending officers and domestic violence survivors' focus group results are presented separately for each group.

## Domestic Violence Survivor Results

Twenty women took part in six focus groups. The mean age of the participants was 44 years (Range, 26-63). All women were educated with minimum of GCSE or above. The women had on average dealt with police on more than one occasion, with 7 women dealing with the police for domestic violence with more than one partner. Thirteen women reported the age they first experienced domestic violence and the age they first contacted the police for a domestic incident, interestingly some women did not make the call for over 10 years.

The initial response from the police after a 999 call is one of the most important interactions between the victim and responding officer. It is well known that many victims who call for police help may have experienced a number of assaults before making that first call. When the women were asked why they had decided to make a 999 call, the majority stated they made the call due to fears for their own or their children's safety; for example one woman stated 'I thought I was going to die' (FG4, Line 359, p13) and another stated 'my children, protecting my children (FG4, Line 551, p18). Although the call may be a last resort for help, many victims do so in a state of great fear, panic, and upset, one lady noted that the call "...took a hell of a lot for me to do in the first place..." (FG 3, Line 492-493, p17). Although it will be discussed in more detail later, many of the women described how they had been controlled and emotionally and psychologically abused for much longer than the physical evidence would depict. How police respond to such a complex and multi-faceted situation can and will set the tone for a victim's police response experience.

### Quality of Response and Attitudes of Responding Officers

One of the first dominant themes and subsequent sub themes is related to the Quality of Response and Attitudes of Responding Officers. Almost all women noted that officers arrived within a timely response

after making the call. That said, the initial contact with the victim tended to vary quite a lot. Some of the women recalled how officers did not seem to understand the dynamics of the situation;

#### Understanding of abuse dynamics

*He had no knowledge of it, he had no understanding and because he was a man you know maybe if it was a man talking to a man who was a victim of domestic violence, maybe it would have made a difference. But if it was a man there was no problem if it had of been a man but he but they'd need to be understanding. I don't think that man knew anything about domestic violence. (FG 2, Line 847-842 p29)*

Many of the women also felt that the incident was not taken seriously and that they were not believed;

#### Not being believed

*basically the police investigated my situation on the basis of an interview with two women police officers who asked me questions who didn't really believe my situation, (FG 1, Line 700-703, p29)*

#### Not taken seriously

*I think that definitely, I think emm there was a couple of incidents where he was plastered and I had a drink because my kids were away at their dads for the weekend and it's not taken very seriously, awk it's just a lovers tiff. (FG 5, Line 224-226 p7).*

Notably some of the women had a very different experience;

*... once they were in they were like really emm gentle, cuz I don't like men being in my house at all, work men or anything just don't want them in... but they were, no they were really really polite and sympathetic, realising you know, I am a women on my own in the middle of the country emm and that can be quite an isolating experience especially when you're like, just on the receiving end of domestic violence (FG6, Line 36-41, P2).*

*I don't think they had much power to help me, I don't think they did very much but they did seem to believe me at the time which that believing me at the time made a big difference for me (FG 1, Line 44-47, P2).*

The variation in response from officers also seemed to be very much associated with the gender of the officer for these women. Contrary to popular assumption that female officers would be more sympathetic and understanding towards female domestic violence victims, this was generally not the case;

### **Inconsistent approach by officers**

*I found weirdly, you may disagree ladies, but I found the men slightly more sympathetic, I found some of the women a bit sort of, dismissive (FG 1, Line 21-23 p1)*

*I do find a little look of disbelief with women and a bit of a sort off, I don't know, 'you got yourself into this pickle', I don't know if it's just me or just the ones I met, but I just felt that some of the men I met, I don't think there is a single man that I met that was dismissive or unkind or ill-informed (FG 1, Line 40-44, p2)*

However some women also noted an inconsistent response in officers of the same gender, suggesting a need for further in depth exploration of the different ways in which female and male officers respond;

*I did try to phone one of the police men because he seemed, he just seemed to be a lot more sympathetic than the other one. I felt that one of the police men were really...well really I thought he was unhelpful and the other police man he seemed to me more genuine and a bit concerned (FG 1, Line 84-88, p4)*

The women also experienced a general inconsistent response and negative attitudes between officers which they believed was the result of a lack of training;

*Well there was some... they were so... one or two of them was dead on I have to admit, I have to admit that maybe they had more training I don't know. Maybe the police man had the same age child as my daughter, he was sympathizing with me in that circumstances, understood where I was coming from. The other cop now he understood because he was a domestic, domestic... Trained and was trained better and able to understand us all (FG 3, Line 669-673, p24 - 25).*

*He had no training or he didn't say he had any but if he had any training it wasn't obvious that he had. He wasn't of any interest (FG 2, Line 29-30, p2).*

The women also described a general **Lack of Empathy** from some officers;

*Well it was more or less like it was whenever they come out it was like, it was like a roll of eye it was like here we go again, Yeah that's what it was, here we go again, what seems to be the problem (FG 5, Line 117-119, p4).*

Given that many of these women had been subjected to severe psychological and / or physical abuse, the importance of empathy, understanding, and overall general demeanour of officers should never be understated. For many of these women such issues have continued to stick with them and as previously mentioned, began to shape their view of police responding to domestic violence. Furthermore, a more positive approach can lend itself to helping women legitimise their own emotions during a domestic incident. The below quote is from a women who recalls positive approaches from an officers;

*I would have had officers be really, really good and just go out of their way to make sure that I'm safe and I'm ok and I'm reassured and make me feel that I'm not stupid for just being frightened by some of the things he's said sometimes which are really, really damaging (FG4, Line 327-330, p12).*

### **Responding to children**

According to the questionnaire responses, it was generally noted that of those women who have children (n = 14), 10 women reported that their children were present during a domestic incident, on average on more than 5 occasions. For a number of women, deciding to make the 999 call was based on the protection of their children. These women had mixed reports with regards to the officer interactions with children. Some of the women appreciated that officers interacted with her children in order to make them feel at ease;

*Their behaviour ..like in front of children was great you know they'd be talking to BLANK (Childs name omitted) and asking her how she was and things like... (FG 2, Line 304-306, p11)*

Other women worried that the police presence and open conversation with the victim had an emotional and lasting impact on the children;



*I have a five year old in the house and you know she was woken up by the police and the police obviously has to come in, the dog was barking, all the neighbours were alerted to the fact that we have police at the door yet again, that was one and the second whenever they left she could hear half of the conversation going on, the names were mentioned, she was petrified so... (FG 2, Line 89-94, P4)*

*...but it was just BLANK (person's name omitted) she's nine and she'll remember that for the rest of her life so you know that's nothing the police, that's not the police's fault you know but I thought they'd handled it as well as they could (FG 5, Line 316-319, p9)*

### Type of violence hindering response

During the focus groups women were also asked about the different types of violence (Physical, sexual, emotional/ psychological) and their experience of these in relation to police responding. All of the women had noted that they had felt that the police could do nothing about psychological or emotional abuse which ultimately was seen as a barrier to the police being able to effectively respond;

*I think, with myself that mine was mainly psychological, emotional...ah you know, manipulative and I think they could see there were huge problems, and dangers but they were powerless to help me so they requested that I sort myself out (FG 1, Line 67-70, p3)*

Unfortunately victims of domestic violence feel they must wait to be physically assaulted before they will receive help regardless of the damage of non-physical violence;

*...then whenever they come out to you, if he's not there then they go well there's nothing we can do, nothing we can do, we can arrest him like whenever we see him putting his hands on you. So you have to wait like until he has you by the throat before they, they can arrest him and that's the response that the police would give you (FG 5, Line 86-90, p3)*

*Because bruises can be seen but when you say come out and they, you say to them you know he has been so and so and he's been doing this and he's been calling me that and that there that's dismissed, are you hurt anywhere. And you're thinking yeah in your brain you know it's horrible being called names and vile names and no the question they asked 'are you hurt anywhere, do you need medical help?' (FG 4, Line 413-418, p15)*

## Risk Identification and Assessment

An integral part of police responding to domestic violence incidents involves **Risk Identification and Assessment** of the incident and to **Safeguard** the victim, perpetrator and their dependants from further harm. As previously mentioned, the PSNI have adopted the DASH Risk identification model as a means to identify if victims are at high risk of further harm. Women were asked during the focus groups about their experience of the DASH risk identification tool and how effective they perceived this approach to be. Some of the women had no recollection of the DASH checklist ever being completed with them although this may have been the result of officers completing the DASH Checklist independently based on observations. Those women who had completed the DASH had this to say;

Furthermore, all of the women had dealt with the PSNI on more than one occasion for a domestic incident. They expressed their frustration of having to repeatedly give details of their domestic violence history with their violent partner due to a lack of case merging. This was reported as a great difficulty for many of the women as it caused them to continually re-live their experience furthering their emotional distress and continuing their victimisation;

### Lack of case merging

*And then having to decide whether you're revisiting all the time and leaves you in even worse emotional state because when they go away again it's not that you have a counsellor or someone sitting..... So it's that you have to go through it all really strikes a chord with me (FG 2, Line 79-81, p3)*

*Well firstly I was surprised that the two investigations were going on separately. I couldn't understand why they weren't connected because they were seriously connected in my mind (FG 1, Line 686-689, p29)*

### Safeguarding

Safeguarding during any domestic incident is of paramount importance and involves more than just the immediate removal from harm. Officers must take positive action to ensure safety and maintain safety. The women described actions such as arresting the perpetrator with bail conditions applied;

### Pro arrest

*No well I must say it's, as far as I was concerned now once they, the harassing thing was out on him and*

Table 3: Survivors opinions of DASH risk identification tool

<p>DASH form is not always completed during the initial call out</p>	<p><i>Some of them do then some of them will go oh we'll get that done and then ring you up a couple of days later, it's not as useful then (FG 4, Line 126-127, p5)</i></p>
<p>Purpose of DASH was not explained</p>	<p><i>Well I'm laughing because I kept thinking whys he's asking me if he's cruel to a dog like I've just went through this here and he's saying to me would he be cruel to a dog and it was only after I came in here that I realised that that's what they were actually doing and I was a 999 call-but he didn't explain and I kept looking at him thinking what are you asking me would he be cruel to a dog (makes confused face expression) (FG 4, Line 115-120, p5)</i></p>
<p>Some of the questions included in the DASH were insensitive and confusing</p>	<p><i>It was something like if you were pregnant or something like that or did you harm a dog or pet or something, Yeah, Yeah. (FG 3, Line 226-268, p10)</i></p>
<p>DASH form did help to check the victim was safe</p>	<p><i>No the majority of the police did explain it and it was really useful for me in that it helped me to see that my husband's behaviour was unacceptable you know because I was sort of thinking emm I guess I was making excuses and emm whenever its broke down and you see the different forms of abuse and you think I must be experiencing this (FG 4, Line 135 -139, p5)</i></p>

*he broke it they, the police were straight in. They went out that night and arrested him threw, as far as I can believe he was threw in to the back of the car and took to the police station and he was giving what was it police bail and then court bail which is apparently stronger than police bail (FG 3, Line 569-574, p21)*

Although some women noted how no positive action was taken at all due to a reported lack of evidence;

*You just give up funnily because see by the time, see by the time he's give you the beating and he's left you lying and he's away that's whenever the police come. They seem to always come out whenever he's walking out the door. The police man actually came like as he was walking by him and the police man came in and I was just like you're just after...You're just after seeing him walk by ya. Yeah oh well there's nothing we can do like because we didn't see him put his hands on you (FG5, Line 625-632, p18)*

For those who had been identified as 'high risk', general protocols dictate for a referral to the MARAC in order for local services to meet, discuss and device a safety plan for the individual. Not many women recalled being through this process but those who had, found it helpful and felt that the action steps taken improved their sense of safety;

### MARAC support

*they done one just before the summer with me and they did very good they actually put in a panic room in the house they did through the MARAC, they referred me to get that done so I found it this time round, I've been through the MARAC before but this time round was good (FG 4, Line 182-185, p7)*

Other women not identified as 'high risk' were promised help and further safeguarding through follow-ups but reported that they did not receive this;

### Lack of follow up

*The crime prevention officer came out to my house and ahh she was going to send the emm what was it the police man was called again to sort of check my security emm... Community officer...Yes I've been told two or three times that he's coming out to see me because they were going to put a certain lock on my back... on my front door that I wouldn't have to open my door wide, I would put this sort of lock (P1: Lock and chain?) yes a lock or chain and I could just see who's at my door and I wouldn't have to open the door if I didn't want to. And this was going to happen*

*to me two or three times but no they....they never came. The community police man never came and I never asked him to come again, I thought maybe after three times that's enough you know? (FG 1, Line 885-895, p37)*

A further act of safeguarding includes the recommendation and implementation of civil remedies for protection such as Non-Molestation Orders. These orders are designed to ensure that a perpetrator of domestic violence keeps a distance from the victim thereby reducing the risk of further harm. In practice Non-Molestation orders may seem like an effective tool but for those who have experienced them a number of issues were highlighted;

