

Changing Direction

Evaluation of Services for Women Experiencing Violence in the North Eastern Region

Authors Acknowledgements

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Finally, we would like to thank the study participants - the women, service providers and representatives of national organisations who took part in focus groups and one-to-one interviews. Among these, particular gratitude must be extended to the women who generously shared their experiences and perceptions of services for women who experience violence in the NE Region in the hope of improving outcomes for other women. We trust that their contributions will assist the Regional Planning Committee in meeting this challenge.

foreword

The North East Regional Planning Committee for the prevention of violence against women was established in 1998 on foot of the National Task Force Report on Violence against women, 1997. The National Task Force Report recommended that the Regional Planning Committees have a strategic focus and should assess need for services and implement a plan to address and meet these needs. The Regional Planning Committee in the North East consists of a wide range of both voluntary and statutory agencies and the ethos of partnership has been strongly valued and reflected in the work of the Committee.

We have worked hard at building a strong co-ordinated, proactive and effective approach to preventing violence against women. We've made progress with an increase in the number and range of support services for women experiencing violence, a solid approach to training staff across all the agencies in the region, the development of policies that support good practice and ongoing feedback from service users on their experiences of the services.

One of the core functions of the Regional Committee is to establish appropriate evaluation and monitoring mechanisms for services. In 2002, to this end, we commissioned the Women's Education and Resource Centre at UCD to undertake an evaluation of our current services along with an analysis of the gaps in existing service provision.

The findings of the research both affirm the direction of service planning undertaken in the region and offer a significant challenge with its future focused and modernising agenda for change. We are very pleased to embrace the challenge that this report brings and to pay particular attention to improving the outcomes for women in the North East. All of the agencies, both statutory and voluntary have significant roles in integrating and coordinating our responses. The findings of the research indicate that the NGO sector currently form the backbone of service provision.

We are also committed to improving the range of services that are available not only when women present in crisis but before things reach crisis point, and also to support women after the crisis has passed.

Particular thanks and appreciation are due to the team who carried out the research namely Ann Timoney, Catherine Conlon and Ailbhe Smyth of WERRC. We would also like to thank the steering group who on behalf of the Regional Planning Committee worked closely with the research team, Fiona Ward, Marie Joyce, Una McGuill, Noeleen O'Gorman and Margaret Costello.

Lastly, but not least The Regional Planning Committee would like to thank the women themselves who participated and who generously shared their experiences and perceptions of services in the North East in the hope that by doing so it would improve outcomes for other women.

The Regional Planning Committee on violence against women is committed to implementing the recommendations contained within this document and invite you all to join with us in 'Changing Direction'.

Mairead Heaney, Acting Chairperson Regional Planning Committee
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Chapter one

Background to the Study

Outline of the Study

Definition of Violence

Structure of the Report



Chapter One Introduction

1.1 Background to the Study

The North East Regional Planning Committee on Violence Against Women commissioned the Women's Education, Research and Resource Centre (WERRC), UCD to undertake this study of service responses to women who experience violence in the North East region.

The Regional Planning Committee was established in 1998 following recommendations issued by the Task Force Report on Violence Against Women (1997). Membership is drawn from voluntary (NGO) and statutory agencies within the region (see Appendix One for list of membership). The role of the Regional Planning Committee is to address at local and regional level issues in relation to the delivery of services to women who experience violence to achieve a co-ordinated, proactive and effective approach to the issue in the North East Region. The Committee liaise with the National Steering Committee on Violence Against Women.

Regional Planning Committees on Violence Against Women exist within the Health Board structures. During 2003 the Minister for Health announced a programme of reform for the Health system incorporating a radical review of the Health Board structures. The future context for planning and delivering services for women experiencing violence will be very different if these reforms are implemented.

1.2 Outline of the Study

The overall aim of the study was to evaluate existing responses in the North East to women experiencing violence or the threat of violence arising from domestic violence, rape or sexual assault.

The main objectives of the study were to:

- establish a baseline of information regarding current responses
- identify present and foreseeable needs to facilitate service development and planning
- identify a model for on-going assessment of needs
- identify gaps in the current services and the steps needed to deliver the most integrated, effective and efficient quality service for women in the region within the current level of resources
- carry out the research in a responsive, participatory and interactive way

The research had regard to the following framework of services:

- preventative services for women who may be vulnerable to violence
- support, information and therapeutic services for women at a pre-crisis level
- support, information, therapeutic and accommodation services for women and children in crisis
- support services for women and children post-crisis.

This largely qualitative study engaged with a wide representation of interests in the region including women who have experienced violence, other women in the community and a broad range of service providers from statutory and non-statutory organisations.

1.3 Definitions of Violence Against Women

Throughout the study the working definition of violence against women employed was that used in the Report of the Task Force on Violence Against Women (1997). The services studied addressed domestic violence, rape and sexual assault.

The Task Force report defines domestic violence as:

"Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships."

(1997: 27)

The Task Force report defines rape as:

"Sexual intercourse with a woman who at the time of the intercourse does not consent to it and at that time the man knows that the woman does not consent, or is reckless as to whether she does or does not consent."

(1997: 83)

According to the Task Force report sexual assault involves a sexual attack with a level of violence. Aggravated sexual assault means an attack involving serious violence or the threat of serious violence that causes injury, humiliation or degradation of a grave nature. Consent must be absent for an attack to constitute a sexual assault. (1997:83)

These are also the definitions in use by the Regional Planning Committee on Violence Against Women in the North East Region.

1.4 Structure of the Report

Chapter two provides a review of current literature in the field of violence against women with a particular focus on service delivery.

The research methods employed in the study are set out in Chapter three. This details the various strands of data collection, the participants, access negotiation and ethical issues that arose in the course of the study.

The findings from the study are presented in Chapters four, five and six. Chapter four profiles the dedicated services addressing violence in the area. Chapter five presents the views of women in the North East on services for women experiencing violence and includes both survivors of violence and women who have not had contact with services in the past. Chapter six looks at the role of other agencies and services in addressing the needs of women experiencing violence based on focus groups with service providers and interviews with health board managers in the North East Region as well as representatives of national level organisations working in this area.

Chapter 7 presents a summary of the conclusions from the research focusing on two principal aspects. A summary of the dedicated service profile is presented followed by a synthesis of the barriers to women accessing services for women experiencing violence identified by both women and service providers interviewed for the study. Finally, Chapter 8 draws the findings together to identify the challenges facing the Regional Planning Committee in the future planning and development of services for women who experience violence and their children. These are presented as a set of recommendations for the development of services for women experiencing violence in the North-East.

Chapter two

Introduction

Violence Against Women: A Gender perspective

Prevalence of Violence Against Women

Effects of Violence

The Needs of Women from Minority Groups

Where Women Seek Help

Practice Principles

Policy & Planning Structures for Responding to

Violence Against Women in Ireland

Models of Good Practice

Summary of Literature



Chapter Two **Review of Literature**

2.1 **Introduction**

A significant body of literature is available on violence against women internationally and in the Irish context. The purpose of this literature review is to provide the context for this study evaluating current responses to women who experience violence in the North East Region. As such the review provides an introduction to the issue of men's violence against women by briefly exploring understandings of violence against women, the related terminology as well as its prevalence and effects. It goes on to examine the policy context in which services for women are currently delivered and developed in Ireland. The following section examines the literature on where women seek help in relation to their experiences of violence. The final section looks at principles and models of practice in relation to service delivery in this field.

2.2 **Violence Against Women: A Gender Perspective**

Men are the overwhelming majority of perpetrators of violence against women and against children. Violence against women occurs in all countries and all cultures. Women are not immune to the risk of violence by virtue of their class, ethnicity, religion, sexuality or other social or physical factors (Heath, 2001). Men's violence against women is a consequence and reflection of unequal power relations between women and men in society characterised by male supremacy across all social, political and economic domains. Violence is used by men to secure and maintain the relations of dominance and subordination which are central to the patriarchal order. In turn inequalities between women and men in family and wider social structures exacerbate and support physical, psychological and sexual violence against women. Women have traditionally been confined to the home so that they have been denied economic independence and excluded from positions of public power and status outside the family. Violence against women can be interpreted as the extreme manifestation of the discrimination and prejudice women encounter in society (Venis & Horton, 2002:1172). Ideologies of male supremacy support and legitimise disciplining of women by men (Jewkes, 2002:1426). Watts & Zimmerman (2002) argue that violence against women is not only a manifestation of gender inequality but also serves to perpetuate this inequality.

