

Moving Forward on Prevention:  
Domestic Violence and Community Safety  
In West Sussex

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## Table of Contents

Acknowledgements.....	i
Table of Contents.....	ii
Executive Summary.....	1
Introduction.....	13
Definition of Domestic Violence.....	14
Methodology.....	17
Estimating the Extent and Costs of Domestic Violence.....	26
The Needs of Women who Experience Domestic Violence.....	29
The Needs of Black Women and Women from Minority Ethnic Groups who Experience Domestic Violence.....	41
Domestic Violence in Gay, Lesbian, Bi-Sexual and Transgender Relationships.....	50
Men as Victims of Domestic Violence.....	55
Elder Abuse: A Vulnerable Population.....	59
Domestic Violence, Drug and Alcohol Abuse.....	66
Mental Health, Disability and Domestic Violence.....	70
The Needs of Children.....	73
The Impacts on Children of Living with Domestic Violence.....	75
Resilience and Children’s Coping and Survival Strategies.....	77
Challenging Perpetrators.....	84
West Sussex CPS Data.....	87
Services Mapping.....	91
Agencies Working Together in Partnerships.....	127
Data Monitoring and Data Sharing.....	132
Conclusion and Recommendations.....	134
References.....	142
Appendices.....	147
Appendix 1: Letters Sent to Stakeholders & Key Services.....	148
Appendix 2: Best Practice Indicators.....	149
Appendix 3: Telephone Interview Guide.....	153
Appendix 4: Questionnaire.....	156
Appendix 5 : Supplementary Tables.....	167
Appendix 6: West Sussex Police Data Summary.....	169

# Executive Summary

## 1. Introduction

1.1. Reducing domestic violence, especially repeat victimisation, is one of the four key priorities in the Community Safety Strategy for West Sussex. British Crime Survey findings suggest that although West Sussex is a relatively 'low crime' area, reported incidents of violent crime are relatively high and domestic violence in the South East is higher than elsewhere in England and Wales (Simmons and Dodd, BCS, 2003).

1.2. Domestic violence is defined as being:

*Any incident of threatening behaviour, violence or abuse between adults who are married or who have lived together or partners or other family members irrespective of gender. This can include damage to property or other abuse. Abuse can include sexual, physical, financial or psychological (sic) and need not be a recordable crime.*

*(Domestic Violence/Abuse Guide to Good Practice, 2003)*

1.3. The research discussed in this report was commissioned by the West Sussex Strategic Community Safety Partnership following a successful tender application by *Dr Lorraine Radford and Dr Aisha Gill* from the University of Surrey Roehampton. The full briefing for the research was set out in the research tender which was widely advertised by the county's Domestic Violence Strategy Group (DVSG) in Autumn 2003. The overall aim of the research was to map services and needs to inform the development of a county-wide domestic violence strategy.

1.4. The research had to determine:

- ◆ What needs exist in West Sussex for victims, children and perpetrators of domestic violence?
- ◆ What services already exist?
- ◆ What services are required and why?
- ◆ What support (including training) is needed by agencies to provide a better service?
- ◆ How could service users/potential service users and service providers/key agencies be brought together to develop joint approaches?
- ◆ Data collection – who has collected what? What does it tell us? What is done with the information? What are the main problems associated with data collection?
- ◆ How do existing service users rate agencies' responses at the present time?

## 2. Methodology

2.1. The research was conducted between 1<sup>st</sup> January and 31<sup>st</sup> March 2004. The primary research was based on qualitative and quantitative methods.

2.2. There were four components to the work:

2.2.1. A data-mapping, information-gathering and networking phase – gathering information on the extent of domestic violence in West Sussex, on data collected by key agencies and on professional guidelines.

2.2.2. Service and resources mapping – telephone interviewing 28 key agency stakeholders and completing a questionnaire survey with 208 professionals working in a range of agencies in West Sussex.

2.2.3. A needs assessment phase – gathering information on needs and services for marginalised and excluded groups, for children and for perpetrators. We completed in-depth interviews with 30 survivors of domestic violence, 7 refuge workers, as well as focus group and individual interviews with people with experience of working with 6 ‘hard to reach’ groups – women from black and minority ethnic groups, older people who are abused, people abused in gay, lesbian, bi-sexual and transgender relationships, men who experience domestic violence, children, people being abused in relationships where there are also difficulties due to drug, alcohol, mental health or disability issues.

2.2.4. A consultation and strategy development phase (to follow the dissemination of the report).

2.3. The full report is structured around the 7 questions posed in the original tender. For clarity and brevity the executive summary focuses on the headline findings that will inform the county’s domestic violence strategy.

### **3. The Extent of the Problem - Domestic violence in West Sussex**

3.1. West Sussex is grouped within the South East region in the Home Office’s British Crime Survey. Regional rates of domestic violence per 10,000 of the adult population recorded by the police show higher rates of domestic violence are recorded in this region than other regions of the country. Domestic violence is a problem that affects people from all areas and income groups, although it is known that women in the professional occupation groups are less likely to report experiences to agencies such as the police (Mooney, 2000). The South East region shows a rate of 296 domestic violence incidents recorded by the police per 10,000 population compared with an average for England and Wales of 149 per 10,000 population and 97 in the North West of England (Table 6.06, BCS, 2002).

3.2. Domestic Violence and Women

- The population of females aged 16 years and over in West Sussex is 327,153 (Census, 2001)

- 1 in 4 women in the county, **81,788 women**, are likely to have experienced domestic violence during their lives
- **32,715 women** in the county (1 in 10) are likely to have experienced domestic violence in the past 12 months
- There were **6,579** domestic violence incidents recorded in West Sussex by the police in 2003 (Sussex police data)
- **17%** of these incidents were cases of repeat victimization (where the victim has called the police before) (Sussex police data)
- **78 %** of victims of domestic violence incidents recorded by police 2001-2003 were female, 21% were male (Sussex police data)
- 84% of domestic violence offenders in incidents recorded by the police 2001-2003 were male, 16% were female (Sussex Police Data)

### 3.3. Children and Young People

- There are 144,121 children and young people aged under 16 years living in West Sussex (Census, 2001)
- It is estimated that 14,412 of these children and young people will have lived with domestic violence in their families in the past 12 months (applying the 1 in 10 formula)
- 90% of the children and young people, 12,971, will have witnessed or overheard the violence against their mothers (90% figure drawn from Hanmer, 1989)
- Conservative estimates are that 30% of children living with domestic violence are themselves physically abused by the perpetrator (Hester, Harwin and Pearson, 1998). 8,167 children and young people living in West Sussex are estimated to be physically abused by perpetrators who also use domestic violence against their mothers.
- Children recognised by social services as children in need in West Sussex 5,890 to 4,418
- Children looked after by social services 879
- Children on the child protection register 378
- Child deaths from abuse or neglect in West Sussex – 0.7 to 1.5 per year

Clearly, domestic violence is a significant problem in children's lives but most of the children living with this abuse are not in contact with child protection services

3.4. There is no reliable data in West Sussex on domestic violence to men, to people who are black or from minority ethnic groups, to elders, nor to people living in gay, lesbian, bi-sexual or transgender relationships, nor to people living with domestic violence with the additional adversity of disability, mental health problems or drug and alcohol problems.

Key concerns from published research are:

- The proportion of domestic homicides nationally where 'honour' based killings were identified as a factor (Gill, 2003)

- The increased risk for gay men from domestic violence homicides (Soothill, *et al.*, 1999)
- The hidden nature of elder and carer abuse
- 70% of men who abuse their partners do so when under the influence of alcohol and 20% when under the influence of drugs (GLDV, 2003)
- Women who experience domestic violence are 15 times more likely to abuse alcohol and 9 times more likely to abuse drugs than non-abused women (Stark & Flitcraft, 1989)
- Domestic violence is a factor in 1 in 4 suicides by women (BMA, 1998)
- Domestic violence worldwide has considerable consequences for the health of women and children (Heise, *et al.*, 2002)
- Domestic violence often starts during pregnancy and women abused in pregnancy are more likely to have a disabled or low birth weight child (BMA, 1998)

3.5. Applying the formulae to calculate the costs of crime from published research (Brand and Price, 2000; Stanko, *et al.*, 1997), the estimated costs of domestic violence to the county are between **£11,386,240 and £19,254,900 per year.**

#### **4. Needs assessment**

##### **4.1. The needs of women who experience domestic violence in West Sussex**

There was no evidence from the research to suggest that women living in West Sussex who experience domestic violence have needs that are any different to those identified for women living in the UK as a whole. Fifty per cent of households live in rural areas so there are additional issues regarding accessibility of services. The need for services varied according to the individual and her experiences and life circumstances. The key findings were:

- Most women turn first for support to informal sources such as family and friends
- What women most want is for the violence to stop
- When women turn to outside agencies they want a professional and non-judgemental response and to be able to see their options
- Women need emotional support and to be safe when they take the decision to leave an abuser or to take legal action
- The decision to leave or to stay is often strongly influenced by a woman's assessment of how this will affect her children

Key concerns about agency responses in West Sussex were:

- The domestic violence lottery – agencies gave varied responses, the helpfulness depending on where you were and who you saw
- The shortage of refuge accommodation and housing options
- The lack of protection and emotional support after separation
- The shortage of outreach services

- The poor provision of children's services
- The lack of emphasis upon the prevention of domestic violence
- The police tendency to use risk assessment to ration resources

#### **4.2. The Needs of Black Women and Women from Minority Ethnic Groups who Experience Domestic Violence**

Black and minority ethnic women are most vulnerable yet least served by existing service practices and policies (Gill, 2004; Imkaan, 2003; Newham Asian Women's Project, 2003). Specific concerns raised by black and minority ethnic women were:

- Partners' and families' use of religion, honour and community to justify the violence and lock women into abusive relationships
- The cultural inapplicability of services
- The lack of adequate translation facilities
- The isolation of women especially if they were recent immigrants or did not have English as their first language
- The lack of rights to safety and to benefits for women who are recent immigrants
- The difficulties white British professionals have in reaching out to women experiencing violence in black or ethnic minority communities

#### **4.3. The Needs of People who Experience Domestic Violence in Gay, Lesbian, Bi-sexual and Transgender Relationships**

Gay, lesbian, bi-sexual and transgender people have similar experiences of domestic violence to people in heterosexual relationships. Specific concerns were:

- Sexuality is tied in with the abuse; some experience violence that is both domestic violence and homophobic violence
- Fear of 'outing' is used by the abuser to maintain power and control over the partner and keep them in the abusive relationship
- 87% of lesbian women and 81% of gay men report that they do not report domestic violence to the police
- services such as refuges are for women so gay men find it hard to get safe emergency accommodation
- There is a common belief in West Sussex that members of the gay, lesbian, bi-sexual or transgender community will 'go to Brighton' for help. This has hindered the local development of resources.

#### **4.4. The Needs of Men who are Victims of Domestic Violence**

Although agencies such as the police, victim support and courts are required to provide the same protection to male victims as they provide to females, conventional beliefs



about masculinity compound the difficulties that male victims of domestic violence face. Particular concerns were:

- Men often have difficulty admitting that they have been abused and in getting agencies to recognize the abuse and to take their needs for protection seriously
- There is a lack of information for men who are victims of domestic violence
- Men believe that all services are there for women
- Some men's rights groups have misinformed the public about domestic violence and what happens in the courts and have created difficulties for male victims of domestic violence

#### **4.5. The Needs of Elders who are Abused**

While both men and women are abused, the majority of victims of elder abuse are female (Aitken and Griffin, 1996). Stereotypes of elder abuse as involving a younger male abusing an older woman are unhelpful. Elder abuse can happen to men and women and be perpetrated by men and by women. Particular concerns were:

- Some elder abuse is domestic violence that has continued throughout the couple's relationship
- Some abusers are also 'carers'
- Elders are more isolated so the abuse is more hidden
- Abused elders lack access to advice, information and advocacy
- Communication with key professionals such as GPs is often through the abuser or in his/her presence
- Professionals lack training in detection and intervention to stop elder abuse

#### **4.6. Drug and Alcohol Abuse**

Key concerns were:

- Domestic violence is often more frequent and more severe and more likely to escalate over time where drug or alcohol abuse is an issue in the relationship
- Abusers often involve their partners in their misuse of drugs or alcohol
- Abuse victims often turn to drugs or alcohol as a way of coping with the violence
- The domestic violence disappears as an issue when the perpetrator enters treatment for drugs or alcohol abuse
- The safety of the victim and children is not adequately considered when the perpetrator goes for treatment
- Victims of domestic violence who have drug or alcohol problems are often denied access to refuges and domestic violence services

#### **4.7. Mental Health, Disability and Domestic Violence**

The psychological impact of abuse is often said to have the most devastating effect on the victim's health and wellbeing and can take years to overcome (British Medical Association, 1998). Key concerns were:

- Abusers control victims through the disability and caring relationship
- Disability is tied in with the abuse. Examples include the abuser preventing the partner from using the toilet, depriving the partner of sleep, of medical attention, of medicines, and over-dosing the partner with medicines
- The abuser is the person who communicates on behalf of the disabled partner
- Services are often inaccessible to disabled people who experience domestic violence
- Women with mental health problems may be especially fearful about approaching any agencies for support for fear that they will be considered 'unfit' mothers. Agencies sometimes accept an abuser's version of events without question
- Refuges have communal living arrangements that can make life difficult for women with disabilities and especially women with mental health problems
- Women who have such needs are viewed as being too complex for refuge services and are not accepted to the service

#### **4.8. The Needs of Children**

The government recently identified five basic outcome measures that will be assessed for every child in the country when the new Children Bill becomes law (*Every Child Matters*, 2004). These outcome measures are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution to society, by not offending or being involved in anti-social behaviour
- Economic well being

Children living with domestic violence are disadvantaged in these five areas:

- In 30% to 70% of families where there is domestic violence, children are also abused by the same perpetrator who abuses the mother (Hester, Harwin and Pearson, 1998)
- In 80% of families where the police are called to domestic violence incidents the children are in the same room or have overheard the violence (Hanmer, 1989).
- Domestic violence perpetrators often try to involve or implicate the children in the abuse of the mother (Hester and Radford, 1996).

- Children are harmed by the adversity of living with domestic violence because they also suffer isolation from family and friends, poverty, and moving home to get away from the abuse. Children are also suffering the consequences that abuse and living in fear can have on the mother's physical and mental health and her capacity to parent (Radford and Hester, forthcoming).
- Domestic violence does not end on separation and for children who have contact with the violent parent the situation is sometimes worse (Hester and Radford, 1996).
- Children will react differently according to their age, gender, individual characteristics and protective factors.

The impact on children can include:

- Consequences on health and development: between 50 to 100 children die each year as a result of domestic violence.
- Behavioural responses, such as increased aggression in boys and girls.
- Fear, problems sleeping and bedwetting
- Mental health difficulties such as post-traumatic stress, self-harm, and suicidal tendencies.
- Social consequences: isolation from peers, low self esteem.
- Taking on responsibility to protect the mother by managing the father's behaviour.
- It is estimated that between 55% to 65% of children who live with domestic violence appear to be 'resilient' and show no adverse effects (Hughes, *et al.*, 2001). It is unhelpful to assume that children who live with domestic violence will grow up to perpetuate the 'cycle of violence'.

## **5. Headline Areas for West Sussex Strategic Community Safety Partnership**

It is important to emphasise here that work on violence against women and children needs to be more mainstream in terms of its delivery outputs. This requires ownership and commitment by all agencies that come into contact with women and children who may be experiencing domestic violence in their lives. Drawing upon recommendations made in key government policy documents, such as *Safety and Justice* and *Every Child Matters*, six headline areas were identified for further development in the county's domestic violence strategy. The strategy in general should reflect the shift in practice towards prevention.

## **5.1. Services and interventions that offer safety, support and protection to victims of domestic violence before and after separation**

It is important that the prevention of domestic violence is accepted as being a major part of the work in many agencies, rather than as an 'extra' activity demanding resources. Clear direction and leadership is needed in the county for partnership working to continue to develop and to become effective. Partnerships should include the views of survivors and children. Developments must keep a close focus on needs rather than on service priorities alone.

Evaluating the adequacy of services is difficult because no minimum levels of service have been defined by any government apart from the standard for refuge provision set out by the Select Committee in 1977; this standard, however, has not yet been implemented. Beyond establishing whether or not a service exists, it is difficult to establish what may be poor or what may be adequate levels of provision in any given area. The main gaps in services identified in the responses to the questionnaire survey were refuge services (9%), perpetrator programs (4%), services for children (3%) housing (2%) and services for hard to reach groups (1%).

There are only 12 refuge bed spaces for the entire population and outreach services are scarce. There is, therefore, a priority need to expand refuge and outreach provision.<sup>1</sup>

One-stop advice is offered in the county's drop-in services and in some areas, such as Crawley, there is evidence that demand is buoyant, especially with members of minority ethnic groups. Some of the drop-ins are not well used and they could be restructured as mobile services to expand accessibility to rural areas and hard-to-reach groups.

Survivors were very critical of the court and legal systems. The police response to domestic violence was said to have improved but there were concerns about the wording of the risk assessment and the perception that assessment was done to ration resources. Practice in the family courts in particular leaves victims of domestic violence at great risk of post-separation violence and of becoming homeless due to delays over property settlement. The family courts need to monitor practice regarding post-separation violence especially around child contact orders.

West Sussex has a high level of owner-occupation so policies to support families in their own homes are necessary. The DVDT have encouraged housing services to take up the 'Safe At Home' approach informed by the London Sanctuary project. Interviews with housing services showed that the policy was being used and was regarded by providers as being a very worthwhile change. There is, however, no evaluations of this policy in West

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<sup>1</sup> The Domestic Violence Development Team has been a valuable resource in delivering and improving services for victims of domestic violence. Recently the team has been instrumental in campaigning for holistic service for women and children in the county of Sussex and has successfully secured six additional refuge spaces in the Chichester District from July 2004.

Sussex to show its effectiveness in improving safety and housing options for people affected by domestic violence.

Health, especially primary health, has a key role in identification and intervention. Police and social services need to work collaboratively with health.

## **5.2. Services and interventions that challenge and attempt to change the behaviour of domestic violence perpetrators and bring them to justice**

There is currently no program for domestic violence perpetrators available in the county. The Probation Service will shortly be offering a program, as directed by national requirements. This will, however, only be accessible to a very small minority of domestic violence perpetrators who are criminally prosecuted. The greater majority of domestic violence perpetrators who have contact with the family courts as a result of injunction, contact or residency cases will be excluded. We estimate there are 32,715 men in West Sussex who have perpetrated domestic violence on their female partners in the past 12 months. There is a serious shortfall of services dealing with perpetrators in the county. Interventions have to be appropriate and not just limited to work with programs:

- The Sussex police and the CDRP have policies to monitor repeat victimisation. It is not clear, however, what the police strategy is to reduce repeat victimisation. There was no evidence that other services have clear policies to monitor or reduce repeat victimisation. A particular concern is the possibility of repeat victimisation cases being referred to the child protection agency without previous contacts being identified.
- Only 3% of questionnaire respondents reported having any involvement with perpetrators. The county-wide approach to safety planning and work to support victims needs to be balanced with measures that will challenge the perpetrators' behaviour and stop the violence. Training and information resources are needed so that this can be done.
- Data from the police and CPS shows an upward trend in arrest and proactive efforts to secure prosecution although rates of prosecution are low. The questionnaire survey found that respondents rated work with perpetrators as one of the lower priorities for the strategy. Interviews with professionals confirmed that they are pessimistic that trying to change perpetrators' behaviour is not the best use of resources because there is not a lot of evidence that it works.
- The strategy should recommend greater emphasis in practice on challenging the perpetrator's behaviour and bringing cases to justice with appropriate support for victims. Perpetrators in the family justice system should be included.

### **5. 3. Services and interventions that respond to the needs of children affected by domestic violence**

Children's services are not adequately provided in the refuges and the welfare of mothers and children is adversely affected. Child-care work in refuges and children's outreach should be a strategy priority.

Interviews with survivors showed that there is a great lack of services specifically for children living with domestic violence especially after mothers have left the violent relationship. Children's needs and difficulties may only be apparent to the mothers after the separation but women found it very hard to access services to help their children. Assessments of children with special needs were far too slow especially in schools. Children's services focus overwhelmingly on children at risk of significant harm and, although social workers undertake domestic violence risk assessments, there was no evidence that children living with domestic violence were recognized as being in need and being offered support relevant to their needs. Integrated assessment and provision is needed for children living with domestic violence.

There was little evidence of schools providing advice, support or preventive work on domestic violence for children. Developing the education system's involvement should be a strategy priority. Concerns were raised by interview participants about the training of school-based counsellors to work with children living with domestic violence.

Children who provided views on services through the NSPCC had great concerns about their contact with violent fathers. There are no professionally supervised contact services in the county although 'supported' contact is available. Family courts should demonstrate that CASC guidance is being implemented and safe contact for children should be a strategic priority.

### **5. 4. Opportunities and services that enable adults and children affected by domestic violence to undo and to overcome the harmful consequences of the abuse**

Most women living with domestic violence will try first to deal with the consequences themselves informally. It is not known what proportion would seek outside support or counselling. Refuge workers interviewed reported that women living in refuges do not always feel that counselling services are appropriate for their needs. Confidential counselling is offered twice weekly by the Life centre for victims of rape and sexual assault. Support is also available through Victim Support services. The NSPCC runs support groups at Family Centres for women and for children who have experienced domestic violence. Women who had been involved in group work organized by the NSPCC found this to be very helpful. Ongoing informal support women gave to each other after leaving refuges was also said to be beneficial in helping women cope after separation. There is a need for information for women who have left abusive partners.

One refuge provided 'floating support' to help women after leaving. No refuge had any involvement in supporting mothers or children with post separation contact arrangements.

There was no evidence that agencies proactively aimed to support women back to self-respect and self-sufficiency.

The strategy should include provisions for undoing the harm of domestic violence.

### **5.5. Services, interventions and education initiatives that work towards the prevention of domestic violence**

Education and prevention is ad hoc. Professionals we interviewed expressed that November 25<sup>th</sup> (International Day for the Elimination of Violence against Women) was very important in raising awareness about domestic violence. West Sussex has sponsored the W@rn project to raise awareness amongst agencies about domestic violence. There have been local initiatives to go into schools. This work needs to become mainstream in education and youth services.

### **5.6. Non-discriminatory services and interventions that are relevant and accessible to the diverse needs of victims of domestic violence in relation to age, gender, ethnicity, sexuality, disability and specific health care needs**

Few of the services in West Sussex respond well to diversity. There are no specialist refuge services for BME women, disabled women, GLBT people nor children. Outreach work has recently been set up through the Voice project, and the drop-in service in Crawley is attracting women from BME communities. It was clear from interviews with professionals that some had received training on diversity and domestic violence.

Training on diversity issues should be a priority. There is a need for more specialist outreach work and adequate consultation with hard-to-reach groups. There should be further research into the needs of hard-to-reach groups in the county.

## Introduction

Reducing domestic violence, especially repeat victimisation, is one of the six key commitments of the West Sussex Strategic Community Safety Partnership (WSSCSP). British Crime Survey findings suggest that although West Sussex is a relatively ‘low crime’ area, reported incidents of violent crime are relatively high and domestic violence is as frequent here as elsewhere in England and Wales (Simmons and Dodd, 2003). This report was commissioned by West Sussex Strategic Community Safety Partnership Domestic Violence Strategy Group following a successful tender application by *Dr Lorraine Radford and Dr Aisha Gill* from the University of Surrey Roehampton. The full briefing for the research was set out in the research tender which was widely advertised by the county’s Domestic Violence Strategy Group (DVSG) in Autumn 2003. The overall aim of the research was to map services and needs to inform the development of a county-wide domestic violence strategy. The next section of this report outlines in more detail the aims of the research and the methods used. The DVSG believe that a county-wide strategy that clearly identifies key priorities for action for the range of statutory and voluntary agencies could have a significant impact upon reducing the crime of domestic violence. The initiative of the DVSG in West Sussex is timely and provides a great opportunity for crime reduction work in the county to take into account current trends in central government policy on domestic violence as set out in Safety and Justice and in Every Child Matters. The report incorporates these recommendations and wherever possible relates the local experiences of West Sussex to the broader national picture. In writing the report we have been mindful of national guidance on best practice in reducing crimes of domestic violence. We have also tried to use jargon-free language and to strive for clarity as well as brevity without compromising a thorough analysis of findings.

We hope that this document will facilitate continued local dialogue and intervention by ensuring that adequate structures for domestic violence services are available across the county and thereby help to provide an equitable service in relation to *Safety and Justice* for everyone.



## Definition of Domestic Violence

There is still no consistency in the official definitions of 'domestic violence'. The Home Office definition of domestic violence in Circular 19/2000 includes:

*Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender.*

(Home Office, 2000)

This is the definition used by the Sussex police and by the Association of Chief Police Officers. It covers violence perpetrated by men and by women to persons aged over 17 years with whom they have or have had an intimate partner or family relationship. The definition covers domestic violence between current and former partners (married, separated, divorced, unmarried) and includes same sex relationships (although protection orders under the Family Law Act 1996, part 4, currently exclude same sex partnerships). It would also include family violence to parents, siblings, adult children (but not child abuse or neglect).

Confusingly, in one of the latest domestic violence publications coming from the Home Office, domestic violence is defined in a more limited way as being:

*Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse.*

(Safety and Justice, 2003)

This definition, also used by Her Majesty's Inspectorate of Constabulary and some other police forces in England and Wales (Violence at Home, 2004, p.22), raises problems because it is restricted to intimate partners. It ignores broader 'family violence' and 'honour' based violence experienced by minority ethnic women.

The Crown Prosecution Service definition is restricted to criminal offences but extended to include child abuse:

*Any criminal offence arising out of physical, sexual, psychological, emotional or financial abuse by one person against a current or former partner in a close relationship, or against a current or former family member.*

(Violence at Home, 2004, p.22)

The Sussex police guidance on interpretation of the Home Office circular 19/2000 definition emphasizes the potential criminality of the abuse and this may well influence officers' recording of domestic violence incidents. For example, **Physical Abuse** is

defined as ‘any offence of violence’, **Sexual Abuse** as ‘rape, indecent assault or/and other sexual offences’ and **Financial Abuse** as being ‘where one party maintains control over another’s money. This may include Theft Act or Protection from Harassment Act 1997’ (Sussex Police, Domestic Violence Policy, 2003). Not all domestic violence will be a recordable crime and, as we will show later, a substantial proportion of domestic violence incidents recorded by the Sussex police are recorded as being ‘non-crimes’. Recording non-crimes is important because domestic violence is seldom a one-off incident. The definition of harassment under the Protection From Harassment Act 1997 stresses behaviour as a ‘course of conduct’. Domestic violence, like harassment, is most commonly a pattern of abusive behaviour over the course of a relationship. It includes a range of criminal and non-criminal acts, controlling and humiliating behaviour that is best summed up as ‘coercive control’. West Sussex Area Child Protection Committee includes the non-criminal acts within their definition of domestic violence as being:

*Any incident of threatening behaviour, violence or abuse between adults who are married or who have lived together or partners or other family members irrespective of gender. This can include damage to property or other abuse. Abuse can include sexual, physical, financial or psychological (sic) and need not be a recordable crime.*

(Domestic Violence/Abuse Guide to Good Practice, 2003)

This is also the definition favoured by the DVDT, in the Information Exchange Protocol (2003).

The lack of consistency in definitions is understandable given the different operational priorities of specific agencies, however it will frustrate efforts to systematically map and track data on the incidence of domestic violence and to monitor the efficacy of service responses.

### **Recommendation 1:**

#### **1. Agencies in West Sussex agree and adopt the DVDT definition of domestic violence.**

The research team adopted the broader definition used by the DVDT and West Sussex Area Child Protection Committee to cover the diversity of acts of domestic violence and abuse.

Throughout the report we refer mostly to women as being the victims of domestic violence and men as being the perpetrators. This reflects the most common experience as 81% of incidents of domestic violence reported to the British Crime Survey are incidents where women were abused by current or former male partners (Simmons *et al.*, 2002). As with all violent crimes, domestic violence follows a gendered pattern. This does not mean however that men are not also sometimes victims of domestic violence perpetrated by other males or by females. Nor does it mean that violence to men is less important or less

relevant to the work of agencies or to crime reduction partnerships. We discuss domestic violence to men later in the report.

# Methodology

The research objectives were set in the tender drafted in advance by the West Sussex DVSG. The research had to determine:

- ◆ What needs exist in West Sussex for victims, children and perpetrators of domestic violence?
- ◆ What services exist already?
- ◆ What services are required and why?
- ◆ What support (including training) is needed by agencies to provide a better service?
- ◆ How could service users/potential service users and service providers/key agencies be brought together to develop joint approaches?
- ◆ Data collection – who has collected what? What does it tell us? What is done with the information? What are the main problems associated with data collection?
- ◆ How do existing service users rate agencies' responses at the present time?

Following this chapter the report will be structured around these questions.

The research team held regular meetings with the multi-agency Domestic Violence Development Team (DVDT) hosted by West Sussex County Councils Community Safety Unit and shared views with them about the design and progress of the research. Literature reviews on current policy developments were conducted and have helped to inform the evaluation of best practice.

The research was conducted between 1<sup>st</sup> January and 31<sup>st</sup> March 2004. There were four components to the research work:

1. A data mapping, information gathering and networking phase.
2. Service and resources mapping.
3. A needs assessment phase. This included gathering information on needs and services for marginalised and excluded groups.
4. A consultation and strategy development phase (to follow the dissemination of this report).

## **Data mapping and literature reviews**

The available information about domestic violence and services within West Sussex was read and analysed. Key stakeholders and service providers were identified with the help of the Multi-agency Domestic Violence Development Team (DVDT), and they were approached and asked for information. Letters were sent to stakeholders and service providers as listed in Appendix 1. Follow-up phone calls were made where necessary.

Further information was gathered from authorities on services, multi-agency working against domestic violence, policies and best practice. The quantitative data on incidence, repeat victimisation and outcome and information on data sharing and monitoring was collected from the Multi-agency Domestic Violence Development Team (DVDT), the police, courts, crown prosecution service, social services, drop in services, housing departments and the newly established hospital-based Worth<sup>2</sup> project. The police produced the most consistent useable data on domestic violence. The team attempted to gather specific data on domestic violence from agencies working with minority ethnic groups, gay, lesbian, bi-sexual and transgender people, elderly people, disabled people and children, but no relevant data was available.

### Service and Resource Mapping

The relevant research literature on best practice in preventing domestic violence within a multi-agency context was reviewed and best practice indicators identified to use as a standard against which services could be assessed (see Appendix 2). The mapping exercise involved contacting key persons in each agency and telephone interviewing them to gain information on services available, gaps in services, data monitoring, policy, practice guidelines, training and general resource issues. (The telephone interview schedule is included in Appendix 3.) This was followed by a postal questionnaire survey of agencies to assess the nature of their work regarding domestic violence, their resources and constraints, key training, policy and practice issues. (The questionnaire is included in Appendix 4.)

Twenty-eight telephone interviews were completed with people in senior management positions identified in consultation with the Multi-agency Domestic Violence Development Team (DVDT), as being key stakeholders in developing domestic violence policy in the county. Some of the participants ‘wore two hats’ during the interviews as they had experience within their own agencies and considerable experience of developing policy and practice on domestic violence in the county-wide, multi-agency context. To protect the confidentiality of our research participants we cannot identify their job titles. The telephone interviews included representation from the following key agencies in the county:

- social services and domestic violence forum chairs (9, this included special responsibilities for children’s services and work with vulnerable adults)
- housing authorities (4)
- the crown prosecution service (1)
- a person with expertise on gay, lesbian, bi-sexual and transgender issues (1)
- a person with expertise on drug and alcohol policy issues (1)
- victim support (1)

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<sup>2</sup> The WORTH Project, based in Worthing Hospital in West Sussex, is a multi-agency funded pilot project that is currently training all relevant staff in the Accident and Emergency and Maternity Departments to undertake screening for domestic violence. In the first three months of opening the project has received 115 referrals. 95% of their enquiries have come directly from women. They are currently assisting fifty four women in on-going support and treatment.

- youth offending team (1)
- probation (1)
- a person with expertise on developing policy and practice to respond to the county's diverse ethnic minority communities (1)
- education (1)
- the courts (2)
- police (2)
- health (1)
- community safety (2)

Validity and reliability was aimed for by triangulation research methods including telephone interview, individual interviews and focus groups which were taped, transcribed and converted into NU\*DIST (qualitative tracking and coding software) files for data analysis. Policy documents were sent by post by many agencies following the interviews.

Previous research on domestic violence has shown that there can sometimes be significant differences in awareness and practice within agencies. Research on the police response for instance has consistently found differences in the approaches taken by the police at the managerial level and at the more grassroots level of officers who have every-day contact with the public (Edwards, 1989; Grace, 1995). In the questionnaire survey we wanted to obtain information from as many individuals as possible from the broad range of agencies in the county working directly with adults and children who live with domestic violence. Participants were not confined to the questions alone and were able to offer any further comments either on the questionnaire itself or by email or phone.

Agencies were reluctant to give us copies of the names and addresses of all their staff so random sampling to obtain questionnaire participants was not possible for all cases. For 50% of the questionnaires sent out we had to rely upon managers in key agencies acting as gatekeepers and either forwarding a selection of staff names and addresses or passing on the questionnaire to their staff on our behalf. Because of this gate keeping we cannot say that the information from our questionnaire findings represents the views and experiences of the broader membership of these key agencies.

564 postal questionnaires were sent out and 208 were returned in time for coding and entering on to SPSS for analysis. This is an overall response rate of 37%. The agencies included in the questionnaire survey are summarised in **Table 1** below:

**Table 1: Questionnaire Responses from Specific Agencies**

Agency	Number of questionnaires sent	Number of questionnaires returned	Agency response rate	% of respondents
Police	75	34	45%	16%
Probation	9	5	56%	2%
Social care	103	29	28%	14%
Legal services	70	21	30%	10%
Health	80	31	39%	15%
Housing	120	35	29%	17%
Youth sector	41	13	32%	7%
Education	30	13	43%	6%
Voluntary sector	36	15	42%	6%
Other	0	12	N/A	6%
Totals	564	208	37%	99%*

\* Corrections to whole percentage points mean overall total adds up to 99%

Police included patrol officers and officers working in the AVUs

Social care included social workers, family centres, vulnerable adults, domestic violence drop ins, NSPCC

Legal services included family law solicitors, courts, CPS, victim support, community safety

Health included health visitors, midwives, community psychiatric nurses, child protection nurses, GPs, A and E staff, DAATs

Housing included housing departments, RSLs and hostels

Youth and education included secondary school heads, school inclusion, youth service, educational welfare and child psychologists, YOTs

Voluntary sector included CABs, Relate, counselling services, Samaritans

Those who ticked the 'Other' option include magistrates, substance misuse workers, crown prosecutors, child protection officers, hostel workers and housing administrators

The higher response rate achieved from the police was most likely gained because the research team and senior police officers distributed and collected the questionnaires personally from officers at local police stations.