### Victim Support

A further major area of discussion surrounded issues associated with **Victim support**. This included support from both statutory and voluntary sectors both in the immediate aftermath of a domestic incident and follow-up support after dealing with the police. For many of the women this was also a varied response. Some women found that officers were very reassuring and provided advice and emotional support even when there was little they could respond to, this alone resided positively with the women;

*He was, he was beautiful, he was really, I would say out of the most experience he was really reassuring (FG 4, Line 15-16, p1)*

*I mean it wasn't anything more than just advice but there was at least that, and the time I went in were they actually took him away from the house they did actually say they didn't want me to go home and again it was men, it was the duty sergeant, quite a senior person who believed and understood what was going on, and they seemed to have training, they wanted me to go to the refuge that night they didn't want me to go home, it was 5 o'clock in the morning...and I think that look on the men's face and they way they speak to you and the way they respect you, that makes all the difference (FG 1, Line 32-40, p2)*

Information sharing and service sign posting also varied considerably for the women, many of whom felt that they were promised support and advice but did not receive this;

Table 4: Survivors views of non-molestation orders (NMO's)

Over pushed	<i>It took a wee while to get rid of him. Even when I went to the solicitor all she was interested in was non-molestation orders, non-molestation orders, well in my opinion there wasn't enough evidence there. (FG 3, Line 369-372, p14)</i>
Ineffective	<i>I don't think personally that it was explained to the detail what the NMO really means and that is a breach as well so after I reported it then he was told that yes that is indeed a breach and you will have to be prosecuted for it but he has got away with so much after twelve different occasions that I cannot believe (FG 2, Line 497-501, p17)</i>
Not reinforced	<p>Participant 2: <i>Well my partner has broke his molestation order, he was handed it at half twelve and he broke it at quarter to three, quarter to four.</i></p> <p>Participant 3: <i>Was he arrested?</i></p> <p>Participant 2: <i>No. (FG 3, Line 111 -114, p5)</i></p>
Delayed enforcement	<i>...serving the NMO took three days and with about three phone calls and I think from my solicitor before the first order was served and that wasn't right because anything could have happened in that time and I had no protection at that time then even though I had been granted it wasn't served. (FG 2, Line 194-200, p7)</i>
Does not make victim feel safe	<i>But it didn't make me feel anymore protected [fiddles with hair] because every time I seen him he was glaring at me and it was making me feel intimidated and that was a breach according to them. (FG 2, Line 219-222, p8)</i>

### Service sign posting:

*I was ringing the police to many times, he's done this he's done that and he's done this and eventually then somebody from BLANK (place name omitted) police station rung and says hello this is BLANK (place name omitted) police station, my name and all and he says it's been recorded here that you've been ringing the police so often and all do you want anybody to talk to or anything and we can give somebody your number to ring and you can talk and I says aye that would be good, that's great that's fine, I took it. Woman rung me one night and never rung me since. (FG 3, Line 838-845, p31)*

### Information sharing

*Well if I needed to I would but they don't always keep their promises and I know they're maybe busy but I would have done that and they'd said you know we'll let you know. They didn't, I'd have to ring them and say we'll have you served the order (FG 2, Line 730-733, p25)*

### Lack of support

*... they promised me and my daughter help, we were encouraged to sign the statement which was difficult for us both to do because we were frightened...and they encouraged us to sign the form saying that we would be well seen to and people would support us. So we signed the form thinking we were going to get help but we never received any help from the police (FG 1, Line 6-11, p1)*

This generally resulted in personal help seeking through statutory services;

### Victim help seeking

*Nobody contacted me, it was me contacted the women's refuge (FG 3, 823)*

A number of women were also unaware of what MARAC was and had a difficult and judgmental response from support services such as social services;

*The social worker that said to me and all I got was you know you can remove yourself from the situation at any time. (FG 5, Line 274-276, p8)*

*Exactly just try it because whenever you're told like 'you can walk away anytime' or you know 'you put your children in danger, if they were in that position would they like to hear that. (FG 5, Line 678-680, p19)*

Some women experienced **no follow-up support** at all after their police interaction;

*Well, I didn't get the help that they promised me that I would get, I didn't get any of the help so I really don't know but what I would say about that is that I just didn't get the help (FG 1, Line 64-66, p3)*

The lack of support, guidance and interaction with other services has made the women feel that the system does not work and that trusted support can only come from services such as those who have delivered and provided what they said they would. Voluntary services that have taken the time to listen, believe and understand these women and their situation have done more than just support the immediate needs of victims, they have also given victims the **legitimacy** that they needed to move forward;

*This group and this support group and this organisation, Women's Aid, I have said this before to BLANK (Names Women's Aid worker) it gives me a legitimacy that I can't have in any other way because nobody else accept these ladies and people like BLANK (Names Women's Aid worker) can believe me, so outside of this thing and this support group, even my own family but certainly old friends and things, they just cannot get their head around it and I pray they never get into the same position (FG 1, Line 636-642,, p9)*

*But see coming to Women's Aid has really helped me to deal with a lot of the problems, has made me stronger and that's why instead of falling back and staying back for a long time, if I fall back I find myself coming forward again very shortly. Before it could have took days or weeks or something to sort out, something has sort of triggered your memory and you can take a long long time to get over that but if it happens now I can deal with it allot quicker and that's only because of the help of Women's Aid not the police. (FG 1, Line 106-113, p5)*

## Investigation Quality and Outcomes

An inaugural part of any police investigation is the maintenance and collection of evidence at a scene and to establish the main facts. "Responding officers should start to build a case on behalf of the victim rather than rely on the victim to build the case for the police (HMIC, 2014, p55). Such evidence gathering is vitally important in order to later aid with judicial decisions and prosecution. The women discussed the lack of evidence gathering and in some cases having to push for prosecution themselves;



### Evidence gathering

*Well we had no photos taken, there was an incident where I have three different witnesses, we had no photos taken. They eventually came out in three days to speak to the neighbours (FG 2, Line 526-529, p18)*

*I had to phone the lawyer, the police, and I had to do it all myself. What about the ABH charge because he broke my nose and they just sort of you know that's too far, too long ago to prosecute, I kept ringing the lawyer and she kept investigating it and I had to get an operation and eventually brought up an ABH charge but it was only because I had pushed it and pushed it if that had of been some vulnerable woman maybe they would have let it go. (FG 2, Line 556- 563, p20)*

### Following up with victims

*But to leave me and then they don't come back...I would have to ring them two weeks later I'd have to ring back about an incident that happened in November past eh a message was sent to somebody I know and ah they said they would get back to me and eh they didn't. I had to actually phone them and then the police man said to me did we not get back to you? And I said no. (FG 3, Line 57 -62, p3)*

Many of the women were not updated after an incident and were unsure if their perpetrator had even been arrested;

### Not updated on progress

*You're pestering them to find out if there's any information, if they assaulted you and went off or... whether you don't even know if they've arrested him, where he's at things like that there. That's what I've found after something happened you don't know whether they've got him or what he's done or anything. You have to keep ringing up to ask (FG 4, Line 232-236, p9)*

Furthermore, as investigations reached the courts the women felt uniformed and unsupported through this process;

### Victim information seeking

*But you know whenever I phoned the police and then I phoned them back again to ask about how things were going and they said that it had gone to the police prosecutor ... how long does the police hold your record then pass it on to them...What... what is the time limit between them sort of questioning it? (FG 1, Line 1257-1260. p51)*

### Lack of court support

*Your kept out in the loop you don't know what's going on not that you want them to molly-cuddle you or, or anything like this, you know because we all have to agree they are doing a job and there's not just you and maybe now more I understand that but when I was going through what I was going through you were thinking all the wrong things you know? Why this, why that, why the other thing and even going up to the, when you're going to court you just get a letter you know nobody phones you, not that... again you want them to comfort you but you know a phone call of encouragement to say look were up in court and bla, bla, bla are you ok, I'll meet you there, would be nice. Rather than when you get into court you get a text message I'm here and I'm coming to see you (FG 4, Line 219-229, p9)*

### Feeling alone

*You just feel your left alone to deal with it on your own (FG3, Line 798, p29)*

Ultimately a lack of support and guidance during the investigation process resulted in the women's unwillingness to prosecute;

*I... I feel let down by the police because I think if they had supported me I wouldn't have gone for the caution. I would have gone to the court but I felt I was on my own, (FG 1, Line 946 -948, p39)*

*I was told that he was totally outraged that I did this and... I just wished that I could of took him to court I just wished I had of been able to face him in court. But I will not get that chance again and I regret not getting the help to do that there and I blame the police (FG 1, Line 998-1001, p41)*

Those women who decided to move forward with court proceedings felt that the process overall was much too long and generally outcomes were poor. Many women felt that they had been let down by the system and that the punishment did not fit the crime;

### Slow judicial process

*So so to be honest emm they kept me up to date at the beginning but then it took him about 6 months to get to court so everything had sort of fizzled out (FG 6, Line 142-143, p6)*

### Victim injustice

*But that's still not good enough for the person like me [Participant 3 nodding in agreement] and I look at it well that is a fact this person has done this and*

*he has got off and that is all there is to it. How do you move on from it you know? (FG 3, Line 248-251, p9)*

## **Mental Health**

An important line of enquiry relates to the mental health and well-being of the women. As previously noted during the introduction of this study, domestic violence/ intimate partner violence can also have adverse impacts far beyond physical outcomes as a result of violent exposure within an intimate relationship. Throughout the focus groups a salient issue for the women was associated with the psychological and emotional torture during their relationships and the continued psychological and emotionally difficulties faced today as a result of such exposures;

*I think the mental side of it, regardless of all the physical things, other boundaries and the vile way he treated me, I just feel the mental side was far worse and with the drink he thought he was a smart boy (FG3, Line 765-767, p27)*

*Well it's coming four years and ah, I still have problems dealing with it you know, I still have nightmares and just everything about it was just so traumatic (FG 1, Line 99-101, p4)*

For those who have children, it the emotional impact of their experience was also expressed;

*...and as the weans were getting older they find it very hard to trust, like they would be the same so they are, their very alert in what's going on around them as well you know. (FG 5, Line 469-471, p14)*

*I think he played more mind games with me which I found the cruellest part (FG 3, Line 764, p28)*

It is of great importance that the impact of psychological and emotional abuse is not underestimated. For these women, psychological harm is viewed as more detrimental to their well-being than any other kind of abuse;

*So I don't think it's fair and I do think the mental side of it, I know it's what they do to you but where physical thing in short time is what's annoying to you, you can get over it, emm but the mental side of it- (Participant 1: Is worse.) is worse and...It's worse than, than anything else (FG 3, Line 631-635, p23)*

Many of the women discussed how the emotional abuse began long before the physical abuse and

continued after this. As previously noted all women taking part in a focus group were asked to complete a short questionnaire. Some of these questions addressed current mental health status. Twelve of the 16 women who completed a questionnaire reported that a GP or health professional had given them a mental health diagnoses. These included mental health issues such as Anxiety, Depression and Post-Traumatic Stress Disorder with some co-occurring disorders. Nine women are receiving medication as part of their diagnoses. Five women out of 10 have known and experienced their mental health issues for 5+ years. The majority of women also stated that they had concerns for their partner's mental health.

It can be postulated that associated symptoms of these disorders would be present during a domestic incident callout. Responding officers may not even be aware that victims may not just need their physical injuries attended to but also their general well-being.

