

**BRINGING IT OUT IN THE OPEN:  
DOMESTIC VIOLENCE IN NORTHERN IRELAND**

**A Report for the DHSS**

by

**MONICA MCWILLIAMS and JOAN MCKIERNAN**

**Centre for Research on Women  
University of Ulster**

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## EXECUTIVE SUMMARY

This report sets out the findings of a major study of domestic violence in Northern Ireland involving both help-seekers and help-providers. It is based on in-depth interviews with 56 women who had sought help in relation to domestic violence and includes 120 interviews with a wide range of service providers, covering health and social service professionals, those working in Women's Aid and in other voluntary organisations as well as the police, Probation Service and the Housing Executive. An extensive literature in the United Kingdom, the USA and elsewhere is reviewed, paying particular attention to the contribution that health and social service professionals have made, and to the problems that have arisen in this area.

As far as women's experience of domestic violence is concerned, findings confirm its seriousness. By domestic violence is meant repeated physical abuse which can threaten women's health and put their lives at risk. It is damage to their physical well-being, to their sense of self-worth and ability to take control of their lives. It can have serious, sometimes long-term effects on children. There is no doubt that the accounts that are reported here make harrowing and salutary reading.

A complex picture of statutory service provision emerged from the study because no single agency has clear responsibility in this area. Interviews show that there is an absence of guidelines and of any coherent recording of domestic violence. Clearly there is good practice, and examples of this are recorded. Equally clearly however, domestic violence is often minimised or missed altogether, or viewed with embarrassment as an invasion of privacy, or with alarm as an extension to an already heavy workload.

Voluntary sector provision in this area comes from a number of groups, but most notably from Women's Aid, both through its refuges and its advice and support services. The philosophy underlying this provision stresses the need to empower women and give them real choice.

A Northern Ireland dimension is noted in all of this insofar as responses of both help-seekers and help-providers are often coloured by traditional beliefs that value the maintenance of the family and reinforce the subordinate position of women in it. The violence of 'The Troubles' also perhaps serves to overshadow domestic violence.

Reviewing the findings both from the point of view of help-seekers and help-providers, the conclusions reaffirm the seriousness of domestic violence and the importance of developing a consistent policy that responds to domestic violence as a problem in its own right. There are 13 recommendations in all (see page 84). These highlight the need for an overall policy framework, for training, for guidelines and inter-agency liaison. A new community based advocacy service is among the major suggestions, as is a broad based programme of public education. Annexes elaborate on some of these recommendations and also describe key initiatives taken elsewhere to deal with domestic violence. The project was designed to be preliminary to an action intervention, and the importance of getting this under way as soon as possible is emphasised.

## CHAPTER ONE

### INTRODUCTION

#### BACKGROUND TO THE STUDY

The origins of this project lie in a recommendation to the Home Office that the health and social service professions should examine more effective ways of dealing with those experiencing domestic violence. This recommendation, made as a result of an extensive research review (Smith 1989), was taken up by the Ministerial Group on Women's Issues and resulted in a proposal to mount a number of three-year demonstration projects in different parts of the United Kingdom, each designed to explore and test the effectiveness of different kinds of skilled interventions which could be made by professionals.

Local consideration of this proposal led to the rapid realisation that, contrary to the position in Britain, very little was known about the range of formal agencies and the informal structures which are brought into play in Northern Ireland when domestic violence occurs. It was agreed that the optimal strategy was to carry out an initial information-gathering exercise to establish some of the key parameters for a Northern Ireland intervention project. In this way the eventual intervention could be based not solely on existing literature from other settings, but also on the direct insights of local research. Consequently the DHSS commissioned the research on which this report is based.

A twelve-month period was set in which the researchers would (a) gather information from women who had been subject to domestic violence, exploring the nature of that violence and the patterns of helpseeking as they emerged in the Northern Ireland context and (b) gather information on the perceptions and experience of the various professional groups and agencies in the statutory and voluntary sectors who currently offer a response to domestic violence. It was recognised that while the focus of this part of the enquiry would largely be with health and social services professionals in the statutory sector and with Women's Aid in the voluntary sector, a wide range of other agencies would also need to be contacted, the police, the courts, the probation services, the Housing Executive and others. As the first study of service response to domestic violence directly in Northern Ireland it was felt important that the net was cast as widely as possible.