The majority of respondents to the questionnaire were women (66% women, 32% men, and 2% no gender specified). Most respondents (62%) were aged between 30 and 49 years (24% were 50 years plus). Ninety-four percent of the respondents were white (3.4% of whom did not define themselves as white British). Other ethnicities included were Pakistani 1.4%, African 1.4%, white and Asian 1%, white and black Caribbean 0.5%, other mixed race 0.5%, Caribbean 0.5%.

Fifty-nine percent worked directly with clients, 25 % had management or policy responsibilities and 15% defined themselves as having 'other responsibilities'. Most respondents had considerable experience in their professions (50% having worked in their professions for over 5 years, 50% had over 10 years experience).

The over-representation of experienced, older and female respondents may well be a reflection on the partial self-selection element in the questionnaire distribution. The questionnaire findings may as a result reflect the views of more experienced professionals. Eighty-two percent of the respondents spent less than half their time working with domestic violence issues; 72% spent less than a quarter of their time on this work.

### Needs Assessment Phase

The Home Office has recently updated and extended the British Crime Survey (BCS). A detailed report on domestic violence will shortly be available (Simmons *et al.*, 2002). Although there are limitations to the BCS it would not have been a good use of crime and disorder reduction partnership (CDRP) resources to have attempted a local study of prevalence. The timeframe for the project also prohibited a comprehensive community-based needs assessment or crime survey approach. A thorough review of the published literature on domestic violence prevalence was completed and data relevant to West Sussex was collected.

Due to time constraints the needs of perpetrators and the important issues of teenagers as perpetrators of domestic violence were not assessed through primary research. Some interviews were completed with Probation Officers and the Youth Offending Team, but no domestic violence perpetrators were interviewed. Acknowledgement is made of the valuable work on the Daphne Project<sup>3</sup> that the Youth Offending Team and Domestic Violence Team are conducting in partnership with their counterparts in France, Italy and Spain. This important area of research has not been within the scope of this study.

Primary research for the needs assessment involved gaining qualitative information from domestic violence survivors living in the county and drawing together information on six 'hard to reach groups' (older people, male victims of domestic violence, disabled people and people with mental health, drug and alcohol problems, minority ethnic groups, gay, lesbian, bisexual and transgender people (GLBT) and children and young people). Interview participants were contacted through relevant agencies.

The qualitative research sought participants' views on the availability of services, the accessibility and quality of services, their satisfaction with service providers, gaps in service provision and recommendations for further developments. The research involved in-depth interviews and focus group interviews. Again, some of the participants involved in the qualitative research 'wore two hats', having experience as service users and as

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<sup>3</sup> In 1994, the Youth Justice Team in West Sussex was introduced to a Risk and Needs Assessment format developed in Canada and the U.S.A. – the Level of Supervision Inventory. This system allowed operational staff to target their interventions according to assessed need and to identify particular groupings of productive risk factors and individual behaviour which had been validated through research as high indicative of a propensity for criminal or anti-social behaviour. The overall aim of the DAPHNE project is to assess levels of child abuse, differences in legislation and differences in intervention across France, Italy, Spain, Romania and England to learn from and better inform practice across the countries.



service providers, and having experience relevant to one or more of the hard to reach groups we were including in the study.

We interviewed altogether 30 women who had experienced domestic violence (16 in in-depth face-to-face interviews, 2 by telephone interview and 12 in focus group interviews), 4 of the survivor participants also had experience of disability issues (2 were disabled themselves, 2 had disabled children), 15 had experiences of ethnic minority issues, 2 had experiences of drug or alcohol issues.

We interviewed 7 refuge workers.

Twenty-four women participated in focus groups on ethnic minority and elder abuse issues (this included 12 of the survivors mentioned above). Three women from the South Asian Diaspora requested not to have their interviews taped and notes were taken during these sessions instead. West Sussex has a diverse ethnic minority population that includes people who speak 43 different languages. The limited time available for the research prevented us from trying to approach all these groups, although we aimed to be as inclusive as possible. Focus group participants included 1 Turkish woman, 2 Kurdish women, 2 Pakistani women, 4 Bangladeshi women, 1 Indian woman, 1 woman from Thailand, 1 Malaysian woman, 1 Sri Lankan woman, 1 recent immigrant woman who had been sleeping on the streets with her child.

It has been argued that the use of focus groups have important advantages both in the dynamics present and the outcomes that can be achieved when attempting to gain insights into views of people for whom the use of a questionnaire would be difficult if not impossible (Robinsons, 1999). In particular, the dynamics generated within focus groups can potentially provide peer support and validation of views and experiences as well as enable 'hard to reach' communities to participate in research from which they may otherwise be excluded due to for example inadequate literacy skills or access to trained interpreters when interviewing BME communities.

Whilst focus groups have potentially an important contribution to make, a number of obstacles to realising this potential have been highlighted in the past few years. These challenges often relate to difficulties that can arise when trying to involve people with from various diverse backgrounds who may have limited understanding of the subject for discussion. Furthermore, the presence of unease within the group due to the combination of people present and their previous relationships may result in dynamics that do not encourage active participation. Nevertheless the use of focus groups to discuss sensitive topics like domestic violence provide a powerful tool for communicating experiences which may otherwise remain excluded or hidden (Robinsons, 1999).

It proved difficult in the time available to set up focus groups with GLBT participants and with male domestic violence victims. The difficulties are a symptom of the sensitivity of this area for these groups of people, making it harder for participants to come forward. There was insufficient time to build up the trust and networks needed to get participation

from male and GLBT victims. Information was obtained instead in interviews with people who worked in agencies providing services to these groups.

We had expected to be able to make contact with children and young people affected by domestic violence via the mothers we had interviewed. This was not possible for ethical reasons, there was insufficient time to prepare the children for this participation because the children were either too young to be interviewed or were themselves traumatised. The NSPCC agreed to ask for children involved in their domestic violence group if they would like to participate. A group of seven children agreed and the NSPCC organised a session and fed back recommendations from the children to the research team.

All individual and focus group interviews were tape recorded, transcribed and coded for analysis onto the qualitative data analysis package, Nudist.

The research therefore involved altogether 53 interviews, 3 focus group interviews and a postal survey based upon 208 questionnaires. Table 2 gives a summary of the fieldwork completed.

**Table 2: Fieldwork Summary**

Type of data collected	Number of responses/participants
Literature review	N/A
Data mapping and analysis	N/A
Telephone interviews with stakeholders	28
Questionnaire survey with services	208
In depth interviews with survivors	18 (16 personal interviews, 2 telephone)
In depth interviews with refuge workers	7
Focus group interviews with 'hard to reach'	3 (24 participants, 12 were survivors)
Additional information gathering hard to reach	N/A

**Ethical Dilemmas**

The research team followed strict ethical guidelines to ensure that no participants were harmed by the research. Talking about experiences of violence was distressing for some survivors and the interviewers were careful to check whether participants who felt distressed wished to continue. Survivors who took part in individual interviews all said that, although talking about the abuse could be upsetting, they wanted to take part in the research as they hoped it would help to improve services for other women and children. One participant explained this feeling very well when she said:

*People have to stop thinking that getting women out is enough. I've been away for four years and my children have not been safe here. People have to wake up, get amongst people who've been abused and understand. I want the hair to stand up on the back of their necks because when that happens all of a sudden you've got funding, you've got to have people listening and it's not a paper exercise.*

Ref 16

There were ethical dilemmas associated with the use of focus groups that we felt were beyond our control and that continue to trouble us despite efforts to deal with them at the time. It was difficult to ensure that participants had given informed consent to take part in the focus groups where meetings had been arranged through service gatekeepers.

Informed consent includes several key elements: (a) participants are aware that their participation is voluntary; (b) they are informed about aspects of the research that might influence their decision to participate; and (c) they exercise a continuous free choice to participate that lasts throughout the study (Diener and Crandall, 1978: 34).

We tried to ensure that the survivor's consent was informed by carefully re-checking at the start of the group interviews that participants understood we were researchers, explaining the nature and the purpose of the research, and requesting their participation. However, the interviews with BME women revealed that some of them did not fully understand the voluntary nature of the research (participation had been negotiated through a health group co-ordinator). This became evident in comments made only at the end of one of the focus group interviews when one woman asked one of the researchers when she could come for her next health visit.

**Question 1 – What needs exist in West Sussex for victims, children and perpetrators of domestic violence?**

# Estimating the Extent and Costs of Domestic Violence

## British Crime Survey Findings

The Home Office's British Crime Survey (BCS) collects information on members of the general public's experiences of crime every two years. The survey is based on 33,000 structured interviews with householders. The BCS and other research shows:

- 1 in 4 adult women and 1 in 6 adult men report being physically assaulted by their current or former partners at some stage in their adult lives.
- Women aged 16 to 29 years are at greatest risk of domestic violence. Being female is the greatest risk factor. Women who report domestic violence report more frequent assaults with more serious injuries (Table 1, Appendix 5).
- Domestic violence incidents are more likely to require medical attention for the victim than victims of other crimes involving assaults by acquaintances or strangers (Table 1, Appendix 5).
- 2 women per week in England and Wales are killed by their current or former male partners (Simmons *et al.*, BCS, 2002).
- Domestic violence has an adverse impact worldwide on women's health (Heise *et al.*, 2003). Domestic violence often begins during pregnancy and women are four times more likely to miscarry as a result (BMA, 1998). As well as physical injuries, fear and distress, women who experience domestic violence are 15 times more likely to develop alcohol dependency and 9 times more likely to misuse drugs (BMA, 1998).

Public concerns about crime, especially violent crime, remain high despite Home Office estimates that overall crime rates are falling. Domestic violence is ranked as the fourth most serious crime by participants in the BCS (the most serious were wounding, robbery, mugging (and then domestic violence, which was ranked as more serious than acquaintance and stranger attacks) (Table 2.03, BCS, 2002).

Violent crimes recorded by the police continues to rise, largely due to changes in recording practice, according to the Home Office. Crimes of violence recorded by Sussex police have increased by 2% (compared with an average increase of 8% for 2002 in England and Wales (BCS, 2002)). West Sussex is grouped within the South East region in the BCS. Regional rates of domestic violence per 10,000 of the adult population recorded by the police show higher rates of domestic violence are recorded in this region than other regions of the country. The South East region shows a rate of 296 domestic violence incidents recorded by the police per 10,000 population compared with an average for England and Wales of 149 per 10,000 population and 97 in the North West of England (Table 6.06, BCS, 2002). Within the county, recorded violent crimes per 1,000 of the population vary from borough to borough with 17.7 people recorded as being victimized per 1,000 of the population in Crawley to 6.8 people victimized per 1,000 of

the population in Horsham (Census, 2001), and also between wards with the highest rate of violent crimes being 43 per 1,000 in the Northgate area of Crawley to lowest rates of 5 per 1,000 in wards in much of Chichester (CADDIE, 2004). It is not known however whether reported rates of domestic violence are also higher in these ward areas. Higher reporting rates for domestic violence may not necessarily reflect higher levels of prevalence. Domestic violence is a problem that affects people from all areas and income groups, although it is known that women in the professional occupation groups are less likely to report experiences to agencies such as the police (Mooney, 2000).

It is not known to what extent the higher rates of reported domestic violence indicate differences in police recording practices in the South East region. Sussex police record almost three times the number of violent crimes as the police record in neighbouring Surrey (17,595 crimes of violence against the person in 2002 in Sussex, 6,846 in Surrey, (Table 7.02, BCS, 2002)). It is known however that victims of domestic violence are still very likely to under-report these crimes and often go to the police as a last resort. The BCS shows an overall under-reporting rate of 65.2% for domestic violence incidents (only 34.8% of domestic violence incidents reported to the BCS in 2002 were reported to the police (Table 3.06, BCS, 2002)).

An influential study on the social and economic costs of domestic violence in Hackney estimated that between 1 in 9 and 1 in 10 women experienced domestic violence in the last year (Stanko *et al.*, 1997). A study which took a modified crime survey approach in Islington in London found 1 in 9 women reported experiencing domestic violence in the past twelve months (Mooney, 2000). Extrapolating these findings conservatively to the population in West Sussex shows:

- The population of females aged 16 years and over in West Sussex is 327,153 (Census, 2001)
  - 1 in 4 women in the county, **81,788 women**, are likely to have experienced domestic violence during their lives
  - **32,715 women** in the county (1 in 10) are likely to have experienced domestic violence in the past 12 months
  - There were **6,579** domestic violence incidents recorded in West Sussex by the police in 2003 (Sussex police data, see Appendix 6)
  - **17%** of these incidents were cases of repeat victimization (where the victim has called the police before) (Sussex police data, see Appendix 6)
  - **78 %** of victims of domestic violence incidents recorded by police 2001-2003 were female, 21% were male (1% gender unknown or involving more than 1 victim, Sussex police data, see Table 5 Appendix 6)
  - **84%** of domestic violence offenders in incidents recorded by the police 2001-2003 were male, 16% were female (Sussex police data, see Appendix 6)
- (See Appendix 6 for the full summary of police domestic violence data based upon an analysis of the data supplied by the Sussex police for the three years 2001 to 2003 inclusive.)

## Children and Young People

- There are 144,121 children and young people aged under 16 years living in West Sussex (Census, 2001)
- It is estimated that 14,412 of these children and young people will have lived with domestic violence in their families in the past 12 months (applying the 1 in 10 formula)
- 90% of the children and young people, 12,971, will have witnessed or overheard the violence to their mothers (90% figure drawn from Hanmer, 1989)
- Conservative estimates are that 30% of children living with domestic violence are themselves physically abused by the perpetrator (Hester, Harwin and Pearson, 1998). 8,167 children and young people living in West Sussex are estimated to be physically abused by perpetrators who also use domestic violence against their mothers.

Home Office researchers Brand and Price (2000) completed a study of the social and economic costs of crime. There is currently ongoing work within the Home Office that will soon provide a specific costing analysis for domestic violence. For this report however, the Brand and Price (2000) costing formulae will be applied. This formula estimates the costs of each crime in terms of defensive expenditure (the costs of security to protect yourself from crime), the costs as a consequence of crime (the physical and emotional impact, the costs of providing victim services, the costs to health services, the costs caused by lost output/time off work) and the costs for agencies responding to crime (police, courts, prosecution, etc.) (see Brand and Price, 2000; Table A1.7 page 71 and supplementary tables in Appendix 5). Applying this to the West Sussex police data shows the estimated costs of domestic violence to the county as being **£11,386, 240 per year**. This works out as an average cost to each household in West Sussex of £35.48.

Research within Hackney also devised detailed formulae to calculate the costs of providing services to women and children living with domestic violence. Applying the 1 in 9 estimate for women who have experienced domestic violence in the previous year, the costs in Hackney equated to approximately £60 per household per year (1996 figures from Stanko *et al.*, 1997). If we extrapolate this figure to West Sussex, which has 320,915 households, the total cost of domestic violence across West Sussex would be approximately **£19,254,900 per year**. This figure is based on the estimated costs to the key agencies involved, including the police, social services, refuges, housing, health and civil justice system.

## The Needs of Women who Experience Domestic Violence

We estimated in the previous section that 32,715 women living in West Sussex will have experienced domestic violence in the past twelve months. In 2003 police in West Sussex recorded 5,302 domestic violence incidents (out of a total of 6,579) where women were the victims. 17% of contacts overall to the police were repeat contacts by victims of domestic violence. Subtracting the repeat calls we have an estimate of 4,401 (13% of 32,715 women) who contacted the police in West Sussex as a result of domestic violence.

We interviewed 30 women who had experienced domestic violence (see Methodology for further details). The women's ages ranged from 21 to 44 years, with an average age of 33 years. Ninety-four percent had children, all of whom had witnessed the violence to their mothers. Seventy percent of the women were unemployed at the time of interview, as a result of the violence and the disruption that getting away from the perpetrator had brought to their lives. The relationships with the ex partners had lasted for between 1 and 15 years. All had left at least once previously during the relationship.

Similar to findings from previous research on domestic violence (Dobash and Dobash, 1979; Hester and Radford, 1996), women we interviewed reported experiencing a range of abusive behaviour including physical violence, sexual abuse, psychological abuse, controlling behaviour and financial abuse. Some of the women had experienced severe and frequent physical violence that had been life threatening:

*First it was a couple of pushes, then it was a few shoves, then a few slaps, then he broke my finger, then he head-butted me and split my head open. I was beaten in the corner of the kitchen until I was black and blue and I had to pretend I'd fallen over and he had a knife above my head and he slapped the knife against the table, freezer. He bought two police batons, he had them in the hotel, and he used to threaten me with them... I fell pregnant in the October and I left in the August this year, so it was very close to giving birth because it got so bad. It was something really stupid and that's the time he had the police baton over my head and I had to run down the street, I had no shoes on, no nothing...*

Ref 6

*I was pregnant with the little one and he came back from work completely off his head and said to me that I wasn't helping out in the house enough and that it was a mess and I wasn't a fit mother for my daughter and all the rest of it and I just snapped and I said well if I am just the lodger then I will start paying rent, or words to that effect... He then leapt across the sofa and pinned me against the wall, throttling me and my other child could see as this time she was only 3 years old and she started shouting "Mummy, Mummy" and so I punched him and he*



*just looked at me with this evil, evil stare and said “You shouldn’t have done that bitch” and he readjusted his grip and started again.*

Ref 13

The majority of the women (21) reported physical violence which included attempted strangulation, being pushed, head-butted, being bitten, punched, hair being pulled from the head, forced to have sex against their will, attacks with objects, being spat at, slapped, hurt with objects which have been thrown at them, and threatened with a knife. For eight of the women attacks were severe enough to warrant treatment or at least one visit to the doctor’s surgery. These women experienced frequent physical episodes of violence in their relationships and were abused while pregnant.

Two women experienced controlling behaviour and psychological abuse and the physical violence was infrequent, happening once or twice in the relationship, but it was the factor that had been decisive in their leaving.

*We were in bed together and he said oh, I don’t fancy you any more – whenever I see a woman I’m just going to sleep with her and I was well, not very intoxicated but pretty drunk and I just pushed him in the back you know – I didn’t really hit him, and he turned round and socked me in the eye and so my daughter was in the room so I got up and I started shouting at him and he came from a family where his Dad abused him and I just started saying – I don’t deserve to be hit – nobody deserves to be hit – and you are just like your Dad and I don’t deserve it.*

Ref 24

Women were not all asked directly about sexual abuse. Only two women volunteered this information. The women spoke about being treated like an object; partners showing jealousy when they interacted with the opposite of sex; perpetrators criticising the partner in sexual terms, becoming promiscuous with others and using threats to demand sex; and forcing sex after an episode of abuse.

*I would say there really were times when I hadn’t wanted to; he’s just sort of done it.*

Ref 7

*I mean I’d never say that I was raped but for someone to want to have sex with you after they’d done that it certainly felt like it, it might have been a few hours later but there was never any love there...*

Ref 11

Women also reported psychological abuse and having to stay in the house:

*He'd like to embarrass you in front of people, he'd always put you down, in front of everybody, make you feel tiny. After something had happened he usually wouldn't allow me to leave the house for three or four days until it all cleared up. That way nobody would see it*

Ref 6

*After I had my child... I did not think of it at the time. But I, the weight started dropping off and he did not like it that I had a lost a lot of weight. And people were saying I was really looking good. And that is when the jealousy kicked in. He started to picking on me saying your body is disgusting and all your stretch marks...*

Ref 8

*I think I started to behave like a child. He treated me like a child. And then when he was being nice to me he would treat me like a girl.*

Ref 2

Controlling behaviour made it very difficult for women to leave:

*I never had anywhere to go. All my friendships were very supervised and only one person was allowed to come to the house, anybody else he put off. It was all fine when I was going out on a Wednesday morning to the mother and toddler group but I had to come straight back home again. Living this organised life, I had to say, 'I can't stay to talk to you for too long'. So if I pushed the point, he'd tell me everybody was evil and nobody really liked me and they just felt sorry for me anyway.*

Ref 3

*I think all my married life there was controlling behaviour but not to the extent that it was so mega that it was, 'Don't go to your family! Don't go out! Don't do this!' But it was like I said before... don't speak with any other man!' Because in Brazil I used to have male friends. But he said, 'Why would you want to be with a man unless you want to sleep with him?' and like, I said, 'Hello, you can speak to another man without sleeping with him, we are women!' So you know, things like that.*

Ref 5

*I was with him four years. After about three years, it slowly began and it just got to the point where if I didn't do what he wanted me to he'd try and throw us out the house and take things away from us.*

Ref 7

Financial abuse impoverished some of the women and further trapped them in the abusive relationship:

*I had no money to spend on myself. No money, no clothes, no underwear. Could not even do my hair... Any money that I earned he made me give him that money that should have been for bills and rent. He'd go missing for days. Come back, out of the blue and it would start all over again. So it was vicious circle...*

Ref 2

All the children had witnessed the violence and some had been deliberately involved by the perpetrator with dire consequences for the mother and the children:

*Ref 16: Yes, he hit me so hard it was like on cartoons where you see the stars. He hit me because I challenged him over money. He took some money from the mantelpiece. We had a friend I thought was a friend of mine he'd been sleeping with. He took the money. I told him to put it back and, smack, he hit me in the head and I had my baby in my arms.*

*LR: Did he do that often?*

*Ref 16: Yes. And in front of my elder son. He said shut your mouth and keep it shut. He never apologised. He continued to do through the relationship all the things he must have done all through his life. Manipulation, lies, stealing, physical violence, threats, menacing behaviour. If my children weren't in the room, he'd bring them in. If I got up and the children got up and they were distressed then he would start. My behaviour changed. From being victimised I became a bully to my own children. Because I had to have some way to fight it. I had become so socially excluded from my peer group because he did not want that, I was totally isolated. If I did get visitors he would create a scene. At the time I could not see that for what it was and my friends were drifting away from me one by one.*

Ref 16

All the women described the impact of the violence upon them as being severely distressing and frightening. Some of the women believed they may not have survived had they not been able to get away:

*I think if I had another year with him, I don't know, I think I would have been out in a ward somewhere. I think I would have been mentally unfit. I actually thought, I actually sat on the floor and thought, I'm going to die. And that is what it does. Something just clicks in, women don't know... do they? Some people die. I can see how people get killed or die. Or why some women will turn and do something to their partners. Which is the other problem. I can see why they may commit a crime by killing. Coz they can drive you to that...*

Ref 2

The emotional and psychological impact of the violence was said to be the most difficult to deal with:

*It sounds really, really, really stupid as the physical violence has not left any impact whatsoever. I think it's the rest of it. It leaves you very critical of your self...*

Ref 9

None of the women had 'chosen' to be in an abusive relationship but it was very difficult to get out when the abuse began. For the majority of the women (29) violence and abuse was not the result of the breakdown of the relationship but began during the first year. The majority of women (29) experienced controlling behaviours – isolation from family or friends or emotional abuse such as name-calling or verbal insults – within the first three to six months of the relationship and reported its escalation into physical abuse within the first year. This is consistent with research that has reported the escalation of violence and abuse during the first year (Dobash and Dobash, 1992). The majority of the women saw no indication that their partners would treat them violently after marriage or after they committed to the relationship.

*Right from the very beginning. He's such a charmer. I don't feel I have to explain why I was with him. He was a nice guy when I first met him. He was very nice to me. And we did get on very well to start with and then he started after this one was born. He didn't suddenly change; it wasn't that he turned into a horrible person. He was very clever, very good at it.*

Ref 3

*I met him (and within three months) he proposed to me and then December we got engaged and then I moved in the January although we weren't married at that stage and yeah I moved in the January and then I think I started to see things that I didn't like and then my gut feeling was that things weren't right.*

Ref 17

Domestic violence often begins in pregnancy when women are also feeling very vulnerable about being alone.

*It didn't start for ages. For the first year or so he was lovely, you couldn't ask for anyone nicer. Slowly it started when I was pregnant...*

Ref 7

All the women were shocked at the first incidence of violence. Some women wanted to help their partners and to try to make the relationship work:

*He was so different when I first met him. He really impressed me, I thought he was a strong man; he did the gym every week etc.... Was really considerate, kind, really intelligent, really creative, did a lot of music. And I thought this is amazing. And I thought he has been through all this stuff. And I fell for him within a month... the first incident was a real shock. I think it got worse because I became less myself. I withdrew, stopped seeing my family, friends. I focused on him, made him feel that he was the most important thing.*

Ref 10

Women especially wanted to help partners they realized had drug or alcohol problems:

*At the very beginning three months into the relationship there were signs. I fell pregnant very early on. I was very naïve. There are lots of things now when I look back I think, yeah, but I didn't see it then. I didn't see how bad his drug addiction was nor what he was addicted to.*

Ref 16

*The first time it happened was that time I joined him at the gym. In August he threw me through a glass door and scarred all my back. The police were called and left. My brothers came back with me. And we put it down to the fact [?] history/injury and that he should control his temper. Put it down to the drink and I stopped him drinking to instil some order into his life thinking that could be the key thing.*

Ref 10

*I didn't realise that he was a drinker – I didn't really pick up on it at all, although my family and friends could see that he drank quite heavily and my Mum in particular was very against him. Lots of people I was involved with were also against the relationship because he used to tell lies and they could see through, but I couldn't see through it at all! I just went through the whole bit about wanting him to change his drinking amount – I suppose I could look at it in hindsight that I was over-involved and I was dependant on him as he was on me and I didn't realise at that time that you can take a horse to water, but you can't make it drink! You know that he had to change his behaviour because he wanted to and I felt I was in a position of rescuing him and, being in a very emotionally abusive relationship, I couldn't see that at the time. He was very controlling, but in a very subtle way.*

Ref 24

## Women survivors' needs

Similar to the findings of other research (Dominy and Radford, 1996; Kelly, 1988) women wanted emotional support while living with the abuser and tended to turn first to their family and friends.

*My sister and my Mum knew it was going on. My sister more, she actually spoke to one of the police officers and said please get her out of there. You know she actually said he's totally abusing her and that's what they did... My sister's been excellent, my Mum's been excellent. They've been really good.*

Ref 7

*I am close to my mum. I used to ring my mum. And she said it has to be your decision. It's your choice. She was very, very supportive of me. If it had not been for my mum and sister, it would have been harder.*

Ref 8

Family members were not always helpful or supportive and sometimes could make things worse:

*I didn't want to tell my parents because I was too embarrassed and I felt my mum would put me down, which she did. She did exactly what I thought she'd do, made derogatory comments of her own, made me feel worthless and useless I'd been with him for four years and I went to a refuge and I knew I couldn't leave any clues. I phoned my mum and said, please can I come and stay with you, it's really bad here. I showed her my arm and she said, no man ever did that to me, what do you think you're doing? It's not the Catholic way. My mum's lack of support made me feel crazy and question my own knowledge. It made me say it's not so bad, I can get on with this, it's Ok. But it was not Ok and it continued on to get worse and worse.*

Ref 16

Women wanted people they approached to listen and give them space to think things out for themselves. Talking to people who listened was an important part of the process of separating from an abuser:

*I had a lot of people to talk to. So it's like the doctor knew about it. And my mum knew about it. But also the friends I had and the family I had were very good. I knew it wouldn't get back to him. Even now, they don't know where I am or whatever. They're all protecting me like nobody's business. Even if they knew where I was they would not disclose it. They're not even picking up the phone to talk to him or anything like that. And they're all different ages – people from 60 years old to my cousin whose only about 21.*

Ref 5

It was difficult for women to get access to useful advice when they needed it.

*One of the problems that we have here in West Sussex is that there is not good information. This information needs to be out there and printed in all the languages.*

Ref 25-33

A believing, non-judgemental approach from professionals helped women to disclose the details of the abuse. Disbelief was a secondary assault:

*The (housing) officer was totally intimidating. The outreach worker told her that I was fleeing domestic violence and that was it. Did not ask anything else at all. Did not ask about the circumstance that led to me leaving and being where I was. She said we can get you on a train and I thought what about all my stuff? They did not want to help. I was so upset. One of them said I was a liar. I said I have been told so many different things and she said 'no you are not!' I thought I'm not even going to get into this... I could not believe it.*

Ref 10

Abusers often deny the violence and blame their partners for the abuse. Women were very concerned about the credibility of their partners and wanted agencies to be wary of being hoodwinked by their sometimes outrageous claims:

*There was a lady at X police station, she was the DV officer, the police were phoned several times, the neighbours would call or I would call coz it got so bad. A lot of the time they would believe him. This was quite a few times, the officer who came round. Two girl officers threatened to put me in a police cell. He was sitting there all, you know. And I was saying get rid of him. I don't want him, you know, he is going to hit me. He had threatened me with a knife. And he just came up with an excuse and they believed him. I was a bit hysterical. They were a bit young. And I found that they were less sympathetic than when I had two young officers who were brilliant.*

Ref 2

Women expected to have a professional and sympathetic response from agencies:

*There was one policeman that didn't believe me because I said, that was the time I'd been slapped, and because there was no physical mark left on my face cause I'd been outside for three hours. There was no mark or anything, so he turned round and said well we have no proof. It's a case of they have to have hard evidence. Whereas the woman domestic violence officer didn't need any evidence, she believed me straight off. She said there's a list you can almost guarantee that if a woman mentions two or three things on that list she's been through the whole rest of them. Everyone's been through this experience she says, you mention two*

*or three and I can tell exactly what you've been through. So the best thing that ever happened was me talking to her....*

Ref 6

*I called the police out, I went to a friend's house and phoned the police and explained what happened and they sent two officers out. But in the end he twisted it round, it's all a misunderstanding sort of thing, it wasn't cause the whole bed had been broken, the back of the bed where he'd slammed me down. But he'd mended all that by the time they got there and he'd mended the floor.... One of the officers was lovely, the other one was awful, and he was absolutely awful. But one of them was brilliant and he said he's a bully and it's got to stop and it's got to be stopped... The woman again was really rude, the policewoman was really rude and she was continually having a go at me and asking me, she had the cheek to ask if all of my children wanted to come or stay. The man was absolutely lovely, he was really, really nice. He wouldn't tell me where he was taking me or anything.*

Ref 7

Allowing women some space to think and following up on contacts was very important to women we interviewed:

*I know the police, they don't get involved in domestic disputes, given that they've got a huge amount of crime to deal with on the streets and lots more issues to deal with, but I just feel that maybe somebody could – somebody that's not – well – somebody could be employed that has the time to sort of follow up instances, because mine was quite short and mild in comparison to what some women and some men go through, but just somebody to follow up and say you know – take some details and say well you know this is how you feel at the time, but you may well change your mind, and we're going to give you a ring and just some sort of support, because I think in the cold light of day when you're actually removed from that situation and you've got some time to think about and the whole thing hits you – all the emotional stuff hits you, I think things are very different and I think support at that time would be beneficial.*

Ref 24

Outreach services in some areas of the UK are able to take on this work to support the police and women who call them. At present, West Sussex's outreach services are too limited to take on this work. Outreach services were keenly supported as were more refuge spaces. Few of the women knew what to expect from refuges, most expected them to be rather grubby hostels. They were pleasantly surprised by the high quality service and accommodation the county's refuges provided. Women wanted to have quick access to safe accommodation when they needed it. All were however critical of the emphasis upon 'getting women to leave'. Support and protection from violence after separation was very limited:



*Better support after you have left and just practical advice in terms, perhaps if I had gone to the drop in centre and would have known more about injunctions, I would have known more about things like that and it would have, I don't know maybe to have some written information, maybe there is some available, but I don't know where, to get practical help. I think the biggest thing for me is definitely the on-going support and to be given credit for doing something, especially for your confidence and your self-esteem going to bits really. I sat here and thought I am in the same place that I was a year ago and I am not because I have done the biggest thing, by leaving him, it is a monumental thing and it's having in place the support to recognise that.*

Ref 14

After separation, women felt they were made to jump through hoops to get resources which were supposedly within their rights in law.

Child care and services for children were a particular concern and a gap in services which women survivors noted. It was very difficult for women to get help or support for children who had problems as a result of witnessing the violence or who were distressed and confused by having contact with the violent father. Women (and children) were exhausted by the ongoing abuse played out in the family courts as a result of child contact presumptions inappropriately made by magistrates and judges.

Finally, women survivors were keen to support prevention work to stop children and young people having abusive relationships in later life.

*A lot more education needs to be done for children on domestic violence so they know what is a loving relationship, especially boys.*

Ref 12

*Get them whilst they're young, in the schools. Warn them it can happen, warn them what to look for in a guy, you know the signs of behaviour, the control, and I think that, you know, get them whilst they're 13, 14.*

Ref 11

## **Recommendations 2 – 17:**

2. Most women who experience domestic violence rely upon informal support, from family, friends and neighbours, before they approach outside agencies. The informal sector is a valuable resource deserving support. Some of the women we interviewed were able to access refuge accommodation through advice about sources of help provided by relatives or friends who themselves had been informed by publicity. Publicity outside the county was said to be better than publicity in West Sussex, some of the women interviewed only found out about services in West Sussex via publicity for services outside the county (in neighbouring Surrey, London or Brighton). Improved publicity about domestic violence and the services available is necessary.

## **The Needs of Women who Experience Domestic Violence**

- 3.** Women interviewed stressed the importance of informal sources of support and outside agencies listening in a non-judgemental way and helping women living with domestic violence to explore the possible options for ending the abuse. Public education and professional training initiatives should reinforce the importance of providing non-judgemental and non-directive support.
- 4.** Access to information about where to get help or advice was an issue for all women we interviewed, especially women in BME groups. An audit of information sources in the county is needed so that gaps in services can be identified and filled. Information leaflets etc need to be translated and made accessible for women in BME groups whose first language is not English.
- 5.** Front-line staff in key agencies such as the police or social services need adequate training so that they are able to respond professionally and courteously to women who are experiencing domestic violence. Training for professionals needs to take them beyond awareness to work with vignette examples that are relevant to their everyday practice.
- 6.** Police officers need to be trained about options for women experiencing domestic violence other than arrest and criminal prosecution.
- 7.** Women we interviewed wanted/expected some follow up after an assault was reported to the police.
- 8.** There is a need to expand the outreach provision in West Sussex.
- 9.** Refuges need to have positive publicity to overturn public perceptions of them as being the worst type of overcrowded and dirty hostels. Refuge services could consider promoting their public telephone numbers and website photographs of a 'typical' refuge bedroom, kitchen, playroom, showing only the inside of the accommodation minus residents.
- 10.** Women felt there was a lack of support and protection after they had separated from violent partners. Extended outreach support would help women to access services to deal with the emotional, financial and legal difficulties they face after separation.
- 11.** Services for children need to be more accessible to children living with domestic violence.
- 12.** Child care support and provision for support with parenting for women in refuges is a particular gap in services that requires urgent attention.
- 13.** Outreach support for children living in the community is needed.
- 14.** Assessments, especially in education of children's special needs, should be speedier. This compounds the feeling women have of a lack of support in parenting children who have lived through difficult times.