## **Barriers to Reporting and Service Engagement**

During the focus groups all women were asked if they would call the police in future for a domestic incident, the majority of the women said that they would not given their experience. Overall a number of Barriers were identified which described many of the reasons women had previously not made a call or engaged with statutory services and why they would not today;

### **Lack of clear evidence and type of abuse**

As noted there are many types of abuse associated with domestic violence; that said the women within these groups described how emotional and psychological abuse are much worse experiences. Many of the women said that they would not call the police for help if they were being emotional/ psychologically abused particularly as this type of abuse can lack clear evidence;

*They don't recognise them, emotional and mental. To me if you're not marked they don't want to know and that's my opinion. (FG 4, Line 293-294, p11)*

*I think with regards to police and emotional abuse and stuff I think you know you couldn't really ring them. You know that's... only if they've hit you. (FG 5, Line 480-481, p14)*

*I feel you know they're so used to needing a bit of evidence, another witness or something, they're still in that mode, that's how they operate. I'm not sure that domestic violence is amenable to that all the time (FG 1, Line 114-117, p5)*

As a result, some of the women just did not know how to move forward with prosecution;

*I didn't really know the law or what not and I've never took him for prosecution (FG 5, Line 17-18, p1)*

Many of the women also worried about counter allegations from their perpetrator and not being believed by services;

### Counter allegations

*...that's a scary thing, you go and say there's a problem in my household and it could backfire on you could end up being taken away yourself so, I don't know if you've got young children but you can say there is a problem then he starts blaming your hitting the child, whoa your just like, nightmare territory (FG 1, Line 131-135, p5)*

### Not being believed

*I wouldn't go because I wouldn't think they would believe me (FG 3, Line 509 -511, p18)*

The women also worried that their mental health status would impact on being believed;

### Mental health and integrity

*But if the police saw that you had mental health problems would that make... would you feel like you were down in their estimations? I would. (FG 1, Line 979-980, p40)*

The women also described that the chameleon nature of their perpetrators added a more complex dynamic to their abuse and a difficulty to prove the abuse had happened;

### Changing face of a perpetrator

*Yeah, Yeah. I even once watched someone, the person who was abusing me, I watched him, there was a knock came to the back door and I watched him go to the back door and he stood there for a wee minute or two, he was making himself go out with a smile, he was making his face smiley and he had to do that before he went outside (FG 1, Line 192-196, p8)*

Many of the women felt that they were blamed and judged by statutory services furthering insecurities and fears;

### Victim blaming

*And you know how destructive that was because all that done was reinforce the insecurity that maybe there's something that I'm saying or doing to deserve this and that's all that that done. I have to be honest and say now I found that (FG 4, Line 84-87, p4)*

Some of the women also described their fear of social stigma hindering their willingness to report to the police for help;

### Social stigma

*...it takes you a wee while to come to that decision because you nearly feel ashamed, you know you nearly feel ashamed to let other folk know that this is happening [Participant 1 & 2 agree] you know? And the best of it is probably loads of people did know but I think that's what kept me from starting the ball rolling sooner than I should you know, sooner than I did you know. Because you felt nearly ashamed and you've this whole idea in your head [gasp] don't want anybody to know, and I'm sure you've heard that. (FG 3, Line 393-400, p14)*

Overall the impact of previous negative experiences and fear of consequence has hindered any belief in the system to provide positive action;

### Fear of consequence

*They put me in a position where I was scared for so many months, I could lose my children, they sent out social workers to check I am a good mother; my kids are my everything (FG 1, Line 1135 -1137, p46)*

### Impact of previous negative experience

*But now today, I'm weaker than I was then, I wouldn't have the courage to go there again. The system has broken me- (P3: Yes) the solicitors, the GP's, the police, it's broken me. I'm not... if I were in another relationship now the same as thing, I don't think I could go to the police, I'm broken. I don't believe in the system anymore (FG 1, Line 735-739, p30)*

### Exhausting process

*You know sometimes that you know I felt like saying I will be better going off back with him because you get less hassle do you know what I mean? (FG 5, Line 437-439, p13)*

## Facilitators to Reporting and Service Engagement

Although a number of shortfalls had been identified by the women with regards to barriers to responding and service engagement during domestic incidents, factors associated with encouraging past and future engagement with all services were also identified.

The ability of officers to recognise the complexities restricting reporting in the first place made a difference for some women;

### Understanding abuse dynamics

*It's nice when they recognise the courage it takes for us to actually come out and speak to the police you know because it usually is after so many occasions usually (FG 2, Line 131-133, p5)*

Furthermore, being believed and supported also helped provide women with sense of real safety and reassurance in their decision to seek help;

### Being believed

*I remember the first time I walked into Women's Aid that I saw BLANK (Names Women's Aid worker), and just seeing a friendly face, somebody being nice and friendly to me I broke down, but the main thing about it is BLANK (Names Women's Aid worker) said I believe you and that is the words that people like me and BLANK (Names other participant) , that that's the kind of people that we need someone like BLANK (Names Women's Aid worker) who will say I believe you and then you know you are in safe hands and you can say whatever you want to them (FG1, Line 218-226, p9)*

### Social support

*Umm I had a... confiding in some of my professional colleagues in a private website. From professional point of view, just a view details not a lot of details and a man who a violence risk assessor contacted me privately and he said go to the police or Women's Aid and I said what excuse me? And he said you're at risk and I said excuse me... what... what... how... how do you... he said I've done a risk assessment on you and the man has motivation and he has means and he said that in my books says the chances of something happening are far too high, go to Women's Aid (FG1, Line 551-558, p23).*

A further facilitator relates to the ability of officers to collect evidence of the abuse, further legitimising the women's experience;

## Evidence of abuse

*We phoned the police the very next day, they came out I got what was really good people that came out, a woman and a man, she took my statement down, she told me to go to the hospital and after that to go to the police photographer to take pictures... (FG5, Line 96-100. p3)*

Finally, all of the women who had children said that their main reason for reporting to the police and engaging with services was for their children;

### Children safety and encouragement

*Oh yes there was, but you said what made me go to the police... it was my son (begins to well up) If... If your own son... who just saw... who couldn't keep me safe anymore. I mean he said go to the police mum. And I crept out of the house (FG 1, Line 575-578, p24)*

### Summary:

At the beginning of each focus group the women were asked a generally soft opening question as to whether they believed that domestic violence was an important issue for the PSNI. Response to this question caused a variation in answers within and across each of the groups. Many of the women did believe that domestic violence was an important issue for both the PSNI and the wider society but that it was not a priority on anyone's agenda. For these women, the lived reality and experience of an entire system (statutory and social) which should, in an ideal world, protect and support them, has failed to respond effectively with nearly all women stating that they would not call the police again for help.

Women reported that quality of the initial response left them feeling more alone than ever due to issues such as not being believed and being faced with negative attitudes coupled with a severe lack of empathy during a time of great stress and disruption. For these women the ability of officers to understand the complexity of their situation and respond appropriately made a vast difference to their help seeking experience. That said, many of the women reported on the inconsistencies in officer approaches due to domestic violence; for those dealing with the police on more than one occasion, whether or not they received positive response was reported as lottery. It is important to note that some of the women did indeed report positive experiences but that on the whole they reported that their experiences related to police responding to domestic violence incidents were less than optimal.



Survivors reported that they believed the DASH risk identification model is, on the whole, ineffective and inappropriate during highly emotional situations. Many of the women remembered the obscure questions they were asked by officers with little to no explanation as to why. Moreover the continual and repeated completion of DASH forms coupled with a lack of case merging between previous domestic violence incidents and current domestic violence incidents was reported as a frustration, particularly given that women felt they had to divulge the same details over and over. Notably, one participant indicated that when properly explained she felt that the DASH risk identification procedure helped her to understand that her partners' behaviour was unacceptable. This suggests that the way in which attending officers utilize the DASH could benefit from an in depth review.

Many of the women also highlighted issues associated with safeguarding, in particular the lack of follow-up from both the PSNI and support services. These women had felt that they were left alone and vulnerable and not supported through the next steps in the domestic violence response process after initial police contact. Non-Molestation orders which are generally put in place for the protection of victims and their family are seen as a futile exercise which left many of the women further exasperated and still feeling vulnerable. In the women's experience, non-molestation orders are more than often breached by the perpetrator.

Victim support was also noted as inconsistent and in a lot of cases non-existent. Many women had to seek out further information and support for themselves. A number of the women also discussed negative experiences from additional statutory services such as social services and the public prosecution service. For those who had reported a positive experience with voluntary support services such as Women's Aid, they reported that legitimising of trauma and their abuse experience, information sharing and guidance were all noted as key provisions that helped them move forward.

An important aspect of dialogue which also requires attention are issues associated with the type of violence experienced and impacts that these have on overall mental health and wellbeing. Although psychological and emotional violence are included in the definition of domestic violence as adopted by the PSNI, all women reported that they had experienced this but would not report such abuse to the police. Interestingly this type of violence was

most associated with mental health impacts for a number of women, causing great distress and a depletion of their resilience.

Overall the women seemed disappointed and disheartened by the investigation process. Lack of evidence gathering and information sharing from key authorities on prosecution details meant that the women felt that they had not been taken seriously. This was further emphasised when perpetrators were charged with no more than a fine for their violent behaviours.

A number of women did report on their positive experiences with the police. These experiences included times when the women felt that they were believed and reassured by officers. Furthermore women reported that the experience was more positive when dealing with officers that understood the abuse dynamics, offered advice and support via additional services, and explained the next steps in the process. That being said, a widely held view was that the overall response was inconsistent and unfocused towards the needs of victims. For example, this group of women reported that in their experience, female officers seemed to be less sympathetic during responding. That said the women also found a similar discrepancy between male officers responding where one male officer was more sympathetic than the other. We believe that the perception of a gendered response needs further investigation. Furthermore, it is important to note that additional issues associated with the women's experiences did not always fall within the police response but also within the lack of care and response of other statutory services.

At the end of each focus group, all women were asked to make direct recommendations to the PSNI based on their perceptions of policing response to domestic violence and how this could be improved, Table 5, provides an overview:



## Table 5: Recommendations from survivors of domestic violence

Police should understand abuse dynamics and the impact of psychological harm to victims

PSNI attending officers should provide support and advice on next steps for victims

Victims should be listened to and have an empathic response

Police training should involve domestic violence survivors and their stories to help create an understanding from the victims perspective

The PSNI should monitor and follow-up on quality of domestic violence cases through a quality assurance system

Responding officers should use everyday language with victims to help with understanding

Officers should use previous files relating to victim and perpetrator background to help with having to repeat information

Non-Molestation orders should be more detailed and have stronger consequences attached to them

All responding and support services should work more closely together

Officers should respond with stronger and more thoughtful action to emotional abuse

Response should be victim focused and investigations victim lead

Support for family therapy and children's education of domestic violence

Better use of specialist response teams for domestic violence

Continued support for mental health impacts for domestic violence

Better response and attitudes from social services

Financial support should be available for employed victims to help with accessing court orders for protection

Overall better training should be provided to responding officers for domestic violence

## PSNI Responding Officer Results

Twenty one officers took part in 7 focus groups, 3 focus groups consisted of Sergeants and Inspectors within a group and 4 focus groups with Constables. A total of 7 females and 14 males participated, this ratio of males-to-females is not surprising given the general gender ratio of UK police services and more specifically the PSNI (Prenzler & Sinclair, 2013). All officers noted the importance of domestic violence for the PSNI particularly as officers deal with at least one or more cases every day. Furthermore, officers also noted that they are aware that they may only be dealing with a portion of domestic incidents as in reality they believe the rate of occurrence of domestic violence is probably much higher. Domestic violence has also become a greater police and public issue due to increasing numbers of domestic violence associated deaths.

### Problem of Definition

One of the first dominant themes and subsequent subthemes identified during review of officer focus groups relates to the **Problem of Definition**. As discussed in the introduction of this report, how we define domestic violence is vitally important for services such as the PSNI as this definition will help shape police response. Officers feel that the current definition is not specific enough to intimate partners due to the inclusion of family members. Officers explained how they have been called to fights between two brothers who had too much to drink and fallen out; this is by definition a domestic incident;

### Definition not specific

*And at the minute it involves family so that big word domestic violence is put on it and we're then having to deal with it then like a... and there are people out there who are victims of domestic violence...ehm... who are maybe not getting what... the service that they need and it's mostly because we're dealing with all the... it's hard to say- It's not fair to say rubbish but it is the nonsense calls. So our view on it as well at times is like "Oh, not another one" (FG2, Line 331-338, p12)*

If officers are repeatedly being called to this type of a 'domestic', officer's sense of urgency towards the term may become worn-out. Furthermore, such a broad definition will also have consequences for classification issues associated with responding;

### Definition too broad

*I think the term domestic in our role is quite a broad term that's used for anybody that phones the police whose had any kind of argument. Sometimes it hasn't been a domestic, just had a falling out and somebody's rang the police...And we're going out with this form and like it's just somebody falling over drunk and there's been no violence and there never has been (FG5, Line 118-122, p5)*

### Classification issue for responding

*This is a classic casing issue of what's classed by the call takers as a domestic, you know and then it all falls under that umbrella of DASH forms, bladdy bladdy blah (FG2, Line 323-325, p12)*

## Barriers to Responding and Positive Action

Further **Barriers to Responding and Positive Action** were also identified by the officers. These relate to the everyday issues faced by officers which make responding to domestic violence more difficult. A common issue which officers noted was the involvement of alcohol or drugs being present in either the perpetrator and/or the victim resulting in obstructions to response protocol;

### Alcohol and drug involvement

*Quite often there will be, alcohol will be an issue, so it's getting an accurate account and quite often all will give you a, a different account of what's going on, or eh, well sometimes just two parties but you will get two sides to the story and it's a difficult situation then to try and eh ascertain where the truth lies (FG1, Line 90-94, p3)*

It is worth noting that 8 of the survivors reported that there was no alcohol included during a domestic incident in which the police were called. Six survivors stated that only the perpetrator was under the influence.