The term 'violence against women' means any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. Men's violence against women may be physical, sexual, psychological or financial in nature. Physical violence may range from slaps, kicks and punches to assaults with weapons and murder. The literature indicates the sexualised nature of much violence against women (Working Party on the Legal and Judicial Process for Victims of Sexual and other Crimes of Violence Against Women and Children, 1996). Kelly (1988) used accounts of women's own experiences based on in-depth interviews to define sexual violence from the women's point of view to include 'any physical, visual or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault, that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact.' (1998:41). The inclusion of the threat or fear of violence is important because of how this can act to constrain women's behaviour. These forms of violence

frequently occur in tandem with psychological and financial abuse such as restricting women's social and economic behaviour e.g. seeing friends and family, continual intimidation, belittlement and name calling, preventing a woman working or taking her earnings (Watts & Zimmerman, 2002).

Male violence occurs in a wide variety of contexts, private and familial as well as public and is perpetrated by both strangers and men known to the women they attack. However it has been shown that women and children are at most risk of violence and abuse from men they know and in their own homes. In the literature on violence against women a variety of terms are used to describe the violence experienced by women at the hands of their partners or former partners. The term 'domestic violence' has been questioned for presenting a normalising image of men's violence against women presenting it as private and less harmful. Alternatives offered in its place include 'intimate partner violence' and 'family violence' but all of these terms mask the gendered relations of power that sanction men in being violent towards women.

Throughout this study we will adhere to the terminology used by the North East Regional Planning Committee on Violence Against Women i.e. violence or the threat of violence in the forms of domestic violence, rape or sexual assault.

2.3 Prevalence of Violence against Women

A substantial body of literature on the prevalence of violence against women demonstrates the extent of violence. Over 50 population-based surveys of the prevalence of domestic violence have been conducted in the past 16 years. The WHO review of data from these studies demonstrates that between 10% and 50% of women who have ever had partners have been physically assaulted by an intimate male partner at some point in their lives (in Watts & Zimmerman, 2002). The European Women's Lobby has examined data across Europe and found that studies everywhere indicate an alarmingly high prevalence of violence against women (EWL, 1998). In Portugal 53% of women had been abused by their partner or spouse. In the Netherlands a 1989 study indicated that 21% of women had been subjected to physical violence on the part of a partner or ex-partner at some time in their lives while 13% of women were suffering from sexual and/or physical abuse at the time of the study. In a recent Irish study, 39% of women who had ever been in an intimate relationship reported having experienced violence (Bradley et al, 2002). Also in this study, 9% of women reported being forced to have sex (Bradley et al, 2002). A national survey undertaken for Women's Aid indicated that the majority of Irish women know a woman who has experienced violence by a partner. Eighteen per cent of women reported being subjected to mental cruelty, threats of physical violence, physical violence, sexual violence or damage to pets or property by someone with whom they shared or had once shared an intimate relationship (Kelleher Associates with Monica O'Connor, 1995). The European Women's Lobby report notes that the figures from surveys across Europe, regardless of the methods used, show that violence against women crosses class and cultural boundaries and tends to be the norm rather than the exception of women's experience (EWL, 1998).

The Sexual Abuse & Violence in Ireland (SAVI) study (McGee et al, 2002) was initiated in 2001 as a nationally representative Irish study concerning sexual violence. The objective of this project was to outline attitudes to sexual violence, experiences of sexual violence (personal or in significant

others) and views on barriers to, or facilitators of, seeking health services or legal redress for episodes of sexual violence. The study found that more than one in four of the 1603 women who participated in this confidential telephone survey had experienced some form of sexual abuse in their lifetime. One in five women (20.4%) reported experiencing sexual assault that involved physical contact as adults (McGee et al, 2002). In addition, just over 5% of women reported unwanted non-contact sexual experiences. Penetrative sex was a feature of abuse experienced by 6.1% of women in the sample (i.e. over one quarter of the total number of contact abuse cases) (McGee et al, 2002). The data collected on the perpetrators of sexual abuse against adult women showed that intimate partners or former partners were responsible for the abuse in almost a quarter of cases (McGee et al, 2002). Data from the study allowed for analysis of the relationship between sexual abuse in childhood and in adult life. The strong association between penetrative abuse in childhood and later life, a sixteen-fold risk increase, indicates a strong risk of revictimisation.

It is widely recognised that attempts at determining the extent of violence against women in any population are subject to underreporting (Koss, 1993). Domestic violence, sexual assault and rape are clouded in stigma. The mixture of fear, shame, and stigma resulting from the violence, provides the context for all services for women affected by violence. The SAVI report showed that women do not disclose adult sexual assault often because they think it too trivial (almost 20%) (McGee et al, 2002:125). For many others it is due to shame or embarrassment (over 15%), blaming self or thinking others would blame them (approx. 6% and 7% respectively) or other reasons including not wanting others to know and not wanting to cause pain to one's family (McGee et al, 2002:125). In a review of studies reporting on prevalence of sexual assault and rape, Koss (1993) found that underreporting of events is common (1993). Rape victims may expect to be doubted and denigrated if they disclose, or may not recall being raped (Koss, 1993). Many women subjected to violence by partners or husbands do not reveal the abuse and remain in violent relationships because they have been socially conditioned to prioritise maintaining the family unit. Other factors include fear, economic dependency, lack of support, erosion of self esteem or a combination of any of these. For this reason literature on prevalence of domestic violence, rape and sexual assault inevitably underestimates the magnitude of the problem.

Violence against women is often not a single, unique incident but on-going abuse that can last many decades (Watts & Zimmerman, 2002). Domestic violence is an ongoing pattern of violence and abuse, often described as violence within a pattern of coercive control. Kelly (2000) describes it as a situation of repeat victimisation where the victim is vulnerable precisely because in the majority of cases she shares her home with her attacker and has feelings of loyalty and even love towards him. Attempts to leave a violent relationship can result in an escalation in the level of violence. Women who are considering leaving a violent relationship or who do leave are at greater risk of stalking, murder and attempted murder (Jewkes, 2002).

Overall, the data consistently shows a high prevalence of violence against women in Irish society as internationally with a high proportion of women experiencing physical violence and/or sexual assault at some time, frequently at the hands of a partner or former partner.

2.4 Effects of violence

Men's violence against women in the forms of domestic violence, sexual assault and rape has a

serious effect on women's physical and mental well-being. These effects as documented in the literature are discussed below.

2.4.1 Physical Health

The severity of the physical violence experienced is evident from the finding that seventy-one percent of women who had experienced physical violence in Kelleher Associates national study reported physical injuries as a result including fractures, head injuries, loss of consciousness and miscarriage (Kelleher Associates with Monica O'Connor, 1995).

Campbell (2002) highlights international research that indicates how the injuries, fear and stress associated with experiencing domestic violence may result in chronic health problems such as chronic pain, damage to the nervous system and gastrointestinal problems. She also draws attention to the gynaecological, anal and related damage resulting from forced sex (Campbell, 2002). At the extreme, violence may result in death. In the UK, twenty per cent of all murder victims are women killed by partners or former partners (Heath, 2001).

2.4.2 Mental Health

There is strong evidence that women's mental health suffers as a consequence of violence. The demeaning and demoralising effects of being a repeated victim cannot be underestimated (Heath, 2001). Loss of self-esteem and acceptance of repeated accusations from perpetrators that they are at fault for the violence are commonly reported consequences affecting women's ability to leave a relationships and/or seek help (Heath, 2001). There is a high incidence of depression and psychiatric disorder and various damaging behaviours such as self-harm, drug and alcohol abuse among survivors (Heath, 2001). A comprehensive meta-analysis of, mostly US, research undertaken by Golding demonstrated that the risk of depression and post-traumatic stress disorder was greater as a result of domestic violence than that resulting from childhood sexual abuse (cited in Campbell, 2002:1333).

Bradley et al's study of women in an Irish GP setting identifies a high correlation between experiences of domestic violence and anxiety and depression (2002). One quarter of women in the SAVI study reported experiencing symptoms consistent with post-traumatic stress disorder (PTSD) related to their experience of sexual violence (McGee et al, 2002:111). The severity of PTSD was found to be related to the severity of sexual violence (McGee et al, 2002).

While the mental health effects of violence against women are known to be serious it is also known that women who are affected by violence may be inappropriately medicalised e.g. treated for psychiatric symptoms rather than being given appropriate and empowering support (Romito and Gerin, 2002).

2.4.3 Impacts on Children

Domestic violence can impact on children in two ways, firstly through trauma induced by witnessing violence towards their mother and secondly, evidence shows that a significant minority of men who abuse their adult partners also physically and sexually abuse their children (Casey, 1989; Humphreys and Mullender, 2000). Women experiencing violence are parenting in a crisis situation and have the responsibility of caring for their children while trying to cope with the abuse. Services available for women experiencing violence do not always accommodate older

male children. Women may fear that disclosure of violence within the home could result in them losing their children. These issues highlight the need to take account of the effectiveness of woman protection in efforts at child protection (Kelly, 2000).

In the Irish context witnessing domestic violence is categorised as emotional abuse in child protection policy. In the development of services it is important that the link between domestic violence and child abuse is clearly acknowledged and responded to by professionals who work with women who experience domestic violence and those in the area of child protection. In practice the issue of child protection can at times conflict with the principle of woman protection as children's needs can differ from the needs of their carers. Children's needs vary and therefore a continuum of supports is required ranging from low level interventions such as validation and affirmation of experiences to direct therapeutic intervention.