## **The Needs of Women who Experience Domestic Violence**

- 15.** One of the most frequent concerns of children attending NSPCC children's groups is unsafe contact with violent fathers. Courts in West Sussex need to pay more attention to children's wishes and to show that they are fully implementing the Children Act Sub-Committee's guidelines on contact and domestic violence.
- 16.** There are inadequate provisions for safe contact in the county. More services are needed for the professional supervision of children who are at risk of harm but who do not come to the attention of child protection services because they come to court via the family law.
- 17.** The education services in the county should continue to work with collaboratively with the Multi-agency Domestic Violence Development Team (DVDT) in developing pilot lessons plans on domestic violence, and work closely with other children's service, youth services and domestic violence services to develop preventive education and resources on domestic violence for children and young people. Children and young people are a valuable resource and should be able to participate in the development and delivery of anti-violence education.

## ‘Hard to Reach’

### **The Needs of Black Women and Women from Minority Ethnic Groups who Experience Domestic Violence**

Black and minority ethnic women are most vulnerable yet least served by existing service practices and policies (Gill, 2004; Imkaan, 2003; Newham Asian Women’s Project, 2003). Though a vast body of research on violence against women exists, minimal attention has been given to Black and minority ethnic women (Mama, 1989; Mohanty, 1991; Rai and Thiara, 1997). This dearth of empirical exploration has contributed to a situation in which the needs of women from the dominant culture are assumed to apply universally. The corollary is that the needs of black and minority ethnic women are not fully addressed and require examination (Gupta, 2003; Yuval-Davis, 1997). BME women who are abused are placed at further risk due to the lack of information about domestic violence within their communities. There is a lack of knowledge and an absence of meaningful dialogue about effective intervention strategies within these groups.

Violence against women throughout the life-cycle derives essentially from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, class, gender or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society. This both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms (Gill and Rehman, 2004; Pateman, 1998).

#### **BME Women’s Experiences of Domestic Violence in West Sussex**

This section discusses the experiences and views of the BME women participants in the research and their recommendations for the West Sussex domestic violence strategy.

All the women in the two groups spoke about how violence was used as a means of exerting authority. These women included ‘Tabassum’, ‘Wahida’, ‘Suriya’ and ‘Husna’ (*not their real names*<sup>4</sup>). To quote Tabassum:

*He used to beat me with a belt on my hands, feet and head and sometimes on my face with his hands...*

When asked about what kinds of things her husband used to get angry about, she replied:

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<sup>4</sup> It is understood generally by the survivors, advocates and professionals that we spoke with that their identities would remain protected. This is a courtesy we are most willing to extend, but it is also an important element of the study itself.

*Sometime it used to be that the 'daal' or 'sabji' was not cooked to his liking – too much or too little masala; other times he just did not like the sound of my 'aawaaz' (voice). I think he felt that is the only way he could control me and keep me at home so that I would accept and not question. Meri ghalti... (my mistake).*

Wahida and Suriya spoke about violence perpetrated against them by their husbands in collaboration with other women; Wahida by her husband and mother-in-law and Suriya by her husband and his second wife. Suriya, who was now divorced and presumably had nothing to fear from her husband, described in detail the ill-treatment and abuse meted out to her:

*He used to see his family and would not listen to me, that is how it all started. It started with the verbal abuse, with fights, because I was vocal and voicing my opinion. In his family, they would not talk about anything confrontational. They would never do anything that would ruin society's view of the family – the appearance of it. He would go off like a rollercoaster, swearing, throwing things at me, pushing me around and hitting me on my body but never on the face. For some time I accepted that this is how it is going to be. I suffered because I did not want my family to know what was going on. I also really believed that he would change, that everything will be fine soon. My life was very hard...*

Suriya initially believed that her husband would change and at times blamed herself for the nature of the abuse, 'Many times, my fault.'

The importance of *izzat* or honour was a reason why Suriya tolerated severe physical and emotional abuse, along with the belief that when a woman marries she goes to her husband's house and has to accept her status in the household and adjust accordingly, no matter how hard it is. But she was so seriously beaten on one occasion, when she returned from an outing to the local supermarket with a friend, that she fled the marital home and contacted her family in the North of England for assistance. She was surprised at their supportive response and was encouraged to leave, which she did. She now lives with her daughter and has no contact with her husband.

Most of the women who had experienced domestic violence failed to recognise early behaviours as abuse and some did not even define minor abuse as violence. Several women reported that friends or family witnessed the abuse and either confronted the abuser, withdrew from the situation or advised the women to maintain silence in the hope that the abuser will calm down. In most cases the partner's jealousy or paranoia prompted the abuse.

Many women had experienced a lack of control over their life situation (Husna, Tabassum, Suriya and Wahida). For those who had strained relations with their in-laws and husbands, since divorce was not always a viable option, there was a need to 'negotiate', which either involved acceptance of the situation or attempts to change one's own behaviour or attitudes.

## Issues of Control

The theme of 'control' appeared in women's narratives, either stated directly or reflected indirectly in their descriptions of their relationship:

*Before we got married (it was arranged by my family) he informed me, 'I want three children. I love children. I want three children as soon as possible. I was always scared about giving birth (pause) and (pause) I said okay, no problem. We got married and within a few days he was literally jumping on me saying, I want a baby please. I tried to say to him that I wanted to wait. Get to know each other first. But he wanted a baby so I said, yes, okay. I was willing to sacrifice my own needs for him. I guess that is love, hey (pause).*

Nusrat

Nusrat did not view her husband's demands as control but gave in because she wanted to please him. Further, she did not identify other early subtle behaviours as control. She reported that during the first three months of the marriage, her husband made negative comments whenever her family members visited. As the months went by, the behaviours became more pronounced but love blinded her to the reality of abuse:

*It wasn't noticeable at all. I didn't even pick it up; you know until it was too late. You know now, looking back, there were little things and I didn't, I didn't, from probably as early as two or three weeks, we got married but I didn't pick it up.*

Three years into her marriage, the abuse escalated to more visible violent behaviours and was undeterred even by pregnancy. But it was the emotional abuse Nusrat could not forget. Early in the marriage, her husband called her 'stupid' and this had a profound affect on her 'self-worth'. She spent most of her early marriage feeling that she was not a 'good wife'. Like other women, she was confused about other strategies for pacifying her abusive partner into living a 'quiet life':

*He would tell me I'm not a good wife, 'you don't behave like a good Pakistani wife – always answering back'. He would call me awful names in Urdu, all kinds of names that would hurt me. I was doing everything I could to please him, to make the relationship work and be happy and then he would say that I was not a good wife (pause). Everything that goes wrong is my fault. I feel a lot of hurt. Even if he does something wrong, he blames me...*

Nusrat

Moving away from the abusive partner or family does not necessarily ensure a safe alternative space for women in such circumstances. The level of services in the form of counselling and refuge accommodation in West Sussex are neither adequate quality for BME women, nor are they easily accessible. Often the distressed woman finds herself alone and destitute after the initial support of family, friends and organisations. When economic dependence is not the issue, social attitudes towards a woman who opts out of marriage compel women to seek compromises.

## Cultural Factors and Religion

A critically important influence on the minority ethnic women who participated in this study was that of religion. Islam was proclaimed as the *raison d'être* of their countries of origin. Islam is a way of life which focuses on the collectivity as well as the individual and provides guidelines on social, economic and political matters. Certain immutable principles are laid down. But the means by which they are to be realised or put into practice is open to interpretation. Often an abuser or family will use their own interpretations of faith to justify control of and violence to the woman:

*Most of the time usually they just put up with it, but I know if a young girl is being under too much control, but she has to put up with it. The parents will decide who she has to marry or they will lock up or whatever, they can do anything and nobody will speak about it, that's culture.*

Ref 40

*In Turkey there is a lot of violence, there are thousands of ladies like that, I know in Turkish, in Kurdistan many this, say my dad's generation is worse. But like me and I have been married 9 years and I have never had any problem with my husband. I may have broken his heart. But he has never broken my heart. Only once he hit me and that was my fault, not violently only a slap on my face. Then several times he said sorry, but since 9 years I have never had any problem. Never a day when I didn't talk to him or he didn't talk to me, but my dad's generation, like my Mum, she had lots and lots of problems and as a kid I saw my dad hitting my mum.*

Ref 25

The widespread nature of violence against women and its devastating effects on men, women and children are common knowledge in most countries of the world. Although we are aware that women in most societies experience violent abuse at the hands of their partners, the issue is not talked about openly for various complex reasons that include embarrassment and fear. Also, in the case of Black and minority ethnic women when families became involved they often took the woman back to the abusive husband. Several women also remarked that family members or friends witnessed or were aware of the violence and abuse but remained passive or encouraged them to stay.

The women we spoke to from the South Asian community located cultural factors of domestic violence in the interpersonal family arena, which, by extension, linked to wider social structures and institutions and also to cultural norms and expectations governing relationships between kin. Specific problems concerning the preservation of the 'khaandaan's izzat', 'namus' 'sharaf' (family honour) were perceived as causative factors or contributory factors in not reporting domestic violence. Concerns related to other relatives such as husband, parents and brothers and sisters also figured prominently in women's analysis. Other factors also included the murder of women in the name of honour and serious marital conflict, involving threat of break up:

*She left the family and she had a baby without a marriage, she had a relationship without a marriage and she had a baby and that is why the brother killed her... Because he felt that she had brought dishonour on the family...*

Ref 25

Male honour can be a trigger for violence against women. Perceived female infidelity can motivate honour concerns, and a man's honour can be at least partially redeemed through his use of violence. On the other side, female loyalty is expected in the face of such aggression. Such loyalty is not seen as weakness but as a sign of warmth and goodness, and the woman who stays in such a situation may be perceived more positively than the woman who leaves. There are often economic and safety reasons that make it extremely difficult for women to leave dangerous relationships they would rather not be in. Women also stay in abusive relationships because they believe that it is the 'proper' thing to do (Gill, 2003).

### **Women, Immigration and Isolation**

We interviewed fifteen women from India, Pakistan, Bangladesh, Sri Lanka, Kurdistan, Turkey, Thailand and Malaysia. Five of the women arrived in the UK with their families during childhood and adolescence. The other ten women arrived in the UK for work and marriage on visitor visas:

*I had to leave because of life threatening violence but because my husband denied our marriage I was classed as an illegal immigrant. When I left home I went to social services and every organisation I could think of... Because of my immigration status I was homeless they couldn't do anything.*

Ref 20

A key facet of isolation is not having social networks, which can be detrimental for a variety of reasons to the welfare of immigrant women experiencing domestic violence (Gill and Rehman, 2004). They are completely dependent on their husbands for their social, financial and emotional needs. They learn inaccurate information regarding their legal status and the sponsorship and deportation process from their husbands. Moreover, they are unable to talk about their abuse and seek advice from others on how to deal with the situation.

Another form of financial abuse is when husbands or partners in BME communities force their immigrant wives to give them money that they earn or that they possess prior to marriage, stripping away any source of independence. Financial abuse can also include abusive men preventing their wives and partners from having any access to money. These forms of financial abuse make it difficult and often impossible for immigrant women to leave their abusive relationships. The women we interviewed from immigrant communities described violence that was a regular occurrence and at times they felt controlled, threatened and abused in ways which were characteristic of typical abusive relationships, but also in ways that are unique to their immigrant status. Immigrant



women face constraints that make it harder for them to leave abusive relationships, such as not speaking English, not knowing about services or their legal rights, and not having any money or family or friends in this country (Gill and Rehman, 2004).

### **Social Networks**

For some of the women we interviewed, their social networks were not always helpful, especially when they were connected to their abusive husbands. A number of the women said in-laws supported their husband's abusive behaviour and even took part in the abuse themselves. The in-laws also used their culture and religion to justify their behaviour. In the case of Nusrat her own sister and mother denied her shelter and repeatedly advised her to stay with her husband and to tolerate the abuse for the sake of 'izzat' and 'the future marriage potential of her children', because 'no one will accept an Asian woman who leaves her marital home.' Nusrat believed that they dispensed such advice to her because they came from a culture in which women were told to sacrifice everything for the family, including their bodily integrity. Suriaya also felt this cultural pressure. She did not tell her sister about her husband's abusive behaviour because she, like other women from the South Asian community, felt a cultural pressure to hide and tolerate the abuse (Gill, 2004; Wilson, 2003).

Women also spoke of positive support from social networks. Neighbours and colleagues, who barely knew the applicants and their husbands, sometimes provided help and intervened.

### **Agency Responses to Domestic Violence amongst BME Women in West Sussex**

Professionals we interviewed found working with BME groups more difficult. As one professional explained:

*There is a big Asian community in Crawley and they often like to deal with things themselves in the family. We have had recent cases of that happening when they want to deal with it and they don't want us involved. If it gets to the point where we are involved, again it can be difficult talking to them about it because they are quite closed as well and it is something they don't want to talk about.*

CJS6

Difficulties in providing accessible services and poor communication were key concerns:

*I think the challenges are information. I think the challenge is interpreters – I think the challenge is understanding culture. I think the challenge is encouraging people to come forward and to have the self-confidence to come forward and report. I think the challenges are changing the culture of the community to allow their victims to come forward and report, and therefore it's a challenge for the community not to accept domestic violence as a way of life which in some current communities they do.*

CJS8

*I think there is a lack of co-ordination on where we consult with hard-to-reach groups and what you got to do is have quality and not quantity.*

CS2

*Language is obviously one big barrier. There's a little bit of an issue in this area around ethnic minorities in that there's a large Portuguese community, people who've come over, mainly to work in the horticultural industry. So they're mostly very low-paid workers, people whose living conditions are pretty grim as well. And there is a higher than average incidence of all manner of problems of living together, domestic violence being one of them. And I think, again, with the ethnic minorities, you've got language barriers, you've got cultural issues that might impact on people's ability to report, ability to seek help, ability to move out of the dangerous situation that they may be living in, and alternative places to go, because you know if you are in a community where you feel quite isolated already, naturally it's not very easy to find places that you can go for help.*

CS6

*It's cultural belief, that whatever this kind of situation is you are in, that's your personal problem and you are supposed to deal with it yourself, but if you come out and talk about it or get involved with agencies then it will be known to other people, so it will be like disgrace to the family and these are the notions, that's why they try to keep themselves to themselves, but it doesn't help anybody obviously. I think that in the first instance the problem is that the women who are experiencing domestic violence, they have very... they lack confidence and lack of knowledge really. They don't know where to go and they don't know how to go about it and secondly the main problem is that the issue is the language barrier, because they have very limited English, some of them have no English at all.*

H2R3

It is clear that professionals who were predominantly white British found it difficult to reach BME women because of lack of trust, training and basic resources such as adequate translation facilities. Lack of trust is a huge barrier to be overcome if BME women are to get protection from domestic violence. South Asian women as a whole do not want to rely on 'outsiders' to intervene in their private family matters. South Asian women seek refuge from abusive partners only when their home situations have become life threatening. More outreach work into the South Asian community is needed in order to reach victims of domestic violence.

Agencies also need culturally sensitive training so that these groups of women can be helped appropriately. Additionally, Black and minority ethnic women must be informed through educational means on the laws in the UK which protect them so they are less vulnerable to domestic violence.

## Analysis and Recommendations

*The only thing that I would like to say is that in West Sussex we have to promote, to have a good understanding of minority groups, and other agencies have to educate them and have an open-minded attitude so they can help and support this group.*

H2R3

BME women like their white counterparts in West Sussex are supportive of local and national government interventions to stop the problem of violence against women and children. However, language barriers, immigration status, fear of reprisal, BME family traditions, and the insensitive treatment of criminal justice agents often prevented women from reporting domestic violence incidents to the police and participating in the criminal justice process as witnesses. On the other hand, financial and emotional support provided by survivor advocates, legal service and welfare service agencies can facilitate women's use of criminal justice approach to deal with domestic violence.

### Recommendations 18 -22:

Key recommendations made for the strategy were as follows:

18. Risk assessment and safety planning – this needs to be informed by research on the specific risks and protective factors that are important to BME women and children.
19. Awareness Building – there is a need for education and awareness-raising work in BME communities to help shift cultural beliefs about domestic violence and to educate women and young people about their rights to be safe and to have healthy, violence-free relationships.
20. There is a need to talk about women's individual rights, without confusing it with notions of respect for family and the 'community'.
21. Immigrant women who experience domestic violence find it almost impossible to get advice and emergency protection. Agencies' concerns about their immigration status often override concerns about their human right to life. Lack of funds for immigrant women fleeing domestic violence means that even refuges turn women and children away or run the risk of paying for their support out of their own limited funds and facing a funding deficit through accumulating rent arrears. Women should be exempt from the 'no recourse to public funds' rule, particularly those under the two year probationary period. This is a national issue that West Sussex county council and local politicians need to take up with central government.
22. It is strongly recommended that service providers who are involved in assisting BME women who have experienced domestic violence arrange for qualified female interpreters who have an understanding of the dynamics of

abuse in BME communities. Family members and neighbours should not be used as interpreters.

For agencies to succeed in reaching BME communities, they need to offer services to clients in settings that are familiar, accessible, and acceptable to them, and they should allow staff greater flexibility in the amount of time they devote to clients. Experience has shown that on-going and sustained contact may be needed to encourage BME women to accept help (Gill and Currell, 1998). This suggests that to be effective, workers may need to make routine visits or meet informally with all members of the community not just those who are regarded as the pillars of the community (i.e. mostly men).

## Domestic Violence in Gay, Lesbian, Bi-Sexual and Transgender Relationships

There are no reliable statistics that indicate the prevalence of domestic violence in GLBT relationships as the BCS does not provide data on the gender of partners who abuse. Contacts with gay help lines and the limited research that exists (Renzetti, 1992) shows that partner abuse in GLBT relationships is a relatively common experience. More research has been completed in the USA. The US National Violence against Women Survey suggests that men who live with male partners may be at greater risk of domestic violence than are heterosexual men. Men living with male partners were two times more likely than men living with female partners to report ever having been raped, physically assaulted or stalked by a partner. Women living with female partners were three times less likely than women living with male partners to report ever being raped, physically assaulted or stalked by a partner (Tjaden and Thoennes, 2000).

GLBT people may experience violence from partners and violence from family members that is motivated by fear and homophobia. The current definition of domestic violence as including family abuse would cover the hate crimes based upon homophobia from family members and the abuse from partners. Research on homophobic violence to GLBT people has found domestic violence as well, although generally has not specifically asked about this. A survey by the group Stonewall in 1996 found that 2% of respondents had experienced homophobic physical abuse from members of their family (Stonewall, 1996):

*I told my husband – now my ex-husband – that I thought I was gay. He gave me a beating for my bad behaviour.*

(Stonewall, 1996: 25).

*I and my partner Michael, were assaulted by my father and grandfather and some cousins at a family get together at Christmas when we kissed under the mistletoe.*

(Stonewall, 1996: 25)

*I was attacked for being gay by my three brothers at a family gathering. It was something that started with an argument and I ended up getting thumped by my brothers who called me everything from gay boy to queer bastard.*

(Stonewall, 1996: 26)

Agencies such as the police do not collect statistics on partner abuse in GLBT relationships. This might be a difficult thing to do as it would involve asking the victim to 'come out' about their sexuality, which some people might understandably be reluctant to do. West Sussex police data does show that a proportion of the violence where men were victims was male on male abuse. Table 14 in Appendix 5 of this report shows that for 2001 to 2003 there were 2,510 male victims of domestic violence incidents. In 2001, 167

victims were assaulted by other males (18%), in 2002, 258 were male victims of male violence (15%) and in 2003 there were 159 male victims of male violence (20%). Only by trawling through the records kept at police AVUs would it be possible to identify how many of these male on male attacks might be male partner abuse, how many may be homophobic family incidents and how many may be domestic violence from fathers to sons or vice versa, or from a woman's male ex-partner and her new male partner. Police at AVUs have however confirmed to the research team that a proportion of the domestic violence incidents to men are gay abuse cases. The newly established Worth project has also found male victims of domestic violence are being identified. 6 of the 43 referrals to the project were male victims of abuse. Further research into prevalence would be helpful to establish the level of need in the county. We were unable to find reliable statistics on female to female domestic violence as the numbers were much smaller. However, similar problems would exist with the data.

Homicide research suggests that gay men are at increased risk of homicides relative to heterosexual men and women. Lesbians are less likely than heterosexual women to be killed by partners whereas 21% of men killed between 1985 to 1994 in Scotland were killed by male partners (Soothill *et al.*, 1999). Police data for West Sussex 2001 to 2003 shows that of the 10 domestic violence murders and attempted murders recorded most (7) involved female victims and male offenders, one involved a male victim and female offender, one involved a male victim and male offender, none involved female offender and female victim (in one case, later non-crimes, the gender of the offender was not recorded) (Appendix 6).

The forms that domestic violence may take in all intimate relationships include physical abuse, isolation, psychological and emotional abuse, threats and intimidation, sexual abuse, economic abuse, and property destruction. There are additionally forms of abuse which are unique to lesbian and gay relationships – abuses which arise as a direct result of the heterosexist and homophobic nature of society. Published research (Renzetti, 1992; Henderson, 2003) shows that GLBT people have difficulty in approaching agencies for help when they experience domestic violence because of their fears of a homophobic response from agencies. Abusers play upon partner's fears of being 'outed' to keep them in the violent relationship. Certain aspects of the abuse, such as sexual violence, may be more difficult to disclose. Concerns about homophobia in agencies also create barriers to reporting:

*They probably won't want to seek advice from the traditional agencies and we need to be sure that we've looked at it from, if you like, the outside in to think, how do people view us, how are our processes, what questions do we ask at the front desk, what questions are asked in an open-plan setting, right the way through, walk through the process to see exactly how we respond and also perhaps use people that have been through the system to show us where we got it wrong or where we get it right. I think the issue for this group is going to be similar to other groups. Do they trust us? Do they trust the establishment? Will they trust that person with this very sensitive information? It's all about making sure that we've got a good reputation and that our processes are user friendly... I*

*mean, again, it's to do with staff attitudes, it's to do with knowledge of the issues, and it's to do with people feeling that they can disclose that sort of information to an officer.*

HOU 2

Research in the UK has found that 87% of lesbian women and 81% of gay men do not report domestic violence to the police (Henderson, 2003). Information about services for GLBT people who experience domestic violence needs to be accessible:

*There is a need to sort of tap into places that they go to and people, you know, that they mix with and their groups, the different groups. I think that's the only way you can get a way in really, and you've got to have somebody who can relate to those groups as well. It's got to be someone who is acceptable to those different groups.*

HEA 1

Services such as refuges are women only services so gay men can find it difficult to find safe emergency accommodation. Furthermore there are particular problems regards the availability of advice and support in West Sussex due to the widespread belief in key agencies that GLBT people will 'go to Brighton' for help. There has as a result been very limited training and there is no policy guidance on domestic violence in GLBT relationships. This is clearly a gap in services that needs to be addressed. Awareness and talking openly about abuse in GLBT relationships, especially with police officers who attend calls, could bring significant improvements. Discussions held with specialist domestic violence agencies indicated a general acknowledgment that domestic violence in lesbian and gay relationships occurs, but no particular focus was placed on, or resources directed to, domestic violence in that context. It is unlikely that domestic violence services will become more accommodating of the needs of victims of same-sex domestic violence in the absence of an organised LGBT group, backed by a lesbian and gay community committed to addressing the problem.

The problems are not insurmountable as one interviewee put it:

*I want agencies to have training around issues of sexuality first of all, and really I would like them to start getting their head around the issue and being able to say actually there is no difference, we can cope with this...So my priority would be around gaining a profile for GLBT people in the county*

H2R1

## **Analysis and Recommendations**

The silence surrounding the issue of same-sex domestic violence is pervasive. The subject also remains largely taboo within the lesbian and gay community. Denial of the problem maintains the silence of victims and effectively condones the violence by allowing it to continue. Identifying the abuser in a same-sex relationship can be difficult for all agencies supporting men and women who experience violence, particularly when

they are unfamiliar with the dynamics of same sex relationships. Listening to how gay and lesbian men and women talk about violence in such relationships is important for practitioners to make decisions regarding a victim's safety in relationships where both partners are the same gender.

**Recommendations 23 – 30:**

*What we would need is an actual forum, I think. A group of people who can actually get together and look at issues and put them onto the agenda and actually raise it as a separate issue and then, eventually, once it had an identity and had written some policies then could incorporate itself into a more domestic violence umbrella but I think it does need a focus group of people who can actually sit around and say actually this is an issue for West Sussex.*

H2R1

23. To break the silence, strong grassroots initiatives, aimed at raising awareness and promoting discussion and acknowledgment of the problem within the lesbian and gay community, are crucial.
24. In terms of the provision of support services, the collective efforts of both the lesbian and gay community and the heterosexual community is vital. It is important, given scarce resources, that responses be developed both from within the lesbian and gay community and by utilising existing 'heterosexual' domestic violence services. Whilst lesbian and gay specific domestic violence support programs have begun to emerge in some parts of the UK (namely Manchester, London and Brighton), it is questionable whether such services are viable in a small county like West Sussex.
25. Most domestic violence cases are dealt with through the Family Law Act 1996, which specifically relates to heterosexual people and currently excludes people in same-sex relationships. Hopefully proposed amendments to this statute will succeed and GLBT people will be able to apply for protection orders as well. Pressure must be placed on legal and non-legal organisations dealing with domestic violence to eliminate homophobic attitudes and heterosexist assumptions, thereby providing services responsive to the needs of lesbians and gay victims of domestic violence.
26. Specifically, in relation to the police in West Sussex there needs to be a clear system of evaluation and monitoring that can identify domestic violence reports from LGBT people.
27. There needs to be a more proactive stance to monitoring in line with the requirements outlined in the Race Relations Amendment Act (2000). Monitoring and evaluation systems do not currently include LGBT people ([www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)). There is a significant gap in identifying and responding to the needs of LGBT people experiencing domestic violence in West Sussex.



- 28.** West Sussex should commission an LGBT domestic violence source and referral guide.
- 29.** The inclusion of LGBT people in monitoring and evaluation systems should be a funding requirement.
- 30.** In order to effectively address the issue of same-sex domestic violence, the silence surrounding this issue must be confronted. Denial within the lesbian and gay community must be overcome.

## Men as Victims of Domestic Violence

Data on domestic violence cases involving male victims is very limited. The best available data is the police data and this is likely to provide a very crude estimate of prevalence as victims of domestic violence are often reluctant to contact the police. In 2003, 18% (1,223) of all domestic violence incidents recorded by the police for West Sussex were incidents where men were recorded as being the victims. However, in 58% to 67% of cases of domestic violence against male victims recorded between 2001 and 2003 the gender of the offender was not recorded so it is not possible to conclude overall how much violence is perpetrated by females or other males against male victims. In domestic violence cases where males were victims, where the gender of the offender was recorded 242 offenders were female and 159 were males (see Table 14, Appendix 6). Men access the drop-in services in the county and some more data is available from these services. This data shows that a minority of people approaching drop ins for advice about domestic violence issues are men. Out of a total of 279 drop in service users in 2003, 14 (5%) were men. The newly established Worth project has also identified 6 male victims of domestic violence out of the total referral so far of 43.

There has long been a very heated debate about men as victims of domestic violence especially about the extent to which women abuse their male partners (see Dobash and Dobash, 1992 for an overview). Academic researchers have heavily criticized the North American researchers who first raised this problem for basing their findings on the research tool called the Conflict Tactics Scale (Dobash and Dobash, 1992). The British Crime Survey findings that 1 in 6 men report being physically assaulted by female partners have similarly been hotly debated and disputed and quoted out of context (see earlier discussion on the BCS). It is unfortunate that the men's rights lobby in the UK and in the USA have promoted the inaccurate notion of an 'equality of abuse' by arguing that the level of domestic violence from women against men is equal to that from men against women. These arguments have become confused with the father's rights lobbying around child sexual abuse and domestic violence in the family courts where known abusers have attracted extensive and often misguided publicity that has been detrimental to the welfare of their children. One recent example, in a case that eventually went to the Court of Appeal, involved an abusive father who gained extensive publicity and support from men's rights groups for his claim that his ex-wife and the family courts had deprived him of contact with his children. In his four-year campaign this father and his men's lobby supporters organized a tractor rally outside a leading family court judge's home, he phoned the press and claimed he had placed a bomb under a bridge on a major road, causing traffic chaos, and, much to the distress of his children, he breached court injunctions requiring him not to contact the press or talk publicly about his court cases, over one hundred times (*Harris v Harris*; *Attorney General v Harris* (2001) 3 FCR 193). Male perpetrators of domestic violence, unlike female perpetrators, frequently deny their responsibility for domestic violence and blame their partners, sometimes even arguing that they themselves were the victims (Hearn, 1998). This poses a dilemma for agencies because on the one hand none wish to encourage perpetrators' efforts to blame their

victims but on the other hand it would not be acceptable to expect genuine male victims of violence to jump through hoops to establish their credibility when approaching agencies for help. It is difficult for any victim of domestic violence to talk about the abuse. Conventional beliefs about masculinity compound the difficulties that male victims of domestic violence face. Men often have difficulty admitting that they have been abused and in getting agencies to recognize the abuse and to take their needs for protection seriously.

It is clear from BCS findings and Sussex police data (see Appendix 5) that men are sometimes victims of domestic violence from male and from female partners. Agencies such as the police, victim support and courts should provide the same protection to male victims as they provide to females. But because there is only very limited research on men's experiences of domestic violence it is difficult to make any informed assessment of their needs. The BCS shows that men experience less repeat victimization and are less likely to report feeling afraid of their partners (Mirlees-Black, 1999). It is highly likely that men, like women who experience domestic violence, try to deal with the problem themselves and then turn to informal support networks before approaching outside agencies. A study of 684 male and female Methodist ministers in Britain found that male ministers who reported domestic violence from their female partners experienced feelings of shame and low self-esteem that were very similar to those expressed by women who experienced domestic violence. Some of the men had experienced frequent physical assaults, some of which involved attacks on the children. There were differences between male and female accounts of victimization as no men reported life threatening abuse sustained over many years and no men reported violence and harassment after separation (Radford and Cappel, 2003). From this study it was clear that men who experienced domestic violence had the same needs as women victims regarding advice and support from services whilst living with the abusive partner (although possibly due to the profession of the male respondents none required refuge accommodation). Men were more reluctant to talk about the violence and were more likely to say that their partners needed help or had mental health difficulties. Issues of control were less likely to be seen as a feature of the woman's abuse. There were no instances of the male victims being so isolated that they were unable to leave the home.

It is not possible to draw any worthwhile conclusions at the moment about the needs of male victims of domestic violence because of the very limited information available in West Sussex. The police data is the most extensive but research on policing has established that police data can sometimes add more confusion to the issues. When pro-arrest policies were introduced in the USA the numbers of women arrested and the numbers of cases where police arrested both parties increased. There are occasions when the police arrive at a domestic incident where there are no injuries and only two competing versions of events from the parties involved. There are also occasions where the main aggressor has greater injuries than the victim, because the victim has fought back in self-defence (Hirschel and Buzawa, 2002). Self-defence from years of severe violence is known to be a major factor when women kill their male partners (Radford and Russell, 1992). When police in the USA were trained to use interviewing techniques to establish the primary aggressor in domestic incidents it was found that the dual arrests

and male victim records declined substantially (Hirschel and Buzawa, 2002). A more detailed study of police practice, a trawl of incident records and follow-up interviews with AVU clients in West Sussex could provide useful information on the needs of male victims. Unfortunately this was beyond the scope of the current research.

It is important that professionals working directly with male and female victims have adequate training on gender issues and domestic violence to enable them to deal sensitively with these incidents and if necessary establish the primary aggressor.

Statutory and voluntary agencies in West Sussex do currently provide services for victims of domestic violence regardless of gender. Publicising the availability of services for male and female victims may help to encourage male victims of domestic violence to come forward. As one social worker explained:

*The stigma of having to speak out and say you are a male victim of domestic violence, that's much more difficult. We do work with some male victims of domestic violence, I mean we work in situations where both males and females are victims and perpetrators... a complex family situation. We do work in those situations and I think it is probably harder for men to speak out, harder for men to be taken seriously in those sorts of situations, and again, in terms of them being taken seriously, I think there are probably training and awareness issues for all professionals, the police as much as everybody else in that instance. And perhaps looking at how we make the services that we have easier for men to use, because they tend to be quite female-focussed and quite often they can feel very anti-men.*

CS6

As with other hard-to-reach groups, however, information about services needs to be in places where men can safely get access. Examples include the advertising of domestic violence helplines for men and women on the back of council-owned car park tickets, and information on the internet and in workplaces.

*The year before last on White Ribbon Day we stuck posters up everywhere and the best place that we found to put them was actually in the toilets in public houses... Daft, but on the back of a loo door you got an opportunity to scribble down some numbers and most people use pubs or cafes or McDonalds or wherever, you know.*

CS7

### **Recommendations 31-33:**

- 31.** Male victims of domestic violence find it difficult to access sources of help and advice. Information needs to be accessible for male victims.
- 32.** Training for front-line agency staff on gender issues and domestic violence needs to be maintained.

- 33.** Further research into the police response and follow-up interviews with male and female victims in contact with AVUs would provide useful information on victims' needs and expectations.

Collaboration with service users is usually beneficial for assessing the quality of service responses as well as the outcomes. Agencies however need to be cautious about collaboration with groups that misrepresent research findings and present biased arguments to the media in order to further a particular cause.

# Elder Abuse<sup>5</sup>: A Vulnerable Population

## The Dynamics of Elder Abuse

As an aging population becomes more and more apparent, concern for the quality of life and well-being of older people is also increasing (Age Concern, 2003). Parallel to this concern is the effort to understand the nature, cause and manifestation of elder abuse. The objective of this endeavour is obviously to prevent such incidents and help victims of abuse. In the last thirty years there has been considerable progress in identifying and combating elder abuse. Research on elder abuse has made great strides in helping to delineate definitions of abuse, neglect and exploitation, exploring causes of various types of maltreatment, developing and implementing ways to treat and prevent the problem, designing tools to assess the risk factors and evaluating and validating services for victims and perpetrators (Moon, 1993) Thus, a considerable amount of information is available today regarding the causes of elder abuse and the effect of abuse on elders and their families, as well as ways in which the problem should be combated. In trying to ascertain the dynamics of elder abuse, most of the early research concentrated on a picture of victims of abuse. These early studies did, unfortunately, decide that the 'typical victim' was a frail, dependent female of 75 years or older who was impaired (either physically or mentally, or both) and living with an adult child (O'Malley *et al.*, 1981). It was suggested that the levels of dependency were a source of extreme stress for the caregiver, resulting in abuse. This stress was considered to be due to the level of impairment of the victim. The degree of frailty of the victim was thought to make the victim highly vulnerable and to increase the risk of abuse occurring. The view of elderly people as dependent and vulnerable can add to widely held negative views and stereotypes that appear throughout society and may exacerbate many abusive situations. In addition, there appeared to be an assumption within such studies that the abuser was not really concerned with the well-being of the victim and that the majority were motivated by greed.