Officers also noted the high number of repeat callers who regularly contact the police for domestic violence but who will not avail of further help or leave the relationship. Officers find this particularly frustrating for both themselves and the victim;

### Repeat callers

*And I think the thing that's sometimes difficult, especially when we're going to the same places time after time, and you know that you can offer as much help as you want but in the morning it's all gonna get withdrawn and the victim's not gonna help you*

get a conviction. So with the best will in the world, we can't do anything about it (FG 3, Line 22-27, p1)

It was also discussed that in many cases counter allegations are made by both individuals involved making it difficult for officers to determine what has happened and how to respond;

### Counter allegations

Very very difficult... emm... because unless you're actually there it's very difficult to know who's, who's being truthful or who's not. And, and I would suspect in a lot of cases the truth lies somewhere in the middle and in some cases both of the parties are complete strangers to the truth as they say, so it's very difficult (FG 1, Line 395-399, p13)

Officer noted that sometimes the **victim can also be a perpetrator** further complicating response

In other cases too, the victims can also be the perpetrators as well both parties, you know, can be victims and perpetrators. Neither of them's innocent in the whole thing and their probably the most dangerous situations 'cause both parties can be potentially violent to each other and then everything escalates a lot quicker (FG 2, Line 480-485, p18)

Officers also experience domestic violence call outs whereby **exaggerated or false allegations** have been made, this then tie's up police time and resources from those who may need it most;

And at the other end there are incidents where you know which are reported to police which, ah, again and it's apparent upon investigation that, ah, those reports have either been false or grossly exaggerated (FG1, Line 10-13, p1)

So there's a whole spectrum in between and, eh... obviously a priority for us is protecting life and that stuff at the top end. At the bottom end that impacts on our ability to carry out the protection of life stuff because it ties up time and resources (FG 1, Line 13-17, p1)

Additional barriers to responding and positive action include lack of clear evidence. Police officers must respond within the law, if there is no evidence to suggest that a crime has occurred, officers feel there is very little they can do. This is particularly difficult in relation to responding to emotional or psychological abuse;

### Lack of clear evidence

Yeah, I think if you go in and there's an automatic, very obvious criminal offence, there's a, an assault, there's an injury, you've a complainant, you have a suspect, then it's a lot easier to deal with than going in and it's a lot more... Like the psychological it's very much what she's saying against what, what, or him, against each other and you don't have that extra to, to cement that that is exactly what's happening there. It's much more fluid and much more open to interpretation than having somebody right in front of you that has an injury and that they're saying he did it or she did it. (FG 3, Line 62-70, p3)

Emotional abuse can be difficult to detect particularly as officers feel that they do not have enough knowledge of this particular type of domestic violence;

### Emotional abuse difficult to detect

for a police attending sometimes the emot- well the emotional violence is quite often harder to detect because you won't have physical injuries, visible injuries, ah, which you don't always have with physical either, but eh with emotional violence it's, it can be harder to see the signs (FG1, Line 73-77, p3)

Emotional and psychological abuse are also not considered a crime, therefore officers feel limited in how they can respond to this type of violence;

### Emotional abuse is not a crime

Emotional can start becoming very difficult there, how, somebody feels the way they feel abused for us to deal with as we don't have the tools to deal with it... We're not social workers. I don't mean that to sound that, we can offer support and emotional support at the time, but for a, a practical tool to deal with it, it's exceptionally difficult because we do not have the law to back us up as such (FG1, Line 119-125 p4)

Currently there is no protocol in place for officers to follow in relation to emotional and psychological abuse therefore limiting positive response;

And I'm not a social worker, I'm not trained... or a counsellor to then sit down and say "Well let's talk about that". When that person's gonna disclose that big bit information, if I was in my home and I just and somebody had just come in and something terrible had happened me and I disclosed it and that person came in the door then I would be expecting a follow up of "Well how can I help you?" but how can I help them when I'm not trained to counsel somebody

*through that and that's... So then I say that well I can't but I'll pass you on to somebody, who do I pass them on to (FG2, Line 116-175,p7)*

Officers are also aware that they may not have the full picture of the abuse dynamics when attending a domestic violence call, the nature of their response means that police officers have limited opportunity for any in-depth enquiry, restricting the type of support which can be offered;

### Limited opportunity for enquiry

*It was just that our contact with them is very limited as well. When we attend a call I mean we're not... we don't get to go in, get to know them and get their background and circumstances, when we go out as a response it's a very short period of time and even then if it's passed on to another agency or another department to deal with, if we have to attend again which you end up doing a lot of the time with repeat people, you still don't maybe know the full background and that's hard as well because there's only so much... you know that you can do or say or... when you don't know the full story as such. (FG 2, Line 59-67, p3)*

Officers also noted that they have experienced cases of domestic violence where they have suspected or known that the victim or perpetrator is suffering from a mental health disorder. Currently no protocol is in place to help assist officers with this type of response;

### No protocol for mental health response

*And the other point just to finish, going back to the mental health thing, you know one of the eternal frustrations we have is where officers will identify what they perceive as a mental health concern for... whether it's a victim or a perpetrator. To the extent that rather than bring them to the custody sergeant, they feel this person needs to go to hospital to be assessed by the, the, the mental health crisis team. And they take them there and, more often than not, they will have a look at them and say no, there's nothing here which warrants them being sectioned under the Mental Health Act back over to the police. What do we do with them then (FG 1, Line 692-701, p23)*

Police officers also feel that they have no power to respond to such an issue and have very little support from additional support services when they do try to help;

### No power with mental health concerns

*And to be honest, unless we've got somebody who is presenting as a real, you know mental health case, you know it's not a thing that we're going to really be able to engage with particularly. We do the criminal end of things... (FG 4, Line 670-674, p23)*

### Lack of support from services

*But there's not a lot of help, I find, for people with mental disabilities 'cause we report them o who we need to report them to and they go out and say like Crisis Response or whatever and go- they just bullshit their way through that and then Crisis Response just send them out again. They're back drinking and they're back phoning us and then Crisis Response again. It's just a vicious circle again with that. And it's frustrating for us because we do what we need to do, it's seems like other agencies aren't. (FG5, Line 430-436, p15)*

Further barrier to responding and positive action relates to Non-Molestation Orders and their specification. As previously mentioned police officers must respond within the law and this includes following court mandated specifications which can sometimes result in officers being unable to take action;

*another issue with, with, ah, people will call about an alleged breach of a, an order and when we check that there has been an order in place, but it's lapsed, because it's time specific so it's issued for a month or three months or six months, or on occa-, in which case we have no power of arrest there because there's no, the order isn't in place and it hasn't been renewed for whatever reason (FG 1, Line 536-541, p18)*

## Risk Perception, Identification and Assessment Tools

For police officers, responding to any cases will require a review of the level of risk to both the parties involved and to the officers themselves. Officers noted that a critical factor associated with the risk of domestic violence occurring and risk of harm to officers when called to a domestic incident is increased by the involvement of alcohol or drugs;

### Alcohol and drugs increasing risk of domestic violence

*And it will be fuelled yes, you get times of year where ahm, alcohol's on board, for instance there we'll say ah, maybe not Christmas day but that sort of scenario ... of holiday periods where people are trapped at home or alcohol within the home ah you*



know, ahm, you will see the, the knock on effect New Year's Eve and stuff, the amount of ah where alcohol, drugs there come on board there and we certainly see a huge spike, ahm, on triggers, there are certain triggers to certain dates that can be related there to some of the causation factors ..., the likes of the alcohol and/or drugs. (FG 1, Line 41-48, p2)

### Alcohol and drugs increasing personal risk

It would always make you feel a wee bit more at risk if there's alcohol involved, 'cause you know when their're speaking to you might not get sensible [P1: It could be volatile], yeah. But it's probably not any different because its domestic related, but anything with more alcohol (FG 3, Line 489-493, p19)

Officer also felt that someone with a mental health issues may also increase personal risk;

Yeah well I mean we're more at risk if they are under the influence of something or they do have mental health issues. (FG 7, Line 332-333, p13)

Personal risk to officers during domestic incidents is an accepted part of the response;

### Officer risk of injury

I know of at least half a dozen officers in this station alone, some are still here and some aren't here, that had a serious beating at domestics. There's always- There's always that risk (FG 2, Line 735-737, p26)

At the end of the day if you... If it's a genuine domestic and you're being sent there because there's been violence what person has offered violence to somebody within their home, somebody that their supposed to love, so they're not going to think twice of attacking a police officer (FG 2, Line 738-741, p26)

A number of systems are in place to help officers with the risk assessment whilst attending a domestic violence incident, for example the information shared by the call handler who took the 999 call. Officers feel that this information can vary depending on the person and their training resulting in unclear or limited information;

### Call handler information sharing not always clear

It depends who's doing call handling. It really does. It depends whether the call's taken by a police officer or a civilian. If it's taken by a civilian call handler you're just basically told "We've had a triple 9 with regards to a female saying that her husband's goin' mad in the house." Whereas if it's a police officer they'll try and establish if there's any weapons used, they'll

do searches to see if the person has any previous, if they're lying (FG 5, Line 251-256, p9)

Call handlers can also provide attending officers with information such as any previous history of violence associated to the address they are being called to, this can help if officers need to prepare for increased violence;

### Domestic violence history increase risk perception

You know, if you know the parties involved then of course it would change your perception before you get there. There's other parties that you know are high risk for violence that we're briefed on and if it's... you know if we're going to that house you know they ante is sort of automatically upped. (FG 2, Line 409-413, p15)

For many of the officers, the best form of risk assessment is completed when arriving at the scene;

### On scene best assessment

Ah, and the more information they have the more informed dec-, their decision will be when they get there but really they have to make their own assessment when they arrive, and, and try to speak, quite often try to speak to several people at the scene, all of who are wanting to give an account (FG1, Line 86-90, p3)

Once on scene, police officers then make use of the DASH Risk Identification Tool. This is a 27 item check-list which is designed to help identify and assess the level of risk to the victim and their dependants. Before completion officers must gain consent from the victim to complete the check-list at the scene, Officers where asked during the focus groups their opinion of the DASH Risk Identification Check-list given their experience of trying to implement and use such a tool when responding to a domestic incident. Table 6 provides an overview of what officers had to say.

When completed the DASH Risk Identification Check-list is then used to help make referrals through the Multi-Agency Risk Assessment Conference (MARAC) where information is shared among key agencies to help manage such risk effectively and put a safety plan in place to help support high risk victims. Officers feel that using the DASH Risk Identification check-list to help evaluate victim risk may be too limited in order to provide an accurate picture to make informed decisions;



Table 6: Officer views of DASH risk identification tool

Check list is too long	<i>you know quality not quantity I think is, is what you need to be aiming at there and I think it has it, it's become ineffective-, it's become so long winded and rubbishy now that people just completely tuned out from it there now and eh, that's. (FG 1, Line 263-266, p9)</i>
Victim disengagement during emotional domestic violence incident	<i>...well just, if somebody's been assaulted and the last thing they want to do is sit down and go through this form and say yeah, let's go, let's sit down you know as I said, has he, I'll just stereotype here, has he ever hurt your cats, you know and all, just it's almost insensitive at times, you know, saying let's fill these forms out so. That's my suggestion, I think maybe just leave it for a day or two let the dust settle (FG 1, Line 194-200, p7)</i>
Difficult to gain consent	<i>The big issue with that is consent. Because on every DASH form, you have to ask for their consent; do they want referred to Women's Aid? Or whoever. Nine times out of ten they tell us no because they're too scared to (FG 2, Line 139-142, p5)</i>
Insensitive	<i>But you could be, you could be, you could be the victim and actually answer more questions on that DASH than the suspect does in an interview, whenever interviewed to account for a criminal offence. And be more probed into, you know your personal circumstances and these people are already vulnerable due to the fact that they've had to call police (FG 4, Line 186-194, p7)</i>
Exhausted repetition with repeat callers	<i>I'm speaking, eh, on behalf of our, anecdotally from officers who would be attending scenes they get frustrated because they get called back to the same address, the same victim, the same perpetrator time and time again. So the DASH forms mount up [R: Yeah] back in the public protection office or wherever, so there are maybe 15 or 20 DASH forms relating to an individual or a-, two partners in a relationship and they're being asked to, to fill in yet another one. (FG 1, Line 217-223, p8)</i>
Difficult to complete when alcohol involved	<i>Sometimes that'll not work because of the alcohol involved and stuff but we need to revisit the thing to get a true and honest risk assessment. (FG 1, Line 206-208, p7)</i>
Not always accurate picture of abuse dynamics	<i>But even if they don't consent to the DASH form we're having to fill it out as best we can based on the conversation we've had or what we've seen. So a lot of the time it's... it's guess work, you are filling in what you think and like that could be completely wrong but because we attend they're still expecting something forwarded and... I mean it's not accurate information that's being referred through them- (R: Uh-hum) isn't gonna be accurate so don't really know what good it does anybody. (FG 2, Line 287-293, p10)</i>
Not suitable for every case	<i>Two people who have been in a relationship for a week, you know, that are sixteen years old. It's just nonsense and yet again it's a domestic, get a DASH form for it (FG5, Line 158-160, p6)</i>
Tool not fit for purpose	<i>...the sheer scale of it, to get through at a time where there is extremely difficult, we're trying to get the basics, trying maybe to get a violent person off side, trying to get evidence of a criminal offence, and then we produce this nine page form to try and do there, it's just the tool doesn't fit (FG 1, Line 171-180, p6)</i>