2.5 The Needs of Women from Minority Groups

The heterogeneity of women who experience violence has been noted above. The literature reflects the diverse needs and experiences of women from minority groups who seek help in relation to domestic and/or sexual violence. The common experience of women from most minority groups is that domestic and sexual violence against them occurs within the context of other forms of oppression, discrimination and violence against them.

2.5.1 *Ethnic minority groups*

Evidence from the UK indicates that women from ethnic minorities face particular difficulties in relation to men's violence towards them. These problems include racism, language barriers and, for asylum seekers, concerns about immigration status if they attempt to leave their violent partners (Heath, 2001).

A study on organisations combating discrimination against black, ethnic minority and migrant women undertaken on behalf of the European Women's Lobby revealed that 16 of 29 organisations participating addressed violence against women (Jyostna, 1998). As violence was not the explicit focus of many of these organisations Jyostna concluded that violence is "a common, but often hidden, feature in the lives of many ethnic minority women". The most common forms of violence identified in this study were:

- Domestic violence
- Violence against female migrant domestic workers
- Female genital mutilation
- Violence against trafficked women
- Young women forced into early or arranged marriages
(Jyostna, 1998:19)

Specific factors exacerbating violence and the difficulties accessing effective support for women were thought to be racism, insecure legal status, invisibility, practices within their own communities and social exclusion.

The organisations studied were organisations run for and by women from minority groups, those run by indigenous women, and organisations run jointly. The need for anti-racist and anti-sexist

policies was identified and also the need to recognise and address power imbalances where minority women are working alongside women from the majority population (ibid).

A guide to good practice in this area was developed. For policy makers and institutions this indicates that it is good practice to:

- Consult with organisations working on race and gender issues to define priorities and find out what work has already been carried out
 - Undertake anti-racist and anti-sexist training
 - Define mechanisms for the mainstreaming of race and gender issues into policy-making programmes
 - Involve black, ethnic minority and migrant women in the evaluation of policies and programmes
 - Promote and use examples of good practice on strategies empowering black, ethnic minority and migrant women
 - Promote the visibility of black, ethnic minority and migrant women by promoting them into decision-making positions
- (Jyostna, 1998)

Further guidelines for funding bodies included consulting with minority groups to identify any obstacles to accessing funding, the provision of user-friendly information on funding structures, simplifying procedures to improve access by grassroots organisations, setting different funding criteria for such organisations e.g. by reducing co-funding requirements and giving credit for unpaid work of volunteers.

2.5.2 *Traveller Women*

In Ireland the most numerically significant minority ethnic group is Irish Travellers. Traveller women who experience men's violence do so in a context of widespread racism and other forms of violence against them: state violence and settled people's violence. Fay (1999) argues that Traveller women's experiences, like those of women from other minority groups, are overshadowed by a fusion of racism and sexism.

It is also important to highlight the additional difficulties Traveller women face in escaping from or overcoming violence. In *Making the Links*, the authors suggest that extended family networks and the link between family and income may result in pressure on Traveller women to maintain marriages despite violence (Kelleher Associates with Monica O'Connor, 1995). Many women escaping violence leave not only their partners but also their homes behind. The experience for Traveller women may be made more difficult because they also feel the loss of broader social support from extended family network as they leave their entire families behind (Fay, 1999). Services for women who experience violence, such as refuges, are not designed to take into account the needs of Traveller women. The exclusion of teenage boys from refuges is considered a difficulty for women who are not prepared to leave their sons behind in a violent situation while they stay in a refuge (ibid.). Other barriers to Traveller women seeking assistance include the poor access to public telephones and the lack of privacy in making calls from private phones (ibid).

For Traveller women staying in refuges the tensions of communal living can be exacerbated by the lack of regard by settled women for some Traveller cultural practices, racist policies and behaviour from staff (ibid.).

Further, within their own communities, women may face negative reactions from others for speaking about violence. This is aggravated by inappropriate responses from some agencies. The Gardai, for instance, who call to a Traveller site in response to a woman's complaint of assault may take the opportunity to undertake other business (Fay, 1999). Traveller women's own accounts indicate that the difficulties associated with finding help are exacerbated by literacy problems and services lacking culturally sensitive approaches (NWCI, 2001:20).

To counter the complex difficulties that Traveller women who experience violence encounter Fay (1999) argues for three dimensions of change.

1. Enhanced visibility of Traveller women in research and the policies of NGO provision,
2. Implementation of anti-racist and anti-violent strategies in NGOs and the representation of Traveller women on decision making bodies
3. Provision of culturally appropriate provision in refuges and outreach including the employment of Traveller women to deliver services.

Fay (1999) recommends a combination of targeting Traveller women and mainstreaming provision into the overall work of NGOs.

2.5.3 *Women with Disabilities*

Little empirical research has been undertaken on violence against women with disabilities. A notable example however is a study by Niamh Wilson (2001) on behalf of Women's Aid. Wilson's study was an assessment of the feasibility of carrying out research in this field. She found that violence against women with disabilities shares features with violence against other women in the sexualised nature of much of the violence, the multiple forms of violence used and the intentional use of violence as a means to gain power and control by the perpetrator (Wilson, 2001). Women with disabilities experience violence across a variety of settings including domestic, institutions (such as care settings and schools), and medical settings. In addition, women with disabilities face substantial barriers to accessing support. These include difficulties naming and identifying abuse both by women and service providers, isolation, low self esteem, poor attitudes among service providers who may not believe women's accounts of the violence against them, practices in NGO organisations that do not have the skills to work with women with disabilities, and issues of physical access to premises where services are delivered (ibid.). Further barriers are the minimisation of violence against people with disabilities by those working in disability related organisations, the lack of advocacy services for people living in institutions and the fear of negative consequences of disclosure (ibid.). Wilson recommended the mainstreaming of responses to women with disabilities who experience violence. Within Women's Aid recommendations included promoting the inclusion and participation of women with disabilities as employees and volunteers and undertaking further research that explores disabled women's help-seeking strategies and looks at the current responses from relevant services with a view to recommending models of good practice.

In 1996 the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and other Crimes of Violence Against Women and Children in the UK highlighted the needs of women with disabilities (1996). The Working Party emphasised that equality for women with disabilities should be achieved rather than the provision of separate systems that would in effect reinforce marginalisation. The Working Party also identified the need for the public and service

providers to gain an enhanced understanding of the damaging effects of violence against women with disabilities, including “the way in which social prejudice compounds the problem and constitutes a form of abuse in itself” (ibid., 1996:110)

2.5.4 *Older Women*

Older women who experience abuse also face considerable barriers to accessing services. From studies in the USA, Wolf (2003) identifies the following barriers that older women experiencing domestic violence face in accessing related services:

- Lack of opportunities for employment and economic self-sufficiency
- Loss of feelings of self-worth
- Loss of pension and financial benefits tied to marital status
- Alienation of children's affection
- Loss of a caregiver
- Loss of a place that has been a home for decades
- Fear of going into a nursing home as an alternative
- Transgression of marriage vows
- Long-term obligation to a sick partner

(Wolf, 2003)

In addition, the same author identifies difficulties older women may associate with staying in crisis accommodation such as refuges:

- An environment with a higher noise level and activity level than older people are generally used to
- Daily tasks in a refuge that they may not be able to undertake due to physical or mental difficulties
- A time limit on occupancy
- Staff who are unfamiliar with the needs of older people
- The possible need for care in activities of daily living
- Inaccessible premises for women with mobility problems

(Wolf, 2003)

It has been argued that the conceptual and resulting practical responses in the fields of feminist analysis of violence against women and analysis of elder abuse have resulted in an unhelpful separation of age and gender that acts to obscure the experiences of older women who experience domestic violence (Aronson et al, 1995).

2.5.5 *Lesbian Women*

Although there has been little exploration in the Irish context of the needs of lesbian women in relation to experiences of domestic or sexual violence, international literature indicates that women in same sex relationships experience physical, sexual and emotional abuse. In a study of 256 lesbian women in San Francisco, USA, 17% of women reported physical abuse and 31% emotional abuse within their current or most recent relationship (Scherzer, 1998). In addition to the abuse behaviours characterising physical and emotional abuse, some participants identified the threat to “out” them as a factor in the abuse against them (ibid.). The study concluded that even in the San Francisco area where some services were tailored to meet the needs of lesbian

women, lesbian women were underserved by domestic violence agencies (Scherzer, 1998). Heer et al (1998) review the work of the Battered Lesbian Task Force in New Jersey indicating that action is required both politically and practically to improve the response to women who experience violence in same sex relationships. Their results are relevant to other jurisdictions. They highlight the need to work politically towards equal treatment in legal systems, and practically in terms of ensuring that preventative training for service providers and the wider community includes lesbian and gay domestic violence, developing links with individuals or organisations with expertise in this area, developing policies on services for lesbian women and facilitating support groups for women who experience violence in same sex relationships (Heer et al, 1998).