## Considerations of Gender

While both men and women are abused, the majority of victims of elder abuse are female (Aitken and Griffin, 1996). There are a number of possible reasons why a higher number of women may come to the attention of professionals and thus become 'abuse statistics'. Women may be more likely to seek assistance or to report abuse than men (Age Concern, 2003). It is also possible that because of the severity of their injuries, more assistance is

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<sup>5</sup> Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. Abuse can happen anywhere – in a residential or nursing home, a hospital, the workplace, at a day centre or educational establishment, in supported housing or in the street.

necessary for women, which means that they come to the attention of the professionals. Thus, the conclusion may be that the risk to older women of being abused is higher than the risk to men (Finkelhor, 1988). Given that elder abuse is predominantly a female phenomena it is important to highlight that a significant proportion of women are living in poverty and dependency due to lifelong histories of family-care responsibilities and disadvantage in the labour market that have been structured by gender. Older women have higher rates of chronic illness than older men. Poverty and illness are associated with a higher risk of elder abuse. Women are disproportionately also the main informal and formal carers of disabled elders.

It is also important to highlight that elder abuse has been steeped in stereotypes such as that of the young male putting the single old female at risk. We need to move beyond these myths. The literature of groups like Age Concern suggests that there are many different gendered contexts of abuse which exist – the lifelong domestic terrorism of a wife by a husband (or vice versa) that moves into a new period of elder abuse in old age, the same-gender intergenerational abuse that occurs by a heavily burdened adult daughter caring for a difficult older mother. Clearly, facing elder abuse without gender stereotypes means recognising that both men and women are abused. It is also important to consider the heterogeneity of elder abuse across different periods of older adulthood, across different social classes, and across different Black and minority ethnic groups, rather than settling on one or two oversimplified generalisations to characterise elder abuse. Oversimplification also tends to lead to an avoidance of more complex analyses of the structural, as well as individual, factors leading to maltreatment of older adults.

### **Considerations of Race and Ethnicity**

Research suggests that although elderly people in general do not openly reveal their family problems in a group setting, Black and Asian elders are more apt than seniors in many other racial groups to hide or deny any notion of abuse or maltreatment occurring in their community, whether the elder is in a group or meeting privately with a case-worker. Some of the factors that contribute to the perpetuation of BME elder abuse among the elderly victims are strong feelings of denial, rationalisation and shame, similar to the feelings described above for BME women who experience domestic violence. To some degree these factors are seen in all elder-abuse cases and, it appears, are exhibited not only by the victim but by the abuser and even professional (and voluntary sector\_ service providers.

### **West Sussex**

Age concern in West Sussex has been involved in various successful public-awareness campaigns in implementing services for the elderly. 'Linda', who works for an advocacy project which focuses on the needs of older people with mental health difficulties and occasionally other vulnerabilities that give for extra assistance, described that there is a huge demand for such services and that the project's remit specifically focuses on reaching out to vulnerable adults who might be experiencing elder abuse. Here she describes some of her responsibilities:

*It is my remit to map need, and I am quite well aware now of where need is, and to make sure that people who are vulnerable and disempowered are able to reach us. Referrals can come from a number of any different sources, actually; the advocacy service has developed with quite broad boundaries. We accept referrals from social services teams, home care workers, residential care managers, sheltered scheme managers, older people themselves and members of their families. Also people like café owners and shop owners who have noted that older people that they are aware of are in difficulties. So anybody really, and that is the challenge really, to make sure that all of that, that vast and diverse remit of people, know how to contact the advocacy service.*

H2R2

From the initial 'discovery' of elder abuse, a major concern expressed by practitioners, and advocacy workers, was that elder abuse was a hidden problem. In fact, many agency staff referred to elder abuse as an invisible problem:

*Worthing has obviously got a reputation as being an elderly town, it's not, it's an elderly and a youngsters' town. We do get quite a lot of cases of elder abuse, enormously difficult to deal with, again anecdotal I know, but from my experience, very, very few elders actually want anybody involved and they live with it and that's a real problem... We simply don't know enough.*

H2R2

*Very often they fall into the hidden homeless don't they, of people living with relatives and such like, so again it is really trying to establish the demand for our services amongst this group and how we actually access them to make them aware of what we can do for them.*

HOU1

*I think older people have been brought up in a different era, different cultures in a sense that I've dealt with cases in the past where domestic violence was occurring within a family, basically the household was two seventy year-olds and it was very much that's forty year's worth of abuse that's been going on, potentially. To break that, again it's not going to be broken by one interview or one visit, so it's an acceptance that you might have to put an awful lot of effort and work into it. You're not going to get instant results necessarily and understanding where that person's background is, where they've come from, what are the experiences they've had. So I think again it's doing it in such a way that you understand the group that you're actually looking to engage with and before you start possibly trying to offer those services very much get into that group and understand the processes that they're working with.*

HOU 2



Many suggested that the hidden nature of the elder abuse was due to several predominate factors: family, secrecy, undetected abuse due to professional lack of awareness of the problem, and failure of to report.

### Case Study

*Walking along the corridors of a residential home and hearing care workers describing older people in a derogatory sense, particularly around []. This one instance I am thinking of was where an old man had been bathed and his sexual organs were discussed in a very derogatory way, well any way in public it's derogatory, but it was extremely insulting. In the corridor between care workers and laughing and ridiculing this gentleman and the advocate told me about it and we dealt with it in such a way that we didn't actually use the Adult Protection procedures, but it was there as a threat really. We dealt with it, it was a public authority run and we dealt with it in the first instance sort of locally and reported it to the home manager, we discussed what would be done about it, we talked about staff training and we checked that there were changes made and we were given reassurances. The reason that it did not go any further, the reason that I made the decision not to take it any further, is that I am a great pragmatist and I know that if you go out into people's lives into residential homes, into any place that serves our client group and you make too many waves, you make life difficult, for instance if we had reported that home to be investigated under the West Sussex Adult Protection procedures, I doubt that we would ever have been able to get a referral there again...*

H2R2

People living in care homes and those who receive personal care in their own homes will have greater protection from known abusers. The Protection of Vulnerable Adults (POVA) list which comes into place in June 2004 will operate as a workforce ban on people who have harmed, or placed at risk of harm, a vulnerable adult in their care. Providers of care must not offer employment to individuals on the POVA list and people who know they are confirmed on the list but seek employment in care positions will face criminal charges including possible imprisonment. Health Minister Stephen Ladyman recently stated that:

*There will be no hiding place in the care system for people who abuse or mistreat vulnerable adults. We want to ensure that vulnerable adults and their families can be confident they are receiving the best and safest levels of care possible. Implementation of the POVA list will send a clear message to providers of care and care professionals that the Government deplures those who abuse vulnerable adults in their care.*

## Elder Abuse and Issues around Health

### Case Study

*I suppose the most dis-empowering thing that you could possibly have is to have an accusation that you have no capacity to consent to any type of treatment. It has got to be the most dis-empowering thing that anybody could have: it renders you completely vulnerable to any sort of treatment, you are not able to make accusations or do anything about your condition as it will just come back that you are mad, that you haven't got any sense and that you are making it up, so that I have had situations where a client, although personal belongings have been taken away, even down to their wedding ring and wristwatch when an advocate has remonstrated and said Mrs so and so is distressed she hasn't even got her ring on, she threw it away, where are her antiques, why had the house been stripped, she gave them to a rag and bone man. It is almost impossible to disprove if your client has had a diagnosis of a dementia, because of that really. Very often I think one of the biggest problems for me and for the service has been where we have worked in cases where people have had a diagnosis of a dementia and it has completely dis-empowered them from diagnosis onwards. You have had registrations of Enduring Powers of Attorney and people removed into elderly mentally infirm residential homes, all sorts of things at the same time as being treated by their condition. Medication has brought that persons capacity back to as good as mine and they have maybe a year where they are working well and yet they have been completely dis-empowered and they are treated as if they are almost like a no-person actually.... Working with people who have mental health difficulties and are generally really very old is really not that easy.*

H2R4

The agency worker also highlighted the need for health practitioners, particularly GPs, to be more astute in identifying cases of elder abuse. GPs who are in a hurry to maximise the number of patients seen in a day may not want to take the time to effectively communicate with an older adult, who may be hard of hearing or slow in speech. As a result, questions may be directed to a caregiver who is present – who may in fact be the abuser and therefore unlikely to provide accurate information about the abuse. Another problem may be the ambiguity of the symptoms. Much of the recognition cannot be quantified and may only be due to experience and a subconscious feeling that something is not right. Thus, an astute GP, knowledgeable about elder abuse, may be necessary to recognise cases of abuse. For example, elder abuse may be suspected if an elderly patient seems especially accident prone. Or, the results of the physical examination may not be concurrent with the description of how the injury occurred. These risk factors cannot be grouped logically – at times, many seem almost contradictory. For example, circumstances indicating sexual abuse might be overt sexual behaviour (Bradley, 1996), or reticence at undressing in the GP's office. Signs for possible emotional abuse range from anxiety and agitation to depression and withdrawal. GPs need to rely on intuition and their previous knowledge of the presentation of elder abuse to recognise a case of elder abuse. Unfortunately, a GP's intuition may be silenced by his or her own voice of

experience. If the GP closely identifies with the abused patient in terms of race, class and gender, he or she may not recognise the signs of abuse. Physicians may also fail to recognise the risk factors due to psychological defence mechanism, a feeling that abuse in that situation could not be possible. Accordingly, one study found that previously abused GPs are no more successful at identifying domestic violence than are their non-abused colleagues (Sugg and Inui, 1992).

The reliance on a doctor's recognition of an abusive situation may be minimised in the future as result of the increasing public attention to the topic of elder abuse.<sup>6</sup> For example, having posters or other educational material in surgery waiting areas may make an abused older adult comfortable enough with the topic to confide his or her own situation to the doctor. Alternatively, questions regarding domestic violence and domestic relations in the private sphere may be employed in an initial screening of an elderly patient. The British Medical Association recommends regularly asking questions regarding living circumstances related to elder abuse or neglect. Examples of such questions include: 'Has anyone at home hurt you?' 'Are you afraid of anyone at home?'; 'Have you signed any documents that you do not understand?' Although well-intentioned, however, this practice may actually be considered ageist unless the GPs ask the same questions of younger patients.

### **Analysis and Recommendations**

*You have to have the protection of this multidisciplinary team working around you.*

H2R4

The research findings, thus far, suggest that whether in majority or minority ethnic communities, elder abuse is a complex phenomenon that is not easily attributed to any one characteristic. Elder abuse does exist across all socio-economic groups, and it is important to understand how this may be manifested. Although it may be easy to document elder abuse in an economically disadvantaged family in which a drug-using adult child steals an elderly parent's money, it may be more difficult to recognise abuse in an advantaged, majority family that forces an elder into a nursing home so as not to unduly deplete future inheritance. Thus, it is evident that more research is required in examining elder abuse in all strata of society, not merely among those who fall under the purview of adult-protective services, typically the poor and disadvantaged.

What can be done to intervene in cases of elder abuse? In order to develop policies and programmes to target the 'at risk' and often vulnerable elder abuse victims, all agencies must understand what factors contribute to an elder's decision to accept services from the formal service delivery system.

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<sup>6</sup> Disturbing research has revealed that 88% of district and community nurses in the UK have encountered elder abuse during the course of their work. In the majority of cases, a member of the older person's family inflicted the abuse and yet less than half (44 per cent) of nurses had received formal training.

**Recommendations 34 – 38:**

The following recommendations include:

- 34.** When working with the issues concerning elder abuse it is important that all agencies have a consistent consensus of the working definition of elder abuse.
- 35.** Professionals given the responsibility of recognising elder abuse must be able to do so.
- 36.** These professionals must be able to make an accurate diagnosis of elder abuse.
- 37.** Medical and legal interventions for abused older adults must be in place.
- 38.** It is clear from cross-agency response that there is an urgent need for training. No one knows what goes on behind closed doors. Therefore, it is important that there should be mandatory training for all those within the health/nursing profession, in prevention, recognition and the management of elder abuse.

These five factors contribute to the awareness of the problem which leads to an examination of existing and future health care policies and legal changes to protect the safety and welfare of those who experience adult-related violence and abuse. There is also a pressing need for methodologically sound research to further clarify our knowledge of risk factors and appropriate interventions. In parallel with this attention must be paid to developing specialist training programmes to improve recognition and management of elder abuse.

## Domestic Violence, Drug and Alcohol Abuse

In a study of hospital records Stark and Flitcraft (1996) found that women who had experienced domestic violence were 15 times more likely to abuse alcohol and 9 times more likely to abuse drugs. Rates of drug and alcohol abuse rose after the first episode of violence and may have been a consequence of the abuse, an attempt to cope with the abuse, rather than a pre-existing problem in the relationship. Women turn to alcohol or drugs to help them cope when living with domestic violence. There is also evidence to suggest that partners introduce them to drugs or alcohol (GLDV Project, 2003a). Social isolation compounds this problem as it is harder to then get help. Alcohol and drugs, to a lesser extent, are associated with domestic violence to the extent that higher proportions of domestic violence perpetrators abuse alcohol and drugs than do the general population. Research suggests that 70% of men who abuse their partners do so when under the influence of alcohol and 20% when under the influence of other substances (GLDV Project, 2003a). Apart from steroids and crack cocaine (where the research is inconclusive), there is no evidence to show a causal link between alcohol or drug misuse and domestic violence (BMA, 1998). Violence does appear to be more frequent and more severe when the abuser misuses drugs or alcohol and substance misuse is one factor identified as increasing the risk of domestic violence fatalities (Dobash and Dobash, 2003).

There are no statistics on the prevalence of drug or alcohol abuse amongst domestic violence perpetrators in West Sussex. Data from the DAAT's analysis of STORS (Sussex Treatment Outcome Research Study) forms for 2002-3 found that out of 703 clients in drug treatment 13% (16) were women who were victims of domestic violence and 1% (5) were male victims of domestic violence. The DAAT data shows 8 males were perpetrators of domestic violence (Williams, 2003). It is possible the DAAT survey undercounts domestic violence as compared with other surveys the findings on prevalence are low. A survey in one treatment program found 90% of women in treatment had been physically assaulted or raped during their lives and 39% had experienced these assaults in the past 12 months (GLDV Project, 2003a).

While it is true that women use drugs to combat the effects of the violence and trauma this was not significant in this study. The majority of the women used alcohol socially but several women mentioned that their abusive partners use of alcohol and drugs exacerbated abusive episodes:

*The reason why the relationship broke down because my ex-partner, the children's dad was an alcoholic. He had a drink problem. Now he did get into rehab and it did sort of do the detox programme. And he was off the drink for six weeks and he did this three times but he was always up down.*

Ref 08

*The first time it happened was that I joined him at the gym. In August he threw me through a glass door and scared all my back. The police were called and left. My brothers came back with me. And we put it down to the fact history/injury and that he should control his temper. Put it down to the drink and I stopped him drinking to instil some order into his life thinking that could be the key thing.*

Ref 10

*He was still controlling all the financial situation because he had to have his pub and he had to have his beer and you know there wasn't very much left over for the kids and me*

Ref 11

*He was drinking more and it was alcohol induced, well not induced, but fuelled by alcohol and it was just getting worse. We had been together for about, well 10 years and we have been married just over 5... I don't know when the incident happened in January or New Year I said about going to alcoholics anonymous. He doesn't admit that he has a problem, or he does admit that he has a problem, but he believes that he can deal with it himself and he is not very good at accepting help.*

Ref 14

*At the very beginning three months into the relationship there were signs. I fell pregnant very early on. I was very naïve. There are lots of things now when I look back I think, yeah, but I didn't see it then. I didn't see how bad his drug addiction was nor what he was addicted to.*

Ref 16

*I didn't realise that he was a drinker – I didn't really pick up on it at all, although my family and friends could see that he drank quite heavily and my Mum in particular was very against him. Lots of people I was involved with were also against the relationship because he used to tell lies and they could see through, but I couldn't see through it at all! I just went through the whole bit about wanting him to change his drinking amount – I suppose I could look at it in hindsight that I was over-involved and I was dependant on him as he was on me and I didn't realise at that time that you can take a horse to water, but you can't make it drink! You know that he had to change his behaviour because he wanted to and I felt I was in a position of rescuing him and being in a very emotionally abusive relationship, I couldn't see that at the time. He was very controlling, but in a very subtle way.*

Ref 24

Findings across a number of studies show a strong association between domestic violence and alcohol problems. Traditional feminist theorists argue that partner abuse results from men's enforcement of their perceived power and control over their female intimate partners, and that such enforcement is an extension of men's attempts to maintain higher

social status in other arenas such as the workplace (Dobash and Dobash, 1992). As domestic violence research has developed and expanded, researchers have also looked at risk factors for partner violence, such as alcohol abuse. Although the research does not show that alcohol use definitively causes domestic violence, alcohol has consistently emerged as a risk factor for partner abuse in studies which have specifically considered its contribution. The research suggests that a complex interplay of factors influences the occurrence of partner abuse. Such factors may include the level of intoxication; domestic violence or alcohol problems in the family of origin of perpetrators and survivors; cultural values about violence; socioeconomic status; ethnicity; and others.

A key problem identified in the research regarding drug and alcohol issues is with social services and specialist treatment services where the violence disappears and becomes buried under treatment of the substance abuse issues:

*I guess concentrating on the domestic violence issues, where you've got child protection concerns is a lot easier. I think where your talking about people with drug/alcohol/mental health/disability problems, and there are children involved in those scenarios, I'm not sure that very much focused work gets done on domestic violence at all, to be honest... unless it's become an issue for criminal response, you know, if somebody's prosecuting, and perhaps Probation are involved, then maybe domestic violence gets looked at, but I think probably not if it's just people who are receiving adult services.*

CS6

Survivors felt that agencies provided a medical response and tried to treat the addictions but did not adequately deal with the domestic violence issues. This is a particular problem if an abusive partner is referred to a drug or alcohol project but then fails to take up treatment options. The safety of the family needs to be a priority as one social worker we interviewed explained:

*The ones with drug, alcohol and mental health issues. Nationally there is a major issue around the engagement between the professionals working with those clients and the Adult Protection procedures, it is local but it is a national issue as well and certainly it is something that we are starting to try to address in West Sussex, but there are big issues around the vulnerable adults for those groups, partly with drug and alcohol; it's because a lot of the services will only work with people who are self-referring and willing to work with them and if you are not willing to work with them and address your addictions then they won't work with you.*

SOC 2

There is also the dangerous assumption that if a partner is in treatment then the risk of domestic violence will decrease. In reality, the risk for partners can increase and safety needs to be very carefully monitored (GLDV Project, 2003a).

Women with drug or alcohol problems who experience domestic violence can find it very difficult to access services to protect them from the abuse because again the violence

problem disappears under the substance abuse treatment challenges. Access to refuge services is becoming increasingly difficult for women with drug or alcohol problems and some refuges exclude women with these problems altogether. A more discretionary approach is taken in West Sussex but there are concerns nonetheless about women who cannot be accommodated. There is also a lack of resources for drug and alcohol services in some parts of the county.

These problems are not unique to West Sussex and have been identified elsewhere. In Greater London the Stella Project was established in 2002 to raise awareness about the relationship between domestic violence and drug and alcohol misuse and to develop a best practice tool kit for specialist drug and alcohol projects and for domestic violence specialist services. The Stella Project has been able to begin the important work of developing practice and a knowledge base so that services can be improved.

**Recommendations 39-43:**

- 39.** Resources in drug and alcohol treatment services should be identified to pilot a specialist program drawing upon the expertise developed in the Greater London Stella Project.
- 40.** A review of screening procedures for domestic violence in drug and alcohol treatment programs.
- 41.** Training on domestic violence issues for drug and alcohol treatment workers to ensure that partners and children are safe and supported.
- 42.** GPs and primary care play a key role in working with people affected by domestic violence and drug or substance misuse issues. GPs need training and information on this area of work.
- 43.** Practice guidelines on domestic violence and drug and alcohol issues for child protection.



## Mental Health, Disability and Domestic Violence

Research to date has barely considered how many women are permanently disabled by domestic violence. Further research is needed to explore in more detail the relationship between domestic violence and women's disability and the implications for health policy. Some of the issues relating to disability have been covered in the earlier section on elder abuse, especially in relation to the conflict in the 'caring' relationship.

The psychological harm resulting from domestic violence includes distress, fear, depression, anxiety, post traumatic stress disorder and suicide. Domestic violence is a factor in 1 in 4 suicides by women (BMA, 1998). The prevalence of depression amongst abused women ranges from 10% to 31% in surveys of the general population, with up to 63% of women showing signs of depression in research studies of women living in shelters (Campbell, 1998). Persons suffering from post traumatic stress disorder may feel anxious, helpless, afraid, ashamed, demoralised and angry. They may experience difficulties in concentrating, suffer from nightmares, sleeplessness, panic attacks and flashbacks reliving the event. They may have a physical reaction, such as nausea, which is triggered by an event or experience that has become associated with the abuse. They may experience stress related symptoms such as headaches (British Medical Association, 1998). Women who have experienced domestic violence may suffer from a lack of self-esteem and feelings of loss and inadequacy (Hampton, Jenkins & Vandergriff-Avery, 1999). The psychological impact of abuse is often said to have the most devastating effect on the victim's health and wellbeing and can take years to overcome (British Medical Association, 1998).

*It was so slow. It was only towards the end when I ended up on antidepressants, I couldn't deal with anything myself.*

Ref 7

*I've done a lot of therapy and looking at myself I've been through drug problems and I think it all boils down to the same thing the same thing that makes a woman like me get mixed up with a man like that.*

Ref 11

The psychological symptoms exhibited by abused women can be severe and debilitating and often continue long after the physical injuries have healed. Walker (1979) was the first to identify the depressed effect, helplessness, fear and shame that characterised the lives of many abused women. She acknowledged the severity of the symptoms and named the complex symptoms of 'battered woman syndrome'. Since Walker's research others have observed that 'battered' women frequently exhibit signs of fear and avoidance, affective constriction, questioning of self and self-identity and self-esteem (Herman, 1992). In our study of forty one women we found that violence against women

in such a context shattered a woman's belief in her self and considerably affected her self-esteem and created a belief in her vulnerability, her perceptions that the world is meaningless and destroyed her positive self-views, as well as her beliefs necessary to negotiate the world without fear. The emotional trauma of such violence is not too difficult to understand when viewed with the knowledge of the context from which they emerge.

Abusers control victims through the disability and caring relationship. Disability is tied in with the abuse. Examples include the abuser preventing the partner from using the toilet, depriving the partner of sleep, of medical attention, of medicines, over dosing the partner with medicines. There are also issues relating to advocacy. The abuser is the person who communicates on behalf of the disabled partner. Services are often inaccessible to disabled people who experience domestic violence:

*I would like to see more accessible domestic violence drop ins, even the victim or the witness suites – I mean certainly the one local to Chichester - does not have disabled access. The mobile video interview unit, if you cannot access the witness suite then that means that they have to come out to you. The mobile units are almost non-existent. And so for vulnerable adults I think that there are quite a lot of issues around being able to make a statement. Refuges that have got disabled access or that deal with people with learning difficulties and have got experience and skills to work with those specific client groups. I mean there is probably quite a lot really, but because there are not a lot of resources for domestic violence in West Sussex and then if you start to say well then how about specialist resources for people with particular difficulties, you know how many refuges have got anybody that could sign, how many of them are blind or perhaps had visual impairment, people with learning difficulties. Also resources for male victims of domestic violence, I don't think we have any of them in West Sussex. If we do, I don't know anything about them.*

SOC 2

Lack of resources also can lead to a sense of hopelessness that needs to be challenged to ensure that people with disabilities get an adequate level of service, as one housing officer we interviewed explained:

*it's not a resource issue it's basically you should not allow your service to be driven by a person's circumstances in terms of their disability but you should ensure that they get the same level of service and care and commitment that any other person would get. So I think there are issues that sometimes those groups with mental health issues, with disability, drug and alcohol, they're going to be more difficult to engage with, more difficult to actually, they're not simple cases. Quite often it won't be simple, straightforward here's the referral to a refuge or here's the referral into B&B and it's that ensuring that we don't just fall at the first hurdle. If we can't do it ourselves then we make sure that we actually put our hand up so that we can get assistance, it might be a specialist team at West Sussex*

*or it might be ringing up another refuge that has got that specialist experience.*

HOU 2

Women with mental health problems may be especially fearful about approaching any agencies for support for fear that they will be considered ‘unfit’ mothers. Abusers frequently play upon this fear and threaten partners that no one will believe them if they talk about the abuse and they will tell social services that they are ‘mad’. These fears are very real and unfortunately, as the previous section on women’s experiences shows, agencies do sometimes accept an abuser’s version of events without question.

Refuges have communal living arrangements that can make life difficult for women with disabilities and especially women with mental health problems. Women who have such needs are viewed as being too complex for refuge services are not accepted to the service. This means that they may be referred elsewhere to one of the very few specialist services or they fall back upon hostel accommodation where they are less safe. Specially trained outreach workers are needed to work with women in these circumstances.

**Recommendations 44-46:**

- 44.** Training on domestic violence, mental health and disability for key agencies.
- 45.** Outreach services to support women with mental health problems or disabled victims of domestic violence.
- 46.** An audit of domestic violence services and resources for their applicability and accessibility for domestic violence victims with mental health needs and disabilities.

## **The Needs of Children**

The government recently identified five basic outcome measures that will be assessed for every child in the country when the new Children Bill becomes law (Every Child Matters, 2004). These outcome measures are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution to society, by not offending or being involved in anti-social behaviour
- Economic well being

The research literature on children living with domestic violence is not extensive and has many flaws (being mostly based upon the small numbers of children living in refuges in the USA or UK). However, there is sufficient evidence to show that children living with domestic violence are disadvantaged in these five areas.

### **Staying Safe and being Healthy**

Violence to mothers is an important indicator of risk to children (Hester, Pearson & Harwin, 1998). In between 30% to 70% of families, children are likely to be abused by the same perpetrator as the mother, usually the child's natural father. Research has also indicated that children may be adversely affected by living with and witnessing the domestic violence, although it is becoming clear that different children react in different ways and that the relationship between the violence and the effect it has on a child can be both complex and multi-faceted (Peled and Davis, 1995; Saunders, 1995). A range of personal and contextual factors can influence the extent of the impact (Kelly, 1996). These 'mediating variables' are often referred to as 'protective' or 'vulnerability' (or 'risk') factors in that they can improve or accentuate the child's response to the violence. One of the most damaging aspects for children living with domestic violence is the violent parents deliberate efforts to implicate them in the abuse and to undermine their relationship with the non-abusive parent (Radford & Hester, forthcoming; McGee, 2000).

Data on how many children live with domestic violence in West Sussex is scarce. It is known that domestic violence is a major feature in child deaths (Mullender & Morley, 1994). In the past year there have been three deaths of children in West Sussex that have been investigated in Serious Case Reviews. In all these cases domestic violence was one of the factors identified amongst the families' difficulties. Domestic violence is also frequently noted in child protection cases. In 2003, case conferences were held for 362 children. 41% of the children on the West Sussex child protection register are living with domestic violence. Domestic violence risk assessments are now carried out by social workers. For 149 children domestic violence was identified as a risk factor in their lives. The ACPC does not have any information on the numbers of children who are looked after as a result of domestic violence. Mothers are fearful of approaching social services

so it is highly probable that the children who are known to social workers are in the minority of those living with domestic violence.

**National Data from Every Child Matters on Child Protection shows:**

All children = 11 million

Vulnerable children = 3 to 4 million

Children 'in need' 300,000 to 400,000

Children looked after 59,000

Children on child protection register 25,700

Death from abuse or neglect 50 to 100 per year

**Data from West Sussex ACPC & Police shows:**

All children In West Sussex = 162,000 under 18, 144,121 under 16 years

Vulnerable children 58,909 to 44,181

Children (under 16 years) currently living with domestic violence 14,412

Children (under 16 years) who have witnessed domestic violence (past 12 months) 12,971

Children estimated to have been physically abused by a parent who is also a domestic violence perpetrator, past 12 months 8,167

Children in need 5,890 – 4,418

Children looked after 879

Children on child protection register 378

Deaths from abuse or neglect 0.7 to 1.5 per year

Clearly, domestic violence is a significant problem in children's lives but most of the children living with this abuse are not in contact with child protection services

## The Impacts on Children of Living with Domestic Violence

There is a growing recognition that living with or growing up in an atmosphere of domestic violence can have detrimental effects on the children concerned, with such children exhibiting more ‘adjustment difficulties’ than children from non-violent homes (Jaffe et al., 1990; Rossman et al., 2000; Graham-Berman and Edleson, 2001). The length and frequency of exposure to violence appears to have a direct impact on the severity of children’s reactions (Jouriles *et al.* 1987). Some clinicians and researchers have linked the trauma of experiencing and witnessing domestic violence with the impact exemplified by post traumatic stress disorder (PTSD). Some of the resultant manifestations are numbness and detachment with withdrawal, disturbed sleep (possibly with recurrent dreams), impaired concentration and memory, hyper-alertness and ‘jumpiness’, experiencing of ‘flashbacks’ (Jaffe *et al.* 1990, Rossman 1999). These reactions may become apparent much later than the traumatic event (Jaffe *et al.* 1990). McGee (2000), from her interviews with children and mothers about their experiences of domestic violence, echoes the general findings that living with domestic violence may impact widely on children’s emotions, relationships, achievements and behaviour. Children (even within the same family) can be affected in quite different ways.

### Young Children and the Minimising of Impact

Children remember violence even though their mothers may not realise that they had been aware of it. Jaffe, Wolfe and Wilson (1990) found that even very young children are aware of violence occurring around them and can be adversely affected, though they cannot necessarily make sense of it at the time. Children below the age of 2 years were more often said not to be affected by the domestic violence (Hester and Radford, 1996). They were deemed to have been shielded by the mother from witnessing the abuse. However, mothers may underestimate the impact of the violence on their children, believing that children are unaware of the violence for instance if they are not present or if the violence occurs at night. Some mothers feel that they have managed to protect their children from the worst of the violence, when, in fact, children are fully aware of what is happening. One of the mothers we interviewed told us about meeting her ex partner in the street and how shocked she had been by her young daughter’s response to seeing the father:

*We were in town and she was absolutely screaming because she didn’t want to go in her pushchair and she didn’t want to walk, she wanted me to carry her and she was screaming away and he turned up and she saw him and she just totally shut down. She was absolutely shut down, she didn’t cry, she didn’t do anything she just sat there like a shell like that, rigid.* Ref 7

The findings from an NSPCC study (Hester and Pearson, 1998) also confirm that children tend to keep silent about what they know or have observed and will only disclose this when they are in some way given permission to do so. Both Abrahams (1994) and McGee (2000) suggest that mothers who thought there had been no impact on their

children because they were still babies at the time of the violence might have been over optimistic in their assessment.

Children who live with domestic violence can show delayed development, poorer health, behaviour problems and difficulties interacting with others. Common problems noted in the research are:

**Educational achievement and developmental delays.** Children's development and schooling is detrimentally affected by living with domestic violence. Children find it hard to concentrate on schoolwork when they are worried about what is happening at home (McGee, 2000). If children have to flee accommodation and become homeless this affects their schooling (Mullender et al, 2003). There is also a link between truancy and domestic violence, children staying at home to protect or care for their mothers (Jaffe et al, 1990). In a few instances, however, the children achieve very highly but this may also be a part of their reaction to and coping in relation to the abuse.

**Bed/wetting because of fright.** Whether witnessing violence to mothers and/or experiencing violence and abuse themselves, many children are extremely frightened and as a result often suffer from bed wetting.

**Impact on health.** For some children, their father's violence had a profound effect on their health, children showing problems such as asthma, eczema, stomach upsets, eating disorders (Hester, Pearson & Harwin, 1998).

**Acting out and social interaction** Children may show a range of behavioural difficulties including increased aggression and poor social interaction (Hester, Pearson & Harwin, 1998). Both boys and girls tend to show increased aggression as a short term response to domestic violence but boys are more likely than girls to continue with aggressive behaviour as adults (Graham-Bermann & Edelson, 2001).

Some of the examples above of the impacts on children of living with domestic violence would suggest that children are growing up to replicate the behaviour they themselves were subject to. In other words that there is a cycle of abuse whereby abusive behaviour is transmitted between generations. The idea of a 'cycle of abuse' is often used by practitioners and in the media although there has been much discussion over the years concerning whether or not there is evidence to show that such a 'cycle' actually exists. The research evidence is somewhat contradictory, but on the whole does not indicate the existence of any general causation. Individuals who grow up living with domestic violence do not inevitably end up living in violent relationships themselves, and adults in violent relationships have not necessarily experienced nor witnessed domestic violence as children. There is an association between witnessing domestic violence as a child for boys, as boys who witness abuse of their mothers are at greater risk of being perpetrators as adults however there are other factors that will exert influence upon later behaviour patterns. The extent to which a child or young person has also been abused themselves is one factor that may compound the adverse effects of the child witnessing domestic violence (Graham-Bermann & Edelson, 2001).

Resilience research breaks down the myths that children who have lived with domestic violence will inevitably perpetuate the 'cycle' of abuse. An individual does not

necessarily end up in an abusive relationship, as either victim or perpetrator, if s/he has experienced abuse. Around a third of children who live with abuse grow up determined never to themselves abuse others and they succeed in this goal (Blum, 1998).

The idea of a 'cycle of abuse' also suggests a direct and causal relationship between childhood and adult abuse, which is too simplistic an understanding of the impact of abuse and the many factors, both individual and societal, which influence that impact. However, we know from studies of child maltreatment and abuse (whether physical, sexual or psychological abuse) and from studies of children living with domestic violence, that the impact of these abusive experiences vary greatly between individual children. The impact is mediated by many different 'resilience' variables including self-esteem, the timing of incidents, the child's ability to attach meaning to and make sense of events, and the child's relationships with others (Rutter 1985). It has to be recognised that there is no uniform response to living with domestic violence or other forms of abuse (see Hester et al 2000: ch 3).

### **Resilience and Children's Coping and Survival Strategies**

Whilst living with domestic violence can undoubtedly have adverse effects on children, it is important to recognise that children are not merely passive by-standers to events around them, but will act and make choices in highly individualized ways in order to cope with and improve their situation (Hester *et al.*, 2000; Mullender *et al.*, 2003). Research evidence suggests that many children will develop complex strategies of survival in order to deal with the stress and adversity they are experiencing dependent to a certain extent on each child's behavioural and emotional development or resilience (Jaffe *et al.*, 1990; Margolin, 2001). It is estimated that between 55 to 65% of children who live with domestic violence appear to be 'resilient' and show no adverse effects (Hughes et al, 2001).

**Resilience** There has been an interest in children's resilience (or 'protective factors') since the 1980s. Rutter and Garmezy (1985) began looking at resilience when they found that about a quarter of children living with drug addicted or severely depressed mothers were seemingly healthy and capable. At first they concluded they had made mistakes and then refocused their research to look at coping skills (Margolin, 2000). Others have more recently gone on to apply the idea of resilience within the context of domestic violence (Hughes and Graham-Bernham, 2001; Mullender et al., 2003). The research to date suggests the following may act as 'protective factors' and provide resilience:

Characteristics of the child - Children's ability to cope with abuse, neglect and other adversity is linked to their age, gender and individual personality (Cleaver, Unell & Aldgate, 1999). The child's cognitive ability and cognitive flexibility can influence his/her ability to adapt to changing circumstances.