#### DEFINITION

For the purposes of this project, domestic violence has been defined as "the intentional physical abuse of a woman in a way that causes pain or injury or the threat of physical abuse by the male partner with whom she lives or has lived" (Montgomery and Bell 1986). As a working definition this focuses on three key aspects: that it is most frequently directed against women by men; that it is intentional; and that it involves physical aggression. This definition forms the starting point for the project, although it

is recognised that other forms of sexual and mental abuse may co-exist and may be equally serious.

Some might argue that research on the subject of domestic violence should include these other forms of violence. However, to expand the definition in this way would make the task unmanageable and run the risk of losing the particular focus that violence against women in relationships requires, if it is to be effectively addressed. Whilst the findings of prevalent studies show a small proportion of women being violent to men, the focus of our report is on women, reflecting this research showing that the vast majority of violence in relationships is from men to women. The research is not confined, however, to legally married couples since it includes couples who are cohabiting and women who have been living apart from their partners. It is acknowledged also that the term domestic violence can be misleading since it both assumes an element of neutrality in relation to the focus of the violence and does not highlight sufficiently the fact that serious assaults can take place outside of the domestic setting and often long after the woman has separated from her partner. None the less, it is the most popularly known term and will be used extensively in this report.

## POLICY CONTENT

Domestic violence is not something new. As long ago as the fourteenth century, reference was made to a case of a woman seeking refuge from her abusive husband. It was not, however, until 1878 that legislation was introduced accepting domestic violence as grounds for an official separation. Present social policy (as opposed to legislative) approaches on domestic violence can be traced back only to 1975, with the Parliamentary Select Committee on Violence in Marriage. This Committee emerged in the wake of the very considerable public recognition that the women's movement, and particularly Women's Aid, had gained for work on domestic violence. It endorsed many of the principles behind Women's Aid's refuge provision and its emphasis on self help. Expressing alarm at "the ignorance and apparent apathy of some Government Departments and individual Ministers towards the extent of marital violence" (cited in Dobash and Dobash 1992:121), the final report of the Select Committee made three important recommendations concerning housing and safety. In the following sessions of Parliament, legislation was passed putting these into effect in England and Wales, and then later in Scotland and Northern Ireland. The 1976 Domestic Violence and Matrimonial Proceedings Act and the 1978 Domestic Proceedings and Magistrates Court Act in England two years later became the Domestic Proceedings (NI) Order 1980. The Order gave women the right to occupy the matrimonial home and provided wives with protection and exclusion orders against their husbands. In 1984, the legislation was extended to cover co-habitees. These civil orders for the first time gave the police a clearly defined role in intervention and in facilitating the enforcement of the law. Their role was strengthened in Northern Ireland by the power of arrest attached to all relevant orders made in the Magistrates Court. As a consequence, however, of recent judicial difficulties with this legislation, the Family Law (Northern Ireland) Order proposed in 1992 contains provisions making breaches of protection or exclusion orders a criminal offence.

The Select Committee also emphasised the responsibility of local authorities to provide women, who have left their homes because of violence, with temporary accommodation. In order for abused women to receive priority status for rehousing, the government introduced the Housing (Homeless) Persons Act in 1977 in Britain. This was finally introduced into Northern Ireland, as the Housing Order (NI), 1988.

In the 1980s, domestic violence again came to the attention of government through the Women's National Commission. This advisory group to government produced a report in 1985 recommending better police training and more inter-agency liaison. They also called for adequate funding for refuges and drew attention to the housing needs of women. In response to this report, the Home Office issued a circular in 1986 to all Police Chief Officers in England and Wales, which stated that the over-riding concern in dealing with domestic violence was to ensure the safety of victims and to reduce the risk of further violence. This was to form the basis for new guidelines on domestic violence which were to be introduced by the various police forces throughout the United Kingdom and the Royal Ulster Constabulary issued its own Force Order (7/91) on domestic violence in March 1991.