The NGO sector in Ireland has worked with women who experience abuse in same sex relationships. Women's Aid highlights the need for tailored and appropriate strategies for lesbian women that fully recognise the context of homophobia and discrimination (O'Connor and Wilson, 2002)

2.6 Where Women Seek Help

Previous studies have indicated that women who experience domestic violence are assaulted many times before they seek to access services. Women who disclose violence are more likely to report it to a friend or relative (Women's Aid, 1995). Heath reports that on average women suffer assaults at the hands of their partners 35 times before reporting it to the police (2001; also Taylor-Browne, 2002). UK research indicates that white women may take an average of between 7 and 8 years from the time of first violent incident to contact someone for help and that for women from ethnic minorities this period is even longer (Community Care, 2002). Given this information it is critical that the response a woman gets when she first seeks help is positive and supportive or she may be discouraged from disclosing her experiences again and continue to be abused. Given the high tendency of women to turn to a friend or relative it is important that the person chosen is able to find out quickly and easily what action can be taken and what services are available locally.

It is also critical to identify the first points of contact women make with services in order to ensure that the response at these points is sufficient to meet women's needs and to prevent the occurrence of further violence. The literature is categorised here into two sections, the first on NGO/dedicated services for women who experience violence and the second section examines the literature on where women seek help beyond this sector.

2.6.1 *Women's Experiences of Dedicated Services*

Women's experience of NGO/dedicated services is well recorded in the literature. Overall these services, i.e. refuges, support services and rape crisis centres, receive very high satisfaction ratings among users.

Refuges and Support Services

Refuges provide crisis accommodation to women escaping from domestic violence. Refuges usually provide a range of ancillary services including childcare, information and support, counselling, advocacy, court accompaniment, support groups and outreach services. Some

refuges also provide training projects for women or educational programmes for young people aimed at the prevention of violence against women. Some NGO/dedicated services offer support services such as those mentioned above without the accompanying accommodation. The literature demonstrates that women's experiences of refuges and support services are largely positive.

All the women accessing the Donegal Women's Refuge Group services indicated that services such as refuge, support, the helpline, outreach service, aftercare, court accompaniment and support group were either very helpful or quite helpful (Morton, 2000). When asked about what aspects of the services they found most helpful women focused on the emotional aspects of support (Morton, 2000). While women appreciate the refuge offering sanctuary from violence, counselling and practical assistance they also place great importance on having their experiences validated by having someone "to talk to who listens without judgement or blame" (Ruddle, 1992:89). Women using the refuge in Co. Mayo appreciated the safety and the welcome. In particular they underscored the importance of staff understanding the danger they were in (Kelleher Associates, 2000). Also in Co. Mayo, outreach services run clinic-style or by appointment have a high approval rating among users (Kelleher Associates, 2000).

Women who use refuges want to have child care services available to them (Kelleher Associates, 2000). This allows women to undertake routine tasks such as shopping as well as accessing services and viewing accommodation with a view to change (Kelleher Associates, 2000). Women appreciate self-help groups, that is a supportive group that shares experiences of recovery and is a support in difficult times such as when parenting alone, re-entering the workforce etc. (Kelleher Associates, 2000). In particular women indicate a need for services to be available to them without an end-date, to be accessible for as long as women feel they need them. (Kelleher Associates, 2000).

Some women using refuge services find living with the rules and regulations in place very difficult (Ruddle and O'Connor, 1992). Particular attention has been drawn to the regulations in refuges with regard to the care of children. In Ruddle and O'Connor's (1992) study of women using a refuge in Co. Limerick many women expressed dissatisfaction with the lack of activities for children and with the early bedtime (7.00pm) stipulated by refuge staff. Other studies have identified that time spent staying in a refuge can be a negative experience for women from ethnic minority groups due to a lack of appropriate provision for different languages and cultures (Taylor-Browne, 2002).

Women surveyed in the North East Region in relation to their experiences of refuges were largely positive about the services they encountered, finding staff helpful and informative (NE Regional Planning Committee on Violence Against Women, 2002). Many women had been assisted during their stay in refuges by the provision of information on how to access help from other agencies. Helpline services were also found to be helpful by most (90%) of the women who used them. However some women in the survey identified that more counselling and support services were needed, as they found they needed to talk to someone about their experiences but did not have an appropriate outlet. Other gaps in provision identified were the lack of services for women who experience violence and refuge accommodation in Co. Cavan and the lack of transport for women to travel to refuges (ibid.)

The Task Force Report (1997) recommends that any future development of crisis accommodation be provided in self-contained family units. Self-contained family units are designed to provide a greater degree of autonomy and independence for families staying in crisis accommodation. Support services are in place but women have greater control over their day-to-day routines. It also recommends that family units be kept together and to support this rules proscribing a maximum age for sons staying in refuge should be abolished (ibid.).

The Task Force also recommends the development of systems of outreach services that provide support to women who cannot or do not wish to go to a refuge and to women who have left refuge accommodation.

Rape Crisis Centres

The recognition of rape as violence that resulted from feminist analysis and activism led to the development of women centred responses based on an ethos of listening to and understanding women's experiences of rape. The first Rape Crisis Centre was established in 1971 to offer practical, legal and emotional support to rape victims. Central to the work of the RCCs is an analysis of the abuse of power involved in the violent act of rape and the disempowerment of the victim. The therapeutic response is to view the woman as a survivor who is an active agent in the process of her recovery wherein she exercises control and power. (Neary, 2000)

Leane et al's (2001) study of sexual assault offence attrition rates included qualitative interviews with eight female survivors of rape and or sexual assault. All eight participants were clients or former clients of Cork and Kerry Rape Crisis Centres (RCC). They universally praised the RCC as being an appropriate and sensitive service. The women valued the RCC for being non-judgemental and understanding. A further positive element underscored by these women was the feeling there was plenty of time available to talk in a safe and confidential environment. The practical supports received from the RCC such as negotiating and understanding the legal system and its agents was also appreciated. Participants identified the specialist nature of the RCC remit as being fundamental to its success in supporting clients (Leane et al, 2001).

2.6.2 Other Services Used by Women Experiencing Violence

A number of studies of users of NGO/dedicated services in Ireland have examined women's pathways to services and explored the other services that they used in relation to their experiences of violence. Findings on the services women access when seeking help in relation to their experiences of violence are remarkably consistent. Although with a limited number of options available it is not surprising that the same services emerge in different studies again and again, rather the remarkable feature of the literature is that there is a clear ranking of the service providers most frequently approached for help.

In 1987 women in Casey's study of refuge users identified the Gardai, doctor and social worker as key resources. In addition women sought help from priests/nuns or other religious, solicitors, marriage guidance, the Samaritans and Alcoholics Anonymous (Casey, 1987).

In the early 1990's forty-one women in Limerick refuges identified the sources of help they sought as social workers, gardai, doctors (GPs and hospital), solicitors, court clerks and housing authorities (Ruddle & O'Connor, 1992).

A few years later, in *Making the Links*, Kelleher Associates' national survey of women, doctors, Gardai and solicitors were the primary sources of help identified by participants (Kelleher Associates, 1995).

The Gardai, social workers and legal advisors were identified by settled women in a study in Clondalkin, Dublin as primary sources of help (Boothman, 1998). In the Millennium research carried out by the National Women's Council of Ireland (NWCI, 2001) with women from various parts of the country who had experienced violence in an intimate relationship, participants cited the importance of doctors, Gardai and social workers as sources of help

In a study of services for women who experience violence in the North West Region (Morton, 2000) women indicated that they had heard about the Donegal Rape Crisis Centre through social workers (43%), Gardai (29%), hospital (14%) or family members (14%). In contrast, in Sligo RCC, the primary source of information leading women to the centre was self-referral on foot of information in an advertisement (66%) with social workers referring just 17% of women and the other 17% hearing about the service through other, unidentified, sources. Women using the Donegal Women's Refuge Group (DWRG) had heard about the service through multiple sources (37%), social worker (14%), family member (14%), and each of the following were responsible for 7% of referrals - Gardai, therapist, women's groups, priest, leaflet (Morton, 2000).

Other agencies identified in these studies were local authority housing departments, citizen's information centres, public health nurses, community welfare officers/health board, social welfare office, Monetary Advice and Budgeting Service (MABS), St. Vincent de Paul, hospitals and local shops.

The literature clearly demonstrates a consistency over time and between areas in the importance women place on Gardai, doctors and social workers as essential points of contact for women and their importance as sources of information on the availability of NGO services for women who experience violence. Previous studies have also illuminated women's experiences of these services, and these are discussed below.