Self esteem - children with higher self esteem, e.g. children who excel at school, may gain approval for their abilities and strengths and will often cope better. Believing in



oneself and recognising one's strengths can help a child to partly mitigate the emotional and psychological consequences of abuse.

A supportive caring relationship with a non-abusive parent or carer - Being able to talk to a non-abusive parent about the abuse or living with domestic violence can be helpful. Mothers may find it difficult to talk to children about the violence, believing this to be protective and/ or because they are unsure how to do this (McGee, 2000). Many mothers do their utmost to protect children from witnessing the violence despite the reality that most children are aware of its occurrence and can describe episodes they have witnessed without their parents' knowledge (Hoff, 1990; Jaffe *et al*, 1990; Hester and Pearson 1998). Thus, although children generally want to talk about their experiences of domestic violence, they are often unable to do so with their mothers (McGee, 2000). This may in turn have its own impact on children.

Other sources of support - The most resilient people do not generally cope alone. Children who are 'stress-resilient' are more likely to have people to whom they can turn to for emotional support (neighbours, friends, peers, teachers etc) and are good at getting support from others around them (Kashani & Allan, 1998).

A range of problem solving approaches (Rutter, 1985). The two main strategies children use are to try to control the problem by intervening or 'managing' the parent's behaviour or trying to control their own distress or fear. Features linked with children's resilience or coping may differ according to the adverse circumstance. Rossman and Rosenberg (1992) suggest that children's beliefs that they can intervene in situations beyond their control, such as living with domestic violence, can heighten their vulnerability and stress, whereas children's beliefs that they can manage their own emotions may buffer stress. Children who intervene to stop parental violence tend to show more negative outcomes than children who hide and try to protect themselves.

Hope or faith can be important. The book *Once in a House on Fire* by Andrea Ashworth provides an example of how hope for the future can help children to cope. The African-American researcher David Miller talks about how, as a child living with violence, he used to follow the path of the power lines hoping that one day they would lead him to a better place.

There is no set time for finding coping skills or resilience. Children tend to do better if they develop coping skills in the first 10 years of their lives but the ability to turn around is always there.

The level of security and chaos in the child's life will have an effect. Research by Kashani et al. (1987) supports this conclusion. In their population survey 16.7% of 'well adjusted' adolescents had lived with domestic violence. These adolescents differed from their maladjusted peers in a number of respects. Their families had greater financial security. They were less likely to have moved home on a number of occasions. They had better social support systems and were more likely to describe their parents as 'caring'.

The application of these 'measures' of resilience are by no means straightforward. A child's observable reactions may not necessarily match their emotional state. There is a need to employ broader measurements of resilience to take into account the possible mismatch between a child's symptoms – or lack of symptoms – and his/her emotional state. There is also a lack of research into how children fare in the longer term. Children may do better or worse with the passage of time. Some researchers suggest that during childhood, children cope with or survive abuse and neglect but it is not until they reach adolescence that they begin to transcend the problems they faced as children and start to rebuild themselves. Distinctions need to be drawn between children coping with, compensating for and overcoming abuse or neglect. Understanding protective factors is however important for workers in key children's services.

**Protecting** The survival strategies children adopt can be diverse and may appear contradictory. For instance, some children chose various reactive and pro-active methods to try and keep their mother and/ or siblings safe, including physical intervention, withholding information, or getting help from neighbours or from formal organisations.

Some children feel so concerned for their mother's safety that they want to protect her all the time. In such cases children might refuse to go to school or feign illness so that they can stay at home with their mother. The child with problems is then likely to be labelled the problem child at school. Schools need to be aware of children's coping strategies can include missing school. Children's coping strategies will also change over time. One young woman (aged 17) interviewed in Hague et al.'s study (1996), who had lived with violence over a 10 year period, explained how her initial protective way of coping had changed to staying away:

*At first I was: I wouldn't leave my mam. Wouldn't leave her anywhere. I was round her all the time. And then, when I was about 14, I used to just stay out all the time. .... I used to stay at my real dad's, at my sister's. At my boyfriend's. Anywhere. Anywhere I could just to get out of the house. (p 98)*

Even young children can show very complex patterns of protective intervention, such as trying to mediate between their parents or acting as a distraction to bring the violence to an end. These protective responses may become more frequent than distressed responses as children get older. (Cummings *et al.*, 1984). Many of the children in Abraham's (1994) study were younger children (the average age was 6.7 years), but almost a third (31%) were reported by mothers as being protective towards them, which for 22% of the children also included physically intervening to try and stop the violence:

*.... My mother sounded so desperate downstairs ... crying and screaming.... so we went downstairs with our tennis racquets and started hitting him (Abrahams 1994: 37)*

For some children this desire to protect their mothers also includes fantasising about killing the violent partner and plans for revenge (Weinehall, 1997). Wanting revenge against the perpetrator was also reported by young people in the West Sussex YOT study

(Bishop, Bates, Barnes and Reynolds, 2004). For other children and young people, the fantasies might be a way of dealing with the guilt, shame and fear they feel concerning their own perceived inability/ failure to protect their mothers. Children may also try and protect their mothers by gaining practical help and information for them. Many children contacting Childline about domestic violence, for instance, requested details of women's shelters or refuges to pass on to their mothers and said that they encouraged their mothers to leave (Epstein and Keep, 1995). Children who participated in the West Sussex NSPCC group work similarly wanted help for grown ups to be part of the county strategy to help children.

Another way some children protect their mothers is by taking on responsibilities in the home, such as child care for younger siblings and household chores, in the hope that this will help to keep the peace. Some children are pushed into this position by the violent parent, as was the case for the children of one of the women we interviewed where the father forced the mother to lock her six year old daughter in a room upstairs with her baby sister for most of the day.

*The children weren't physically abused, but to be honest with you when (baby) was born (older daughter) would look after her. You know a six-year-old looking after a baby. I mean a newborn baby, they could be screaming but I was not allowed to have a screaming baby in the room with him. So I'd feed it, give it literally two minutes on the breast, stick it back in the room with (older daughter) and when I was allowed out again, I'd feed it again. (.....) (Older daughter) literally lived in that room, she wasn't allowed any friends round or nothing, she came home from school, she sat in that room and she stayed there the whole night, half the time on her own. I wasn't allowed to sit in there; I didn't read with her, I didn't do anything with her. The only contact I had with her was first thing in the morning when I was cooking breakfast and that was it.*

Ref 6

If taking on caring responsibilities fails then children often find other ways to support members of the family by giving comfort after a violent episode. Children also, like mothers, try to manage the abuser by 'walking on eggshells' and trying to placate them (Jaffe *et al.*, 1990; Radford & Hester, forthcoming). The assumption of adult responsibilities can lead to children becoming 'parental children'. Although some children are proud of their efforts to give support, this can be burdensome and may prevent children from asking their mothers for help when they need it (Epstein and Kemp, 1995). After a woman has left a violent partner this sense of responsibility to protect the mother might be expressed by some children saying they want to live with the father. To the child this can sometimes appear to be the best strategy to adopt to keep the mother safe from further violence. It also allows children to act as caretakers for their fathers in those situations where the father has made threats or previous attempts to commit suicide if the mother and/or children leave (McGee, 2000). Other children, especially older children, may adopt strategies aimed at self-protection, including presenting an external front of fearlessness in order to hide the fear and anxiety that lies beneath the surface (Grusznski *et al.*, 1988).

Children are likely to believe that they are somehow responsible for the violence, and indeed are aware that violence can stem from arguments over child-care, children's behaviour or discipline or from resentment about the amount of time women devote to their children (Grusznski *et al.*, 1988; Hilton, 1992). This sense that they have in some way 'caused' the violence can lead children to modify their behaviour (by being quiet or 'perfect' - this latter might include excelling at school) in the hope that this will prevent an episode of violence, thereby protecting their mother. Even babies are reported to sense that changing their behaviour can have an effect on what happens in their environment.

Other children decide that their optimum chance of survival might lie in siding with the father, including sometimes joining in with the abuse of the mother (Hilton, 1992). This identification with the abuser might also provide some children with a sense of control in a frightening situation (Grusznski *et al.*, 1988), and might include expressions of anger and aggression towards their mother, either for her (perceived) failure to protect them and/or because they mirror the process of the abuser blaming her for causing the violence (Abrahams, 1994; Saunders, 1995).

### **Analysis and Recommendations**

The effects children might experience in circumstances of domestic violence can include a wide range of (often contrary) behavioural, physical and psychological effects, which may have either short term and/ or long term effects. For instance:

- Being protective of mother and/or siblings; by physically intervening, withholding information, getting help etc.
- advanced in maturity and in sense of responsibility
- aggression/anger to mother and/or others (including other adults and siblings)
- emotional confusion in relation to parents
- poor social skills
- highly developed social skills
- Ability to negotiate difficult situations (see Hester *et al.*, 2000: 44-45 for fuller list).

It is important that practitioners work with children to enhance their individual resiliencies and coping strategies, and to enable children to change coping strategies that may have negative outcomes to those that are more likely to be positive.

Mediating factors that will influence the resiliencies and coping strategies of individual children might include any of the following (not in any rank order): age, race, socio-economic status, gender, culture, religion, the emotional/physical development of the child, issues concerning disability or sexuality, the child's role and position in the family, relationship with her/ his parent(s) and/or relationship with siblings, the child's relationships outside the family (including with peers, other adults and other family members), the degree of maternal stress, the frequency and form of the violence, and the length of exposure to the violence (Hester *et al.*, 2000). A consistent finding from

research is that support for the non-abusive parent is effective child protection (Hester, Pearson & Harwin, 1998).

**What children in West Sussex say they want – Results from the NSPCC Children’s Group 12<sup>th</sup> March 2004:**

- Someone to trust to talk to about the violence and the worries that children have.
- School counsellors who understand about domestic violence and can talk to children safely.
- Friends who can listen and be supportive.
- Youth workers/club members to talk to.
- Telling a helpful teacher.
- Child helplines such as ChildLine
- Special children’s groups like the NSPCC children’s group

Help for grown ups  
Drop ins for grown ups to get advice  
Police  
Family groups  
Help lines  
Doctors  
Care workers  
Sure start

Group facilitators reported that children also frequently mention concerns about contact. They want:  
Help to be safe with contact  
To be listened to by the court when they do not want contact

Interviews with survivors showed that there is a great lack of services specifically for children living with domestic violence especially after mothers have left the violent relationship. Children’s needs and difficulties may only be apparent to the mothers after the separation but women found it very hard to access services to help their children. One of the West Sussex refuges has no child care service and mothers and children were struggling to cope. Assessments of children with special needs were far too slow especially in schools. Children’s services focus overwhelmingly on children at risk of significant harm and, although social workers do domestic violence risk assessments, there was no evidence that children living with domestic violence were recognized as being in need and being offered support relevant to their needs.

**Recommendation 47-54:**

47. Supporting the non-abusive parent is now accepted as being effective child protection practice. This needs to be balanced with efforts to stop the violence and to work also with the perpetrator.

- 48.** Information and advice needs to be available for children and young people in safe places. The education service has a key role to play in developing this.
- 49.** Teachers and school counsellors need training and information on children and domestic violence.
- 50.** Services for children living with domestic violence need to be audited and benchmarks agreed on minimum standards.
- 51.** Preventive education in schools should be continued and expanded.
- 52.** Children often turn to peers for support. A review of possibilities for improving peer support should be undertaken.
- 53.** Contact with the violent parent is a major concern for children. Courts in West Sussex need to audit their approaches and adherence to the CSAC Guidelines and to survey the outcome of contact orders made.
- 54.** Refuges must have secure funding for children's services.

## Challenging Perpetrators

It was not possible due to lack of time to interview any perpetrators but primary and secondary data was collected instead. In 2003 the Sussex police recorded 6,579 incidents of domestic violence. Subtracting the cases of repeat victimisation (17%) we can estimate that there were at least 5,461 domestic violence perpetrators involved in incidents recorded by the police in 2003. Only a small proportion of the perpetrators come to the attention of other agencies. For instance, 150 domestic violence perpetrators contact social services each year but it is not known how these contacts are dealt with. There are currently no programs in the county that work with domestic violence perpetrators to help them reform their behaviour. A program will soon be established for the probation service but this will be limited to perpetrators who come into contact with the criminal courts. These are the smallest minority of offenders.

The questionnaire survey found that respondents rated work with perpetrators as one of the lower priorities for the strategy. Interviews with professionals confirmed that there is a pessimism that trying to change perpetrators' behaviour is not the best use of resources because there is not a lot of evidence that this works:

*LR      What do you do about the perpetrators?*

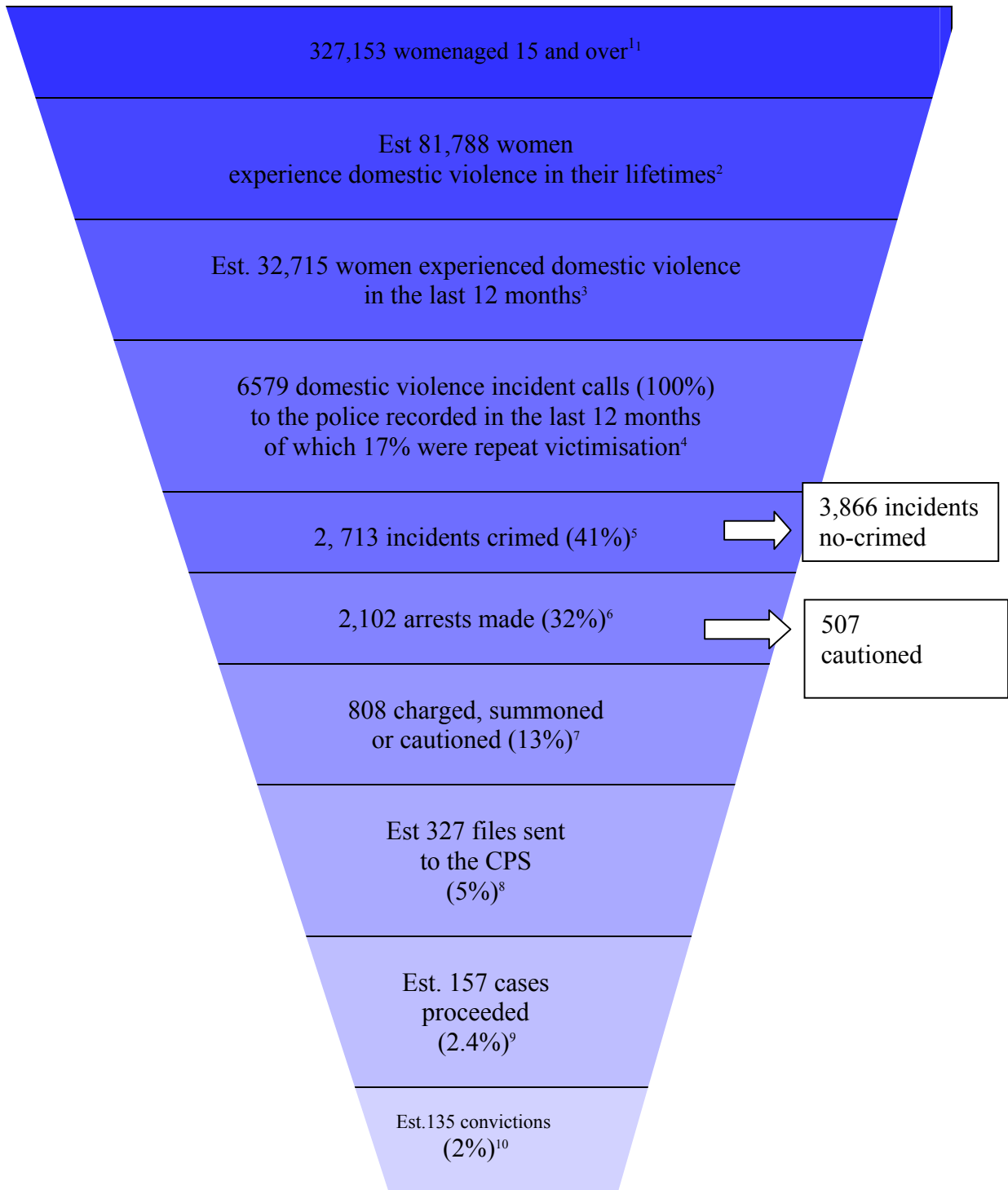
*CS7    Not a lot really. I mean on occasion we have paid for the perpetrator to move into B&B while situation were assessed. Probation locally don't provide any sort of service, although they are about to and in fact they should perhaps not have been part of the Forum for the last 2 years. They had a seat and been invited, but they have just never sent anybody and they have only just sent one to the most recent Forum. So it looks like their interest has come back to domestic violence, there is not a lot for perpetrators and we do very little, there aren't schemes for working with them and I think most social workers take the view that leopards don't change their spots really so it is a given that this person is going to be violent in any situation, is it something that you can work with and minimise the risk in whatever way or not.*

Research findings on domestic violence perpetrator programs in the UK show only a minority of offenders who join programs complete them and less still are reformed (Burton, Kelly & Regan, 1998). Compared with traditional criminal justice responses however, programs show more success in preventing further violence, even if only a minority of perpetrators are reformed (Dobash, Dobash, Cavanagh & Lewis, 1996). Programs can only be effective if the safety of the family is a priority. This works best where there are provisions for support of the victims alongside the program to work with the perpetrators (Burton, Kelly & Regan, 1998).

Programs are not however the only option for working with perpetrators. Safety and Justice stressed the importance of bringing perpetrators to justice. A recent report from HMIC/HMCPSIC (Violence at Home, 2004) noted with concern the high number of domestic violence perpetrators who fall out of the criminal justice system and fail to ever reach the courts or to be brought to justice. Only about 2% of cases that comes to the attention of the police results in a conviction. The fall out figures for West Sussex are very similar (**see below**)

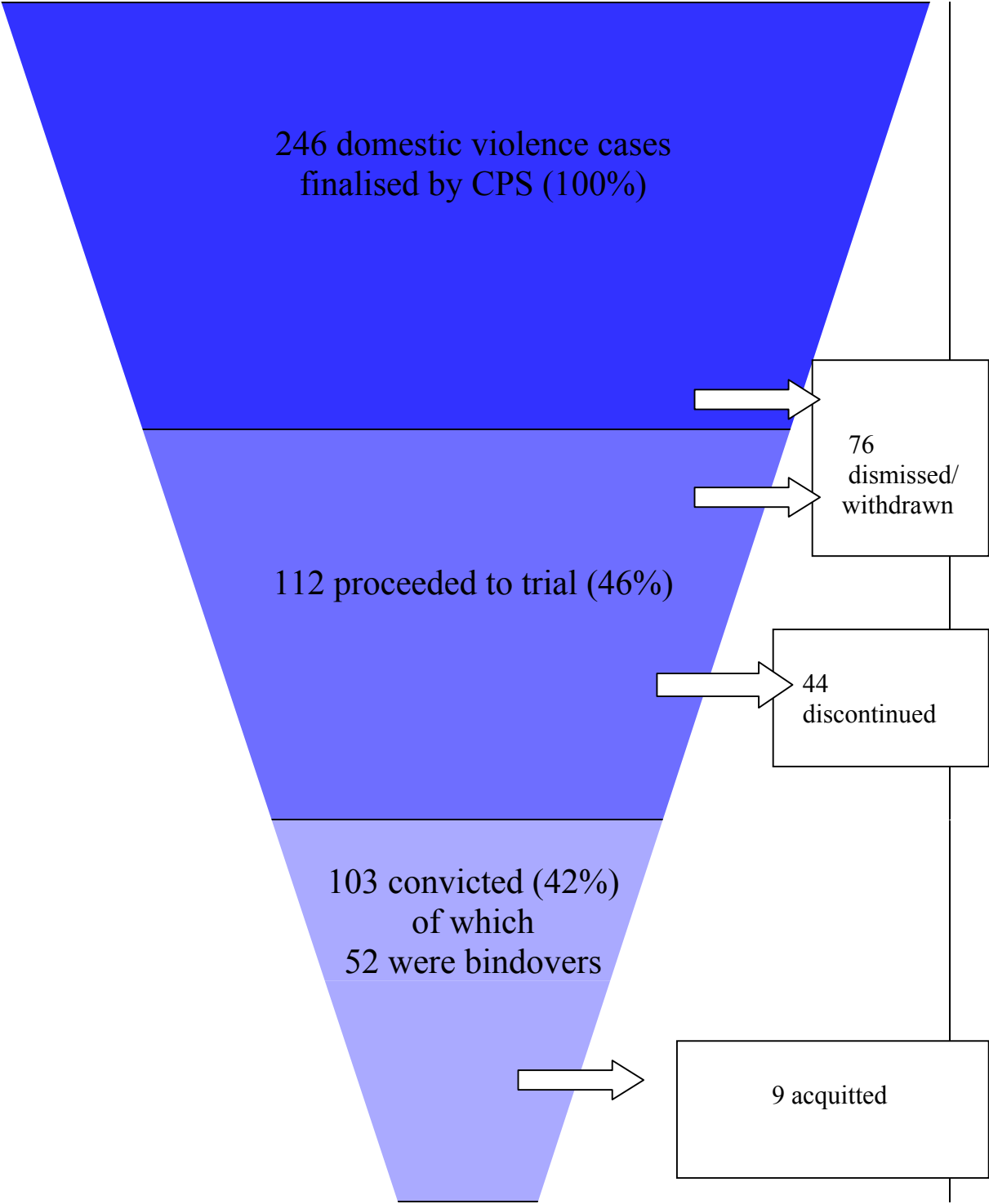


# Overview of Domestic Violence Against Women in West Sussex January-December 2003



<sup>1</sup> Census 2001  
<sup>2</sup> Based on BCS findings of 1 in 4 adult women experiencing domestic violence in their lifetime  
<sup>3</sup> Based on conservative findings of prevalence of domestic violence to women in the past 12 months in Stanko et al 1997  
<sup>4-7</sup> West Sussex police data 2003  
<sup>8-10</sup> Estimates for year made on the basis of 9 months data for 2003 provided by CPS

### West Sussex CPS Data May – December 2003



Cases drop out of the criminal justice system commonly because the victim withdraws. This happens for a number of reasons. Sometimes victims withdraw because they want to reconcile and try to retrieve the relationship, sometimes victims withdraw because they see no value in pursuing a case to prosecution, sometimes victims withdraw because they are not protected from the offender who then threatens them or emotionally manipulates them into dropping the case. Research suggests that if victims of domestic violence are given good support then the rate of prosecution rises and a substantial proportion of them do want justice to be done (Kelly, 1999). Effective support for victims in the criminal justice system is very important if justice is to be achieved.

As previously discussed, no work is done with perpetrators in social services although social workers do safety planning and are contacted by perpetrators for help with child protection issues. This is a clear gap in service provision and tends to compound the impression that social workers only ever work with mothers. Research shows that social workers have concerns about working with domestic violence perpetrators, especially concerns about their own safety (Humphreys, 2002). Worker safety concerns have to be confronted so that this work can progress.

Court guidelines for the family courts recommend assessing perpetrator motivation for contact and his efforts to change the violent behaviour but there is no evidence to show how much this is actually being done in the courts. There are no resources in the county that would help a court to assess the dangerousness of a perpetrator or to challenge behaviour that was unsafe for the ex partner and child.

Questionnaire responses from CAFCASS were few in number so they cannot be regarded as being representative of the organization in general. The small number of responses highlighted concerns about judges and magistrates' training on domestic violence, assessment issues in relation to domestic violence and child contact and safe contact services. CAFCASS are starting to use the SARA (Spousal Assault Risk Assessment Tool) to assess the risk of domestic violence in child contact cases. The SARA developed in the USA and some aspects are culturally specific (e.g. the emphasis on lethality and weapons). There is a need to carefully monitor its relevance. Whilst safe contact services were a low priority for agencies in general these were a top priority for CAFCASS.

### **Recommendations 55- 62:**

- 55.** A perpetrator program is needed.
- 56.** The program needs to provide support to victims
- 57.** The program needs to work with abusers in contact with family courts
- 58.** The perpetrator working group should review and develop a strategy for challenging perpetrators across all relevant agencies to balance the emphasis on safety planning.
- 59.** Training for CAFCASS on domestic violence risk assessment. The use of the SARA should be carefully explored and justified with reference to research findings.

- 60.** A clear training program for judges and magistrates on domestic violence.
- 61.** Attention to worker safety in relation to perpetrators.
- 62.** Efforts to increase arrests and prosecutions for domestic violence by continuing to implement and monitor pro-active policies in the police and CPS.

**Question 2 – What services exist, what services are required and why?**

## Services Mapping

In this section we will draw out the key issues that have emerged from the research regards the availability of services to provide protection and support to victims/survivors and to challenge and prevent violent behaviour. In assessing the standard of services we have applied the indicators in Appendix 2 which we developed with reference to *Safety and Justice* and to *Every Child Matters*. Evaluating the adequacy of services is difficult because no minimum levels of service have ever been defined by any government apart from the standard for refuge provision set out by the Select Committee in 1977 and never yet implemented. Beyond establishing whether or not a service exists, it is difficult to establish what may be poor or what may be an adequate level of provision in any given area. Research shows that most women who experience domestic violence turn to informal sources of support such as family and friends or try to deal with the problem themselves for many reasons (ranging from the belief that domestic violence is private, to being too fearful or ashamed to talk about the abuse, to believing that agencies cannot or will not offer appropriate help) (Dominy & Radford, 1996). On average women who seek help outside informal networks have to approach five different agencies before they obtain the help required (Dominy & Radford, 1996). The number of agency contacts made will not necessarily reflect the quality of the response. Client satisfaction surveys would provide more reliable feedback but we were unable to find much evidence of them being used routinely in the county.

### Service evaluations (see appendix 2)

#### 1. Services and interventions that offer safety, support and protection to victims of domestic violence, before and after separation

The main gaps in services identified in the questionnaire survey were refuge services (9%), perpetrator programs (4%), services for children (3%) housing (2%) and services for hard to reach groups (1%). A further 22% identified a range of other more agency specific gaps.

Information on sources of help or advice is not equally accessible. 50% of the population in West Sussex live in rural areas where access to services is difficult for people who do not have their own transport. Information and advice about domestic violence is available nationally on the web (through sites such as the Women's Aid website [www.womensaid.org.uk](http://www.womensaid.org.uk)) and via the national domestic violence helpline. The Multi-agency Domestic Violence Development Team (DVDT) is currently developing a web based directory of local domestic violence services. People without access to the web would be dependent upon media, leaflet and poster advertising or on gaining appropriate advice from individuals or agencies they approached.

One stop advice is available from the Domestic Violence Drop Ins situated in all seven areas of the county and in Haywards Heath. These are open weekly for limited periods of time. The Drop Ins dealt with 279 contacts for advice in 2003. 265 were female clients and 14 were males. The number of contacts has been steady and rising in Crawley where 34% of service users in 2003 were from the BME communities. It is clear that the Crawley drop in service is providing a valuable service. The Drop In services and Victim Support schemes in the county provide advice and support to male and to GLBT people who experience domestic violence but there is no information on use by GLBT people. Contacts with the Chichester service have been showing a downward trend since 2001. The Burgess Hill drop in service had three months between September to November 2003 when there were no clients. The variation in contacts warrants further investigation.

There are only 2 refuges in the county providing emergency accommodation and protection for women and children experiencing domestic violence. Another refuge is to be opened shortly. The current provision of 12 family spaces in refuges falls short by 65 family places of the recommendations for one family space per 10,000 population made in 1977 (Select Committee, 1977). Refuge accommodation is available to women only including lesbian women. No refuge accommodation is available in the county for gay men who are abused by other men or for heterosexual men abused by female partners. Only one of the refuges provides a limited outreach service for women living in the community.

Access to accommodation after separation was reported by housing officers and by survivors to be very difficult. There is a very limited supply of voids available each year in social housing. West Sussex has a high level of owner occupation so policies to support families in their own homes are necessary. The DVDT, have encouraged housing services to take up the Safe At Home approach, informed by the London Sanctuary project. This enables women to stay in their own homes if they want to do so and enables housing services to use resources to provide safety measures such as locks on windows and alarm systems. Interviews with housing services showed that the policy was being used and was regarded by providers as being a very worthwhile change. There is however no evaluations of this policy in West Sussex to show the effectiveness in improving safety and housing options for people affected by domestic violence.

The police, social services and (possibly) CAFCASS have introduced safety planning and risk assessments when working with domestic violence. Feedback from survivors and from other agencies supports the conclusion that the police routinely assess risk and have allocated resources so that quick and efficient responses are made to those with higher levels of risk.

## **2. Services and interventions that challenge and attempt to change the behaviour of domestic violence perpetrators and bring them to justice**

There is currently no program for domestic violence perpetrators available in the county. The Probation Service will shortly be offering a program as directed by national requirements. This will however only be accessible to a very small minority of domestic violence perpetrators who are criminally prosecuted. The greater majority of domestic violence perpetrators who have contact with the family courts as a result of injunction, contact or residency cases will be excluded. We estimate there are 32,715 men in West Sussex who have perpetrated domestic violence on their female partners in the past 12 months. There is a serious shortfall of services dealing with perpetrators in the county.

The Sussex police and the CDRP have policies to monitor repeat victimisation. It is not clear what the police strategy is however to reduce repeat victimisation. There was no evidence that other services have clear policies to monitor or reduce repeat victimisation. A particular concern is the possibility of repeat victimisation cases being referred to child protection without agency previous contacts being identified.

Only 3% of questionnaire respondents reported having any involvement with perpetrators. The county wide approach to safety planning and work to support victims' needs to be balanced with measures that will challenge the perpetrator's behaviour and stop the violence. Training and information resources are needed so that this can be done.

Data from the police and CPS shows an upward trend in arrest and proactive efforts to secure prosecution although rates of prosecution are low. West Sussex data on arrests and charging for domestic violence incidents fall roughly in the middle of the range identified in the HMIC report Violence at Home (2004). Arrests made in Violence at Home ranged from 13% to 67% in the police force areas studied. The rate in West Sussex is 32%. For Domestic violence incidents recorded as crimes, the range in Violence at Home was from 10% to 66%. The rate in West Sussex was 41%. For charges made Violence at Home recorded an average of 21% and the rate in West Sussex was 13%. Estimated convictions were 2.8% in Violence at Home and 2.4% in West Sussex. The upward trend suggests that the police and CPS in West Sussex are working to improve responses to perpetrators. No information was provided from family courts on work with perpetrators.

## **3. Services and interventions that respond to the needs of children affected by domestic violence**

Information is available to children nationally through ChildLine and the NSPCC, who also have a web site accessible for children. Children may also be given leaflets from the NSPCC at school, although we were unable to estimate the extent of this.



Concerns were raised by interview participants about the training of school based counsellors to work with children living with domestic violence.

Assessments of children's needs in education, social services and family courts is too slow and unnecessarily delays children's access to services and to support.

There is a gap in service provision for children living in refuges. All refuges should have funding to provide children's workers and children's outreach support.

Children who provided views on services through the NSPCC had great concerns about their contact with violent fathers. There are no professionally supervised contact services in the county although 'supported' contact is available. Social workers supervise contact for children with care plans.

#### **4. Opportunities and services that enable adults and children affected by domestic violence to undo and to overcome the harmful consequences of the abuse**

Most women living with domestic violence will try first to deal with the consequences themselves informally. It is not known what proportion would seek outside support or counselling. Refuge workers we interviewed reported that women living in refuges do not always feel that counselling services are appropriate for their needs. Confidential counselling is offered by the Life centre for victims of rape and sexual assault twice weekly. Support is also available through Victim Support services. The NSPCC runs support groups for women and for children who have experienced domestic violence at Family Centres. Women who had been involved in group work organized by the NSPCC found this to be very helpful. Ongoing informal support women gave to each other after leaving refuges was also said to be beneficial in helping women cope after separation. There is a need for information for women who have left abusive partners.

One refuge provided 'floating support' to help women after leaving. No refuge had any involvement in supporting mothers or children with post separation contact arrangements. There was no evidence that agencies proactively aimed to support women back to self respect and self sufficiency.

#### **5. Services, interventions and education initiatives that work towards the prevention of domestic violence**

Education and prevention is ad hoc. Professionals we interviewed expressed that November 25<sup>th</sup> (International Day for the Elimination of Violence against Women) was very important in raising awareness about domestic violence. West Sussex has sponsored the W@rn project to raise awareness amongst agencies about domestic violence. There

have been local initiatives to go into schools. This work needs to become mainstreamed into education and youth services.

**6. Non-discriminatory services and interventions that are relevant to and accessible to the diverse needs of victims of domestic violence in relation to age, gender, ethnicity, sexuality, disability and specific health care needs.**

Few of the services in West Sussex respond well to diversity. There are no specialist refuge services for BME women, disabled women, GLBT people nor children. Outreach work has recently been set up through the Voice project and the drop in service in Crawley is attracting women from BME communities. It was clear from interviews with professionals that some had received training on diversity and domestic violence

Applying the Rowntree Foundation Best Practice indicators to the research findings on services in the county highlights a trend towards producing policy guidance but very limited evaluation of outcomes (see Table 4 below)

**Table 4: Rowntree Foundation Best Practice Indicators Applied to Services in West Sussex**

Agency	Definition of dv	Screening Identification	Data collected	Guide lines	Safety Planning	Training	Monit -oring	Multi-agency	Child- ren
Police	Yes	Yes	Yes	Yes	AVU	Nos?	Yes	Yes	Ltd
Probation	Yes	Yes	No	Yes	No	Nos?	No	Yes	No
Solicitors	Legal	No	No	SLFA	Depend	No	No	Depend	Depend
Family Courts	Legal	No	Ltd	CASC	No	Nos?	No	Depend	No
CPS	Yes	Yes	Ltd	Yes	No	Nos?	No	Depend	Ltd
Victim Support	Yes	No	Yes	No	Yes	Nos?	No	Depend	No
Child Protection	Yes	Yes	Yes	Yes	Yes	Nos?	No	Yes	Yes
Refuges	No	Yes	Ltd	No	Yes	Nos?	No	Depend	Depend
Housing	No	No	Ltd	Ltd	Depend	Nos?	No	Depend	No
Education	No	No	No	No	No	Nos?	No	Ltd	No
GPs	DOH/BMA	No	No	Yes	No	Nos?	No	No	No
Midwives	DOH	Ltd	No	DOH	No	Nos?	No	No	DOH
Health Visitors	DOH	Ltd	No	DOH	No	Nos?	No	NO	DOH
A & E	DOH	No	No	DOH	No	Nos?	No	No	DOH
Worth	Yes	Yes	Yes	Yes	Yes	Nos?	?	Yes	Yes
CAFCASS	Yes	No	No	CASC	Depend	Nos?	No	No	Yes
Contact Centres	No	No	No	No	No	No	No	No	No
Drug/ Alcohol	No	Ltd	Ltd	Ltd	No	Nos?	Ltd	Yes	Ltd

Agencies were unable to provide information on the actual numbers of workers who had received training on domestic violence. Guidelines are available, national and local guidelines, but evidence that these are adopted in everyday practice is difficult to find. Only the police were able to demonstrate some monitoring of their response in the policy to reduce repeat victimisation.