In 1992, a further Select Committee on domestic violence was established to receive submissions from those carrying out work in this area in England and Wales. It has held several hearings to date and has published its first report on the subject.

The role of the police, the courts and housing in the potential alleviation of domestic violence has thus been the focus of much policy development in recent years. The role which the health and social service professions can play has attracted much less attention. All of this forms the backdrop to this project.

#### EXTENT OF DOMESTIC VIOLENCE

Despite the enormous amount of research that has been done on domestic violence and the activities of pressure groups since the 1970s, it is still impossible to make an accurate statement on the prevalence of domestic violence. This is partly to do with the limitations of surveys (which we discuss in Chapter Two). It is also to do with the lack of consistency in recording of domestic violence, something which emerges in other research and which, as will be seen, was widespread also in Northern Ireland.

We made considerable efforts to locate potential sources of statistical data and to discuss their compilation and recording with this problem in mind. Every one of the sources had limitations, but as some rough initial indication we can note that in 1991/92 in Northern Ireland,

- \* excluding deaths attributable to the Troubles, there were 25 homicides, 10 of which resulted from domestic violence
- \* there were over 2,800 domestic disputes recorded by the RUC
- \* there were 2,500 personal protection orders granted to women

- \* there were over 2,300 exclusion orders granted to women
- \* over 1,000 women, together with over 2,000 children, came to Women's Aid looking for accommodation
- \* nearly 1,400 women came to Women's Aid for information and support
- \* a total of 416 applications for rehousing cited domestic violence as the reason for homelessness and more than 1,300 more cited marital dispute.

A local community survey of women's health in the Ardoyne area of North Belfast found that domestic violence was reported to affect the lives of 27 per cent - this is more than one in four women (Ardoyne Women's Research Project 1992).

This project itself has become testimony to the seriousness of domestic violence. Whilst the research was being carried out, we were provided with evidence of the deaths of two women in the areas in which we were working. One of these women was five months pregnant and the other was the mother of six children - both their partners have been charged with manslaughter. In a hospital within our sample area, we were told during an interview of a female patient who had just been admitted to intensive care after being thrown down the stairs by her husband. Her neck was broken in the fall and she will be permanently paralysed.

Our interviews with women show the horror of domestic violence both for those experiencing it and those dealing with it. It is very much a matter of life or death. The problem arises when it is not recognised as such - when it is ignored, when it is seen as a private matter between husband and wife, when it is not acknowledged that such traumatic events go on day and daily behind the closed doors of family homes. The reality of domestic violence flies in the face of what we want to believe about families. This may be particularly the case in rural areas where claims are made about close family networks and where partners are perceived to support each other rather than hurt each other. This image of the "happy family" or the pretence of "keeping the side up" for the sake of appearances can become a major problem in itself. It may prove to be a barrier in telling anyone - particularly someone outside the family who may be in a position to help. It may also be influential in the extent to which "outsiders" feel it is legitimate to ask about domestic violence. In other words, the "asking" and the "telling" are part of a complex process and need to be recognised as such by all concerned. It was imperative that recognition of this informed the methodology of the research.

## RESEARCH DESIGN

The project aims to make an assessment of the helpseeking process of women who have experienced domestic violence in Northern Ireland and to appraise the responses of the various agencies with whom abused women came into contact. The intention was to collect baseline data on the relevant dimensions of domestic violence and to assess the extent to which the helpseeking process differed from Great Britain and elsewhere. The

design started from four assumptions. The first was that women who experience domestic violence are not passive victims but actively seek help and support through informal and formal networks and experience a process of becoming or not becoming a client, the patterns of which can be documented. The second was that professionals will react to domestic violence in ways affected by their backgrounds and training, their workloads, policies and priorities as shaped by the agencies in which they are employed. The third assumption was that the perspective of the help-providers and in particular help-seekers is crucial to the success of any intervention in this area. The fourth and final assumption was that any understanding of help-seeking and help-provision in Northern Ireland must take account of the varying contexts in which assistance is potentially sought and delivered.