The Police/ An Garda Síochána

As indicated in the literature the police are a key service for women who experience violence. An Garda Síochána are the only national statutory agency with an operational policy on domestic violence. This policy, in operation since 1997, prescribes a pro-arrest policy for perpetrators of domestic violence i.e. where a power of arrest exists, the Gardai will use that power of arrest and charge the offender. The policy recognises the importance of an interagency approach to domestic violence and as a result Gardai investigating complaints are directed to make women aware of the relevant services, both statutory and non-statutory, which are available to them to offer support. A previous study undertaken with twenty-three women who experienced violence in the North East Region regarding their satisfaction with a range of services indicated that a large majority of them (86%) viewed the violence against them as a crime (NE Regional Planning Committee on Violence Against Women, 2002). This study was undertaken in early 1999, two years after the introduction of the Garda policy on domestic violence. Seventy-three per cent of participants had been in contact with the Gardai in relation to violence against them (ibid.). Reported response times following complaints varied from ten minutes to over two days. Eleven

of the women (64%) who called the Gardai found their response helpful. However women did identify areas for improvement from the Gardai including greater follow-up and enhanced provision of information on options for civil proceedings aimed at removing the offender from the family home (ibid.). Participants recognised the need for Gardai to maintain a satisfactory level of response to women who make a number of complaints over time and some identified a need for specialist units within the Gardai to improve the response women receive (ibid.).

The literature indicates that over the past twenty years the response by Gardai to survivors of sexual assault has greatly improved (Bacik et al, 1998). This has been attributed to an increased level of training leading to a greater awareness of women's needs (McGee et al, 2002). Recent studies show that while a majority of women who approach Gardai are satisfied there remains room for improvement.

A majority of the women who had been sexually assaulted (including raped) responding to Leane et al's study (2001) had been in contact with Gardai as a result. Most of these were largely satisfied with the treatment they received. Even those women who approached the Gardai but who did not make or pursue a formal statement were largely positive in their response, suggesting the Gardai attitude was not a factor in not pursuing a legal case. Leane et al's analysis suggests that whether or not women were believed by Gardai was influential in their overall feelings of how they were treated. In one case a woman was dissatisfied with being asked many questions by different Gardai, making her doubt she was believed. Overall however the same woman was happy with the Gardai response, especially around the time of attending court (Leane et al, 2001). Another woman in the study experienced very different response from various members of the Gardai, with some being helpful and others offhand. Of particular concern to her were Gardai visits made to her house when the Garda did not speak to her directly but only to her mother. She said:

"Some of them [would] call to my house and just talk to my mother or they'd be talking down to me as if I did something wrong or one guard in particular was asking me questions like he didn't believe me and one called me naïve"

(Leane et al, 2001:111-112)

The SAVI report showed that just 7.8% of women who had experienced sexual assault as adults reported this to Gardai (McGee et al., 2000). Of those who do report offences to Gardai over half (men and women) are satisfied with the overall quality of the response (McGee et al, 2002). Sixty nine per cent of participants in the SAVI study who had experienced sexual abuse in adulthood were satisfied with how seriously Gardai took their report (ibid.:132). Over thirty per cent however felt Gardai were not sensitive enough to their feelings. And approximately half felt that they were not given enough information on other services available to them (McGee et al, 2002).

Doctors - General Practice

General practice is a service that women can access without stigma (Heath, 2001). The GP has the potential to make positive, early intervention in the lives of patients who experience violence (Heath, 2001). There is a growing body of literature on whether or not introducing routine screening for violence in general practice is acceptable and practical method for identifying and

assisting women in violent relationships. Screening could help to support GPs in addressing the issue of violence with their women patients.

It has been argued that general practitioners should routinely screen women for domestic violence (Morvant, 2002). Richardson et al (2002) found that eighty per cent of their female sample thought it would not be objectionable to be asked questions about domestic violence. In Ireland, Bradley et al (2002) reported that 78% of their sample indicated that it would be "all right" to be asked routine questions about violence, 13% of the sample were unsure and just 7% would object to routine questions on the subject. Other studies have also indicated that there is evidence that women who have experienced violence want to be given the opportunity to disclose their experiences by being asked about violence by healthcare professionals (Taylor-Browne, 2002; Romito and Gerin, 2002).

The importance of the relationship between women and their general practitioners is also evident in the literature. In a hospital accident and emergency department study of women injured as a result of domestic violence an overwhelming majority (87%) identified their family doctor as the person they would prefer to talk to about their history (McAfee, 2001). This contrasted with just 25% of women who selected the police (ibid.).

Movant et al (2002) argue that these studies indicate that objectors are in a minority and therefore insufficient to preclude the introduction of such screening. They propose that the large majorities raising no objections to being asked about violence indicate favourable conditions for introducing routine screening (Movant et al, 2002). In Australia, the Queensland health domestic violence initiative incorporated screening for domestic violence into history taking protocols with favourable results in terms of 97% acceptability rate to women (Webster and Creedy, 2001). The result was improved diagnosis and increased provision of information and referrals to support services (Webster and Creedy, 2002). Heath proposes that where screening is not undertaken GPs should nonetheless "retain a high index of suspicion" and be prepared to act accordingly (2001).

Other studies have highlighted barriers to GPs acting as effective points of information for women. Morvant et al (2002) cite a study of 235 GPs in Paris undertaken in 2000 which demonstrated a very low level of recognition of domestic violence. The participating doctors indicated the reasons they do not excel at identifying and appropriately treating or advising patients as insufficient knowledge of support services or professionals (76%), lack of training on detection and follow up (60%), feelings of inability (47%) and lack of time to raise pertinent questions (21%). A further barrier to GPs providing appropriate support is identified by Heath (2001) who reports that among her GP colleagues there are individuals who believe that domestic violence is not an issue for their patients because their practices are located in affluent neighbourhoods.

Overall the literature demonstrates the importance of general practitioners to women who experience violence. While there are issues to be addressed in relation to the role of GPs in dealing with violence against women, a clear need exists for the introduction of screening to enhance case finding in this setting that would ultimately lead to the earlier identification of women who experience violence and subsequent earlier intervention to support them to escape from or overcome violence.

Social Work Services

The Irish community social work service has a defined client group of children aged 0-18 years. However in the course of their work social workers in the community setting work with families experiencing domestic violence. In the USA it has been found that there is a strong association between child abuse and woman abuse yet child protection workers are ill-prepared to address problems relating to domestic violence (Mills et al, 2000). Mills et al (2000) in their examination of the factors which can support effective intervention in domestic violence advocate ongoing training of child protection staff and collaboration with domestic violence services. According to Mills et al (2000) the goal of child protection work in the context of domestic violence should be to:

“Respond to families where women and children are abused in ways that protect the child, empower the mother, and do not unnecessarily separate children from a non-abusive parent, the person who intimately understands the trauma they face” (pg. 329)

Bowen’s study in Blanchardstown, Dublin, found that social workers clearly define children rather than women as their clients (1997). No policies or practice guidelines with regard to women were in place to direct social workers in their work in situations of domestic violence. Each case was dealt with on an individual basis and it was felt that interventions to protect children could also offer protection to their mothers (Bowen, 1997). The research highlighted the potential of new health board powers to seek protection orders from the courts independent of the wishes or actions of the woman involved. These powers were welcomed as a new method of intervening without the potential for increased violence against women for taking such action (Bowen, 1997).

Women in Tallaght, West Dublin, expressed reservations about involvement with social workers (Kennedy, 1999). The statutory role of the social work service in child protection results in some women fearing the service for its powers to take children into care (Kennedy, 1999).

2.7 Practice Principles

2.7.1 Interagency Work

There is now broad agreement, nationally and internationally, that violence against women can only be prevented and alleviated effectively through the efforts of a broad range of organisations. To improve the consistency of responses across agencies and to enhance co-ordination from the clients’ perspectives, statutory and non-statutory agencies have come together in various fora to work together to effect change.

In Britain, the Leeds Inter Agency Project set out to develop an understanding and awareness of issues of violence against women and in turn develop consistency in responses across participating agencies (Report of the Task Force on Violence Against Women, 1997). In Northern Ireland, an interagency forum was established to facilitate interagency co-operation and Regional and local levels (Report of the Task Force on Violence Against Women, 1997).

Both of these models were influenced by the Duluth Model of interagency work in the area of domestic violence. This model is a pioneering method of working developed in the USA by the Duluth Domestic Abuse Intervention Project (DAIP). It primarily involves organisations providing services to women coming together with police and criminal justice systems to affect change for women in improved responses and by holding perpetrators of violence accountable for their

actions. It co-ordinates programmes for male abusers with women's support programmes and has also developed awareness raising and community development components, all of which work in concert with the criminal justice system (Hague, 1998:441). The Duluth Model identifies eight components crucial to community intervention initiatives. These are:

1. Creating a coherent philosophical approach to centralising victim safety
 2. Developing "best practice" policies and protocols for intervention agencies involved
 3. Enhancing networking among service providers
 4. Building monitoring and tracking into the system
 5. Ensuring a supporting community infrastructure for women
 6. Providing sanctions and rehabilitation opportunities for abusers
 7. Undoing the harm violence against women does to children
 8. Evaluating the co-ordinated community response with the goal of victim safety
- (Morton, 2000)

This model attempts to standardise responses from agencies by developing and implementing policies and procedures that dictate the response to women who experience violence, their children and their abusers.