The questionnaire survey found that the main response professionals made to clients who approached them for advice about domestic violence was to refer them on to another agency. 81% of professionals said they referred on, 75% provided information and advice, 51% help with child protection issues and 44% said they gave emotional support. The referrals also showed the key role played by the police and AVUs as the police was the agency other services worked with and referred to most frequently.

### **Analysis and Recommendations**

Considerable progress has been made in West Sussex in the past three years regards improving services and service provision. This is largely due to the efforts of the Multi-agency Domestic Violence Development Team (DVDT). The county is however considerably under-resourced regards services to protect victims of domestic violence and their children, to challenge perpetrators and to provide adequate prevention for young people. Priorities for service development identified in the research were:

- (a) Refuge services – the current provision falls well below the 1977 recommended level of service
- (b) Outreach services – well managed outreach working closely with the police and primary health would provide much needed support to women and children who do not approach refuges (i.e. the majority of those who experience domestic violence). Outreach workers would also provide support for families after separation.
- (c) Perpetrator work – there is currently no program in the county to refer perpetrators to. Safety planning is less effective if no attempts are made to stop the perpetrator's behaviour. Family courts need to be included in perpetrator work.
- (d) Children's services – are currently not meeting need adequately. Resources need to be accessible in places where children spend their time, especially in schools.
- (e) Specialist support for hard to reach groups – Diversity issues have been a low priority in West Sussex. Advisory groups are needed, with representation from hard to reach groups, to develop services and practice.
- (f) Accessible information – 50% of West Sussex population live in rural areas. Information is not accessible. Advice centres such as the 'drop ins' should be more flexible and available as mobile services.

**Recommendations 63- 64:**

- 63.** Development of more refuge accommodation, outreach services, perpetrator work, children's services and services for 'hard to reach groups should be priorities for the county's domestic violence strategy.
- 64.** West Sussex Strategic Community Safety Partnership should consider piloting a mobile drop in service at women's workplaces, outside schools and in villages.

## **Questions 3 & 4 –**

**How do existing service users rate agencies responses at the present time?**

**What support (including training) is needed by agencies to provide a better service?**

## Experience of Refuge Services

Survivors spoke very highly of refuge services in the county, although gaps in services regarding children's needs have already been noted.

*I went to the refuge and that was the best night of sleep I had had in months and I was just so relieved that I was safe. The children are safe.*

Ref 5

*I just couldn't cope with being in the house any more. I was pleasantly surprised by the refuge, I expected an absolute dungeon. The refuge was wonderful really clean, newly built; it was a lovely environment to be in.*

Ref 12

Access to refuges was swift and efficient for women we interviewed but there was also evidence especially from refuge staff that many applications cannot be dealt with due to the chronic shortage of refuge space:

*I just don't think that there are enough refuges, I think that this is the one thing that has really hit me that there are not enough places, people have said to me where I am working, but there is this big advertising campaign saying to everybody get out, you'll be safe, you can come to us and when they go there are not enough spaces, there is not enough refuges.*

RW5

Refuge rules created some frustration for residents especially the safety rules concerning children which in practice mean carrying a toddler around on your hip whilst negotiating numerous fire doors on route to the lavatory located upstairs in your room.

*If you have a number of children it drives you nuts all these fire door you have to go through. The office staff have lots of paperwork to do so are in the office all the time. The washing machines were a problem. We didn't have a phone, it was a pay phone. It was all very costly. Communication needs to be sorted. Otherwise I think it was fine. Sometimes it was hard living with other people's children. I'm still involved with the refuge. I made a number of friends there.*

Ref 12

Lack of access to a library (it is not possible to join a library without an address) and information resources were concerns for women in refuges as it meant that they felt dependent upon staff for all their information needs. There were also concerns about the costs of basic facilities like laundry for women and children on very low incomes:

*People have to pay for washing machines and tumble dryers to do the washing. You get women who come in with what they are wearing. I had a suitcase that got lost so I came in with just jeans and jumper and that was all I had for about a month. So you're putting one set of clothes in the washing machine and it's only a*

*pound but it's a pound every day. And then you've got no money as you're on income support. Where do you get the money to wash your clothes? OK you could do it by hand but what do you wear while you're standing there doing this? You have to stand in your pyjamas scrubbing your clothes. I've only got one child but X has three and the amount of washing she has to do at £1 every wash load. I have three days when I don't do any and then I do 4 loads. Sometimes it's 3 sets of clothes a day for S as she's only three. It's also things like shopping trips. We all want to go to Asda; but Asda's that bit further and they won't let us. They take us shopping but we have to go to Sainsbury's. We want to go to Asda because it's cheaper and it might only be £3 cheaper on a weekly shop but that counts.*

Ref 3

The rules were frustrating for women who stayed for many months in refuges. Safety has to be a priority in emergency accommodation. However there were some rules that were hard for researchers and refuge residents to understand:

*The refuge is good, in most ways it's good. There are lots of things that don't work quite so well. You have to pull the panic buttons to get a doctor at the weekend so that's a big issue at the moment. You can't just call a doctor. You have to ask for an ambulance and pull the panic button. They have some sort of logic for it but I can't understand it.*

Ref 3

It can hardly be discrete to have ambulances racing up to a property to deal with non-emergency ailments in children purely because staff have gone home for the weekend. Refuges are emergency accommodation and many of the rules relate to safety and communal living. Both of these are crucially important for the refuge sector. The rules become difficult for women who stay in the refuges for 7 or 8 months before they gain alternative safe accommodation. On occasion women may feel they need the safety of a refuge for 7 to 8 months but the majority felt that waiting this long for accommodation was too long. It is also detrimental to the welfare of children as it causes delays in settling them into nurseries and new schools and building up essential social support networks.

### **Recommendation 65:**

65. We recommend that where possible, families should be supported to move on from a refuge after three months. A good outreach service would provide ongoing support and contact with the refuge service.

### **Criminal Justice Response to Domestic Violence**

In the past decade much has been done to reform the police and criminal justice system response to domestic violence. Police units across the UK have established specialised DV or AV units, they have improved police training, drafted policy guidelines, adopted a

more pro-active approach to arrest procedures and started to monitor and to try to reduce repeat victimisation. Things have improved but problems remain with women reporting varied and inconsistent responses. The following are a just a few examples of both the positive and negative responses that women experienced from the police in West Sussex:

*When the injunction was in place he came round and tried to kick the door. He would not go away. Kicked the front door and - that. I automatically called the police and my injunction carried the powers of arrest. It was on their computers and it was rapid response... Within 25 minutes they were here. But the time they came he had done a runner when he heard their sirens. They went to his mum's house to arrest him. But they could not arrest him because they could not have a death in custody as he was under the influence of alcohol. That time it was two female officers who attended and they were really insensitive. You always think that women are going to be more sensitive. Compared to the two guys they were basically saying that it was my fault.*

Ref 8

*The police came to the house on two or three occasions. When they came they were quite good. What I can remember they were fine, but did not mention any (helpline) numbers at all, nothing.*

Ref 9

*On the whole they wanted to see if they could take him away. On the whole they never really gave much away. One would go with me and the other with him and ask if you want to prosecute. I just don't think they have the training of life really. They come in assess the situation and they are supposed to take someone away and they don't*

Ref 2

*The police were lovely. They offered me counselling services etc...*

Ref 10

*They believed me, but I was more worried because they kept saying about pressing charges and everything like that and of course when something like that takes you by surprise, you are not prepared for potentially what is going to happen.*

Ref 13

*Maybe if the police were a bit more informed about what there is available and what advice they could offer. You know how far they can get involved; I think they really can't do much unless they see anything physical, you know emotional abuse is not tangible because you can't see it, so there is nothing they can do.*

Ref 17

In discussing their encounters with the police, women reported very mixed experiences. For many, the police were appropriately responsive to the situation but for a few, they



appeared unconcerned and even supportive of the perpetrator. Ref 2, who called the police on several occasions, found that the police's attitude was such that it put her at risk of further abuse. Her overall impression was that they thought it was a matter they should not really get involved in. It is well known that the legal justice system often regard domestic violence as a 'family problem' and sometimes fail to recognise it as life-threatening for some women. Abusive partners often threaten women over the involvement of legal services, as was the case with a number of women who sought assistance from the criminal justice system in West Sussex. Two of the women in the study had particular difficulties because their partners were police officers. Colleagues were reluctant to become involved and usually took the perpetrator's version of events as being valid.

*Because he was in the police force it was difficult for me to get evidence of the abuse or to get an injunction*

Ref 23

This is a concern given the recent killing of a family and subsequent suicide by PC Bluestone in Kent.

On the occasions when the police were responsive, the women felt empowered and more in control of the situation. For example one woman we interviewed recalled an incident where the police put her in touch with one of the drop in services and advised her to get an order of protection. She returned to the abusive home but felt safer for having the backing of the Courts. While the order of protection did not stop the abuse, it at least provided her with emotional support and validation and was consequently an important part of her separation process:

*On the day of the assault the police did come to the house. And they were absolutely fantastic. They really lovely, they were really sensitive and they actually gave me this place in X on a Monday. It was for domestic violence in the area. One of the officers did go down to the centre on Monday to check if I was there and had turned up. That was fantastic and that place was really good. You had some one to talk to the solicitor at the same time, went to court the next day to get the injunction. They actually had the power arrest. The police actually got the guy to get to take the pictures of injuries, my face my back. So that bit was alright.*

Ref 8

Ref 8's experience shows that there are other indicators of a successful intervention by the police that might not show immediately in the monitoring of repeat victimisation. Providing appropriate advice so that the woman can make informed choices is a positive intervention but it requires a good level of training on domestic violence issues.

*I think....well, the biggest thing is that the Police are seen as the agency that enforces and because we are the enforcing agency, we get called at 2 or 3 in the morning or whatever as the first line of support to go and then help the victim.*

*When we actually get there, the victim, because they are perhaps confused, in a state of shock, or suffering from emotional stress, and they're not exactly sure what the best course of action is. So we, the Police, take that responsibility for them and we, if at all possible, will arrest the offender or the perpetrator and take them to the Police Station. I think that that's not always the right thing to do.*

CJS8

As we showed in an earlier section of this report, most reports of domestic violence incidents do not lead to arrests. The HMIC report *Violence at Home* found from a trawl of police records in six areas that a proportion of cases that were no-crimes could have been recorded as crimes (HMIC, 2004). The Sussex police data did not allow us to investigate whether or not incidents logged as non-crimes were in fact potentially crimes. Responding officers have a lot of discretion on the decision to arrest, and despite the pro-arrest policy, there may be variations in practice. In her research into policing domestic violence in the Thames Valley police, Hoyle (1998) argued that 'cop culture', i.e. police attitudes to 'real' crimes, 'deserving' victims and 'real' police work, influence decisions about whether or not to arrest. Domestic violence incidents are less likely to result in arrest if in cop culture domestic violence is not seen as being a 'real' crime, work with domestic violence is not seen as being 'real' police work, and victims are seen as 'undeserving' (usually because they are seen as having provoked an attack or do not behave appropriately when the police call). We found some evidence of 'cop culture' in West Sussex and have illustrated this from some of the quotes from interviews that show a poor and disbelieving response. If Hoyle's view is accepted then turning around 'cop culture' would require a considerable shift in attitudes and staff training. We also found evidence from interviews of very good responses from the police, especially from officers in AVUs. The Sussex police data further shows that trends in arrests for domestic violence incidents have increased in recent years. A more comprehensive client survey would be needed before firm conclusions can be drawn about shifting trends in the police response and attitudes. However it is clear that some individual officers do not give a good service.

Published research has shown that women sometimes feel re-victimised by the police and by courts who hear their complaints. In a study of fifty women in the United States, Erez and Belknap (1998) found that 50% of women reported that the police minimised the extent of their injuries, 33% encountered objectionable questions and comments by the judge, and 51% reported that the prosecution asked them questions about whether they provoked the violence. A poor response can mean that women do not approach the police or courts another time. Conversely, if survivors find the police response helpful, they may be more likely to contact the police again. The quality of response and public attitudes to the police will have an impact upon reporting rates. The BCS shows that although reports to the police are rising, large numbers of women continue to refrain from seeking the assistance from the criminal justice system when they are victimised by a present or former partner (British Crime Survey, 2001/2). However a rising rate of reports is an indicator of increased willingness of the public to contact the police.

Non-reporting to police generally results in an undocumented domestic violence history (for both victim and perpetrator). This situation can have detrimental effects, such as making prosecution of subsequent assaults, getting an injunction and negotiations over divorce proceedings and child contact issues more difficult for the victim. Police recording of incidents plays an important role in documenting the violence, in risk assessment and in providing evidence in subsequent criminal and family law cases. One of the women in the survey had previously called the police on two occasions but the police refused to provide evidence of attendance to the house to support her claim about domestic violence in a child contact case. She was told that the police would only be involved in criminal proceedings. The woman concerned was told that this was police policy. We have been unable to find any documentation that confirms this claim.

Reporting criminal behaviour to law enforcement agencies is of vital importance in the context of a deterrence-based legal system. According to Beccaria (1963), a criminal penalty must pose a credible threat in order to produce a deterrent effect.<sup>7</sup> A credible sanction threat is produced when punishment is proportional to the crime, swift and certain (Beccaria, 1963). If there is under-reporting of domestic violence (see WAFE, 2002) certainty about criminal sanctions will remain low. A lack of reporting may undermine whatever deterrent effect might have otherwise accompanied the criminalisation of domestic violence.

A major recent change in policing practice is the introduction of risk assessment for domestic violence cases. Risk assessment for the Sussex police is part of the monitoring process for repeat victimisation. Incidents are assessed as requiring a ‘bronze’, ‘silver’ or ‘gold’ response from the police.

*REF16: I am well practised in calling the police. I have a silver mark on my house and now a gold mark because he tried to set it on fire. That means two cars at least 4 officers, sometimes as many as 7 attend with riot shields.*

*LR: So are they responding better since they made the silver mark?*

*REF16: Yes they are responding better. I can't say anything bad about the police because they really did try to help me all the time*

Ref 16

This wording of the risk assessment is rather unfortunate and gives the impression that the most persistent offenders obtain a ‘gold’ award. The wording had this effect upon women we interviewed who felt that it suggested abusers were given awards for their persistence. Women also felt that there was a tendency for the police to use risk assessment to ration resources. Only when women’s partners received a silver to gold

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<sup>7</sup> Sanctions here are considered in the broad sense of those delivered at all stages of the criminal justice system and not in the narrow sense of arrest alone. The impact of arrest alone on domestic violence perpetration has been the subject of considerable empirical attention and the available research has produced mixed results (Sherman, 1992).

assessment did they notice a response that suggested the violence would be taken seriously. The guidance advises officers that a silver or gold response can be made regardless of the number of incidents. At bronze level, the first report of domestic violence, officers are advised to initiate child protection checks if there are children in the family. Social workers interviewed complained that referrals were made very slowly, taking sometimes up to 4 weeks:

*I think the police recording now is better than it used to be, I mean I think there are still some difficulties in things like reports of domestic violence incidences being attended where there are children involved, and again there are some considerable difficulties at times in getting those as quickly as we should do, I think there are those sort of difficulties, but I think that at least the recording of that is probably better than it used to be within the police setting.*

CS1

Domestic violence fatality reviews in the London Metropolitan and Cardiff police have brought a changed approach to working methods with high risk cases of domestic violence, involving multi agency protection conferences. Early evaluations from the Cardiff police (personal communication) suggest that the multi agency approach is effective in identifying services and creating safety plans. A policy to protect women who feel at high risk is crucial to reduce fears and improve their quality of life:

*Well I've got panic alarms fitted and everything. He's going to find me,... my child's 10 years old, she can read. She's only got to read the name of the place we're living, Daddy we live at. If he wants to find me, he's going to find me and I'm not going to run for the rest of my life. There's not a lot can be done I'm afraid, it's now a case of whatever he decides. He could get a shotgun and shoot us all tomorrow, there's nothing I can do to stop that. I can't prove it, that he's threatened to kill us all three times now. He even took me on a joyride around X at about 1 o'clock in the morning, got done for speeding and drink driving that time. Smashed the back of the car up, threatened to drive over a cliff, was driving about 90 miles an hour towards a cliff and then quickly turned a corner. I've been through all that... he told me unless I stopped screaming he was going to go faster. I've been through that. If he wanted to kill me he could kill me tomorrow, there's nothing I could do about it.*

Ref 6

## Analysis and Recommendations

Although the police may be among the most frequently contacted, women experiencing domestic violence also sometimes report them to be least helpful. Compared to previous research studies in the UK on the police response (Edwards, 1989) it is clear that there have been substantial improvements in recent years and these show in women's positive accounts of the Sussex police. However, unpredictability in the quality of response remains largely due to insufficient training and monitoring. If formal agencies are not consistently helpful, then women have no other choice but to try to cope on their own.

**Recommendations 66 -72:**

66. Police training is needed for a more consistent response to domestic violence.
67. The Sussex police policy now makes reference to domestic violence by officers. This aspect of the policy needs to be made widely known to the families of police officers.
68. The unfortunate naming of the domestic violence repeat victimisation response as bronze, silver and gold standard should be rethought.
69. Action at 'bronze' level needs to be carefully monitored so that risk assessment is not used as a resource rationing tool.
70. Referrals to child protection need to be speedier.
71. The important role the police play in documenting domestic violence and providing evidence for the courts should be recognised. Information on previous contacts should be provided for family law cases.
72. The Sussex police should review further scope for improving multi-agency involvement especially for cases of repeat victimisation where a high risk of further abuse is identified.

**Courts, Family and Criminal**

Both survivors and professionals noted the difficulties in finding legal advice and information.

*Our main point is proper representation for litigants in person i.e. The victims as well as the perpetrators*

CJS5

*Court availability for urgent applications; immediate funding from legal services commission; adequate availability of refuges and adequate supervision of contact.*

Legal Advocacy

More women had experience of the family courts and there were many concerns here about unhelpful responses, especially for injunctions, lack of protection from post-separation violence and for contact or residency cases.

*He was served the ouster the same day and it took him 11 days to leave. He said he was going to kill our cats and he was going to smash everything and kill himself if we didn't come back. He continued to abuse me to try and get me back. But the violence didn't stop. He has stalked me in the street, passed violent messages, written letters threatening me from prison, he had access to my children at the contact centre and screwed that up religiously. He's never let me*

*alone. He's got no intention of leaving me alone. He can't have it that I walked away.*

Ref 16

Women's reports echoed children's concerns about unsafe contact orders:

*West Sussex needs to look at what's happening in the courts.*

Ref 16

We were unable to find any evidence that the court guidelines on contact and domestic violence are being followed in West Sussex courts. It would not be possible to implement the guidelines in an area totally lacking supervised contact services and programs to assess, reform and support the parenting skills of domestic violence perpetrators. One of the women we interviewed had a partner with a serious alcohol problem who had repeatedly threatened to kill her and the children. Social services had been involved in risk assessment but the family court ordered contact at a 'supported' contact centre:

*The woman down the contact centre when I wrote a stinking letter, she came up to me and said oh your husband's a really lovely man. I said you don't know my husband. Oh well I think he's lovely! So I wrote this letter to the head of it and I said your staff are not there to give opinions, they do not know what I have been through, how dare they tell me my husband is a lovely man. This is the contact centre and I'm not being funny, I'm not being rude to them, but it's run by the Salvation Army they're all volunteers, they're all over eighty years old with their war medals and they're not much good. He walked out of there for three hours once and they didn't even know he was gone for three hours. It was only because I bumped into him in the town and he was walking round the town with my kids. And I have to go because the judge has ordered that I go. The children have to be dropped up there once a fortnight; it's from ten 'til one at the contact centre. Simple as that. And I know if he wanted to get out of there, he could get out of there tomorrow. He brings his Dad with him because he's not allowed to drive at the moment, which is my only salvation. If he could drive, he would be off with them and I'd never see them again*

Ref 6

The family courts' failure to respond adequately to domestic violence leaves women at greater risk of secondary victimisation or 'battery by the law'. Abusers involve the family courts in their campaigns of post separation partner harassment. The following table (Table 6) extracted from Radford & Hester (forthcoming) shows how domestic violence perpetrators have their controlling behaviour *reinforced* by the family courts. The left hand column in Table 6 (perpetrator's abuse) summarises behaviour that occurs during post separation abuse and child contact. The right hand column shows how unfortunately, the law's response can reinforce the abusive behaviour of perpetrators.

**Table 6: How the Family Law Reinforces the Behaviour of Domestic Violence Perpetrators**

Perpetrator's Abuse	Battery by the law
Keeping the secret of family violence	<b>Failure to screen – no routine enquiry</b>
Causing fear	<b>courts rely on violence ‘coming up’</b>
Psychological abuse – ‘owning reality’	<b>Unsafe premises and court processes</b>
Manipulation & bullying	<b>His view dominates in joint meetings</b>
Victim blaming	<b>Coerced agreements</b>
Abuse of children	<b>Failure to explore ‘hostility’ to contact</b>
Abuse of the mother through abuse of the child	<b>Child’s wishes &amp; feelings inadequately considered</b>
Child witnessing	<b>Failure to consider the purpose of contact</b>
Involving the wider family in the abuse	<b>Failure to address the safety of contact</b>
Using children as ransom	<b>Allowing the extended family to supervise contact</b>
Implicating children in abuse	<b>Failure to consider the impact of violence on the child</b>
Harassment	<b>Failure to address the abuser’s ‘fitness’ for contact</b>
Undermining the mother’s parenting	<b>Repeat applications to the court</b>
<b>Breaking the emotional bond between mother and child</b>	<b>Failure to support the mother’s capacity to care for the child</b>
	<b>Forcing the mother to make the child comply with a contact order</b>

Battery by the law often leaves women and children exhausted and impoverished by repeated court applications. One interviewee described her ex-partner’s ‘8 point plan’ to destroy her as including a program of battery by the law designed to leave her penniless and homeless:

*It took 6 weeks to get it through court and I had to take the children out of school. Ideally we should be able to do it quicker. He contested it all so that took longer.*

Ref 12

*(West Sussex needs) a quick court settlement so he can't drag things on. The excuses he gave the court to stall things were terrible. I wish I'd had the chance to speak my mind in court. I wasn't allowed to speak.*

Ref 16

### Recommendation 73:

73. A repeat victimisation policy is required for the family courts to prevent abusers using court procedures to further harass ex partners.

It is understandably very difficult for victims of domestic violence to involve the courts:

*I wouldn't go to court for the abuse cause it's too personal and I cannot prove it*  
Ref 6

Victim reluctance to press charges and to prosecute is a problem frequently raised by the police, CPS and courts:

*I think the key challenges are the high number of retractions by victims and we do have a very, very high percentage of victims who make a statement and later on change their mind and decide not to come to Court. I think that's our main challenge and it's not one that's easily overcome.*

CJS7

Only one of the women we interviewed had taken a case for criminal prosecution and she dropped the charges because she could not see any benefit in taking the case forward:

*He got away because I didn't press charges; because I couldn't be going through another court (...) I mean I've proven it. I have a piece of paper to prove that it has happened now and that's all I need*  
Ref 6

Waiting times for trials and lack of support for victims through the prosecution process makes it more likely that cases will be dropped.

*The issues that come up, but again they are not for the court, but for the crown prosecution service, are getting the victims to court or getting the victims to take a stand against their partner or the perpetrator. I think that those are the main issues but again as a magistrate we have no sway on that whatsoever. We can't have any influence and the challenges I suppose that we have are when somebody applies for bail we have to put certain conditions on their bail so they don't get in touch with the victim, non contact, or for them to live somewhere else whilst the*



*details are being sorted out and before the perpetrator or the accused comes back for a trial. I think that probably is the key challenge that we have.*

CJS 4

The government are funding extra resources to support victims in court and, as one victim support worker commented, this is important if police initiatives are to be effective:

*A lot of progress has been made in the police attitude and approach. More progress can be made and much more acknowledgement of the voluntary sector that do such good work, we need more financial backing as we are relied on to support and care for victims on a longer term basis.*

Voluntary Sector

Police and the CPS are working more closely together on prosecution of domestic violence cases and early evaluations of Specialist Domestic Violence Courts suggest that these are effective in bringing offenders to justice (Standing Together, 2004). A recent review of 216 domestic violence cases in specialist domestic violence courts found - more women victims were supported and had higher levels of satisfaction with the court process; the courts were value for money because financial savings can be made if domestic violence is tracked early on (there are less retractions and there are savings to health and social; services costs); the courts promoted better multi agency working (CPS, 2004). It is likely that as a result of this evaluation the government may recommend national funding of victim lay advocates and rolling out the specialist courts across the nation.

#### **Recommendation 74:**

74. A specialist domestic violence court should be set up in West Sussex.

#### **Housing Response**

Homelessness is a growing problem for single women. Housing corporation data reveals that between 1997 and 2002 more than 54, 000 households were housed by housing associations as a result of domestic violence. domestic violence and housing associations note that over the five years, the proportion of households housed in housing association accommodation due to domestic violence has fallen slightly, from 2.5% of general need lettings in 1997/ 98 to 1.77% in 2001/2. In supported housing the change has been from 12.86% to 11.49% (Cowan, 2004). But this does not mean that the incidence of domestic decreasing. Preventative work with the police and local authorities has enabled more households to stay in their own home, minimising disruption for the victims and their families.

The snapshot of a homeless family depicted in current literature shows that 95% of those households were headed by women and more than half of these included children. A

majority of the heads of these households were under the age of 35 years old. In 2001/2, about the fifth of the lettings to those escaping domestic violence were from Black and minority ethnic communities. As with housing association tenants generally, the data suggests that few households experiencing domestic violence were in employment when they were housed.

In addition to the tremendous psychological and physical impacts of abuse, there are economic burdens as well. Some women are economically dependent on their partners and as such, may face many obstacles in their attempt to prevent future victimisation. For some women, the only way to achieve such an outcome is to separate from their abusive partners. But if women are unable to support themselves, they will be less likely to leave (Aguirre, 1985; Hom, 1992). Knowing this to be the case, some perpetrators do not allow their partners to work outside the home (Abraham, 2000).

Women who separate from violent partners find it difficult to continue the same standard of living and may have to move to substandard housing or end up without housing. In this next section we explore some of the women's experiences of housing after separation.

There were varied views about the helpfulness of housing services. One difficulty was a lack of evidence if there were no police or court reports available:

*This housing officer, she told my friend because she didn't have any police evidence of what had happened that they didn't believe she'd been abused. Now this woman had had all her ribs broken, she's got no teeth left in her mouth because she's had them smashed out by her husband. And the woman she said do you have any police evidence? No. Now cause I had a police domestic violence officer, I had police evidence, but they are very funny down there. Trying to prove that you've been through domestic violence when you've had no physical signs of abuse is very hard. And no police were called and they nigh on told her. She has got a house now, bless her*

Ref 6

Although the Safe at Home project has been promoted in the county some of the women interviewed had not been offered advice on how they might stay safe in their own homes:

*After he attacked me in November we went down there...the housing officer said there is nothing we can do apart from going into a refuge. But that is about it. And I told them I had already phoned the refuge and that they are full. Told them that I need the support of family. And she said that if it is that bad you will go any where! In Feb we went over there again and again nothing we can do. And then my next dealings with them was when I was in the refuge and one of the support workers came with me. When I went in there, she was very much, 'you already housed by us. And that there is nothing we can do. We can not re-house you in the area.' Even when I had tears running down my face they were really*

*unapproachable. Yes they said it must be very hard but nothing in her voice. This is my job. They assume that you're safe.*

Ref 8

Some housing officers lacked sympathy and seemed to believe that women should be prepared to re-locate. If they did not accept an offer of accommodation many miles away then their veracity was doubted:

*The (housing) officer was totally intimidating. The outreach worker told her that I was fleeing domestic violence and that was it. Did not ask anything else at all. Did not ask about the circumstance that led to me leaving and being where I was. She said we can get you on a train and I thought what about all my stuff? They did not want to help. I was so upset. One of them said I was a liar. I said have been told so many different things and she said 'no you have not!' I thought I'm not even going to get into this...I could not believe it. I have been here for six weeks and have had no help at all! I still have not have heard from the council whether they are going to accept me on the homeless housing register. I might as well have not asked for help. Not even bothered. I've got to just wait until they sort it out.*

Ref 10

Housing officers however felt that they lacked safe options for alternative accommodation to offer to women:

*Well I'll tell you our key challenges are the actual placements. We do our investigations and yes we accept them and yes we want to place them as sensitively as possible but we are only a small authority seven miles by two and a lot, a high percentage of the people applying under DV want to remain in the area and that makes that quite challenging, to place them without their partners finding them, in fact it's nigh on impossible to be honest.*

HOU 3

Women with joint ownership of their homes lived with a lot of uncertainty because court decisions take a long time to settle and abusive partners are reluctant to respect their ex partner's property rights:

*He was prepared to sort of sell me out of the house because he owns the house and he has never put my name on the deeds because of the battle that he had last time round with the house with his ex-wife...I said to him in order to get council housing they want to know about what equity I have got what assets I have got and of course because I am married I am entitled by law to half the home. I said it is not as though I want the money, I am quite happy to walk away into the sunset, I don't want any money from you, and I don't want anything from you I just want a peaceful life. But because the council is putting pressure on me you know because of the situation with the housing, they only give it to people who are*

*destitute, why should they give it to me if I have money that I am entitled to and why am I not choosing to go for that money, that is just ridiculous. So I am kind of forced into a corner*

Ref 17

*The main problem was him in the house, our house (.....) I'm stuck now in this house and nobody's paying the mortgage and a big debt's mounting up. I contacted the council to let them know but I have a home so that's all they care about. The mortgage is three months in arrears now. He's not paying child support because he lied to the CSA and put all his income into dividends. He brought his income of £50,000 to £4,000 so that the CSA can't touch it. It's not in my daughter's interest not to pay child support. The worst scenario would be to buy a caravan and live in that.*

Ref 12

The legal system is a key intervening variable in women's homelessness. If a woman cannot stop the abuse while remaining in her current residence, she may be forced to relocate where the perpetrator cannot find her or her children. Relocation is associated with homelessness as women are unable to find affordable housing, especially in West Sussex where prices are high. There were a number of women in the study from hard to reach communities. Black and minority ethnic women may have different response to the abuse and to housing strategies. Access to emergency accommodation such as refuges is very difficult in West Sussex. The new location of one refuge in an area with a very small minority ethnic population seems to put off applications from BME women.

Lack of social housing and of affordable housing for women separating from violent partners is a problem in West Sussex. The new emphasis on enabling victims of domestic violence to remain safely in their own homes is a welcome shift in approach although it is not workable for all women. An integrated approach is needed so that courts and the police can support women who stay at home better.

*(West Sussex needs) more refuges, more floating support and outreach because there are a lot of families out there. More advertising to let them women know. Not just that you can come here, you can be safe, but the alternatives might be you can stay at home and the advertising around that is important.*

RW5

It is especially important for courts to have a speedy resolution of financial and property matters in domestic violence cases so that abusers cannot fritter away the family home with delaying tactics and unnecessarily drawn out legal disputes. Fast tracking domestic violence cases through specialist domestic violence courts would help to alleviate this difficulty.

**Recommendations 75-77:**

- 75. Housing officers and RSLs need adequate training on how to support women who choose to stay in their own homes rather than to relocate.
- 76. Advertising the options for victims of domestic violence to be safe at home.
- 77. Domestic violence cases are often high conflict cases that can take several years to settle in the courts, sometimes leaving the family homeless as equity from the matrimonial home is lost to court costs because of mortgage arrears. Considerable savings in costs and in court time could be made by fast tracking domestic violence cases through specialist courts. A costings analysis of potential savings made by fast tracking cases should be undertaken.

**Health and Primary Care**

There has been extensive emphasis upon the police and the criminal justice system's response to domestic violence in the past ten years but, as we have shown, an arrest or prosecution may not necessarily always be what a victim wants. Many women who experience domestic violence do not call the police. There has been a growth of interest in the health care response to domestic violence in the UK since the late 1990s (BMA, 1998). In 2000 the Dept of Health produced guidance on domestic violence for people working in the health care sector (DOH, 2000), although unfortunately their influence upon practice has never been evaluated. At present, no statistics in West Sussex are available on the incidence of domestic violence amongst patients in primary health or hospital care. As health carers' deal with injuries and the consequences of abuse, often in private, they are well placed to give responses that will improve the victim's safety, protect any children and challenge the perpetrator's behaviour.

Women may present with injuries but will not necessarily disclose the cause as being domestic violence, for a range of reasons:

*I did not tell him (GP) about the violence in the beginning. I went to him for help with my son.* Ref 10

*Let's face it midwives see hundreds of women with babies they're not trained in domestic violence. If there's bruising and there's evidence then yeah OK fine you can say well how did you get that? But most women will say oh I fell over. You prove it, you can't prove it. Domestic violence women learn to hide everything about themselves, they become a completely different person, they lose all their own character and they become what they are conditioned to become. And that includes lying to just about everybody.* Ref 6

Women do not mind being asked about domestic violence in a health care context and directly asking or screening for domestic violence increases the rate of disclosure (BMA,

1998). Sensitive questioning when a woman gives an inconsistent account for injuries or ailments can encourage disclosures to be made:

*I talked to my health visitor and she suggested I go to see a counsellor and that's when I found out about what to do. After talking to my health visitor she worked out that something was going on. I didn't think it was domestic violence I suffered as it was my first ever relationship and I thought that's how things were.*

Ref 22

*He was really lovely he went through everything with us that I had left out about the violence..... The doctor did his utmost really....two weeks before I left I did go to my doctors and did tell him the actual facts of things and that I can't stand it anymore. I know that you will be contacted. And that I was leaving the area. And he said that quite frankly even if you did not have your son that is the best thing you can do. I looked uncertain and he said look sometimes you have to take really courageous choices in life and make your life really uncomfortable to make it better. To make it better. And I actually hung on to those words for the whole two weeks before I left. Those were the only real words of wisdom that I heard. He is an excellent doctor.*

Ref 10

It can be difficult to talk to some GPs and some doctors are reluctant to get involved in what they see as being 'marital problems' (BMA, 1998).

*I never told my GP because I thought she was standoffish.*

Ref 16

Other members of primary and hospital care teams may be equally well placed to respond. Women we interviewed spoke especially well of health visitors' and midwives' support:

*I'd spoken to the health visitor and everything. I'd forgotten all about that until recently. And I did spend a lot of time talking to her. Obviously she could not just say leave him but she did lean that way. I explained to her what he'd done and what problems we had. She put me in touch with women's refuges.*

Ref 3

*My health visitor was really lovely. As was my son's play school teacher. She's always down the line 100% she has always been there for me and my children and looked out for my interests.*

Ref 8

*Health visitor was in touch with me after I had the baby. It was just normal time. She was pretty good and she was aware of the bits and pieces that had gone on. Fantastic. You need encouraging every step of the way.*

Ref 9

*My midwife was very clued up – lovely.*

Ref 10

Overall women were positive about the health care responses, GPs and health visitors were said to have mostly acted positively to the needs of women presenting themselves with injuries as result of violence in the home. There were some accounts of inconsistency although less than for other agencies covered by the research:

*There is a health visitor who is specifically for people in hostels, but she seems to be one of these old run of the mill spew it out and it's like it is written off a script or something and my health visitor for my GP is not my original health visitor and she does not know much about me and what has happened. She will say things like "Can't your daughter go to your Mum's " well yeah she can but she doesn't finish work until 7.00 p.m at night. You just think you haven't got a clue really have you, you haven't read my notes at all... Well I just sat there and I thought well what exactly are you doing here because you have not told me anything that I don't know already, you have not helped me in anyway all you have told me is to go and see the doctors, go and get some more anti depressants, it's like well I knew that.*

Ref 13

The research also highlights that some doctors and health visitors responded to the increased social awareness of the problem and talked to women about how to protect themselves and their children. There is scope for some specialism of responsibilities within primary and hospital based care.