*But as well when... with the MARAC as well we get the consent on the form for it to be forwarded, I don't think there's ever been an instance where the officers who have attended, the response officers, has been called and said can you call at this meeting. All are basing judgements on... it's the information that's provided on the form and that truly limited. We don't go into a lot of detail and a lot of it's based on how they score, on the form, as to whether they're classed as high risk so...they don't even know the background of... You're asking the questions but there's not a lot of background behind them and I don't think there's ever been a case where a response officer's called so where what exactly was said, (P3: Uh-huh) you know where have the answers came from. It's just placing it on a check list which gives them a really vague overview (FG 2, Line 260-271, p10)*

## **Working Partnership and Service Support**

Police responding to a domestic violence incident is the first step in a procedure which has multiple response tactics in place to ensure the well-being of a victim. Systems such as those previously mentioned e.g. call handler information sharing and the MARAC system, are found to be helpful in aiding officer decision making and action taking during domestic incidents when these systems work as they should and in partnership with officers;

### **Call handler information sharing**

*The control room are getting, they're getting better and better. It's like for example there-, there are what, what one system in place at the minute is um, if you put an address of whatever, 1 the high street in Coleraine, I'll just make that up, and you put that to the system the control room have, and that'll bring up flags and then they'll have people linked to it and then the control room can then go to that person and look at their background and stuff, and it goes back, feeds back to you know, the, the MARAC system where then, from previous incidents if that's then fed through the domestic violence officer, through that and then to the system again so it's a information, is very good. That's passed on to the officers, especially with the, with, with the category three violent offenders, I think only one in, in this area as such and nine times out of ten we know who he is anyway. But um, you do hear people, the control room telling the guys this person has a history of this or there were three previous incidents in the last week. (FG 1, Line 489-502, p17)*

### **MARAC highlighting risk and helping to inform action**

*from my understanding of the process, and I'm not involved in it, my understanding yes it does and I think it's important that information's shared with social services and other relevant agencies and that, you know those people who are high risk or higher risk are identified so that the officers, as soon as they get a call to go to a specific address, that they are aware that that person is, is classified as high risk, it, it just lets them be on the front foot from the word go and informs their decision making process, in terms of what they do when they get there and, and how they deal with... Whether it's a high risk victim or a high risk offender (FG 1, Line 281-290, p9)*

Beyond the PSNI other statutory services, such as social services, also serve a role in the response to domestic violence. Officers feel that there is a distinct lack of support and communication between statutory services and the PSNI, particularly in relation to access and availability of such services when needed;

### **Lack of support and communication from additional services**

*I find there's big frustration especially when other agencies, mainly social services, who misuse the police. The biggest... The best example I can give is the usual half 4 Friday afternoon phone call from social services "Oh, we have a concern about this, can you go and check". Next minute their phone's switched off, can't contact them and we're left high and dry. You know no background, no history, no issue of..., no idea of why their concerns are they just keep it... They basically throw it to a call taker who, not being rude to them, they don't know what questions to ask. They don't know what information we need on the ground and it's extremely frustrating and leaves us in a very vulnerable position (FG 2, Line 31-41, p2)*

Officers feel that the onus is on the PSNI to be the main responders to domestic violence even during times that police response may not be the best course of action;

### **Onus on police to respond entirely**

*Everything seems to fall back on us from social services to Women's Aid to whatever, if they have any issue it's phone the police, pass it on to them they can deal with it because them, apart from social services, and likes of Women's Aid and other support groups have no...sorta... there [are] not settings as to what they have to do, there's no recourse to them (R: Yeah) but for us, we probably have an organisation*

*with the widest recourse to how we deal with it (FG 2, Line 11-17, p1)*

More generally, responding officers feel that they are blamed unfairly for negative outcomes even though they have done all that they can in the way that they have been trained to do so;

### **Officer blaming for negative outcomes**

*We've trained you, you know how to deal with it, we've given you this form, if you go out and you don't deal with it properly or we don't deem you to have dealt with it properly and something goes wrong it's gonna be you, it's gonna be us that gets it". Our bosses could just turn round and go well "You didn't deal with that in the way you're trained". How are we trained? And then their gonna turn round and say "Well you've attended eight training course over the last ten years for domestic violence" but every single one of them's been the same or, you know, there's only like 10% of it that we can actually put into use. But it's still always coming back (FG 2, Line 642-651, p23)*

For responding officers a textbook case of a domestic incident is generally not what they are faced with resulting in only a certain amount of action which can actually be taken;

*What's expected of us at a domestic by our bosses and what actually we can do at domestics, completely different (FG 2, Line 580-581, p20)*

## **Barriers to Victim Support**

There also a number of more general Barriers to Victim Support impacting the ability of police officers to respond and offer victims the help they may need. Going back to issues associated with the type of violence in which officers are responding to and the fact that police officers must respond in accordance with the law; emotional/ psychological abuse are not considered a crime thus no protocol exists for officer to respond to this type of domestic violence;

### **Emotional abuse is not a crime**

*Emotional can start becoming very difficult there, how, somebody feels the way they feel abused for us to deal with as we don't have the tools to deal with it. We're not social workers. I don't mean that to sound that, we can offer support and emotional support at the time, but for a, a practical tool to deal with it, it's exceptionally difficult because we do not have the law to back us up as such (FG 1, Line 119-125, P4)*

## **No protocol for responding to emotional abuse response**

*I think the hardest one to deal with is emotional. Because for every other kind of domestic there's an offense but emotional there's not and it's really hard to try and say to these people you know "We can't do anything to help you, other agencies can but we can't." I think that's the hardest thing to deal with. (FG 5, Line 171-175, p6)*

Officers feel similarly frustrated with a lack of protocol when they are faced with incidents of domestic violence where there are concerns for either a victim or perpetrators mental health;

## **No protocol for mental health response**

*And the other point just to finish, going back to the mental health thing, you know one of the eternal frustrations we have is where officers will identify what they perceive as a mental health concern for... whether it's a victim or a perpetrator. To the extent that rather than bring them to the custody sergeant, the feel this person needs to go to hospital to be assessed by the, the, the mental health crisis team. And they take them there and, more often than not, they will have a look at them and say no, there's nothing here which warrants them being sectioned under the Mental Health Act, back over to the police. What do we do with them then (FG 1, Line 692-701, p23)*

Officers feel that sometimes women call the police as a last option, as they do not know where or how to get help even though a police response may not be what the victim needs

## **Victim knowledge of available support**

*I think the problem sometimes is... we're there as police, and we're looking for convictions etc when sometimes that's not really what the victim needs, it's, it's other kinds of help, and we only really have one approach to it, because a lot of the time it feels like our hands are tied, And that is our approach to it, is the, the criminal offences of it and not the fact that that person might need other sorta help. They might not even be asking you to, to make that sort of judgement an-, they're asking for help. But we're not... feel like we're, we have very little power to give them that help (FG 3, Line 12-21, p1)*

Officers have also found that a lot of victims of domestic violence do not avail of some protection and support systems leaving very little more that the police can do. Generally, after police response to a domestic violence incident, a perpetrator is

held to account through prosecution action. Officers continually described their frustration that many victims decide not to continue with prosecution resulting in their continued victimisation;

### Victim unwillingness to prosecute

*...the guys and girls around are very aware, robust pro-arrest policy in relation to domestic violence and, and I've, certainly that, that would be my outlook on it. But when you walk away and the victim, no matter what sex it is says "I don't want to make a complaint about that", you know that we're gonna be back there within the next number of weeks, number of months and it's going to be the same circle again (FG 4, Line 35-41, p2)*

Moreover, officers also described that even in those cases where victims have taken protection orders such as Non-Molestation orders; these can be abused and manipulated by individuals who maintain abusive relationships. Such individuals tend to be repeat callers who misuse the protection system, taking away resources from those who may want and need it most;

### Non-Molestation orders easily accessible and generally abused

*Non molestation orders are widely abused, so they are. There's people taking out non molestation orders and still, you know, still being in the relationships with the person, still living with them, (FG 2, Line 521-523, p19)*

*The main problem is they're handed out too easily far too easily there's, there's [P1: Especially the ex-party one] couples we know that have non-molestation [P3: Aye, yeah] orders and they have, they are together and then [P3: Live in the same house] whenever he or she gets annoyed by the other person then they ring up and say he's breaching his order by being here, when he's maybe been there all week, but he hasn't annoyed her up until that stage, you know it's just (FG 3, Line 402-409, p15)*

### Training Quality and Practical Transference

All responding officers within the PSNI receive 'Domestic Abuse Training' via the ONUS training and consultancy service. Training sessions typically last around 180 minutes with topic areas including the definition, types of relationships, the cycle of abuse, some associated risks, impact on children, importance of completing the DASH and gaining consent. Training outcomes include:

1. Have a better understanding of the cycle of abuse that victims suffer and how this impacts on their decision making.

2. Officers will be encouraged to have more empathy regarding victims of DA and as such, will realise the importance of offering contact with Victim Support.

3. Officers will be more aware of the impact that they have on a victim's situation via their actions and words and will have a better understanding of the range of domestic abuse – not just the visible physical aspect.

4. ONUS agency have supplied cards for "Safe Place Support Services" – Officers will have these cards issued personally and can ring on behalf of the victim to provide a support service even if there is no crime/complaint disclosed.

5. Officers will realise the importance of completing the current DASH form and obtaining the victim's written consent - this will be exemplified by further understanding of the PSNI's partnership initiatives with Victim Support and MARAC.

All officers were asked about training provided in relation to the different aspects of responding to domestic violence throughout each of the focus groups. Overall officers did note that they felt they had a good understanding of abuse dynamics;

*The only thing I remember from training is- or any training courses about the domestic- is it the domestic wheel that they call it. Where they say that whenever an incident happens... (P3: Circle of violence.) Yeah, circle of violence. And it comes into the honeymoon period and its back again. There's people like we were saying earlier, people we attend all the time. You hear from them and then it disappears for a while. Must get their honeymoon period and then back again. And it starts happening again and it's just... just a constant cycle and it'll never change. (FG 5, Line 398-407, p14)*

Furthermore, officer response did indicate that they also had a good clear understanding and protocol for ensure the safety of children during call outs;

### Responding to children

*Then before you leave you satisfy yourself that the children are safe and well and their needs are met. Whoever's left in charge is fit to look after them, that the children themselves are not traumatised with what they've seen or heard and often their*



*not, you'll walk in and the parents will talk about other people involved and they'll be screaming and shouting at each other F'ing and blinding, the child's just sitting there oblivious to it because it's an everyday occurrence (FG 7, Line 174-180, p7)*

Although officers feel that they understand the dynamics of domestic violence, training sessions do not reflect the diverse cases in which officers tend to respond to;

### Training does not reflect diverse case responding

*I don't... genuinely I feel that, maybe I'm wrong, I don't think I've ever actually met an actual true victim of domestic violence. An actual... Who falls into that lovely wee wheel that we've all be taught three or four times (FG 2, Line 624-627, p23)*

Furthermore, training sessions are inclusive of the theory relating to domestic violence but this does not reflect practical responding;

### Training lacks practical transference

*It's based around this sort of ideal of what domestic incident stuff and I don't think i-, i-, it needs to be practically tuned you know a-. From a practical, you know going in, how would you deal with this, why and not and get people actually analyse it because oh this can happen, that can be. People are aware of what can happen, but it's how they interpret that into what they're going... They're to going in and seeing that, and they will have been to each of these things and be able to identify what, I think it needs to be on a much more practical level (FG 1, Line 624-631, p21)*

As mentioned earlier particular barriers to victim support involves the lack of protocols for responding to emotional/ psychological abuse as well as mental health issues. Currently training does not cover mental health awareness or include any protocols for mental health response or emotional/ psychological abuse response;

### No training on mental health awareness or response protocol

*We're not trained to deal with it and there's nowhere else you can go for help, there's very limited resources out there if you think that this person maybe is suffering from some kind of mental illness. Nobody is willing to help. (FG 3, Line 88-92, p4)*

### No protocol for responding to emotional / psychological abuse

*Even if I say to guys, we talked earlier on about emotional abuse, how do you deal with that? Cup of tea and sympathy? Because what's the legal... Because every police officer requires the law to back them up for actions [so that's the issue that it comes back to, and that's what officers are going to be looking, how do I make that fit into what the law says? And that's how the officers are tied hand foot by the law, they are agents of the law. (FG1, 637-644, p21)*

### No sensitivity training for responding

*And I'm not a social worker, I'm not trained... or a counsellor to then sit down and say "Well let's talk about that". When that person's gonna disclose that big bit information, if I was in my home and I just and somebody had just come in and something terrible had happened me and I disclosed it and that person came in the door then I would be expecting a follow up of "Well how can I help you?" but how can I help them when I'm not trained to counsel somebody through that and that's... So then I say that well I can't but I'll pass you on to somebody, who do I pass them on to (FG 2, Line 166-175, p7)*