There were two stages of data collection. The first involved in-depth interviews with women who had recent experience of domestic violence, the second involved the help-providers and focused on professional practice in relation to domestic violence. The second phase was designed to build on the first so that the various agencies would have the opportunity to respond to the specific problems which the women had encountered.

In order to assess the potential impact of specific local factors, the research on help-providers focused on two localities, one urban area located in the Eastern Health and Social Services Board, and a rural area located in the Western Health and Social Services Board. Interviews were carried out in a predominantly Catholic area and a predominantly Protestant area in both localities in order to assess whether there were any significant differences amongst the help-seekers and the help-providers in relation to the religious/political divide. The target areas were also chosen on the basis of the research team's strong network of contacts with community organisations and women's groups in these locations. The sample of help-seekers was drawn from the target areas as well as from a number of other areas in Northern Ireland (see Table 1).

It was clear from the outset that there could be no question of convenient sampling frames in which to find victims of domestic violence. Such samples have to be assembled through a process of negotiation and building trust. The first step was to generate a sample of women in refuges. The Northern Ireland Women's Aid Federation, together with a number of other providers of sheltered accommodation, agreed to facilitate the process of access to the refuges and to liaise with the researchers as required. A considerable amount of time was spent in discussing the project with refuge workers as well as with groups of women living in the refuges so that the aims of the project could be explained before any interviews were carried out. It is important to note that gaining access to a refuge requires a good deal of sensitivity on the part of those seeking information from outside. Not only must the research be seen as having some value but the researchers themselves need to spend time developing trust with all those concerned. Twenty-two women from a total of five refuges were ultimately included in the study.

We then turned to women in the community. This involved intricate and in-depth networking with a variety of intermediary bodies. A number of solicitors throughout Northern Ireland were contacted. Solicitors were thought to be potentially useful for meeting middle class women who might not go to other sources of help. We discussed

the project with solicitors and sent letters and forms to be used for women clients for whom domestic violence was an issue. The solicitors agreed to co-operate and many welcomed the project as a much needed development. Interviews were then conducted with women who were referred through solicitors. Contacts in the sample areas were developed principally through local women's and community groups and we spent considerable time in discussing domestic violence with groups of women in their own homes. This enabled the project to have a deeper understanding of the attitudes of women in a local community towards social and health professionals and the barriers to help-seeking that currently exist.

In order to assess the particular problems women in the Traveller community might face, we met Traveller women both in refuges and in the Glen Road site. This access was made possible through the community worker attached to the Travellers. While we were not able to interview any Asian women, workers attached to the Chinese Welfare Association discussed the obstacles facing Asian women living in Northern Ireland. Contacts were also pursued with voluntary groups such as Safer Towns, Victim Support, and local community organisations who had an interest in the issue of domestic violence in the sample areas. Access to the various voluntary groups in the rural locality was initiated through a Community Development worker. Staff of several voluntary groups who had experience in working with victims of domestic violence assisted in locating women who agreed to be interviewed. Finally, the researchers attended and addressed public meetings and conferences such as the Women's Information Days in different communities to explain the work of the project. A special leaflet was produced for use at these meetings and for other occasions.

These various techniques meant that we met and talked to 76 women in either individual or group discussions. Sixty-four women agreed to in-depth interviews. Of these women 56 have been used for analysis for this report. Those not included in the sample were women who came to Northern Ireland after their relationships were ended and were not in previous contact with help-providers in Northern Ireland, and some Traveller women who discussed particular experiences for their group. Further details of the sample are set out in Annex 1.

The second stage of the project involved appropriate individuals from both the voluntary and statutory agencies. Within the statutory sector, three different levels of management were identified and targeted for interviews. The interviewees included: those employed in the areas where our samples were located; those employed at the unit of management level; and those employed in a managerial capacity at Board Level. General practitioners, social workers, health visitors, community psychiatric nurses and others were included. The relevant hospitals within the two localities were also included and interviews were conducted with the consultants and senior nursing staff in the respective accident and emergency departments. Details of numbers and locations of staff are shown in Annex 1. Within the voluntary sector, interviews were also conducted with a wide range of voluntary and informal help providers in the areas being studied and at headquarter level. The selection here was influenced by the responses of the women saying what agencies they had contacted. Further details again appear in Annex 1. In all, a total of 120 help-providers were interviewed as part of this study.