A few women talked of health carers providing evidence of the abuse in court cases. When evidence was produced it tended to lack context and to present contradictory versions of the violence and the risks to a family:

*Well we've been to see a couple of psychiatrist's because of what's involved and he's going for residency at the same time. Even though he's a psychopathic maniac, he's going for residency and he will not drop it. But unfortunately he was in a mental hospital last year just before Christmas and one week he was threatening me and I had social services ringing me up, the solicitors ringing me up, he was threatening to kill my family, kill me, kill everybody. And the next week he gets a letter from the same hospital to say he's perfectly sane and the only reason he's depressed is because he wants to see his children. Now how can you find that?*

Ref 6

There has been some controversy about medical and expert evidence presented in court cases in the past two months, especially in child protection and homicide cases involving alleged Munchausen's syndrome by proxy. The research findings raise concerns about the presentation of medical evidence especially in child contact cases. Health carers do however have an important role to play in providing medical testimony. Training is needed to ensure that health carers are competent and confident in this area of their work.

### **Recommendations 78 - 81**

- 78.** An evaluation of the DOH guidance on domestic violence is needed.
- 79.** Health carers need adequate training so that guidelines can be implemented and they feel competent to talk to patients about domestic violence, to collect evidence and document injuries where necessary.
- 80.** The development of domestic violence specialisms for some health carers such as health visitors and midwives.
- 81.** Medical evidence presented to the courts needs to be based upon sound empirical research. Magistrates and judges need training in the assessment of medical evidence in domestic violence and abuse cases so that they can adequately interrogate experts.

### **General Recommendations for Services 82-89:**

- 82.** Better understanding of the role of informal and formal social support systems should be incorporated in the assessment and intervention. It is important for agencies to have an understanding of the positive and negative roles of social support, particularly in Black and minority ethnic communities, and how these factor into the women's lives.
- 83.** Barriers to seeking support and services should be explored as well as all avenues of positive access and satisfaction. The role of family, friends and the community, the stigma and shame that survivors of domestic violence experience, and the ways in which these impede access to much-needed support should also be examined.
- 84.** It is important that educational services that work directly with children recognise the effects of childhood exposure to domestic violence and work comprehensively, consistently and effectively to address the underlying causes of domestic violence. In the case of child custody and visitation cases involving domestic violence, the courts should consider in their analysis the best interests of the child, the potential impact on the child of ongoing exposure to violence against their mothers and, more importantly, violence in the parental home.
- 85.** Within courts, it is strongly recommended that during all child contact proceedings and cases of domestic violence in the BME community that registered interpreters and translators be used prior to and during any trial or child contact proceedings.
- 86.** Employers need not wait until violence spills over from the home directly into the workplace since there are almost always indicators that predict the occurrence of workplace violence. It is important that employers recognise that providing meaningful assistance to victims and survivors of domestic violence is in the best interests of the company, which would have invested in the training and productivity of that employee.



87. To conduct better assessments, social workers and health professionals do need continuous training in identifying risk factors – the escalation of violence, homicide, self-harm and suicide – and the background characteristics of perpetrators of abuse.
88. It is important that any perpetrators' programmes that are set up include treatment curricular that participants can identify with, particularly men from BME communities. Such programmes should include parenting education classes, which highlight the nature of ethnic and gender discrimination relationship stress secondary to immigration, incorporate open discussions of the nature and impact of sexual abuse, and the inclusion of religion and spirituality. Health practitioners working with perpetrators from the BME community should be aware of perpetrator trauma and shame issues and the need to screen for alcohol abuse, and should try to incorporate these suggested treatment components into perpetrator programmes for men from the BME community.
89. High-level public education campaigns giving accurate and appropriate messages need to be driven forward by all agencies in West Sussex to underpin the seriousness of domestic violence, accompanied by increased resources for services to ensure that they are able to respond to the resulting increased demand.

These recommendations come directly from the women who contributed to this study. Some may be more realistic than others, but the overwhelming request from the women was for action, both to increase support and understanding for their own needs, safety and vulnerability and to prevent further violence.

### **Children's Services**

In May 2003 the five hundred 11 to 18 year old members of West Sussex Young Citizens panel were asked if they were at all concerned by a list of anti-social behaviours ranging from graffiti to drunkenness. 56% of the young people replied and top concerns were drugs (61.1%) and bullying (60.8%) followed by drunkenness (41.7%) and violence in the home (37.5%). There is a growing body of evidence in West Sussex that shows that young people are concerned about violence in the home. The latest findings from the Daphne YOT project found from 478 case files on young people referred to the YOTs in a 9 month period between October 2002 and June 2003, 183 young people (38%) had witnessed domestic violence. The research also found that young people referred to the YOTs wanted the violence stopped, to be able to stay in their own homes and to have somewhere safe to go to when they felt at risk (Bishop, Bates, Barnes & Reynolds, 2004). This confirms our earlier discussion about the needs of children who live with domestic violence.

We have already argued in an earlier section of this report that there is some evidence to suggest that children living with domestic violence in West Sussex are at greater risk of being disadvantaged in relation to the five outcome measures identified in *Every Child Matters* (2003). In this section we will briefly consider this earlier discussion with reference to the adequacy of services. Children living with domestic violence have poor

services in the county because domestic violence is not currently an issue adequately dealt with in schools and the most disadvantaged children living in refuges lack adequate children's services. The lack of a housing strategy for families affected by domestic violence combined with delays in the family courts means that children are educationally disadvantaged by the widespread expectation that the family should be willing to relocate, often more than once. Children lack safe contact services and we could find no evidence that local voluntary contact services had adopted the NCH practice guidelines for safe contact. Children have complained about the courts' failures to take their views into account when setting up contact in the context of domestic violence. New screening forms to be introduced by the DCA for the family courts may help to draw judges and magistrates attention towards domestic violence when making contact orders. However, the well known problems within CAF/CASS will need to be urgently resolved if children are to be properly consulted and assessed. There is poor monitoring of outcome in social services and it is not known what happens to children after risk assessments have been done nor what proportion of children who are looked after have domestic violence as a factor in their lives. The practice guidelines for child protection are likely to be helpful for social workers however the traditional emphasis on helping women to leave an abusive relationship means that some social workers are unsure about what to do when women stay:

*I think the key challenge for us is working in situations where the perpetrator and the person who is experiencing the violence are still in the same household or else still very closely allied to reach other. And our remit is to work in situations where there are children. Those are very difficult for us because we are trying to work to reduce or to stop, to eliminate, the domestic violence in situations where it's not clear what kind of work really is going to be best.*

CS4

Lack of work with the perpetrator could leave social workers feeling uncomfortable about supporting the mother to stay with the abuser. There are limits to what social workers and police can do alone and support is needed from outreach and other relevant services. Mothers and children are able to access support from the NSPCC and rate these services very highly. There is scope to expand this work. Important work has recently been completed on offending behaviour and domestic violence in the Daphne project (Bishop, Barnes, Bates & Reynolds, 2004) but there is a long way to go in terms of preventing domestic violence and promoting safe and healthy relationships for young people.

### **Recommendations 90 - 92:**

- 90.** Children's Trusts should consider drawing upon promised increased funding from the government under the new Children's Bill to establish named persons within agencies such as the police, education, child protection and health with responsibility for developing integrated services for children living with domestic violence

91. There needs to be better monitoring of the outcome of cases of domestic violence where the police record children were present or living with the family involved.
92. The police should also be able to refer cases of domestic violence involving children to health visitors and to children's outreach services.

### **Prevention: Intervention and Training (What agencies need in relation to their work)**

Some professionals felt there was still a long way to go to shift attitudes and beliefs about domestic violence so that agencies would be able to recognise this as a relevant part of their work:

*At the moment I think that with the Adult Services in West Sussex historically domestic violence has always been seen as not our issue, it is not something that we deal with. Victims of domestic violence have never been seen to be coming under our eligibility criteria. Victims of domestic violence in general. So anything about domestic violence in the county has always been funded through ACPC and has the childcare logos and so on it, so it has never really hit adult care and so that one of the big challenges at the moment in Social Services is getting Adult staff to recognise that they do have a role in working with victims of domestic violence and that role will vary depending on whether somebody is a vulnerable adult under the Adult Protection procedures or whether they are not, or even if they are not then they still have a role in giving accurate advice and guidance, rather than given off an immediate message of why are you telling us that, we do not work with domestic violence and that it is not our issue. But that for me is sort of the biggest challenge at the moment.*

SOC2

*One of the biggest problems is, initially, is engaging them to show that it is an issue for health. It's a massive issue actually and once people understand the issues around it they actually are usually on board and very supportive, but you do have to do that initial work*

HEA 1

The questionnaire survey found that better training was the greatest need professionals identified in order to improve their work

*Increased level of awareness and bringing the message to ethnic minorities.*

Health

*In terms of the treatment service providers that we commission there is still a lot of taboo, the service the clinical teams that are addressing the issues of domestic violence, though I have to say that it is our experience and it is entirely understandable that service providers find it difficult to address a number of different behaviours with people presenting for treatment, whether it is their injecting practices, whether it's their broader criminal behaviour, domestic*

*violence or indeed whether a real concern with people’s sexual practices associated with drugs and alcohol. A hugely challenging area for a lot of frontline staff to address.*

H2R2

*I think the issues are one of training and competency, how they would be able to respond to that if someone does reveal domestic violence to them as a victim of domestic violence or indeed a perpetrator. How do they manage that information? How do they deal with that information?*

H2R2

**Table 7: What agencies felt was most needed to improve their service for families living with domestic violence:**

Training	59%	Accommodation	38%
Strategy	49%	Parenting support	37%
Better multi agency working	49%	Counselling	35%
Information	48%	Specialist workers	32%
Refuges	44%	Perpetrator services	32%
Resources	40%	Staff time	31%
Outreach	41%	Drug/alcohol	
Children’s Services	40%	Services	27%
All of these	4%	Contact services	21%
Other	4%	Law reform	19%

There was also wide support for having a county wide strategy as long as there was commitment and better partnership working:

*Strategies are only useful if there is widespread knowledge about them and close cooperation between all agencies – information sharing and quick response. Changes in the law could help.*

Magistrate

*All working from the same hymn sheet.*

Police

*The key challenge is co-ordinating efforts and ensuring that we have policies, practices and procedures that are joined up.*

CS2

*My experience of strategies is that no-one sticks to them.*

Local Authority / Community Safety

*Better information sharing and cooperation with other agencies.*

Cafcass Reporter

*There is a need for cross agency information. Data protection act must be made clear to all. Remember Soham.*

Courts / Legal Services

*Working in partnership with other statutory and voluntary organisations to provide support and assistance for victims.*

Police

*It is networking and really just getting out into the field and speaking to all related services. So that you are speaking to local authority services, voluntary organisation development officers, liaison development officers, the health sector, different units for older people that provide health care, residential homes and their umbrella bodies, day centres any service provider that is identified.*

H2R4

Professionals wanted information to inform and guide their practice:

*Contextualising the problem issues of violence/ abuse and gaining multi-agency collaboration.*

Health

*Yeah, I mean I'm conscious of – communication is the key issue in West Sussex. Communication is one of its key challenges and that is that getting the information around everybody. 'Cos there is – I do know that they collect it.*

SOC3

Resources and accommodation were also widely emphasised and again highlight themes we have already covered:

*It's the funding issue. It's trying to look at how everything's funded, because we're constantly asking Health, the Police, Social Services for money and asking them over and over again for the same sort of money to do it elsewhere, so funding issues I think are the biggest stumbling block on the whole thing.*

HEA1

*Secure accommodation; more partnering between agencies; better info sharing protocols; better power to evict perpetrators.*

Housing

*Services for women with mental health problems as well as more appropriate options; permanent accommodation for victims and awareness raising and training in DV within schools and statutory agencies.*

Specialist DV

*More refuges; better sentencing for perpetrators; better perpetrator programmes; counselling and greater awareness in the public sector.*

Solicitor

Professionals also stressed the need for accessible services:

*For us here it is very, very much... making people aware of options open to them and making the service as easily available and in as many formats as possible and also coming up with as many practical alternatives to give the person suffering domestic violence as much choice in their options as possible.*

HOU1

Human resources, in terms of good management was a concern in the voluntary sector, especially in refuges which have seen tremendously challenging changes over the past year or so:

*I would say sometimes that communication sometime is very lacking. We have our management committee and we have contact with them but some we have are actively involved in the policies and direction, it would be nice if they were more acquainted, with us and on our level so to speak with actually what we're trying to achieve.*

RW07

A huge challenge professionals identified in terms of progressing work against domestic violence in the county was lack of commitment and overall responsibility. Domestic violence is still viewed by many professionals as being another 'bolt on' activity, added on to their 'proper work' as an additional responsibility.

*I'll give you an analogy, the other day, you know I was watching TV, I was told that in a lineout there are over 30 offences that can be committed by the players, the referee has to decide which one or two he is going to look for, he can't focus on all of them and I think that is an analogy that runs across a lot of the work that we do, that there are so many social issues that we need to be cogniscent of that in fact you can only focus on a few at a time and you can't always keep your eye on all the balls*

CJ3

This is not helped by the fact that up until recently, multi agency work against domestic violence has been progressed on a grace and favour basis, mostly by women, and occasionally concerned male colleagues especially in the police, putting in extra effort and extra time to develop initiatives.

*I think that the biggest challenge is that there is no one with overall responsibility for anything. public agencies are very much entrenched into you know guarding our very minor, miniscule budget and I think for the voluntary statutory involved, you know they are increasingly over stretched covering the gaps that we no longer plug. There is no one with overall responsibility; there is no one willing to take responsibility. A lot of the work that needs doing involves some sort of financial underpinning and no one will put that money in and the community safety funds are not enough to do what is required, so I think that that is the biggest challenge and I guess just the overall working together and mutual suspicions.*

CSC7

Professionals we interviewed spoke highly of the leadership that had been given by the DVDT in West Sussex community safety. It was also noticeable that this had brought a greater readiness within agencies to look at best practice examples and to share opportunities to improve partnership working. The DVDT has provided the impetus and co-ordination for some of the newly successful resources such as the domestic violence drop ins. Although we have argued that the strategy for providing the drop ins could be reviewed, this is an important service that is very much dependent upon the DVDT having responsibility to co-ordinate the work and the rotas. The DVDT have also played a key role in developing training on domestic violence. It is essential that this leadership by the DVDT is allowed to continue because individual agencies are less able to maintain the focus and there can be problems with ‘turf wars’ over resources and priorities.

*I think that one of the difficulties is that often you are bringing together a whole range of people from different agencies, who okay hopefully have the same objectives, but they are doing sort of day to day jobs and I think it is quite difficult at times to get people to commit to finding the time to progress things, so there are times when you come back to meetings and things haven’t actually been progressed*

CS1

Domestic violence work needs to be mainstreamed. In this report we have tried to bring together research findings from published and original sources to show that domestic violence is a major aspect of the policy responses for health, education, social care, housing, community safety, crime control and prevention. Reducing domestic violence will have an impact upon improvements in people’s health, children’s educational achievements, the quality of social care and of housing, fears about crime, disorder and community safety.

The findings on agency gaps, domestic violence strategy, services and challenges in West Sussex suggest that agencies do have **basic** levels of tracking and monitoring offenders and responding to the needs of victims. In response to Safety and Justice, many agencies do have effective referral procedures; however many did cite the problems of preventing meaningful early intervention and argued that there was a concern about system

fragmentation, which caused uneven reform among agencies because there was a lack of shared vision, problem identification and a dearth of inter-agency communication. As a result victims and survivors were caught up in uneven agency responses that coupled few perpetrator sanctions with inattention to victim safety.

Some of the key agencies have developed encompassing system-level responses to domestic violence which go beyond merely responding to the safety of women and children who experience domestic violence in West Sussex. For example some of these agencies have gone further by connecting victims with necessary community services – counselling, parenting training, financial support for living expenses, relocation, health care services and other victim needs. However, some agencies often are unable to maintain their goal of meaningful advocacy participation at all levels due to resource and time restrictions. Funding constraints and resources have made it difficult for some agencies to employ fully a victim-centred service and to increase victim safety and meeting other victim needs.

In terms of meeting the needs of victims of domestic violence better co-ordination of services could be achieved by drawing upon the experience of projects such as Standing Together in Hammersmith and Fulham, modelled upon the Duluth intervention service. In Standing Together multi-agency information sharing, data tracking and outcome monitoring for key agencies such as the police, probation, perpetrator programme and women's support services is co-ordinated by a specialist domestic violence tracking service. Co-ordination of services and information sharing will be further discussed in the next section.

The research suggests that a number of considerations are necessary when providing services to women and children experiencing domestic violence. For example, it is critical that health professionals and other agencies i.e. law enforcement, social services, and advocacy services are able to work together to plan and review interventions. Multi agency conferences are costly and it is unlikely that these could be provided for all contacts women make with agencies. Expanding the opportunities for practice and high risk case review is however likely to bring improved outcomes.



**Question 5 - How could service users/potential service users and service providers/key agencies be brought together to develop joint approaches?**

## Agencies Working Together in Partnerships

Partnership has been an important concept on social policy for the past twenty years. There is however no clear definition of what a partnership is beyond the view that it brings together the public, the private and the voluntary sector to work together on welfare issues. Familiar examples of partnerships are child protection, DAATs and CDRPs. Partnerships are: otherwise independent bodies brought together, who agree to cooperate and achieve a common goal, who create a new organisational structure or process to achieve the goal, plan and implement a joint programme and share relevant information, risks and rewards. This basic definition is useful for evaluating what occurs in work against domestic violence in the county. Leadership from the DVDT has brought a clearer focus to multi-agency and partnership working against domestic violence. Local forums have clear goals for their work and reporting back on progress has become commonplace. In some parts of the county professionals complained the system was 'too bureaucratic' but nonetheless felt that this had brought a better focus on achieving agreed targets. One issue in partnerships across the county was the lack of survivor involvement, which we discuss later on.

Why have partnerships? A key reason put forward is to coordinate services but there are different models of partnership working. When domestic violence forums were first set up in the early 1990s the main focus was on coordination. The Home Office guidance (*Domestic Violence Don't Stand For It*) was permissive rather than prescriptive and no resources were attached to the work. A partnership can collaborate to bring added value and make the best use of scarce resources. Or it could exist to bring about a transformation to change the beliefs and the culture of partner agencies. Or its primary focus could be enrichment to attract financial resources. Some partnerships might strive for a combination of the three and this would clearly be appropriate for work against domestic violence. Partner agencies need to be clear and honest about their involvement.

An Audit Commission review (1998) set out the aims of partnerships as being:

1. To deliver services. For domestic violence the services need to be multi-agency as the client groups are varied as are their needs.
2. To tackle interconnected problems. Many aspects of working against domestic violence raise interconnected problems. A good example is housing provision. To have safe accommodation requires cooperation from housing services, the police and victim support services
3. To reduce the impact of organisational fragmentation and minimise perverse incentives. Failure of agencies to intervene has been a common complaint made by domestic violence survivors. Without commitment and leadership, if no agency has overall responsibility for services agencies may be exposed to

perverse incentives. A challenge we have already noted is the tendency for professionals to regard domestic violence as an 'add on' to their 'proper work'. This encourages a minimalist response.

5. To gain new resources. Some partnerships have been established mostly to gain funding. There is no doubt that partnerships have developed especially between health and the voluntary sector because funds for innovative projects have been available through the Home Office Crime Reduction Programme.
6. To meet a statutory requirement. This has historically been the case with child protection work. Partnerships will have a stronger statutory basis if the new Children's Bill is passed successfully.

Partnerships assume equal participants, with equal commitment prepared to work in cooperation. A forced or reluctant involvement in a partnership is likely to achieve less. Poor commitment has been a problem in multi agency work against domestic violence. Some agencies do not give regular commitment to attend meetings reducing the scope for progress. Effective partnership requires trust between agencies and the willingness to share information and to take criticism constructively.

Effective partnerships would therefore:

- Acknowledge the need for partnership
- Have clarity and realism of purpose
- Have commitment to multi agency working, regularly attend and contribute to the work and have an agency view on 'ownership' regards the problem of domestic violence.
- Work with partners to develop and maintain trust. Identify barriers that prevent cooperation and work to reduce them. Data sharing and resource issues are clear barriers that have been identified in this research regards work against domestic violence.
- Establish clear & robust partnership arrangements. What would a practice guideline in a partnership approach look like?
- Set up methods for monitoring, review and organisational learning.

## **Some Recommendations for Agencies to Work Together in a More Collaborative Way**

### **Recommendations 93 - 97:**

- 93.** Inclusive system-level collaborative efforts that coordinate criminal justice efforts with advocacy agencies' services are most effective in enforcing offender accountability, increasing victim safety and significantly deterring further violence.
- 94.** Resources should be sufficient to implement and run without giving up essential facilities and services.
- 95.** Agency staff should take time to communicate fully so they know each other well, their norms, standards, ethics, resources, legal restrictions, and language among others. With a broad knowledge of each other's legal restrictions, resources, outlooks, norms, and so forth decision-making will be enhanced and implementation and resources issues that affect not only the individual services but also the partnering agencies will be mitigated.
- 96.** Arrangements should be instituted for monitoring the response, including case-tracking through the system, of women and children who have experienced domestic violence, as well as more rigorous procedures introduced for perpetrator accountability.
- 97.** Collaborative service delivery is essential when considering the harmful effects of domestic violence for both women and their families.

### **Working in Partnership with Service Users**

We found very little evidence of the involvement of service users in multi agency or any agency work against domestic violence. One problem commonly raised by professionals is that participation may be difficult for survivors who may not have the time or resources to be involved. There are also concerns about inequalities of knowledge and of power. There are difficulties in getting representation from one individual if agencies are relying on people to put themselves forward. Although there are difficulties there are also clear benefits from participation. Service users want to give feedback on services and want their views considered. This feedback can be very effective for informing practice. Participation can also be rewarding for service users giving them a sense of self esteem and opportunity to improve services for others in the same position.

Sadly opportunities for participation of service users has declined rather than grown in the county. Refuge services used to be key agencies committed to survivor participation

in management but the professionalisation of refuge services has resulted in service user views being cut out.

There are however many different methods where survivors can participate in services without necessarily having to be the lone representative at a forum meeting. We have already mentioned the value of exit surveys and service user satisfaction surveys as an important method of monitoring services. Other models include consultation exercises on specific issues (as in *Safety and Justice*) or setting up survivor forums to shadow the multi agency work in the county.

**Recommendation 98:**

**98.** We recommend that service user participation is improved.

**Question 6 – Data collection – who has collected what? What does it tell us, what is done with the information? What are the main problems associated with data collection?**

## Data Monitoring and Data Sharing

There are gaps in the baseline data on domestic violence in many of the key statutory and voluntary agencies. The best data available is the police data. Improvements have been made in child protection, in drug and alcohol treatment services and in youth offending. Better data will also be available for health from the Worth project. Data is lacking in key agencies such as education, refuges, social housing, CAFCASS and the courts. This makes it difficult to identify the scale of the problem for these agencies and to work effectively with client needs.

*I think the key problems in our agency are about identification and referral and information sharing. The issue on identification is schools being aware of potentially some of the signs, what happens if the child makes a disclosure, referral to which agency etc and then information sharing. I think schools can be quite good at supporting youngsters through personal programmes, and then when other agencies are involved, working with them in this kind of case. But unless you can identify that there is a problem...*

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It is difficult to collect data if agencies do not have the same definition of domestic violence. Lack of data across agencies further means that it is difficult to monitor the value of an intervention because clients 'fall through the cracks' and disappear. This is especially a problem for the criminal justice system and for children's services.

Services are reluctant to refer and pass on information because of concerns about client confidentiality and data protection issues. These concerns are often unfounded and, as the tragic Soham murders showed, are usually misguided. Professionals need accessible guidance on data sharing, data protection and human rights.

There is a lack of data on the outcome of agency interventions. Whilst it may be possible to argue from police data that the proportion of repeat contacts to the police has declined, the data does not really tell us whether or not this is because the violence stopped as a result of police involvement. A big gap in the data exists for service user feedback on 'what works'. In this research we are aware that we have barely touched the surface of this area of work. Exit surveys are needed to provide this information. We contend that the money invested in exit surveys will be money well spent as it will provide useful information on what really works.

Baseline data on prevalence, incidence and client needs is particularly sparse for the hard to reach groups we have discussed in this report. There is still a pressing need to have basic data that shows prevalence and needs for members of BME groups, people in gay, lesbian, bi-sexual and transgender relationships, men who experience domestic violence,

children and young people, people with disabilities and with drug and alcohol problems. Again a small investment by central or local government in some research would bring great benefits.

Better data is needed to shift attitudes so that work to prevent domestic violence becomes mainstreamed and fully integrated into the practice of key agencies.

We hold the firm belief that there is a need for data and research evidence to turn around thinking about domestic violence so that it is no longer viewed as being mostly a problem of service delivery. Domestic violence is a basic human rights issue. Women and children who experience domestic violence suffer infringements of their human rights – the right to life, the right not to be subject to cruel or inhumane treatment. The scale and consequences of this abuse of human rights can be seen in the worldwide health consequences, in social exclusion, in children's educational disadvantage, in the scale of the fear of crime for women who live with this sometimes for the rest of their lives. It would be useful to raise awareness by producing basic fact sheets that show findings from research into the consequences of domestic violence for public health, fear of crime and community safety, education, social exclusion, child welfare and the well being of the future generation.

Setting domestic violence within a human rights framework will prompt us to question:

- *Why* do women have to find funds to pay to get an injunction from the court to stop domestic violence?
- *Why* is the emphasis of service intervention nearly always on getting the victim to deal with the problem (usually by leaving) rather than on stopping the violence and dealing with the perpetrator?
- *Why* is domestic violence still widely viewed as a private and personal problem rather than a fundamental failure of our society?

Attitudes to domestic violence have to shift so that it is accepted that women and children have a right not to be abused.

#### **Recommendations 99- 104:**

- 99.** Better baseline data for health, education, refuges and courts.
- 100.** Professionals need accessible guidance on data sharing, data protection and human rights.
- 101.** Data on outcome especially on client views and service satisfaction.
- 102.** Baseline data on prevalence, incidence and needs for hard to reach groups.
- 103.** Multi agency data tracking
- 104.** Research findings on what works.



## Conclusion and Recommendations

It is important to emphasise here that work on the prevention of violence against women and children needs to be mainstream in terms of its delivery outputs. This requires **ownership and commitment by all agencies** who come into contact with women and children who may be experiencing domestic violence in their lives. Drawing upon recommendations made in key government policy documents, such as *Safety and Justice* and *Every Child Matters*, five headline areas were identified for further development in the county's domestic violence strategy. The strategy in general should reflect the shift in practice towards prevention.

In this concluding section we list in total in order of presentation recommendations made. In brackets after **each** recommendation we identify which of the six headline areas would be addressed:

1. Agencies in West Sussex agree and adopt the Domestic Violence Development Team (DVDT) definition of domestic violence. (1)
2. Most women who experience domestic violence rely upon informal support, from family, friends and neighbours, before they approach outside agencies. The informal sector is a valuable resource deserving support. Some of the women we interviewed were able to access refuge accommodation through advice about sources of help provided by relatives or friends who themselves had been informed by publicity. Publicity outside the county was said to be better than publicity in West Sussex, some of the women interviewed only found out about services in West Sussex via publicity for services outside the county (in neighbouring Surrey, London or Brighton). Improved publicity about domestic violence and the services available is necessary. (1)
3. Women interviewed stressed the importance of informal sources of support and outside agencies listening in a non-judgemental way and helping women living with domestic violence to explore the possible options for ending the abuse. Public education and professional training initiatives should reinforce the importance of providing non-judgemental and non-directive support. (1)
4. Access to information about where to get help or advice was an issue for all women we interviewed, especially women in BME groups. An audit of information sources in the county is needed so that gaps in services can be identified and filled. Information leaflets etc need to be translated and made accessible for women in BME groups whose first language is not English. (1, 6)
5. Front-line staff in key agencies such as the police or social services need adequate training so that they are able to respond professionally and courteously to women who are experiencing domestic violence. Training for professionals needs to take them beyond awareness to work with vignette examples that are relevant to their everyday practice. (1)
6. Police officers need to be trained about options for women experiencing domestic violence other than arrest and criminal prosecution. (1)
7. Women we interviewed wanted/expected some follow up after an assault was reported to the police. (1)

8. There is a need to expand the outreach provision in West Sussex. (1, 6)
9. Refuges need to have positive publicity to overturn public perceptions of them as being the worst type of overcrowded and dirty hostels. Refuge services could consider promoting their public telephone numbers and website photographs of a 'typical' refuge bedroom, kitchen, playroom, showing only the inside of the accommodation minus residents. (1)
10. Women felt there was a lack of support and protection after they had separated from violent partners. Extended outreach support would help women to access services to deal with the emotional, financial and legal difficulties they face after separation. (1)
11. Services for children need to be more accessible to children living with domestic violence. (3)
12. Child care support and provision for support with parenting for women in refuges is a particular gap in services that requires urgent attention. (3)
13. Outreach support for children living in the community is needed. (3)
14. Assessments, especially in education of children's special needs, should be speedier. (3)
15. One of the most frequent concerns of children attending NSPCC children's groups is unsafe contact with violent fathers. Courts in West Sussex need to pay more attention to children's wishes and to show that they are fully implementing the Children Act Sub-Committee's guidelines on contact and domestic violence. (3)
16. There are inadequate provisions for safe contact in the county. More services are needed for the professional supervision of children who are at risk of harm but who do not come to the attention of child protection services because they come to court via the family law. (3)
17. The education services in the county should work collaboratively with children's service, youth services and domestic violence services to develop preventive education and resources on domestic violence for children and young people. Children and young people are a valuable resource and should be able to participate in the development and delivery of anti-violence education. (5)
18. Risk assessment and safety planning – this needs to be informed by research on the specific risks and protective factors that are important to BME women and children. (6)
19. Awareness Building – there is a need for education and awareness-raising work in BME communities to help shift cultural beliefs about domestic violence and to educate women and young people about their rights to be safe and to have healthy, violence-free relationships. (6)
20. There is a need to talk about women's individual rights, without confusing it with notions of respect for family and the 'community'. (6)
21. Immigrant women who experience domestic violence find it almost impossible to get advice and emergency protection. Agencies' concerns about their immigration status override concerns about their human right to life. Lack of funds for immigrant women fleeing domestic violence means that even refuges turn women and children away or run the risk of paying for their support out of their own limited funds and facing a funding deficit through accumulating rent arrears. Women should be exempt from the 'no recourse to public funds' rule, particularly

- those under the two year probationary period. This is a national issue that West Sussex county council and local politicians need to take up with central government. (6)
22. It is strongly recommended that service providers who are involved in assisting BME women who have experienced domestic violence arrange for qualified female interpreters who have an understanding of the dynamics of abuse in BME communities. Family members and neighbours should not be used as interpreters. (6)
  23. To break the silence, strong grassroots initiatives, aimed at raising awareness and promoting discussion and acknowledgment of the problem within the lesbian and gay community, are crucial. (6)
  24. In terms of the provision of support services, the collective efforts of both the lesbian and gay community and the heterosexual community is vital. It is important, given scarce resources, that responses be developed both from within the lesbian and gay community and by utilising existing ‘heterosexual’ domestic violence services. Whilst lesbian and gay specific domestic violence support programs have begun to emerge in some parts of the UK (namely Manchester, London and Brighton), it is questionable whether such services are viable in a small county like West Sussex. (6)
  25. Most domestic violence cases are dealt with through the Family Law Act 1996, which specifically relates to heterosexual people and currently excludes people in same-sex relationships. Hopefully proposed amendments to this statute will succeed and GLBT people will be able to apply for protection orders as well. Pressure must be placed on legal and non-legal organisations dealing with domestic violence to eliminate homophobic attitudes and heterosexist assumptions, thereby providing services responsive to the needs of lesbians and gay victims of domestic violence. (6)
  26. Specifically, in relation to the police in West Sussex there needs to be a clear system of evaluation and monitoring that can identify domestic violence reports from LGBT people. (6)
  27. There needs to be a more proactive stance to monitoring in line with the requirements outlined in the Race Relations Amendment Act (2000). Monitoring and evaluation systems do not currently include LGBT people (6) ([www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)). There is a significant gap in identifying and responding to the needs of LGBT people experiencing domestic violence in West Sussex.
  28. West Sussex should commission an LGBT domestic violence source and referral guide. (6)
  29. The inclusion of LGBT people in monitoring and evaluation systems should be a funding requirement. (6)
  30. In order to effectively address the issue of same-sex domestic violence, the silence surrounding this issue must be confronted. Denial within the lesbian and gay community must be overcome. (6)
  31. Male victims of domestic violence find it difficult to access sources of help and advice. Information needs to be accessible for male victims. (6)
  32. Training for front-line agency staff on gender issues and domestic violence needs to be maintained. (6)

33. Further research into the police response and follow-up interviews with male and female victims in contact with AVUs would provide useful information on victims' needs and expectations. (1, 6)
34. When working with the issues concerning elder abuse it is important that all agencies have a consistent consensus of the working definition of elder abuse. (6)
35. Professionals given the responsibility of recognising elder abuse must be able to do so. (6)
36. These professionals must be able to make an accurate diagnosis of elder abuse. (6)
37. Medical and legal interventions for abused older adults must be in place. (6)
38. It is clear from cross-agency response that there is an urgent need for training. No one knows what goes on behind closed doors. Therefore, it is important that there should be mandatory training for all those within the health/nursing profession, in prevention, recognition and the management of elder abuse. (6)
39. Resources in drug and alcohol treatment services should be identified to pilot a specialist program drawing upon the expertise developed in the Greater London Stella Project. (6)
40. A review of screening procedures for domestic violence in drug and alcohol treatment programs. (6)
41. Training on domestic violence issues for drug and alcohol treatment workers to ensure that partners and children are safe and supported. (6)
42. GPs and primary care play a key role in working with people affected by domestic violence and drug or substance misuse issues. GPs need training and information on this area of work. (6)
43. Practice guidelines on domestic violence and drug and alcohol issues for child protection. (6)
44. Training on domestic violence, mental health and disability for key agencies. (6)
45. Outreach services to support women with mental health problems or disabled victims of domestic violence. (6)
46. An audit of domestic violence services and resources for their applicability and accessibility for domestic violence victims with mental health needs and disabilities. (6)
47. Supporting the non-abusive parent is now accepted as being effective child protection practice. This needs to be balanced with efforts to made to stop the violence and to work also with the perpetrator. (5)
48. Information and advice needs to be available for children and young people in safe places. The education service has a key role to play in developing this. (3, 5)
49. Teachers and school counsellors need training and information on children and domestic violence. (3, 5)
50. Services for children living with domestic violence need to be audited and benchmarks agreed for minimum standards. (3, 5)
51. Preventive education in schools should be continued and expanded. (5)
52. Children often turn to peers for support. A review of possibilities for improving peer support should be undertaken. (3)
53. Contact with the violent parent is a major concern for children. Courts in West Sussex need to audit their approaches and adherence to the CSAC Guidelines and to survey the outcome of contact orders made. (3)