In practice the model is acknowledged to have weaknesses in addressing sexual violence and is under regular revision (Morton, 2000).

Gill Hague's (1998) review of interagency practice in the UK examined the overarching issues of multiagency work against domestic violence. She found that some long-established forums such as the one in Leeds, mentioned above, have pioneered this method of working. Forums that had been in a position to employ a co-ordinator or development worker enjoyed the best success. She acknowledges much creativity in the development of services and in developing new and innovative practices (ibid.). Difficulties in interagency working have been identified and Hague (2000) suggests local bodies may need to address several issues:

- The under-representation of the voluntary sector in multi-agency fora, with statutory agencies tending to 'take over'. Participating agencies should agree strategies to combat this tendency.
- The central position of the NGO/women's organisations in providing services should be maintained, however this is not easy when other bodies with objectively greater power are involved.
- Maintaining the pivotal position of NGO/ women's organisations in the multi-agency fora.
- Combating the potential marginalisation of small minority agencies (such as black women's groups, community self-help groups etc.) as domestic violence services are mainstreamed. The author comments on the rarity of steering or management groups reflecting the diversity of the communities they serve, however current good practice indicates the need for equality issues to inform work at all levels.
- How to maintain and raise the voices of service users. Strategies may include focus groups, advisory groups of survivors and consultation through NGOs

- Evaluation and monitoring in relation to the effectiveness of interagency work
- Recognising that innovation should not take place at the expense of longer-established initiatives with proven track records at a local level (Hague, 2000)

Hague also found that interagency fora could become 'talking shops' where little or no progress was made and partners became disillusioned (Hague, 1998). At worst they become time-wasting ventures that lack credibility and disguise the lack of improvement of services for women. In order to be successful interagency fora must be supported by resources and energy, have guiding principles, in place and see through policy and practice changes. She argues that the provision of improved services must go hand in hand with the implementation of campaigning and educative initiatives that aim for the prevention of violence (Hague, 1998).

2.7.2 *Principles of Good Practice in Service Delivery*

Through the expertise of the European Observatory on Violence against Women, the European Women's Lobby (2001) identified characteristics of models of good practice in relation to services or initiatives to combat violence against women. These are:

Overall guiding principles:

- Respect for autonomy of women and their choices
- Ensure the utmost priority to the safety of women
- Prioritise the empowerment of women

Practices that enhance:

- A professional approach i.e. a combination of principles relating to solidarity, future perspectives and respect for individual women
- The internal and external factors, which bring about change, i.e. attitudes of actors and structures of society which will in turn impact on improving the lives of women
- Government practices and policies
- Confidentiality
- Adequate service delivery through built-in mechanisms of evaluation with the input of the beneficiaries/service users (quality assurance schemes)
- Evaluation and monitoring
- An understanding of violence against women through ongoing training of all professionals (judges, doctors etc.) who are in contact with women victims of male violence
- Transparency
- Partnerships with other professionals including women's NGOs
- An ethos of support for staff members (both voluntary and paid staff members)

Promotion of feminist values and women's human rights by:

- Naming the problem (male violence not family violence)
- Locating the responsibility with the perpetrator: it's a male problem not women's
- Helping the woman to understand that she is not alone and that the violence is the result of structural inequalities and not a shortcoming on her part

- Helping the woman to understand the continuum of violence
- Playing a role in educating society on male violence and masculinity (EWL, 2001:14)

2.8 Policy and Planning Structures for Responding to Violence Against Women in Ireland

Nationally, the key policy development in the area of violence against women was the formation of the Task Force on Violence Against Women and its subsequent report (1997). The Task Force report included a comprehensive examination of the issues surrounding violence against women in Ireland. The report collated information on the nature and extent of violence, the supports and services relevant to women and to perpetrators and made recommendations for change and improvement. Overall the report recommended that services provide accessible information and advice and foster a woman-centered approach to service delivery. Further, specific and wide-ranging recommendations were made for changes in support structures in terms of the Gardai, the legal system and its agents, preventative strategies, rape and sexual assault, health and social services, perpetrator programmes, refuges and methods of organising and co-ordinating the services available.

Structurally, the Task Force recommended three tiers of operations to improve services related to violence against women:

- A National Steering Committee
- Regional Planning Committees
- Local Area Networks in each area of each Region

2.8.1 *National Steering Committee on Violence Against Women*

The National Steering Committee on Violence Against Women was established in December 1997 following the Task Force Report in April 1997. The Committee has a remit to:

- co-ordinate and advise on the distribution of resources to the eight health board regions;
- co-ordinate and advise on the on-going development of policies, including those concerning perpetrators, criminal justice interventions, services and supports;
- oversee and monitor individual agencies' written policies and guidelines;
- ensure that regional and local structures are established;
- undertake research and needs assessment nationally;
- promote inter-agency training;
- ensure maximum value for money from available resources;
- develop codes of practice for collecting statistics and monitoring responses; and
- publish periodic reports.

(Report of the Task Force on Violence Against Women, 1997, pp. 105-106)

2.8.2 *Regional Planning Committees*

By May 1998, a regional planning committee had been established in each health board region. A designated health board officer serves each regional planning committee and membership is drawn from a cross-section of services identified as important to women who experience violence. The role of the committees is to assess existing services and needs, develop a strategy and

implementation plan appropriate to meet identified needs, and to work under the direction of the National Steering Committee to develop local networks that adopt a community based approach to provide services and share information (National Steering Committee on Violence Against Women, 1999)

Regional planning committee membership varies by region but will include members from the statutory and the NGO (voluntary) sector. Services represented may include the dedicated services such as rape crisis centres, refuges and help-lines; health board services such as community care, community welfare officer, health promotion and counselling; the local housing authority; the Gardai; court service; legal aid; probation and welfare services. Travellers' organisations or organisations of disabled people may represent the position of minority groups on regional planning committees. The committees are therefore broadly representative of the services available to women experiencing violence.

2.8.3 Local Area Networks

In the regions, pilot local area networks have been established to try out this new way of working with a view to developing models that will be suitable for wider use. In Co. Monaghan the first, pilot local area network in the North East, as envisioned by the Task Force, has been established. Made up of local service providers from statutory and non-statutory bodies, the local area network is tasked with:

- Planning for the development of services for the prevention of violence
- Sharing information
- Building effective communication and co-operation across agencies in the area
- Providing feedback about needs and developments in the area to the Regional Planning Committee

2.8.4 North East Regional Planning Committee on Violence Against Women

The North East Regional Planning Committee on Violence Against Women developed a strategic plan for 2001-2002 which presents its mission statement, priority goals and aims. In particular aims for planning and development of services, networking and linking, dissemination of information, training, policy and a database are detailed (North East Region Regional Planning Committee on Violence Against Women, 2001).

The Regional Planning Committee has been instrumental in the development of policy and action at local level in the North East beyond the local area network. For instance the guidelines for hospital staff for identifying and responding to violence against women introduced in Our Lady of Lourdes Hospital, Drogheda were developed as a direct result of consultation with the Regional Planning Committee as well as hospital staff (Our Lady of Lourdes Hospital, 2001).

2.9 Models of Good Practice

Using the principles of good practice set out in 2.7.2 above the European Women's Lobby (EWL) identified a number of service initiatives as case studies in good practice. Of these, two programmes from the Republic of Ireland feature in the EWL selection of case studies. These are the Family Resource Centre at St. Michael's House in Inchicore, Dublin and the training of health service staff by Women's Aid, Dublin. Each is described below in more detail.

2.9.1 *Family Resource Centre, St Michael's House, Inchicore*

The first initiative is the Family Resource Centre at St. Michael's House which is an example of good practice in a community development setting. Having its roots in a community led response to problems on an inner city housing estate, the project came to recognise the centrality of violence against women to many of the other issues it was addressing and, with support from Women's Aid, has given violence against women dedicated attention since. Strategies developed by the Family Resource Centre include:

- Raising awareness of the issue in women's groups in the local community and further afield
 - Defining and providing training opportunities for local professionals aimed at improving the response women receive and enhancing co-ordination
 - Identifying and training women in support roles in the community
 - Establishing an outreach centre in the area to provide women with information and support. The centre provides a confidential service and also directs women for counselling and other services.
 - Provision of counselling in the area
 - Addressing the education service by providing training for teachers and introducing onto the curriculum issues of conflict resolution
 - Working to educate men in the area including professionals who hold positions of power
 - Developing relationships with the local authority (housing dept.) and the Gardai
 - Campaigning and political work to ensure the issue of violence against women is addressed in all sections of government and society
 - Developing an area policy through the establishment of an inter-agency committee
 - In addition to the above, a cultural strategy has been developed to raise awareness through drama, art and creative writing
- (EWL, 2001)

2.9.2 *Health Service Training - Women's Aid*

The second Irish initiative recognised by the EWL as a model of good practice is the training delivered for the health services by Women's Aid, Dublin. This initiative was established in recognition of the vital role that health services play in women's lives, as almost all women access health care systems at some point in their lives. Therefore health care providers are well positioned to identify women who experience violence.