Finally, officers felt that a further shortfall relating to training was that call-handlers, who are the first point of contact for victims, are not trained in domestic violence awareness;

### Call handler not trained in domestic violence awareness

*They basically throw it to a call taker who, not being rude to them, they don't know what questions to ask. They don't know what information we need on the ground and it's extremely frustrating and leaves us in a very vulnerable position (FG 2, Line 37-40, p2)*

Furthermore, responding officers are also unaware of the full purpose of the MARAC system which some felt hindered their ability to advise and support victims effectively;

### Responding officers unaware of full purpose of MARAC

*Even asking their consent and they ask us "Well what is that?" and you're kind of... winging it a little bit because we don't really know. You're just saying all sit on a panel and there's other agencies there and hoping they don't ask too many more questions 'cause I don't have a clue. (FG 5, Line 233-237, p9)*



## Facilitators to Responding

Officers did make note of a number of factors which help support a positive response to a domestic violence incident. First and foremost relates to the availability of physical evidence. As previously noted, a major barrier to responding relates to counter allegations made by all parties involved in an incident. Officers must investigate all claims and try to determine the truth so that positive action can be taken. If evidence is available to support claims made, this generally helps support positive action;

### Physical evidence

*And as I say, if you have someone with a, a gash to the head or an obvious physical injury or emm, maybe torn clothing et cetera, then that helps. But if there's no obvious physical signs, signs of physical abuse, then it can be more difficult yes, and, and we're into skills in terms of, you know, identifying emotional abuse and sexual abuse and, and we have officers who are, who are specially trained to deal with sexual abuse cases, emm, who, we would use their skills then if we feel that they're needed and appropriate. (FG 1, Line 94-101, p4)*

A further facilitator relates to the PSNI central information system and control room information services. This system helps store and link information relating to known perpetrators. Such information when clear and available helps prepare officers during response calls;

*Well the management of information and occurrence that we use now within the PSNI, the address, the people are all linked so em firearms, it's all, yeah, you've your MARAC risk, you have your occurrences for domestics at those addresses so the guys and girls are certainly going out with a, you know 3 o'clock in the morning out to an address you do have fairly good information available to you, that maybe whenever we were doing it you just didn't have because everything was paper written. You would never have got, you were going back to if there's two of you in the car, who had the knowledge of the address and that was what you had. And they're, they're certainly going out now better tooled (FG 4, Line 357-367, p13)*

All officers also discussed the benefits of 'on the job training'. Officers feel that given the diverse nature of domestic violence and how each case tends to be unique from the next, experience from attending calls and observing senior officers helps train officers how to best respond in a more practical manner;

*There are protocols we have to- you have to follow but each instance is different, there's no real instance that's exactly the same as the next. Every... There's always some sort of factor in it that's different. You just deal with each one differently. It's as long as you know... You know the general idea of what you're doing. I don't wanna use the term wing it, you don't wing it. You go there with the idea of what... If someone's assaulted someone you go to it and you look at it and you deal with it as... as you see best in fit at the time. (FG 5, Line 323-331, p12)*

Officers also noted that specialist officers and voluntary services such as Women's Aid, are a helpful resource to help encourage women take positive steps towards further protection and support;

*But the DVO will quite often follow up and try and convince them to go along with it, the DVO will go out and try say look, this is in your interest and I think if, if the victim is moved say to Women's Aid or wherever, Women's Aid will be on at them, yes you have to go, you have to go through the court, you have to do this, and they'll try and push them to make sure, (FG 3, Line 677-682, p25)*

## Public Perceptions and Misunderstandings

Overall officers felt that there is a general misconception among members of the public with regards to police responding to domestic violence; in particular, confusions over the role of a police officer. Within Northern Ireland, police officers have a duty when responding to domestic incidents to prevent and protect from further harm and ensure safety. Once responding officers have carried out their part of the responding process, next steps generally involve different services such as social services or the public prosecution service. Responding officers feel that they are viewed as the response for all aspects of domestic violence due to them being a first point of contact; it was felt that this in turn results in fault being placed on the police;

### Misunderstanding of the role of a police officer

*The fact of police officers, well which hat do we put on going to this call? Am I a counsellor today, Am I a parent, Am I this persons husband or wife, Am I a doctor, Am I...That's... People think police are there... and we're police, they don't realise exactly what we do (P3: Our big bag of hats.) It's a big bag of hats, It really is! (P4: One stop shop.) Yeah. (FG 2, Line 677-681, p24)*

Officers also discussed the fact that victims may feel that the police do not have an understanding or sympathy for their experience which is not the case. Officers note that given their job role and frequent occurrence of domestic violence, this provides them with a good understanding.

### Police officers do understand abuse dynamics

*As well as that, victims feel that we don't know what they're going through, they don't feel that we have an understanding. As far as they are concerned a uniform has turned up at their house and theres many a times I've heard somebody say "You don't understand, you don't get this, bet your life's perfect". So they don't realise that we deal with so many different cases that we might get a grasp of what you're talking about, we might actually understand because we've seen it before and we've seen it so many times (FG 2, Line 68-74, p3)*

Although some victims feel that the police could do more, it is also important to consider that the police must respond and take action in accordance with the law which may not be the type of response a victim wants;

### Officers must respond in accordance with the law

*Well I think one of the big things is that again we work within the law so there has to be an offense committed and it is multi agency. You know, so we cannot... we cannot take on a social workers role or a counsellor's role or a women's aids role, you know. That's why it's multi agency and everybody has a responsibility to try and- also the victim has a responsibility. You know and there's only so much we can do, you know, because everybody has their human rights as well. (FG 6, Line 38-44, p2)*

That said, the majority of officers felt that many victims only want a quick fix rather than a long term solution which tends to reflect the circle of violence;

### Victims want a quick fix

*90% of the people, although they are in abusive relationship and such, all they're looking is quick fix for that short period of time because they know in 12 hours or a couple of days things will be lovely and they'll be back in their wee honeymoon period again (FG 2, Line 502-506, p18)*

### Summary

Given the frequent occurrence of domestic violence

cases which officers attend to on a daily basis it is unsurprising that focus group discussions highlighted a number of significant issues. Throughout the focus groups officers discussed and expressed frustrations related to the fact that they cannot help in each and every case. A salient issue for many officers is associated with the restrictions and barriers which exist in relation to domestic violence responding. How domestic violence is defined and understood within the PSNI has significant impacts on the classification and level of responding applied by officers across a variety of often complex cases. The all-encompassing definition utilised by the PSNI can mean that the seriousness of a domestic violence incident can be over or under represented during 999 calls, essentially diluting the seriousness of 'intimate partner violence' over time.

Moreover, it is clear from focus groups discussion that officers are very rarely faced with a 'text book' case of domestic violence but rather frequent cases of false or exaggerated calls as well as counter allegations. These instances further complicate their ability to respond effectively. A further barrier to responding is also associated with the type of violence reported. Indeed, no training or protocol is in place for emotional or psychological harm, this coupled with a lack of clear evidence further increases the difficulties associated with police responding to domestic violence.

Officers also noted issues associated with risk perception, identification, and assessment. The presence of alcohol and / or drugs is continually observed during domestic violence incidents and viewed as one of the central triggers of domestic violence. Officers also noted that mental health issues may also be apparent in the victim or perpetrator, further increasing risk of potential harm to both parties and officers. Currently there is no training or protocol in place for officers to help identify and respond to mental health issues.

Officers have reported that current risk assessment procedures such as the DASH Risk Identification Check-list which is to be completed during all domestic violence incidents, is not an effective or practical tool. The check-list is said to be too long and not applicable in all cases. Officers also reported that questions can be insensitive and that gaining permission from victims to complete the DASH is always a difficulty.

With regards to working in partnership, officers reported feeling that they are not supported by the wider response service making positive action for

victims more difficult to achieve. The unavailability of support from social services and domestic violence response officers (public protection unit officers) during peak times (evening and weekends) means that the responsibility is on responding officers to take action; officers felt they were not always best placed to do so. This lack of support is also considered a major resource on police time; often minimising the availability of officers to attend additional domestic violence calls.

Officers further discussed issues directly associated with victims themselves. Many individuals tend not to continue with prosecution and to maintain an abusive relationship. This in turn results in numerous repeat calls to the police during peak times of violence. Furthermore, the issuing of non-molestation orders as a form of protection for victims is viewed by officers as over used and too easily accessible. Non-molestation Orders are seen as no longer being taken seriously by the public, with over use resulting in a loss of significance.

Officers also reported a belief that many victims tend to call the police as a last resort given they did not know where else to seek help. Officers reported that victims themselves may not want to deal with the police as a form of response but that a lack of public knowledge of alternative sources of help leaves victims with little option but to call the police. Officers feel that during such times they are not trained to respond to the needs of the victims given these needs are often emotional / psychological. Police training does not provide protocols for responding to emotional abuse. Furthermore, although officers found that their training informed their understanding of domestic violence, such knowledge has little practical transference to the diverse cases faced by officers. For example, officers noted that training sessions for responding officers did not include in- depth details of the purpose of MARAC and its functions. Officers felt that this was a shortfall when trying to encourage victims to engage with services as they were unable to explain the process in any great depth.

Many of the officers generally felt that that the role of a police officer during and after a domestic incident is misunderstood resulting in a negative public perception of police responding to domestic violence. Officers expressed throughout the focus groups that they would encourage everyone to report a domestic incident; that said it became clear that officers are sometimes restricted in how much help they can offer. Depending on the situation,

context, and type of violence, police officers felt that they were sometimes not the best and most appropriate response. Police officers had very little time for further enquiry during domestic violence cases; they reported that the support of both voluntary and statutory services during such times is greatly needed.

The results of officer focus groups have helped to highlight the importance of understanding domestic violence response from the service provider perspective and the need for partnership working. Officers recognised the multi-dynamic nature of domestic violence and the need for a multiagency response. Many of the officers felt that they had been subjected to unfair criticism due to the onus on police responding to domestic violence as a single entity rather than a collective effort, they felt that the context of the response and the actual role of a responding officer needed to be understood by other agencies and victims;

You do what you can, your very best and if you can stand and say, hand on heart we have done our best and we extricate ourselves and then how does that look in a day or two days' time, or a year's time when somebody independently looks at it in the cold light of day and they don't, they, they never get the feeling of what, what was this you came up against, what were the issues? It's very, very difficult to explain it. So then, ahm we talk about the image of policing, and that's why I think we don't fall down but I think we attract a lot of unfair criticism just off the back of that, if you understand what I mean, so thought that was important saying (FG 4, Line 54-64, p2)

At the end of each focus group, responding officers were asked to make a number of recommendations with regards to future police training and ways of improving policing response to domestic violence in Northern Ireland. Results are shown in Table 7

## Overall comparative findings

Overall there are a number of important issues which were independently highlighted and addressed by both survivors and responding officers. A final review of results from both groups highlighted several similarities in their reporting on police responding to domestic violence in Northern Ireland. Table 8 provides an overview of the points which were raised independently by both groups (e.g., issues in which survivors and officers were in agreement):

## Results from short situational scenarios

Both survivors and responding officers were provided with three short scenarios which represented different types of intimate partner violence; Scenario 1, physical violence; Scenario 2, Sexual coercion; and Scenario 3, emotional/ psychological abuse in the form of financial restrictions and controlling behaviour. Each scenario was followed by 9 questions which related to the perceptions and

attitudes of both survivors and officers towards the seriousness of the scenario, who was to blame, and if action should be taken. Officers and survivors were asked to respond using a likert scale ranging from 1-10. Average responses were calculated to provide an overall score for each question from both the officers and survivors. Officer average response scores for each question are highlighted in green and average scores for survivors highlighted in blue. Please see the following page for an overview of the results.

