

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

Domestic violence is potentially life-threatening, it is directed primarily against women and includes emotional and physical abuse by men to dominate and control their female partners. Children are also seriously affected both emotionally and physically by this violence. A recent report in Great Britain concluded that domestic violence was among the most serious of our national social problems, important not only for the suffering it caused but for its effect on the community as a whole (Victim Support 1992). The seriousness of domestic violence was also borne out by the findings of this report, which showed the extent of the problems for both the help-seekers and the help-providers.

This report documents the impact of domestic violence on the women who are on the receiving end of it. It can threaten women's lives and damage their health, both physically and psychologically. Women have been killed, pregnant women have been beaten, women have suffered miscarriages, women have been raped by their partners. Often the women have seen no escape from the brutality except by inflicting harm on themselves or even by attempting to end their own lives.

It needs to be recognised that leaving a violent relationship can involve difficult decisions for women, particularly where there are children concerned. The report, however, shows that women are not passive victims and once they have made a decision to leave, then ways need to be found which empower them to do so. Women may start the process through their families, mainly their mothers, but they do look to and use the statutory and voluntary agencies as well. There was a high level of contact with the statutory agencies amongst the women we interviewed but there was also, sadly, a low level of helpfulness recorded.

We found that there was a wide range of agencies who were concerned about the problem of domestic violence. Some of these had already developed good practice in the field. One of the first things, however, which professionals need to recognise is that to even name the problem, let alone seek help for it, is a major issue, particularly in the context of Northern Ireland. Services fell down in the lack of identification of domestic violence especially at the early stage when intervention could be most effective.

There was a good deal of mutual denial and minimisation of abuse amongst some of the professionals. Different models of explanation were put forward by different agencies as well as by the professions within the agencies. When confronted with evidence of domestic violence, some professionals sought to find explanations for it in the conduct of the women whilst others used alcohol abuse or family history as explanatory factors.

In their help-seeking, women were often made to feel that the plight of their children was the only cause for concern. Occasionally, the focus on children and not their own needs in relation to the violence made the women reticent about coming forward in the first place. The outcome, unintentional though it was, was one of double victimisation,

once by the abuser and then again by the system to which the women turned for help. It was ironic too that despite this focus on children, there was a lack of services provided for those women who have left violent relationships and had identified a need for on-going support and counselling in relation to their children.

Men need to be challenged about their behaviour when they have been responsible for inflicting abuse on their partners or children. Few agencies are currently addressing this need. There are differences of view both about the priority and nature of this work. Our interviews show, however, that some innovative developments are being made by more specialised units. By intervening with men who use excuses, such as their alcoholism, to minimise violence, and working with families of abusing men, these units have introduced ways of challenging men's attitudes and enabling women to get some sense of control back into their lives.

Another challenge is the whole question of the centrality of domestic violence for professional practice and more specifically the crossover between the guidelines which have already been developed on child abuse to domestic violence. The report shows that although there are similarities between the issues, there also needs to be a difference in approach. It could well be that, in the case of domestic violence, those protective services which are the basis of child abuse interventions need to be supplemented or even replaced with services that facilitate women's sense of empowerment and autonomy.

The question of whether there was a special 'Northern Ireland dimension' to domestic violence was an important theme of the study and the report has identified specific problems for the help-seeking process in Northern Ireland which serve to keep domestic violence hidden. Marriage and the family have a particularly central importance to women's lives in Northern Ireland. The social and religious attitudes which stigmatise lone parents are barriers which women must overcome before they step onto the help-seeking ladder. Public attention emphasising the violence resulting from the 'Troubles' makes it more difficult to attract the necessary resources and public concern for the problems associated with other forms of violence.

There are also the additional needs of specific groups within Northern Ireland. Women living in rural areas, Traveller women and Asian women all have specific problems which need to be addressed. The lack of police response poses specific problems for women living in nationalist areas when looking for support in crisis situations. The particular needs of elderly women and disabled women living with violent partners are further issues which must be considered by help providers.