The initiative involved:

- A four-day training course to upskill health service professionals to provide onsite training to their colleagues, particularly in A&E Departments.
 - The provision of a training pack to support these new trainers in facilitating the learning of their colleagues
 - The development by training participants of action plans aimed at affecting the development of practices and policies within the institutions where they work. Without the implementation of policies and procedures the training cannot have full effect.
 - Outcomes monitoring and evaluation is built into the programme. With feedback sought on numbers trained as well as the development of policies and procedures and resulting changes in practice.
- (EWL, 2001)

2.9.3 *Other Innovative Models:*

Other models selected here for their innovation are the development of a one-stop-shop in Cork and the community based response to women's needs in Co. Mayo.

Cork One-Stop-Shop

In Cork a one-stop-shop has been developed targeting information and support at people who experience domestic violence as well as their friends and family and professionals who require information. The service is run from a shop-like outlet in a busy urban area, responding to women's calls for accessible information (Kennedy, 1999). However, women also want information services that are discrete. The one-stop-shop on domestic violence has its title over the door.

Findings from an evaluation of the first six months of operation demonstrate a high level of usage, with 404 user contacts, 104 of these users had experienced violence, 117 were professionals/agencies that encounter violence in the course of their work, 22 contacts were with friends or relatives of people experiencing domestic violence and 161 contact were with other members of the public (Conroy and Pierce, 2001). An analysis of the gender of users showed that overwhelmingly men are the perpetrators of violence in the home. The service provides information and support to women who experience violence (ibid). Most of its client work entails the provision of information and support around legal, housing, financial options available to women who experience violence, although staff also accompany clients to court or other services as needed. Information on the same range of issues was supplied to relatives or friends of women experiencing domestic violence (Conroy and Pierce, 2001).

Mayo Women's Refuge and Support Services

In Co. Mayo the local branch of St. Vincent de Paul in Castlebar established the Mayo Women's Refuge and Support Services in 1994. The Claremorris Social Services, the Western Health Board (WHB), Mayo County Council and the local diocesan parish church also supported the development of the project (Kelleher Associates, 2000). The key services provided by the organisation are:

- Outreach in the form of advice clinics and support groups
- Public Awareness and Education and Training
- Accommodation
- Networking / Interagency Work

The most striking feature of provision is the extensive network of outreach provision throughout the mostly rural county of Mayo. The clinics are held in ten locations throughout the County. On average the clinics receive 100 new clients each year, with an overall caseload of approximately 170 women at any given time (Kelleher Associates, 2000). Women using the outreach services reported that within a short period of time they were able to make decisions that helped them to resolve the immediate crisis they were in (Kelleher Associates, 2000:60).

Self-help groups also form part of the outreach services from the organisations centre in Castlebar. At the time of Kelleher Associates study of the services, groups were operating in four

locations in the County, with the study indicating a need for the development of groups in other areas.

Education initiatives are aimed at preventing violence against women and children through public education and awareness raising activities. Staff host public seminars and work is also undertaken with schools and other voluntary bodies to raise awareness of domestic violence (Kelleher Associates, 2000).

The crisis accommodation available is within self-contained units that allow families to live independently while also having appropriate supports available to them. At the time of the study crisis accommodation was under utilised. The authors suggested the reasons for this as being that women are staying in their own homes and utilising the orders available through the civil courts to protect them, that the outreach services are providing an earlier point of intervention in women's experience of violence thereby averting crises and that enhanced provision and supports to women leaving refuges prevents their repeated admission (Kelleher Associates, 2000:62).

The review of this service found it particularly well suited to the delivery of services to rural populations, an important consideration for service planners in the North East Region.

2.9.4. Overview of Models

The origin of service responses in locally identified need is a persistent feature of services for women experiencing violence. As feminists developed understandings of men's violence against women, women organised to form dedicated service responses for women by women. The case studies above highlight how community development organisations have begun to take this analysis into account and address violence against women and the needs of women experiencing violence as part of their work. In general the range of actors involved in responding to violence against women has expanded and inter-agency partnerships are now a formal feature of the response following the publication of the Task Force on Violence Against Women (1997). The range of responses has also grown. An interesting innovation is the provision of services on an outreach basis. Preventative efforts through education and awareness raising are another important dimension. One approach has been to engage professionals in key agencies with whom women experiencing violence will come in contact in training to enhance their understanding of the issue and in turn their capacity to respond to women both directly and by referring women on. The second approach has been to provide education and awareness raising more generally through schools and community groups to foster attitudinal change. The broadening out of responses is intended to ensure that women will be better placed to identify violence in all its forms, will meet with a supportive response when they report the violence and will be given appropriate practical support and help to overcome the violence. It also aims to demonstrate the relations of power underpinning men's violence against women and to reinforce the message that it is wrong in every circumstance. The need for crisis accommodation as provided by dedicated services persists but the form of that accommodation is also coming under review as services strive to ensure that women are empowered to retain control over their lives during the process of addressing violence against them. Self-contained units where women can stay temporarily with their children and manage the family unit autonomously are replacing the communally organised refuge accommodation. Housing agencies are being challenged to meet

their responsibilities to address homelessness caused by women experiencing violence so as to reduce the length of time women are dependent on refuge type accommodation.

2.10 Summary of Literature

- The current evaluation of services for women who experience violence in the North East Region can best be understood in the context of the significant body of literature internationally and in an Irish context on the issue of men's violence against women.
- A gendered analysis of violence against women understands it to be both a cause and manifestation of unequal power relationships between women and men in society.
- Prevalence data show that domestic and sexual violence against women is commonplace.
- The effects of violence against women are serious, long-lasting and sometimes fatal.
- Policy and planning structures have been developed nationally and regionally, and to a lesser extent locally to support enhanced integration of services for women who experience violence.
- The distinct needs of women from minority groups must be taken into account in the planning and delivery of services.
- Women who experience violence seek help from a wide range of sources, such as NGO/dedicated services in the form of refuges, support services and rape crisis centres as well as other agencies and professionals. The literature demonstrates that Gardai, social workers and doctors are key service providers for women.
- Due to the complex nature of violence against women and their resulting broad needs in terms of service provision, interagency or multi-agency work has developed in order to achieve an enhanced and more cohesive response to women. This relatively new way of working can present difficulties for the agencies taking part and needs to be closely monitored to ensure that progress is made in enhancing provision.
- National and international bodies have attempted to define the characteristics of good practice in relation to services for women who experience violence. They are marked by an overarching concern for women's safety, respect for women's rights and autonomy and the principle of empowerment.
- Selected models of good practice are presented demonstrating the changing pattern of approaches taken in the NGO sector to addressing violence against women.

Chapter **three**

Introduction
Steering Group
Profile of Services
Needs Assessment
Ethical Issues
Data Collection
Data Analysis
Summary of Methodology



Chapter Three Methodology

3.1 Introduction

This study employed qualitative methods to evaluate existing responses in the North East Region to women who experience domestic violence, rape and/or sexual assault. The study was divided into two distinct phases, a profile of services and a needs assessment. The service profile was confined to services dedicated to women experiencing violence, rape and/or sexual assault. A range of stakeholders were represented in the needs assessment component including women, service providers, health board managers and representatives of national organisations. Women who had direct experience of using services and other women from the region were both represented. As regards services, dedicated service providers and other relevant statutory and voluntary services with a broader remit that would include women who have experienced violence were included. This generated a multiplicity of perspectives for the evaluation. Different methods of collecting data were appropriate for each group and these are detailed below.

3.2 Steering Group

A Steering Group for the study, constituted of representatives of the Regional Planning Committee on Violence against Women and the North Eastern Health Board, was formed at the outset of the project. The Steering Group and researcher met at regular intervals to review progress, provide guidance on issues such as instrument design and access negotiation and to address any issues arising from the research. An interim report was presented to the Group following the first phase of data collection.

3.3 Profile of Services

The profile of services included the six organisations offering dedicated services addressing domestic and sexual violence against women operating in the region. All are non-governmental organisations (NGOs). The following dedicated NGO organisations were represented:

- Women's Aid, Dundalk
- Drogheda Women's Refuge and Childrens' Centre, Drogheda
- Meath Womens' Refuge, Navan
- Dundalk Rape Crisis Centre, Dundalk
- Tearmann Domestic Violence Service, Monaghan
- Metanoia, an NGO under development in Co. Cavan

One-to-one structured interviews were undertaken with the manager of each service. In the NGO sector the job titles of participants varied, to include manager, director, co-ordinator, but all interviewees held, in effect, similar positions in terms of organisational structure.