Table 7: Recommendations from responding officers

Training should be at a more practical level, officers should be told about what tools / actions they can use in different situations
Training should be more response focused
Training should be more focused on dealing with all types of domestic violence cases Training to cover how to speak with a victim
Better available facilities and protocols for responding to Mental Health/ Alcohol/ Drugs
DASH Risk Identification Check-list should be reduced to key questions
Space on DASH Risk Identification form for officers to provide context details
Create a short version of the DASH Risk Identification Check-list to be completed with repeat callers
DASH Risk Identification Check-list could be completed with support services OR domestic violence officer a few hours / days after domestic violence incident
Additional avenues of support for victims via other agencies should be available
Greater responsibility to be placed on other agencies/services for responding to domestic violence
Training and support materials for victims should be kept up-to-date

## Table 8: Similarities in reporting across groups of survivors and responding officers

Emotional abuse is not considered or viewed as a serious crime resulting in a lack of reporting by victims to the PSNI and a barrier which hinders police response due to lack of protocol

The DASH Risk Identification Check-list is too long and impersonal. Although this helps highlight the main risk factors associated with victimisation, this form should be reviewed and refined

A lack of clear physical evidence is a barrier to reporting and responding

Officers have limited opportunity for enquiry resulting in only a partial understanding of the victimisation context when called to a domestic incident

Further support and a partnership approach by both statutory and voluntary services is needed to truly meet the needs of victims

Mental health issues are associated with domestic incidents. Further awareness and training for officers would be beneficial

Victims are unaware of the processes involved after making a 999 call particularly the longer term follow up and where exactly to access specific supports. This may impact a victim's willingness to call Police and may incorrectly cloud perceptions of officers responding as a result of negative outcomes

Officers felt that Non-Molestation Orders are used to readily and the women felt that they are often ineffective as a protection tool

Officer domestic violence training needs to improve and reflect diverse case responding and include in-depth mental health training

Victims need to be supported and informed by the public prosecution service to help secure convictions

Overall better training provided to responding officers for domestic violence



## Result from Short Situational Scenarios

<b>Scenario 1:</b> John Barnes and his wife Mary are in their early thirties and have been married for almost 6 years. John works as a cars salesman and his wife Mary is a receptionist in doctor's surgery. One evening, John comes home from work and has found that the house has not been cleaned from breakfast and dinner is not ready. John calls to Mary who is upstairs and when she comes down he tells her that she is a crap wife and a lazy bitch. Mary begins to apologise and explains to John that she was running late for work and had not time to clean up but she will do it now. John tells Mary not to bother and when Mary reaches for his hand to hold and apologise, John punches on her collar bone and pushes her to the ground where she hits her head. John storms upstairs saying she better have it sorted out by the time he comes back down or she will know all about it. Mary calls the police.		
	<b>Officers</b>	<b>Survivors</b>
	<b>Average Score</b>	<b>Average Score</b>
How violent do you think this incident was? (1: not violent; 10: very violent) 1 2 3 4 5 6 7 8 9 10	<b>7</b>	<b>9</b>
How responsible was John for the incident? (1: not responsible; 10: very responsible) 1 2 3 4 5 6 7 8 9 10	<b>10</b>	<b>9</b>
How responsible for was Mary for the incident? (1: not responsible; 10: very responsible) 1 2 3 4 5 6 7 8 9 10	<b>1</b>	<b>2</b>
If you had witnessed this incident from the window next door, how likely would it have been that you would have called the police? (1: not likely; 10: very likely) 1 2 3 4 5 6 7 8 9 10	<b>9</b>	<b>8</b>
Did John have the right to use physical force? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>9</b>	<b>9</b>
In this case should John be arrested? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>5</b>
Did Mary fight back when beaten? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>9</b>	<b>8</b>
Should Mary leave John for good? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>4</b>	<b>4</b>
Do you think that John has probably acted this way in the past? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>4</b>

**Scenario 2:** Peter and his girlfriend Gina are in their early thirties and have been together for two years. Peter is a mechanic and Gina is a classroom assistant. After work on Friday, Gina and Peter decided to meet up and go for drink in town. They meet at their favourite bar at 6.00pm and get a taxi home at 11.45pm. Peter tells Gina he wants to have sex but Gina just wants to go to bed. Peter gets annoyed at Gina and tells her she should stay awake to have sex with him, she is meant to be his girlfriend and that's what good girlfriends do. Peter then tells Gina that his last girlfriend was more fun and always wanted to have sex with him and that if she keeps saying no to him he will leave her and go see his ex-girlfriend. Gina then begins to shout various obscenities at him, calling him a "selfish bastard". Peter shouts back calling Gina a stupid ugly bitch. Peter quickly calms down and tells Gina that if she loved him she would do it. Peter takes Gina by the hand and takes Gina to the bedroom where they have sex.

	<b>Officers</b>	<b>Survivors</b>
	<b>Average Score</b>	<b>Average Score</b>
How violent do you think this incident was? (1: not violent; 10: very violent) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>9</b>
How responsible was Peter for the incident? (1: not responsible; 10: very responsible) 1 2 3 4 5 6 7 8 9 10	<b>8</b>	<b>8</b>
How responsible for the incident was Gina? (1: not responsible; 10: very responsible) 1 2 3 4 5 6 7 8 9 10	<b>2</b>	<b>3</b>
If you had witnessed/ overheard this incident from next door, how likely would it have been that you would have called the police? (1: not likely; 10: very likely) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>6</b>
Did Peter have the right to have sex with Gina? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>8</b>	<b>9</b>
In this case should Peter be arrested? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>6</b>	<b>6</b>
Did Gina fight back when pushed into having sex? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>4</b>	<b>7</b>
Should Gina leave Peter for good? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>4</b>	<b>4</b>
Do you think Peter has acted this way in the past? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>4</b>

**Scenario 3:** Jane and Rob are in their early thirties and have been together for four years. Jane is a dental hygienist and Rob is an office supervisor. Jane normally goes straight to work and home again everyday but one Tuesday after work Jane decides to go do some shopping as her and Rob did not get much shopping over the weekend. Jane would normally text Rob to let him know where she is but her phone is out of charge. Jane picks up a few things for dinner at a local supermarket and heads home. When she arrives home Rob follows Jane to the kitchen and asks where she has been. He says he has rung and texted her but when she shows him that the phone is out of charge he says she did this on purpose. Jane explains that she was getting the shopping. Rob says he does not believe her and wants to see receipts for the things she had bought as the receipt should also show the time she left the shop. The receipt says she paid for the food half an hour ago but Rob says she has spent too much and is wasting money. Rob asks Jane why it took her so long to get the shopping and get home. Jane explained there was traffic on the way home. Rob gets annoyed and shouts at Jane and calls her a lying bitch and a shit partner who disappears and doesn't let him know where she is. Jane asks Rob to calm down and explains she is not lying. Rob keeps shouting at Jane, telling her that she is lying and that she is probably seeing someone else. Rob goes on to tell Jane she should give him her credit cards and money and he would look after them because he can manage money even if she can't. Rob breaks down and tells Jane that if she was taking better care of him and working less he would not be so upset or worried and that it is Jane's fault that he feels this way. He also tells Jane that he feels that he isn't loved by Jane anymore and if she loved him as much as he loves her Jane would stay at home more. Jane feels guilty that she has hurt Rob and agrees to give Rob her money and cards and go part time at her job.

	<b>Officers</b>	<b>Survivors</b>
	<b>Average Score</b>	<b>Average Score</b>
How violent do you think this incident was? (1: not violent; 10: very violent) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>8</b>
How responsible was Rob for the incident? (1: not responsible; 10: very responsible) 1 2 3 4 5 6 7 8 9 10	<b>8</b>	<b>10</b>
How responsible for the incident was Jane? (1: not responsible; 10: very responsible) 1 2 3 4 5 6 7 8 9 10	<b>2</b>	<b>1</b>
If you had witnessed/ overheard this incident from next door, how likely would it have been that you would have called the police? (1: not likely; 10: very likely) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>5</b>
Did Rob have the right to take Jane's money and keep her at home? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>9</b>	<b>9</b>
In this case should Rob be arrested? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>7</b>	<b>6</b>
Did Jane fight back when Rob shouted? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>8</b>	<b>6</b>
Should Jane leave Rob for good? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>4</b>	<b>3</b>
Do you think Rob has acted this way in the past? (1: definitely; 10: definitely not) 1 2 3 4 5 6 7 8 9 10	<b>3</b>	<b>3</b>

Based on comparisons of all scores it can be seen that survivors generally perceived all types of violence to be more severe than officers. With the exception of physical violence, survivors were more likely to call the police for help if they had witnessed / overheard an incident. An important point to note is that both officers and survivors when given all scenarios were told by the researcher that if they felt they could not use the scale to answer a question they could add any notes for the researchers to consider on review. A number of officers noted throughout the scenarios that in cases such as sexual coercion and emotional / psychological abuse, the context of the situation would need to be explored further as well as consideration of the law. Furthermore, it is worth noting that in most cases neither officers nor survivors chose any of the extreme ends of a likert scale to represent their view; further emphasizing the complexities of responding to domestic violence.

# Discussion

The current study is one of the first in Northern Ireland to consider the views of both survivors of domestic violence and PSNI responding officers. Taking this particular dual approach has helped highlight the importance of considering the voices of both the victims / survivors of domestic violence and police officers who must implement and uphold the governmental law to prevent and protect against such an occurrence. Overall findings suggest that the policing response system to domestic violence needs to vastly improve for the interests of both victims and responding officers in Northern Ireland. Although both survivors and responding officers reported that domestic violence has become a more salient issue for the PSNI, it is clear that victims of domestic violence are not receiving the response and support they need from statutory services. Legislation and policies have been improved and implemented over the last number of years, but it seems that many of the issues and barriers experienced by both victims and police officers have remained across time. In 1993, Mc Williams and McKiernan published their book 'Bringing it out in the open, domestic violence in Northern Ireland'. The authors reported that victims felt that they were not believed or supported by the police and that there was clear lack of positive action during domestic incidents. Officers during this time also highlighted their frustration with victim's unwillingness to prosecute and engage with this service. Although Northern Ireland has come a long way, it is disappointing that such fundamental issues are still being highlighted.

Issues of an inconsistent response by officers, not being believed and supported, and more generally feeling let down by an entire system, is not unique to Northern Ireland. Many of the issues discussed and reported by survivors had previously been reported by participants from the HMIC (2014) report for England and Wales. Furthermore, officers also noted that they too would like to see an improvement in overall protocols, training and assessment tools in order to improve responding. What is clear from both studies is that a number of key areas must be addressed in order to improve overall police responding.

## Initial Contact

As mentioned, one of the first points of contact for victims will tend to be the call handler of a 999

call. This person is responsible for taking details to be passed to responding officers and assessing the level of risk so that officers can prepare and devise a plan of positive action. It is clear that officers felt that a lack of domestic violence awareness can result in unclear or missed information being fed to responding officers and victim vulnerability remaining high due to a lack of supporting advice. During a thematic inspection of the handling of domestic violence and abuse cases by the criminal justice system for Northern Ireland (2010) it was advised that all call handlers receive practical training for domestic violence. During a 2011 update report it was reported that such training programmes were underway and that all relevant staff will have received training by April 2011. Given current perspectives of responding officers that call handlers are seemingly not trained, it is recommended that further training should be provided.

**Recommendation 1:** All service members involved in the police responding process, including call handlers, should undertake comprehensive domestic violence awareness and responding training.

## Initial Response

The quality of response provided by attending officers is of vital importance during a domestic violence call out. Although victims may have been in a violent relationship for some time, this may be the first time that they have had the courage to call the police for help. Being believed, understood, and listened to provides the first steps in victim legitimisation, reassuring, and providing confidence to victims to continue to engage with officers and additional services. Unfortunately this was viewed as a lottery by many women, with negative attitudes and lack of investigation leaving women in a worse state of upset. Such an experience may impact the confidence of victims to contact services again, trapping them in an abusive relationship. Such findings have also been cited as a major barrier to reporting by researchers such as Rose, Trevillion, Woodall, Morgan, Feder and Howard (2011).

In contrast, some officers discussed how the high number of repeat callers and false or exaggerated allegations can sometimes lead to exhaustion in empathy and understanding, particularly when individuals will not avail of help provided or seemingly abuse police response. This is also noted



as having a tangible impact on police resources. Nevertheless, repeat calls can be indicative of the level of risk to a victim (Richards, Letchford & Stratton, 2008). Partner violence tends to increase in severity and rate of occurrence over time (Richards, Letchford & Stratton, 2008). Richards, Letchford and Stratton (2008) in their book 'Policing Domestic Violence' noted that "Focusing police resources on repeat incidents is seen as effective in terms of both policing and cost (Hanmer and Griffiths, 2000). Previous victimisation is a significant factor in risk assessment, and should be considered when allocating the level of priority in dealing with the problem" (p39). In order to reduce the excessive responsibility of first response officers, more targeted action and monitoring of such cases could be followed up with by a more specialized approach.

**Recommendation 2:** Domestic violence training should highlight and emphasise the importance of an empathic approach in dealing with substance misuse and different types of violence.

**Recommendation 3:** A system of response should be put in place for repeat callers. This could involve additional communication between statutory and voluntary support services mediated by a domestic violence officer to call out or follow-up more closely with repeat victims reducing the resource impact on the PSNI.

### Risk Perception, Identification and Assessment

The use of the DASH Risk model during domestic incidents is viewed as one of the major issues of concern with regards to police responding, both by officers and survivors. The viability of a 27 item check-list as a measure of risk during a highly emotionally charged situation has many practical limits. Moreover, the application of said tool is noted as limited or of no use in some cases; e.g., incidents of family violence, as the questions do not transfer well. The duplication of risk assessment forms is also time and resource taxing. Too often the DASH form is seen as an insurance exercise, one which does not capture the true nature of the abuse dynamics. On many occasions this form cannot be properly completed and more than often is filled out on the basis of observations. As noted in the HMIC (2014) report. "The measure of a successful police response to a domestic abuse incident should not be whether a form has been filled in. It should be whether the officer has correctly identified the level of risk, has taken appropriate action to keep the victim safe as a result and has obtained or protected evidence

necessary for an appropriate prosecution" (HMIC, p13). It may be more practical and have greater success if DASH forms are completed as part of a follow-up process.