54. Refugees must have secure funding for children's services. (1, 2)
55. A perpetrator program is needed. (3)
56. The program needs to provide support to victims. (1, 2)
57. The program needs to work with abusers in contact with family courts. (2)
58. The perpetrator working group should review and develop a strategy for challenging perpetrators across all relevant agencies to balance the emphasis on safety planning. (2)
59. Training for CAF/CASS on domestic violence risk assessment. The use of the SARA should be carefully explored and justified with reference to research findings. (3)
60. A clear training program for judges and magistrates on domestic violence. (1, 2)
61. Attention to worker safety in relation to perpetrators. (2)
62. Efforts to increase arrests and prosecutions for domestic violence by continuing to implement and monitor pro-active policies in the police and CPS. (2)
63. Development of more refuge accommodation, outreach services, perpetrator work, children's services and services for 'hard to reach groups should be priorities for the county's domestic violence strategy. (1, 2, 3)
64. West Sussex Strategic Community Safety Partnership should consider piloting a mobile drop in service at women's workplaces, outside schools and in villages. (1)
65. We recommend that where possible, families should be supported to move on from a refuge after three months. A good outreach service would provide ongoing support and contact with the refuge service. (1)
66. Police training is needed for a more consistent response to domestic violence. (1)
67. The Sussex police policy now makes reference to domestic violence by officers. This aspect of the policy needs to be made widely known to the families of police officers. (1)
68. The unfortunate naming of the domestic violence repeat victimisation response as bronze, silver and gold standard should be rethought. (1)
69. Action at 'bronze' level needs to be carefully monitored so that risk assessment is not used as a resource rationing tool. (1)
70. Referrals to child protection need to be speedier. (1, 3)
71. The important role the police play in documenting domestic violence and providing evidence for the courts should be recognised. Information on previous contacts should be provided for family law cases. (1)
72. The Sussex police should review further scope for improving multi-agency involvement especially for cases of repeat victimisation where a high risk of further abuse is identified. (1)
73. A repeat victimisation policy is required for the family courts to prevent abusers using court procedures to further harass ex partners. (1)
74. A specialist domestic violence court should be set up in West Sussex. (1, 2)
75. Housing officers and RSLs need adequate training on how to support women who choose to stay in their own homes rather than to relocate. (1)
76. Advertising the options for victims of domestic violence to be safe at home. (1)
77. Domestic violence cases are often high conflict cases that can take several years to settle in the courts, sometimes leaving the family homeless as equity from the

- matrimonial home is lost to court costs because of mortgage arrears. Considerable savings in costs and in court time could be made by fast tracking domestic violence cases through specialist courts. A costings analysis of potential savings made by fast tracking cases should be undertaken. (1)
- 78.** An evaluation of the DOH guidance on domestic violence is needed. (1)
  - 79.** Health carers need adequate training so that guidelines can be implemented and they feel competent to talk to patients about domestic violence, to collect evidence and document injuries where necessary. (1)
  - 80.** The development of domestic violence specialisms for some health carers such as health visitors and midwives. (1)
  - 81.** Medical evidence presented to the courts needs to be based upon sound empirical research. Magistrates and judges need training in the assessment of medical evidence in domestic violence and abuse cases so that they can adequately interrogate experts. (1)
  - 82.** Better understanding of the role of informal and formal social support systems should be incorporated in the assessment and intervention. It is important for agencies to have an understanding of the positive and negative roles of social support, particularly in Black and minority ethnic communities, and how these factor into the women's lives.(1, 6)
  - 83.** Barriers to seeking support and services should be explored as well as all avenues of positive access and satisfaction. The role of family, friends and the community, the stigma and shame that survivors of domestic violence experience, and the ways in which these impede access to much-needed support should also be examined.
  - 84.** It is important that educational services that work directly with children recognise the effects of childhood exposure to domestic violence and work comprehensively, consistently and effectively to address the underlying causes of domestic violence. In the case of child custody and visitation cases involving domestic violence, the courts should consider in their analysis the best interests of the child, the potential impact on the child of ongoing exposure to violence against their mothers and, more importantly, violence in the parental home. (3, 5)
  - 85.** Within courts, it is strongly recommended that during all child contact proceedings and cases of domestic violence in the BME community that registered interpreters and translators be used prior to and during any trial or child contact proceedings. (6)
  - 86.** Employers need not wait until violence spills over from the home directly into the workplace since there are almost always indicators that predict the occurrence of workplace violence. It is important that employers recognise that providing meaningful assistance to victims and survivors of domestic violence is in the best interests of the company, which would have invested in the training and productivity of that employee. (1)
  - 87.** To conduct better assessments, social workers and health professionals do need continuous training in identifying risk factors – the escalation of violence, homicide, self-harm and suicide – and the background characteristics of perpetrators of abuse. (1, 2)

- 88.** It is important that any perpetrators' programmes that are set up include treatment curricular that participants can identify with, particularly men from BME communities. Such programmes should include parenting education classes, which highlight the nature of ethnic and gender discrimination relationship stress secondary to immigration, incorporate open discussions of the nature and impact of sexual abuse, and the inclusion of religion and spirituality. Health practitioners working with perpetrators from the BME community should be aware of perpetrator trauma and shame issues and the need to screen for alcohol abuse, and should try to incorporate these suggested treatment components into perpetrator programmes for men from the BME community. (2, 6)
- 89.** High-level public education campaigns giving accurate and appropriate messages need to be driven forward by all agencies in West Sussex to underpin the seriousness of domestic violence, accompanied by increased resources for services to ensure that they are able to respond to the resulting increased demand. (5)
- 90.** Children's Trusts should consider drawing upon promised increased funding from the government under the new Children's Bill to establish named persons within agencies such as the police, education, child protection and health with responsibility for developing integrated services for children living with domestic violence. (3)
- 91.** There needs to be better monitoring of the outcome of cases of domestic violence where the police record children were present or living with the family involved.
- 92.** The police should also be able to refer cases of domestic violence involving children to health visitors and to children's outreach services. (3)
- 93.** Inclusive system-level collaborative efforts that coordinate criminal justice efforts with advocacy agencies' services are most effective in enforcing offender accountability, increasing victim safety and significantly deterring further violence. (2)
- 94.** Resources should be sufficient to implement and run without giving up essential facilities and services. (1)
- 95.** Agency staff should take time to communicate fully so they know each other well, their norms, standards, ethics, resources, legal restrictions, and language among others. With a broad knowledge of each other's legal restrictions, resources, outlooks, norms, and so forth decision-making will be enhanced and implementation and resources issues that affect not only the individual services but also the partnering agencies will be mitigated. (1)
- 96.** Arrangements should be instituted for monitoring the response, including case-tracking through the system, of women and children who have experienced domestic violence, as well as more rigorous procedures introduced for perpetrator accountability. (1, 3)
- 97.** Collaborative service delivery is essential when considering the harmful effects of domestic violence for both women and their families. (1)
- 98.** We recommend that service user participation is improved. (1)
- 99.** Better baseline data for health, education, refuges and courts. (1, 3)
- 100.** Professionals need accessible guidance on data sharing, data protection and human rights. (1, 2, 3)

## Recommendations

- 101. Data on outcome especially on client views and service satisfaction.(1, 2,3)
- 102. Baseline data on prevalence, incidence and needs for hard to reach groups. (1, 2, 3)
- 103. Multi agency data tracking. (1, 2, 3, 6)
- 104. Research findings on what works. (1, 2, 3,4, 5, 6)



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# Appendices

## **Appendix 1: Letters Sent to Stakeholders & Key Services**

- The Chief Constable of Sussex Police
- Officers in charge of the five police AVUs covering West Sussex
- The Chief Probation Officer
- The Area Chief Crown Prosecutor
- The area head of CAF/CASS
- The Director of Social Services/ Chair of the Area Child Protection Committee
- Housing Directors in the seven local authorities
- All seven domestic violence forum chairs
- Members of the county's Community Safety Strategy Group
- Seven community safety officers
- Health Promotion
- The Director of Public Health
- Five PCT chairs
- The county Youth and Community Officer
- Area Chair of Victim Support
- Directors of the county's two Refuges & the seven Domestic Violence Drop-ins
- The Director of Education
- NSPCC Area Children's Services Manager
- Age Concern
- County, District & Borough Chief Executives
- The Community Based Services Co-ordinator
- Director of the Worth Project
- Two Hospital Accident and Emergency Departments and a hospital consultant in Obstetrics and Gynaecology
- The Government Officer for the South East

## **Appendix 2: Best Practice Indicators**

### **Standard Indicators for Multi-Agency Services**

Based upon key principles identified in Safety and Justice and in Every Child Matters, CDRPs should aim to provide:

#### **Services and interventions that offer safety, support and protection to victims of domestic violence, before and after separation**

Examples : easy access to information on sources of help or advice for adults and children affected by domestic violence, adequate refuge provision, outreach services, legal services, safety planning, risk assessments that enable quick responses from key agencies such as the police, provisions to ensure the assessment and supervision of child contact.

#### **Services and interventions that challenge and attempt to change the behaviour of domestic violence perpetrators and bring them to justice**

Examples : policies to monitor and to reduce repeat victimisation in criminal and in family law systems; safety planning that includes strategies to stop the perpetrator's violence; provision of perpetrator programs that allow self referral and take referrals from criminal and family justice system as well as a range of key agencies; positive use of arrest for domestic violence incidents; increase in prosecutions; adequate risk assessment of perpetrators in contact and residency cases in the family courts.

#### **Services and interventions that respond to the needs of children affected by domestic violence**

Examples: accessible, age appropriate advice and support for children living with domestic violence; domestic violence training for teachers, educational welfare, health visitors, nursery workers and play workers; information and educational resources for schools on domestic violence services for children; children's services in refuges and outreach services; access to resources for children in need; adequate and speedy assessments for children; therapeutic and counselling services; safe contact services; prevention work through education.



## **Opportunities and services that enable adults and children affected by domestic violence to undo and to overcome the harmful consequences of the abuse**

Therapeutic and counselling support; provisions to ensure safety from post-separation violence and harassment; opportunities to support families affected by domestic violence to gain employment, housing and self sufficiency; positive support for parenting.

## **Services, interventions and education initiatives that work towards the prevention of domestic violence**

Examples: Public awareness campaigns; advice and guidance on sources of help; prevention work in schools and in youth services.

## **Non-discriminatory services and interventions that are relevant to and accessible to the diverse needs of victims of domestic violence in relation to age, gender, ethnicity, sexuality, disability and specific health care needs.**

Examples: outreach workers employed to work with BME communities; adequate translation services; advice lines for GLBT people; mainstreaming domestic violence work into health, social care, drug and alcohol services; strategies for hard to reach groups and domestic violence.

## **Domestic Violence Good Practice Indicators**

(Adapted from Humphreys, C. Hague, G. Hester, M. & Mullender, A. (2002) From Good Intentions to Good Practice, York: Joseph Rowntree Foundation)

Indicator number	Description	Parameters
1	Definition of domestic violence	Inclusive definition acknowledges diversity Includes gender, power & control
2	Monitoring and screening	Consistency in use Safe method for identifying domestic violence Systematic screening protocol Guidance, supervision & training
3	Policies & guidelines	Mechanisms for recording Safety & confidentiality Diversity, equality & survivor consultation Working towards a wider cross locality strategy Policies for different user groups and clarity of referral Building on policies developed well in other areas Policies that are embedded in the practice of organisations
4.	Safety measures	Detailed guidelines Safety planning done by trained staff A range of measures used Supporting mothers in child protection
5	Training	Worker safety measures Large numbers trained Training that goes beyond awareness A rolling program of

		training
		Training integrated into operational planning of domestic violence services
		Strategy to finance ongoing training
		Quality training incorporating equality issues and survivor voices
		Trainers with specialist knowledge
6.	Evaluation	Independent evaluation
		Building in survivor voices
		Follow up
		Feedback into policy
7.	Multi-agency work	Consistent services within and across agencies
		Confidentiality, permission & agreement policy
		Full participation from refuges
		Equality issues and consultation with survivors and children
		Clarity of response
		Avoiding the talking shop
		Monitoring effectiveness of inter-agency cooperation
		Improved resources
8	Good practice processes	Involving children and survivors
		Monitoring
		Taking a sensitive and believing approach
		Emphasis on empowerment
		Mainstreaming domestic violence work

## Appendix 3: Telephone Interview Guide

### DOMESTIC VIOLENCE IN WEST SUSSEX – TELEPHONE INTERVIEW QUESTION GUIDE

**Participant code:**

**M/F:**

**Date & time of interview:**

**Interviewer:**

#### Pre-Interview Information & Consent Check:

1. Check participant understands what the research is about and what we want to achieve. The research will inform the consultation on the county's domestic violence strategy. [ ]
2. Agree the time to end the interview – the interview should take between 20 to 30 minutes, ask for permission to extend the time (only if an extension is absolutely necessary). [ ]
3. Check participant understands that the interview will be taped and check consent to do this. [ ]
4. Confidentiality – inform participant that their identity will not be revealed. Names and other identifying comments will be removed from the transcript. [ ]
5. Check if participant would like to have a copy of the interview transcript. [ ]
6. Inform participant that the full text of the interview will be used for our analysis within the research team but at the most, only a very brief extract from the interview is likely to be quoted in our final report. Any quotes would be selected very carefully to illustrate key points from the general findings. [ ]

7. Check that participant is ready to begin and turn on tape. [ ]

### **Role & responsibilities:**

1. Can you tell us briefly about your own work - what is your position and what are your responsibilities within your organisation?
2. How long have you been in your current job?
3. How does domestic violence fit in with the day to day workload in your agency? (Prompt if necessary for information on frequency, time spent with individual cases, strategic and operational priorities)
4. What are the key challenges working against domestic violence raises for policy and practice in your agency?
5. Is there anything distinctive or specific to your work against domestic violence in this area of West Sussex compared to other areas of the UK? (Prompt if necessary for information on specific local challenges or resources)
6. Can you tell me about any recent developments or major changes in your work regards domestic violence?
7. What does your agency do well when working against domestic violence?
8. What does your agency do least well?
9. How do you know your agency is effective or that policies ‘work’? (Prompt if necessary for details on how practice and quality of services are monitored. Ask for copies of any documentation or reports on monitoring )

### **Data collection, information sharing and monitoring:**

10. How would a person working in your agency know that a service user was a victim or a perpetrator of domestic violence? (Prompt for information on screening and identification, data recording procedures)
11. What data on domestic violence is currently collected routinely in your agency?

12. Is your agency able to identify cases of domestic violence that are high risk cases? If so, how is this done?
13. What happens if a high risk case is identified? What do you do?
14. What information on domestic violence do you share with other agencies? (Ask about any protocols and recent data sharing initiatives. Can we have copies of these?)
15. What should be done (by your agencies and by others) to improve the useful data kept and shared on domestic violence?

Service delivery:

16. What resources does your agency (the county in general) most need to improve your work against domestic violence?
17. We are collecting information on 6 'hard to reach groups' in the county – children & young people living with domestic violence; older people; ethnic minorities; people with drug, alcohol or mental health and disability problems; people experiencing domestic violence in gay, lesbian, bi-sexual or transgender relationships; male victims. Can you tell us what are the key challenges for your agencies working with these hard to reach groups? What most needs to be done? (Prompt for information on each group)
18. What training on domestic violence is given to members of your agency? Is it enough? What else might you want?

Strategy development:

19. What are your priorities for a domestic violence strategy in West Sussex? What would you most like other agencies to do? What do you need to do as priorities in your own agencies?
20. Is there anything else you want to add or to include in the interview?

**Thank participant.**

## Appendix 4: Questionnaire

### Domestic Violence in West Sussex Questionnaire Introduction and Background

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This questionnaire has been sent to you by a team of researchers at the University of Surrey Roehampton who are working with the West Sussex Strategic Community Safety Partnership to complete a needs analysis on domestic violence in West Sussex. The overall aim of the research is to provide essential information about domestic violence in West Sussex to inform a consultation process about a proposed domestic violence strategy.

The research includes:

1. Data mapping – collecting and putting together crucial statistics on domestic violence from key agencies and services and identifying gaps where further data collection would be helpful;
2. Service and resources mapping – gathering information on services and resources available for people affected by domestic violence living in the West Sussex area and identifying the key challenges service providers face in providing effective responses;
3. A needs assessment focusing especially on the needs of survivors with experience of services in West Sussex, making a particular effort to contact people who are isolated, socially excluded and 'hard to reach'.

The research has a tight schedule and we need to have a report ready to go out for consultation with key stakeholders during April.

We hope that you will be able to spend 10 minutes of your time to help us by completing this questionnaire and telling us about your agency's response to domestic violence and the possible content of a domestic violence strategy for the county. The questionnaire is confidential and anonymous. We are an experienced team of academic researchers and we are following the British Sociological Association's ethical guidelines for research. Any information, which you can provide, will be useful even if you feel your experience of work with domestic violence issues is limited. The information you provide will be used to prepare the final research report and will be used to inform work against domestic violence in the county. Please complete as many of the questions as you possibly can.

**The deadline for returning this questionnaire is 5<sup>th</sup> MARCH 2004.**

**All completed questionnaires should be returned to:**

**Sally Burrows, Research Officer, School of Sociology & Social Policy, University of Surrey  
Roehampton, Southlands College, 80 Roehampton Lane, London, SW15 5SL**

The information you give will only be used within the project. Your personal details will remain confidential, and no individual will be identified in the final report.

Thank you very much for your help.

## SECTION 1 : YOUR WORK

<p><b>Q1</b> Which of the following best describes your general area of work ?</p> <p>Please tick the one that most applies</p>	
Police <input type="checkbox"/>	Specialist domestic violence service <input type="checkbox"/>
Probation <input type="checkbox"/>	Local authority/community safety <input type="checkbox"/>
Courts or legal services <input type="checkbox"/>	Education <input type="checkbox"/>
Social services/social care <input type="checkbox"/>	Voluntary sector <input type="checkbox"/>
Health <input type="checkbox"/>	Youth service <input type="checkbox"/>
Housing <input type="checkbox"/>	Other <i>Please specify</i> <input type="checkbox"/>

<p><b>Q2</b> Is your work.. ?</p> <p>Please tick the one that most applies</p>	
Managerial <input type="checkbox"/>	Direct work with clients <input type="checkbox"/>
Other <input type="checkbox"/> <i>Please specify</i> _____	

<p><b>Q3</b> How long have you been in this general area of work ? _____                  years</p>
---

<p><b>Q4</b> How long have you been in your current job ? _____ years</p>
---



## SECTION 2 : YOUR WORK AND DOMESTIC VIOLENCE

**Q5a** Does your work involve direct contact with people affected by domestic violence ?

Please tick the one that most applies

Yes

If **Yes**, go to Q6

No

**Q5b** If **No**, does your work have a policy or crime reduction focus ?

Yes

No

**Q6** Please mark with an 'X' on the line to indicate the approximate amount of time you spend in your job working with domestic violence ?

I-----X-----  
All                      None                      Some                      I                      About half                      Most

**Q7** Does your agency work mostly with.. ?

Please tick the one that most applies

Adults

Both

Children

**Q8** Does your agency work mostly with.. ?

Please tick the one that most applies

Victims of domestic violence

Both

Perpetrators of domestic violence

Neither

<p><b>Q9</b> Which of the following services does your agency provide for people affected by domestic violence ?</p> <p>Please tick ALL that apply</p>	
Information and advice <input type="checkbox"/>	Referral to other agencies <input type="checkbox"/>
Child protection <input type="checkbox"/>	Training and education <input type="checkbox"/>
Help with children <input type="checkbox"/>	Safety planning <input type="checkbox"/>
Medical aid <input type="checkbox"/>	Healthcare <input type="checkbox"/>
Individual casework <input type="checkbox"/> <i>Please specify</i>	Protection for victims <input type="checkbox"/> <i>Please specify</i>
Preventative work <input type="checkbox"/>	Law enforcement <input type="checkbox"/>
Financial help <input type="checkbox"/>	Emotional support <input type="checkbox"/>
Accommodation <input type="checkbox"/>	Legal advocacy <input type="checkbox"/>
Help with relocation <input type="checkbox"/>	Therapeutic services <input type="checkbox"/>
Perpetrator groups/ re-education <input type="checkbox"/>	Faith-based services <input type="checkbox"/>
Other <input type="checkbox"/> <i>Please specify</i>	

**Q10a** Does your work in your agency ever require co-operation with other agencies on domestic violence issues ?

Please tick one that most applies

Yes  No  **No, go to Q11**

**Q10b** If **Yes**, Which agencies ?

- |   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| Police  | <input type="checkbox"/> | Courts                             | <input type="checkbox"/> |
| Police Anti-Victimisation Unit                            | <input type="checkbox"/> | Probation                          | <input type="checkbox"/> |
| Social services   | <input type="checkbox"/> | Solicitors/ Legal services         | <input type="checkbox"/> |
| Social care sector  | <input type="checkbox"/> | CAFCASS                            | <input type="checkbox"/> |
| Child contact services                                    | <input type="checkbox"/> | Youth Offending Teams              | <input type="checkbox"/> |
| Education & Schools                                       | <input type="checkbox"/> | Youth service                      | <input type="checkbox"/> |
| Community Safety  | <input type="checkbox"/> | Voluntary sector                   | <input type="checkbox"/> |
| Faith-based services                                      | <input type="checkbox"/> | Housing agencies                   | <input type="checkbox"/> |
| Hospital services   | <input type="checkbox"/> | Women's refuge services, Sussex    | <input type="checkbox"/> |
| Mental health services                                    | <input type="checkbox"/> | National Women's Aid helpline      | <input type="checkbox"/> |
| Drug & alcohol services                                   | <input type="checkbox"/> | Victim Support                     | <input type="checkbox"/> |
| GPs   | <input type="checkbox"/> | Counselling & therapeutic services | <input type="checkbox"/> |
| Drop-in services  | <input type="checkbox"/> | Domestic Violence forum            | <input type="checkbox"/> |
| Men's rights sector (e.g. Families need fathers, Mankind) |                          |                                    | <input type="checkbox"/> |
| Organisations supporting ethnic minorities                |                          |                                    | <input type="checkbox"/> |
| Gay, lesbian, bisexual & transgender organisations        |                          |                                    | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |                                    |                          |
- Please specify*

**Q11** When people affected by domestic violence have approached your agency, to which of the following agencies have you referred them ?

Please tick ALL that apply

- |   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| Police  | <input type="checkbox"/> | Courts                             | <input type="checkbox"/> |
| Police Anti-Victimisation Unit                            | <input type="checkbox"/> | Probation                          | <input type="checkbox"/> |
| Social Services   | <input type="checkbox"/> | Solicitors/ Legal Services         | <input type="checkbox"/> |
| Social Care Sector  | <input type="checkbox"/> | CAFCASS                            | <input type="checkbox"/> |
| Child Contact services                                    | <input type="checkbox"/> | Youth Offending Teams              | <input type="checkbox"/> |
| Education & Schools                                       | <input type="checkbox"/> | Youth Service                      | <input type="checkbox"/> |
| Community Safety  | <input type="checkbox"/> | Voluntary Sector                   | <input type="checkbox"/> |
| Housing Agencies  | <input type="checkbox"/> | Faith-based services               | <input type="checkbox"/> |
| Hospital Services   | <input type="checkbox"/> | Women's Refuge services, Sussex    | <input type="checkbox"/> |
| Mental Health Services                                    | <input type="checkbox"/> | National Women's Aid Helpline      | <input type="checkbox"/> |
| Drug & Alcohol Services                                   | <input type="checkbox"/> | Victim Support                     | <input type="checkbox"/> |
| GPs   | <input type="checkbox"/> | Counselling & Therapeutic Services | <input type="checkbox"/> |
| Drop in Services  | <input type="checkbox"/> | Domestic Violence Forum            | <input type="checkbox"/> |
| Men's rights sector (e.g. Families need fathers, Mankind) | <input type="checkbox"/> |                                    |                          |
| Organisations supporting Ethnic Minorities                | <input type="checkbox"/> |                                    |                          |
| Gay, Lesbian, Bisexual & Transgender organisations        | <input type="checkbox"/> |                                    |                          |
| Other   | <input type="checkbox"/> |                                    |                          |
- Please specify*

**Q12a** Are there any gaps in service provision that need to be addressed ?

Please tick one

Yes

No

If **No**, go to Q13

**Q12b** If **Yes**, What are they ?

**Q13** Please describe the key challenges working against domestic violence raises for policy and practice in your agency.

**Q14** What most needs to be done in response to these challenges ?

**Q15** Which of the following would help you and your agency in working against domestic violence ?

Please tick ALL that apply

Domestic violence training for staff	<input type="checkbox"/>	More time for staff	<input type="checkbox"/>
More refuges and refuge services	<input type="checkbox"/>	More permanent accommodation for victims	<input type="checkbox"/>
Resources for my agency	<input type="checkbox"/>	Specialist domestic violence workers in my agency	<input type="checkbox"/>
A local or national domestic violence strategy	<input type="checkbox"/>	Better information sharing and cooperation with other agencies	<input type="checkbox"/>
Counselling or mental health services	<input type="checkbox"/>	Drug and alcohol services	<input type="checkbox"/>
Outreach services working with women in the community	<input type="checkbox"/>	Supervised child contact services	<input type="checkbox"/>
Services for children	<input type="checkbox"/>	Perpetrators rehabilitation programme	<input type="checkbox"/>
Parenting support	<input type="checkbox"/>	Law Reform	<input type="checkbox"/>
Information on other services and what they do	<input type="checkbox"/>	<i>Please specify</i>	
Other	<input type="checkbox"/>		
<i>Please specify</i>			

**Q16** From the list of possibilities in Q15 which would be the 3 most relevant to your work ?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Q17** From the list of possibilities in Q15 which are the 3 least relevant to your work ?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### SECTION 3 : DOMESTIC VIOLENCE STRATEGY

**Q18a** Do you think a domestic violence strategy would be useful for improving the response to domestic violence in the county ?

Yes  If **Yes**, go to Q19                      No

**Q18b** If **No**, Why would it not be useful?

**Q19** Can you list your 5 priorities for a domestic violence strategy in West Sussex?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Q20** Please use this space to add any other information you would like to offer

## SECTION 4 : PERSONAL DETAILS

**Q21** What sex are you ?

Male

Female

**Q22** How old are you ?

\_\_\_\_\_ years

**Q23** Which of the following best describes your ethnic origin ?

### **WHITE**

British

Irish

Other White

*Please specify* \_\_\_\_\_

### **MIXED**

White & Black Caribbean

White & Black African

White & Asian

Other Mixed

*Please specify* \_\_\_\_\_

### **ASIAN OR ASIAN BRITISH**

**BRITISH** Indian

Bangladeshi

Pakistani

Other Asian

*Please specify* \_\_\_\_\_

### **BLACK OR BLACK**

**African**

Caribbean

Other Black

*Please specify*

### **CHINESE OR OTHER ETHNIC GROUP**



Chinese

Other ethnic group

*Please specify*

---

All information provided on this form will be treated with the strictest confidence, and will not be shown to anyone outside the research team.

**Thank you very much indeed for your help**

## Appendix 5 : Supplementary Tables

**TABLE 1 BCS 2002 Summary of Injuries Reported for Violent Crimes (extracted from Table 6.07 BCS 2002)**

Injury	All Violence	Domestic violence	Acquaintance violence	Stranger violence	Mugging
No injury	50%	38%	49%	55%	70%
Minor bruise/black eye	30%	36%	31%	30%	15%
Severe bruising	18%	26%	13%	14%	17%
Scratches	15%	22%	13%	12%	6%
Cuts	19%	24%	16%	18%	11%
Broken bones	3%	5%	3%	2%	2%
Broken nose	2%	4%	2%	2%	1%
Broken/lost teeth	1%	2%	1%	1%	0
Chipped teeth	1%	2%	1%	<1%	1%
Concussion/loss consciousness	4%	4%	5%	3%	4%
Other	3%	5%	1%	1%	3%
Medical attention	14%	18%	12%	8%	18%
Hospital stay	2%	1%	2%	1%	6%

**TABLE 2 : Average Cost of Domestic Violence Crimes Recorded by Police in West Sussex 2003, adapted from Brand & Price, 2000**

Crime category	Average cost (£)	Number of crimes in West Sussex 2003	Estimated total cost (£)
Homicide	£1,100,000	1	£1,100,000
More serious VAP	£130,000	66	£8,580,000
Wounding	£18,000	6	£108,000
Less serious VAP	£2,000	195	£390,000
Common assault	£540	606	£372,240
Sexual offences	£19,000	44	£836,000
Total cost	-----	-----	£11,386,240

## Appendix 6: West Sussex Police Data Summary

### SUSSEX POLICE DATA 2001-2003 SUMMARY ANALYSIS

Table 1 : Three year summary of incidents and disposal

	Incidents recorded	Incidents crimed	%Incidents crimed	HO stats	Method of disposal					
					TIC	Charged	Summoned	Caution	No crime	% disposal rate
2001	4,965	2,342	47.2	815	3	758	29	190	130	81.1
2002	6,449	2,680	41.6	779	3	909	23	334	125	80.2
2003	6,579	2,713	41.2	529	3	792	16	507	147	72.0
3 years	17,993	7,735	43.0	2,123	9	2,459	68	1,031	402	77.6

Table 2: Arrests and powers of arrest for domestic violence incidents, 2001-2003

Year	Total number of domestic violence incidents	% of total incidents recorded as no powers of arrest	% of total incidents recorded as having powers of arrest	Arrests made as % of total incidents	% powers of arrest cases where no arrests were made
2001	4,965	58%	35%	28%	22%
2002	6,449	63%	36%	30%	17%
2003	6,570	58%	38%	32%	16%

Table 3: Three year summary of domestic violence incidents recorded by police district, **2001-2003**

Year	Crawley	Horsham	Mid Sussex	Chichester	Arun	Worthing	Adur	Year total
2001	911	484	633	468	1,095	907	467	4,965
2002	1,122	674	827	532	1,451	1,214	629	6,449
2003	1,003	726	859	711	1,417	1,195	659	6,579

Table 4: Percentage of domestic violence incidents recorded as repeat victimisation, **2001-2003**

Year	Repeat Victimisation
2001	23%
2002	22%
2003	17%

Table 5: Gender of domestic violence victims, **2001-2003**

Victim gender	Total	% of all victims
Female	9,404	78
Male	2,510	20.8
Unknown	14	0.1
*Company	115	0.9
	12,043	

\* More than one person involved

Table 6: Gender of domestic violence offenders, **2001-2003**

Offender gender	Total	% of all offenders
Female	1,346	16.3
Male	6,927	83.7
	8,273	

Table 7: Age of domestic violence victims, **2001-2003**

Victim age	% of all domestic violence victims	Number
1 to 12 years	0.6%	72
13 to 16 years	1.2%	141
17 to 24 years	21.5%	2,532
25 to 34 years	29.5%	3,459
35 to 44 years	28.6%	3,362
45 to 54 years	12.3%	1,449
55 to 64 years	4.4%	514
65 to 74 years	1.1%	127
75 + years	0.8%	91
Totals	100%	11,747

Oldest victim was 97 years

Table 8: Age of domestic violence offenders, **2001-2003**

Offender age	% of all domestic violence offenders	Number
1 to 12 years	0.2%	20
13 to 16 years	1.6%	129
17 to 24 years	21.1%	1,737
25 to 34 years	30.6%	2,533
35 to 44 years	30.3%	2,507
45 to 54 years	11.7%	971
55 to 64 years	3.4%	282
65 to 74 years	0.7%	57
75 + years	0.4%	37
<b>Totals</b>	<b>100%</b>	<b>8,273</b>

Oldest offender was 90 years

Table 9 : Ethnicity

	% total victims	% total offenders
White		
European	95.1%	93.3%
Dark European	0.9%	1.3%
Afro Caribbean	1.5%	2.7%
Asian	1.3%	1.6%
Oriental	0.4%	0.2%
Arab	0.3%	0.5%
Other	0.5%	0.4%
	<b>100%</b>	<b>100%</b>

Total number of victims with information on ethnicity = 11,499

Total number of offenders with information on ethnicity = 8,249

Table 10: West Sussex domestic violence murders and attempted murders **2001-2003**

Year	Murders	Attempted murders	Year total
2001	3	1	4
2002	1	2	3
2003	1	2	3
	5	5	10

Table 11: Domestic violence murders and attempted murders **2001-2003**, gender of victims and offenders.

Gender of offender & victim	Number of murders	Number of Attempted murders	Totals
Male offender, female victim	4	3	7
Male offender, male victim		1	1
Female offender, female victim			0
Female offender, male victim		1	1
Female victim, offender gender unknown	1		1
	5	5	10



Table 12: Domestic Violence Incidents West Sussex by Offence Category, **2001-2003**

Offence categories	2001	2002	2003
Violence against the person			
Common assault	1,116	1,225	606
Assault – abh	621	652	1,292
Wounding	5	9	6
Gbh	23	21	22
Threats to kill	49	53	64
Attempted murder	1	2	2
Murder	3	1	1
Kidnap, abduction& false imprisonment	7	6	2
Robbery	2		
Sexual offences			
Indecent assault	3	14	11
Attempted rape	2	4	3
Rape	9	17	30
Harassment, intimidation and public order			
Harassment or causing fear of violence	53	148	193
Public affray & nuisance	30	24	14
Possessing firearm or dangerous weapon	7	6	2
Breach of restraining order	3	14	10
Witness intimidation	3	5	5
Property offences, robbery and thefts			
Arson	3	3	2
Burglary (including vehicle crimes)	21	27	32
Theft	21	32	44
Criminal damage offences	326	392	379
Other offences*	9	23	33
NON-CRIMES	2,622	3,786	3,805

Total incidents do not match Table 1 because not all HO Stats and TICS were included

Table 13: Domestic Violence Cases also logged as Child Abuse, **2001-2003**

Year	DV & Child Abuse
2001	18
2002	25
2003	37

Table 14: Domestic violence where males are victims, **2001-2003**

	2001	2002	2003
Total number of DV incidents	4,965	6,449	6,579
Number of male victims	930 (19%)	1,252 (19%)	1,222 (18.5%)
Female offender, male victim	219	258	242
Male offender, male victim	167	194	159

Between 20 to 24% of domestic violence incidents where males are victims, the offender was female

Between 13 to 18% of domestic violence incidents where males were victims, the offender was male

For 58 to 67% of domestic violence incidents where males were victims, the gender of the offender was not recorded.