Clearly the problem is complex and requires solutions that are multi-faceted. Any consideration of domestic violence must be placed in the context of the continued inequality of women in the family and in wider society. Women's lack of opportunities in work and in education contribute to inequality generally between men and women. In addition, government policies in relation to housing, welfare, and childcare impact on women's ability to leave violent homes and begin independent lives. Societal attitudes which condone rather than condemn this violence serve only to perpetuate this abuse

in the long-term. Lack of opportunities and societal attitudes demand a challenging and long-term response by all concerned with the issue.

The major concern of the report, however, has been with health and social service professions and it is these who are the focus of the recommendations listed below. Underlying the recommendations are three key assumptions:

- * of *consistency* in the treatment of women who have suffered from domestic violence
- * of the *maintenance* of the dignity of women when services are offered
- * of *respect* for the ability of women to make their own decisions, but coupled with an appreciation of (a) the difficulties of this decision-making, and (b) the effect of depression on people's decision-making processes.

These assumptions underlie the philosophy which, as we have seen, has been articulated in some detail by Women's Aid in its long history of provision for women who have been abused.

Where does the question of costs and cost effectiveness fit? Some of the changes can be made with minimal financial input. Others however require resources for new initiatives and the extension of those already in existence. Such costs need to be placed in the context of the multiple agencies currently dealing with the problem as it gets passed on, either deliberately or unintentionally, from one agency to the next.

Below we set out a series of 13 recommendations. Some of these are covered in more detail in Annex 3. It must be remembered that this project was initiated as a preliminary to an intervention project by the DHSS to alleviate the problems of domestic violence in Northern Ireland. There is no doubt that there is a demonstrable need for such a project. Both the seriousness and the urgency of the problem are now apparent. They demand an urgent response.

RECOMMENDATIONS

Recommendation 1

A *multi-disciplinary conference* be arranged to disseminate the findings to the various professions, agencies and participants involved in the research. Individual conferences for professional groups and Area Board conferences should also be arranged for dissemination purposes and for the development of position statements on domestic violence.

Recommendation 2

A *central policy* be developed by government departments in Northern Ireland to enable a coherent and coordinated framework for domestic violence to be put in place.

Recommendation 3

A *Northern Ireland Working Party* be established, involving statutory and voluntary agencies, to address the specific issues highlighted in this report and to facilitate the development of policy and guidelines on domestic violence. (This could build on the work of the Working Party on Domestic Violence and the Law, see Annex 4, Women's Aid).

Recommendation 4

Codes of practice be designed for identifying and recording domestic violence.

Recommendation 5

A framework be developed for the *collection of statistics* on domestic violence by social work, health and medical agencies. Mechanisms should also be developed which provide clear recognition of domestic violence within criminal statistics.

Recommendation 6

Single disciplinary courses on domestic violence be introduced as an integral part of pre- and post-qualifying education together with in-service training programmes within each professional group.

Recommendation 7

Multi-disciplinary training programmes be developed within the context of the help-seeking process in Northern Ireland (see Annex 3.1).

Recommendation 8

A *community-based advocacy, information and advice service* be established as a pilot project in Northern Ireland; this should include a 24-hour crisis help-line (see Annex 3.2).

Recommendation 9

Aftercare, support and counselling services for women be established, dealing also with the needs of children who have witnessed or experienced domestic violence (see Annex 3.3).

Recommendation 10

Local inter-agency domestic violence forums be resourced and extended to develop greater liaison between statutory and voluntary agencies at the community level (see Annex 3.4).

Recommendation 11

A programme of public education be developed in schools and community youth work settings to challenge the use of violence in intimate relationships (see Annex 3.5).

Recommendation 12

Work with abusers be extended, drawing lessons from evaluations elsewhere (see Annex 3.6).

Recommendation 13

Areas for future research should be identified and funded to address the gaps in the current knowledge on domestic violence (see Annex 3.7).