Since the role of the Housing Executive has increased in importance as providers of accommodation and is, for many women, the first point of contact in the process of help seeking, we interviewed Housing Executive officials in the relevant areas to discuss their guidelines and practice. We also met with RUC personnel responsible for domestic violence liaison work at headquarters level and also with local police members of the C.A.R.E. Team in one of the sample areas to discuss their experience with domestic violence in that area.

A word is necessary on the interview method with the women's sample. There is little point in approaching the victims of domestic violence with a predetermined schema and a range of deductively derived concepts. Our research started with women's articulation of their experience and general concepts were derived in negotiation with the women themselves. As far as possible, the women were allowed to be the authors of their experiences and particularly in the case of Traveller women their story as it was told directed the method rather than the other way round. This is a process which Liz Kelly (1989) calls building "a cooperative framework" while Dobash and Dobash (1980) describe it as "learning about the problem in its concrete form". In our case this was a time consuming but productive part of the methodology.

Group discussions with women in refuges were used to develop a suitably robust instrument to gather the information as well as to identify issues that were not developed in the literature but which were felt to be important to explore in the Northern Ireland context. These discussions enabled the researchers to find ways to talk to women about their horrific encounters as well as discussing sources of help and suggestions for change.

The resulting semi-structured interview schedule covered what motivated the women to seek help or to make a change; where they went for help - families, friends, voluntary groups, professional agencies; what response they got from anyone they went to for help; any difficulties they experienced in trying to get help; and what suggestions they had for improving support for women. Interviews took approximately two hours to complete. They were recorded and transcribed into both quantitative and qualitative text.

Schedules were also designed for semi-structured interviews with staff in the voluntary and statutory agencies. These interviews covered the level of domestic violence cases encountered; general policy and guidelines for those who deal with domestic violence cases; current practice regarding advice, referrals or other support; training and amount of expertise in this area of work; liaison with other agencies; difficulties encountered in dealing with domestic violence; and suggestions for changes in agency involvement in domestic violence issues. The design of the two phase approach also enabled professionals to respond to specific issues that were raised by the help-seekers particularly where these related to their own area of work.

Much additional background work was also undertaken. Statistics relating to domestic violence in Northern Ireland were collected from the Northern Ireland Court Service, the Directorate of Information Systems for the DHSS, the R.U.C. and the Northern Ireland Housing Executive. Programmes of study used in the prequalification programmes and in-service education of GPs, health visitors, social workers, nurses, and community workers were analysed, both formally and informally, for the content relating to training

and education relevant to domestic violence and relevant interviews were carried out. A marker has to be placed here in that it is not always evident whether or not domestic violence has appeared on the curriculum since it may be subsumed under a different heading as for example in family and child-care programmes. Domestic violence intervention projects in other areas were assessed for their relevance in the context of this research, and an extensive bibliography of existing research on domestic violence was compiled. All these sources and resources have been drawn upon for this study.

Following this introduction, the report has a further five chapters. Chapter Two reviews research literature both in general and with special reference to findings on health and social service professions. Busy readers will find that it is possible to skip this chapter, although it does help to make sense of the findings and to show where they echo work which has gone before. Chapter Three reports on women's experiences of domestic violence, using as far as possible their own words and their own accounts of the ways they have responded and the support or lack of it that they received. It makes both harrowing and salutary reading. Chapter Four examines help provision from the point of view of the providers themselves. It juxtaposes for the different groups comments and criticisms on the part of the women with the views - sometimes the very different views - of the providers themselves. Chapter Five treats the voluntary sector in a similar way. Women's Aid is, of course, the major agency here, but, as we found, there are many other help-providers to whom women from time to time also turn. The major rationale for the project was not research in its own right but research as a prelude to an action initiative. The final chapter, therefore, develops conclusions and recommendations with this in mind.