**Recommendation 4:** Based on suggestions by both survivors and officers, a full review of the DASH Risk Model and its practical implications during initial police responding should be addressed.

A further area of risk which must be addressed relates to the mental health of victims. Symptoms associated with commonly disclosed disorders such as depression and post-traumatic stress disorder have the potential to obscure 'normal emotional response' during stressful events such as a domestic incident. It is also noted that mental health problems may also exasperate victim self-blaming, delaying reporting to the police, and increasing associated symptoms (Rose et al. 2011). Symptoms such as numbing can result in victims being seemingly not upset by a violent situation. Such symptoms may have the potential to impact police action as the evidence would suggest that nothing may have happened, particularly where counter allegations are concerned. In such situations, officers are at danger of misreading the level of risk to a victim and not providing the help needed.

**Recommendation 5:** Mental health awareness should be incorporated into domestic violence training for responding officers given it has been noted as both a risk factor and outcome associated to domestic violence. Mental health awareness training should be designed, delivered, and formally evaluated by mental health practitioners and researchers to ensure effectiveness. In England during 2014, a pilot placement of psychiatric nurses in 10 police stations was implemented to help support officers in all cases relating to mental health, such a pilot could also be implemented in Northern Ireland.

### Taking Action

A number of significant shortfalls were identified by both the survivors and officers in relation to positive action taken by both responding officers and more generally by the criminal justice system. This included issues with responding to the different forms of violence and the specification of non-molestation orders hindering any response from the police. Currently the lack of legislation specific to emotional and psychological abuse means officers are limited in how they can respond if at all. Many responding officers also feel that they are not equipped to identify and tackle covert types

of violence such as emotional abuse. These more subtle types of violence are known to have adverse consequences and are generally part of intrinsic pattern of abusive behaviour (Lagdon, Armour & Stringer, 2014). Awareness and guidance for officers should be a training essential.

**Recommendation 6:** Training should include information on diverse case responding (for example, same sex relationships, male and female victims, older couple's domestic violence) and how to do so in a practical manner and in conjunction with the law.

Moreover, non-molestation orders have lost their ability to protect or be adhered to; reports suggest that both victims and police officers no longer take them seriously. Survivors reported high numbers of breaches and lack of action by the police at such times. Similar findings have been reported by female survivors taking part in a small scale study in West Belfast, Northern Ireland, including feeling unsafe even with a non-molestation order in place (Domestic Violence & Non-Molestations Orders, A call for action, 2014).

In England the implementation of Domestic Violence Protection Orders (DVPO) formerly to non-molestation orders have been viewed as an improvement to said issues. These orders are a civil provision used as immediate protection for victims. DVPO's can be put in place by officers without the permission of a victim. They are used to give victims time and space to receive the support they need and have strict breach actions attached. Pilot studies of DVPO's indicate that police officers, service providers and victims viewed these favourably (Home Office, 2013). DVPO'S help ensure victims are immediately protected from repeat harm and are associated with reductions in rates of re-victimisation (Home Office, 2013).

**Recommendation 7:** A Pilot study should be devised and implemented introducing Domestic Violence Protection Orders in Northern Ireland. These orders are a civil provision used as immediate protection for victims. DVPO's can be put in place by officers without the permission of a victim. They are used to give victims time and space to receive the support they need and have strict breach actions attached.

It was also highlighted that a lack of evidence gathering and judicial support has meant that many of the survivors did not get to prosecute their perpetrator and for those that tried, a lack

of guidance resulted in further fear and up-set, prolonging victimisation. The majority of survivors felt that they were not kept updated or informed of the persecution development. In the majority of cases, survivors were disappointed with prosecution outcomes which generally did not reflect the seriousness of the incident. Officer discussed their frustration to not continue with prosecution but many victims fear facing their perpetrator in court. Police officers and prosecution services need to work together at gathering and providing evidence towards the case which can continue without the victim. All services providers and victims should also be made aware and adhere to the guidelines set out by the Victims Charter (Department of Justice Northern Ireland) which details the rights and entitlements of victims of a crime, in particular 'to be updated at key stages and given relevant information' (p5).

**Recommendation 8:** Victims should be informed and supported throughout the justice system process by the PSNI, PPS, and voluntary services such as Women's Aid. The Domestic Violence Thematic Review – Updated Report (2011) recommends that this could be achieved through the appointment of independent domestic violence advisors (IDVA's). In addition, awareness raising should occur regarding each organisations roles and responsibilities and this should be made clear to all organisations concerned, and to the victims. Victims should have an opportunity to contact key services directly who can meet their needs beyond the PSNI. This could include targeted information leaflets with key contact details for both voluntary and statutory services.

### Working in partnership

The collaboration of statutory and voluntary services during repose to domestic violence is of paramount importance to meet the needs of a victim. It is no longer acceptable to assume that one agency should respond to such issues. The vast amounts of knowledge on the multiple impacts of experiencing domestic violence such as impacts on, health, housing, mental health etc. has led to the implementation of multi-agency response approach. It is clear from the results that much of the onus has been placed on the PSNI to respond to a number of aspects during domestic violence incidents. The unavailability of specialist officers and social services during peak response times means that victims are not receiving the support they need and officers are left feeling that they are letting victims down due to lack of targeted skills.

It is important that all agencies who have a role in supporting victims are held responsible and accountable for their contributions (or lack thereof), helping to ensure an effective partnership approach. Senior officers who participate in the MARAC meetings noted that there is a current lack of partner agency engagement making risk assessment and planning implementation for victims challenging. Many of the responding officers were also unaware of the MARAC full purpose causing difficulties in communicating its benefits to victims. If victims do not engage with services and accept help, fear of the unknown must be eliminated.

**Recommendation 9:** Specialist domestic violence officers (DVO's) or criminal justice workers via Women's Aid should be placed on a shift based rota ensuring their availability at all peak times (e.g. evenings and weekends). This steady availability would help ensure that responding officers and the victims are consistently supported. This would also allow DVO's to relay the context of incidents when discussed at MARAC meetings.

**Recommendation 10:** All agencies tasked with responding to domestic violence and supporting victims should be held accountable and independently evaluated by an independent agency on their contribution to the MARAC. The MARAC should also be strictly monitored in order to maintain a strong partnership among agencies. All police officers of all ranks should be briefed on what MARAC is and how it works for the benefit of the victim. Responding officers who deal with domestic violence call outs should have an opportunity to provide a written report for the MARAC meetings (if the DVO was not in attendance at the call out) to enable them to provide a clear context of the situation to MARAC participants. This will allow for more detailed and targeted action to be devised to meet the needs of the victims.

### The problem of definition

As noted during the introduction of this study, the term domestic violence has been used throughout this document interchangeably with intimate partner violence. The focus on violence between intimate partners only as a core discussion subject follows from the fact that umbrella terms such as 'domestic violence' have the potential to distort or dilute the importance of violence between partners and violence between family members as individual issues of concern (Breiding, Basile, Smith, Black, Mahendra, 2015). Although several key issues were identified across all focus groups, a consistent

barrier to victim response and victims help seeking were related to how 'domestic violence' was defined and viewed.

Research by Logan et al. (2006) helped demonstrate the importance of definition and officers attitudes when responding to domestic violence. Logan et al. (2006) collected data from 315 police officers in a city in the USA using a questionnaire. Questions related to officers attitudes and beliefs about police response to domestic violence compared to other violent crimes. The researchers found that officers tended to view domestic violence as needing a mediating response rather than criminal action. Findings such as these further highlight and reflect the experience of the survivors and officers. Survivors noted that officer response did not reflect the seriousness of the incident and officers noted that in some cases they felt they could not take action due to a lack of clear evidence and legislation to support action. If intimate partner violence is not viewed as a serious crime in its own right, officer response and legal punishment for perpetrators will tend to reflect this standing throughout the justice system. Furthermore, victims are also at risk of impunity as a result of lack of legislation, policy, and action towards the more subtle types of violence which includes emotional and psychological harm.

**Recommendation 11:** The definition for domestic violence and abuse now includes "controlling coercive behaviour" to reflect, more comprehensively, the full range of acts involved. This revision was informed by changes made to the Home Office definition of domestic violence, following its consultation in England and Wales in 2011/12 (Stopping Domestic Violence and Abuse in Northern Ireland, 2013-2020, Public Consultation Document, 2013, p23). Civil or criminal remedies should be developed to specifically address response to this type of domestic violence in order to help determine what requires police responding and/ or other types of response for example, voluntary support services.

Moreover, inconsistent definitions impinge upon our ability to determine and research the true extent and nature of the problem of intimate partner violence in Northern Ireland. This lack of understanding will inevitably impact the ability of services to focus and target interventions and support towards those who need it most; and to be able to monitor and measure the effectiveness of any implemented strategies for prevention and future change.



Recommendation 12: Continued efforts should be geared towards the development of practises which will address and tackle the true nature of intimate partner violence through education reform, the implementation of practises which have been piloted and proved to work and interventions which are designed to inform and empower help seeking behaviours with victims.

Such frameworks exist in Scotland, for example with the introduction of dedicated Domestic Abuse Task Force. This task force was piloted in Strathclyde in Scotland during 2009 after the Chief Constable highlighted the significance of tackling domestic violence. The task force aims include;

- In line with the National Intelligence Model and through the divisional Tasking and Co-ordinating process, identify those offenders who are at greatest risk of engaging in serious violence and collate information for intelligence development or enforcement where appropriate.
- Through the use of pro-active enforcement activity, target those identified offenders who present the greatest risk of harm using all available methods at our disposal to reduce the threat and ensure that they are held accountable for their actions through the criminal justice system (McGuckien, 2009).

During the first year of its implementation, the Strathclyde Police's Domestic Abuse Task Force arrested 105 dangerous offenders for a total of 370 crimes of which 320 had previously been unknown to the police. These crimes included attempted murder, rape, serious assault, breach of the peace and stalking cases (Strathclyde Police, Scotland, 2015). The introduction of this type of task force helps promote a collective attitude that domestic violence is in fact a crime and should be dealt with accordingly.

A further example to be considered in line with education reform and victim informing includes the NHS public campaign 'Choose Well'. This campaign is a good example of providing the general public with practical information on a range of services available in the health care system. The campaign was devised to help inform the general public of specific available service so that they can make an informed choice about their needs and to help reduce the pressure on A & E service responding. This particular campaign lends itself well to tackling similar issues associated with responding to Intimate Partner Violence. Informing the public

on where they can seek help and which services can help with particular needs would reduce the onus on one service to respond. Additionally, a large scale campaign addressing the general public would mean that individuals who are afraid to seek information or help will be inadvertently informed of available support through public advertising.

## Conclusion

It is important to acknowledge the vigorous efforts of many police officers and the challenges faced by the PSNI when trying to deliver a high standard of service. Nevertheless, the inconsistent approach by not only the PSNI but other statutory services means that many women are continuing to feel vulnerable and unsupported. Police responding needs to be free from judgment, victim focused, and victim led to ensure that the needs of a victim are being met. Positive action and small considerations such as reassurance and listening can have vast impacts towards empowering victims to become survivors. It is also important to recognise that police officers can only provide help when a victim is willing to avail of this. Victims also have a responsibility to work with services in order to achieve the best possible outcome. The public and other agencies need to recognise that officers are generally not faced with the 'text book' case of domestic violence but rather domestic violence is multifaceted and complex. Police officers are also limited in their response given that the duty of an officer is far wider than responding to domestic violence. Police officers can only work within their resources; it is no longer acceptable to attribute blame, it is the responsibility of everyone to take into consideration their role towards effective change and provide a responsive and effective service to meet the needs of victims.

As mentioned in the introduction of this report, the researchers proposed three aims of the study which included;

1. Use similar methods as utilised by HMIC in order to assess the attitudes and beliefs of both domestic violence survivors and PSNI attending officers in relation to current policing response to domestic violence between sexual partners within H District (Ballymena, Ballymoney, Coleraine, Larne, Moyle), Northern Ireland
2. Help clarify and fill the current research gap in regard to policing response in NI
3. Make any notable recommendations to service provision based on findings.

All aims have been addressed and met explicitly throughout this report.

## Limitations

The current study focused only on H District of Northern Ireland; however given that policing in Northern Ireland is very similar across policing districts, the results herein can be generalised to the wider PSNI. The study also only considered the views of female survivors of domestic violence; excluding the voice of male victims. The reason being is that this study was conducted in collaboration with Women's Aid. Furthermore, the completion of 13 focus groups in total has meant that 43 individuals provided in-depth overviews of their experience on policing response in Northern Ireland



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