The interviews were semi-structured and sought information on four broad areas of service provision:

- management, organisation and policies
- services offered, referral networks and interagency work
- service staff, and
- service users

3.4 Needs Assessment

The second phase of the fieldwork, the needs assessment, comprised a number of strands of data collection:

- One-to-one interviews with women who had experienced violence.
- Focus groups with women in the community.
- Focus groups with service providers.
- Interviews with representatives of regional and national stakeholders and policy makers.

3.4.1 Interviews with Women

One-to-One interviews with survivors of violence

One-to-one interviews were held with twelve women who had direct experience of domestic violence, rape or sexual assault and had been in contact with a dedicated service. The focus of interviews with women who had used services was on their experiences of using the services and how they evaluated those. Women were also asked to consider how services could be improved and developed based on their personal experiences of surviving violence.

These women were recruited to the study through the dedicated NGO service providers such as refuges, rape crisis centres or in two cases through a local contact. Service providers were asked to invite women to participate who were no longer experiencing violence, to whom they felt the research would pose no threat i.e. who were not currently at risk of violence and for whom the interview itself would not be unduly traumatic. Service providers were further asked to consider issues of diversity when inviting women to participate so that the sample presenting would consist not only of women from the majority, Irish, white settled community. The interviews were semi-structured, face-to-face interviews held either in the offices of the service provider who had arranged contact between researcher and the participant or, in two cases the interview took place in a private room in a local hotel.

Interviews were recorded with women's permission and transcribed in full or part for analysis. Some direct quotations from interviews are included in the report to illustrate points using women's voices.

Focus Group Interviews with Women from North East Region

Five focus groups with women were held throughout the region. Two of the groups were conducted with Traveller women and three with settled women. Forty-two women were recruited to the focus groups through community, educational and women's organisations identified by local NGO dedicated services, the Steering Group and the research team (numbers in groups varied from 6 to 10). These focus groups were held in three of the four counties in the region. Despite using the same recruitment methods, there was no turnout for the focus group for women scheduled in Co. Louth. The interviews took place in either Health Board or community facilities.

The focus of these interviews was not on women's own experiences of violence but rather examined women's knowledge and attitudes to services in the community in a general way. Women in these groups were asked about their knowledge and awareness of dedicated services for women experiencing violence and their perception of the role of other services identified as relevant in the literature in meeting the needs of women experiencing violence. With the women's permission the focus groups were taped and transcribed in part or full for analysis.

3.4.2 Interviews with Service Providers

Other service providers in the region relevant to women experiencing violence were identified through a review of the literature to determine where women seek help and through discussion with local NGO dedicated services and the project Steering Group. Five service provider focus groups were conducted, two in Co. Louth and one in each other county in the region. A total of 35 service providers representing 28 statutory and non-statutory agencies or services participated in these focus groups. Participation rates in these focus groups varied from 4-11 participants.

3.4.3 Interviews with Regional and National Stakeholders and Policy Makers

One-to-one interviews were also held with both regional and national stakeholders and policy makers in order to inform the research of the broader context and policy issues. A total of eleven interviews were undertaken in this regard. The focus of the interviews was on the policies and structures in place to provide services for women experiencing violence and priorities and challenges for service development.

3.4.5 Summary of Data Collected

Component	Study Group	Method of Data Collection	Number of Participants
Profile of services	Dedicated Services in North East for Women experiencing violence	Semi-structured, one-to-one interviews	6
Views of women survivors	Women who had been in contact with services for women experiencing violence	Semi-structured one-to-one interviews	12
Views of women in the community	Traveller and settled women living across the North East region	Focus group interviews (5)	42
Perspective of non-dedicated service providers	Statutory and non-statutory agencies whose services are relevant to women experiencing violence (See Appendix 3)	Focus group interviews (5)	35 people 28 organisations
Views of regional and national stakeholders and policy makers	Representatives of the North Eastern Health board, Government departments and national bodies (See Appendix 3)	Telephone administered one-to-one interviews	11

3.5 Ethical Issues

Reflecting the literature on best practice in this field thorough consideration was given to the ethical issues arising throughout this study on violence against women. Careful measures were taken to minimise any potential harm that participants could come to as a result of taking part in the study, in particular women with direct experience of violence but also women in the focus groups. These included cautious sample recruitment and the availability of support services and information. Details of these procedures are provided in Appendix Two.

Researcher's entered into agreements with participants in one-to-one interviews and women's focus groups to guarantee confidentiality.

3.6 Data Collection

Fieldwork for the study was undertaken between November 2002 and May 2003. All instruments were designed with the input of the Study Steering Group and will be made available to the Regional Planning Committee for future use.

3.7 Data Analysis

Wherever possible, and with the consent of participants, interviews and focus groups were tape recorded and transcribed. Where this was not possible researchers took notes during the interview and these were written up directly. Data analysis was organised around themes drawn from the literature and the aims and objectives of the study.

Participants in the needs assessment phase of data collection were invited to a feedback seminar. Twelve participants took part in this seminar at which initial findings from the study were presented and clarification sought.

3.8 Summary of Methodology

This qualitative study was designed to assess the current level of response to women who experience violence in the North East Region. The study was guided by a Steering Group comprised primarily of members of the Regional Planning Committee. The principal methods of data collection were one-to-one and focus group interviews conducted with women and a broad range of statutory and non-statutory service providers in the Region.

Chapter four

Introduction

Geographical Distribution of Services

Origin of Service Users

Type of Services and Point of Intervention

Description of Services

NGO Activity



Chapter Four Profile of Services

4.1 Introduction

This first data analysis chapter looks in detail at the NGO/dedicated services available to women in the North-East. The profile of NGO services constituted the first phase of data collection undertaken. The key objective of this phase was to provide baseline information on the level of service provision for women experiencing violence through building a profile of dedicated services.

A further objective of this phase was to identify the referral networks of each dedicated service provider i.e. what agencies refer clients to the service and to what agencies the services make referrals. In this way a picture was developed of the pathways of women into the services and agencies relevant to supporting women during and after their contact with services. This provided a foundation for the next stage of the project as the agencies identified were included in the second phase of data collection, the needs assessment.

The profile is organised under the following headings:

- The geographical distribution of NGOs throughout the region
- The origins of service users
- The specific services delivered and the point at which these services intervene in women's experiences
- Recent Activity levels
- Links between services
- Management Structures
- Funding
- Staffing
- Policies
- Outcomes for women

4.2 Geographical Distribution of Services

NGO/dedicated services working with women who have experienced violence in the NE Region are distributed as follows:

Co. Louth	Drogheda Women's Refuge and Children's Centre Women's Aid Dundalk Dundalk Rape Crisis Centre (DRCC)
Co. Meath	Meath Women's Refuge, Navan
Co. Monaghan	Tearmann Domestic Violence Service
Co. Cavan	Metanoia (under development, not currently providing services)

The two most striking features of the geographical distribution of services are firstly the lack of an established NGO in Co. Cavan and secondly the provision of just one rape crisis centre in the region.

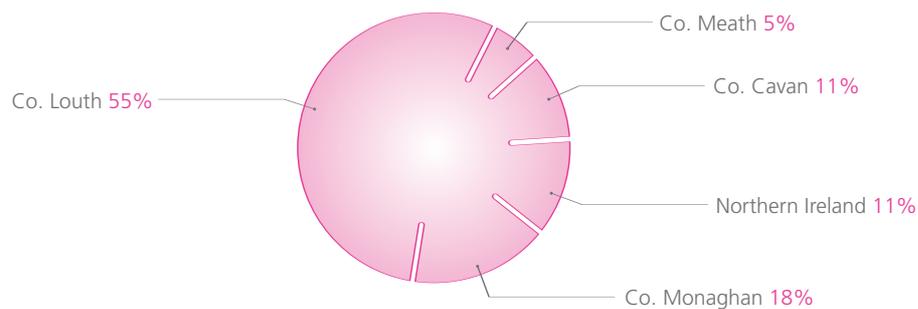
Metanoia is a grass-roots group in Co. Cavan that has organised with the aim of establishing a service within Cavan for women experiencing violence in the County. In the first instance, they plan to provide an outreach support and information service supplemented by a childcare service. At the time of the study Metanoia was in the process of recruiting a member of staff to develop the service, with funding being granted for this by the NE Regional Planning Committee.

In relation to provision for women who have experienced sexual violence, while acknowledging the role NGOs in the domestic violence arena play in supporting women who have experienced sexual violence, frequently a feature of domestic abuse, the Rape Crisis Centre offers a specialised service that tends to the needs of women assaulted within intimate relationships or in any other situation.

4.3 Origin of Service Users

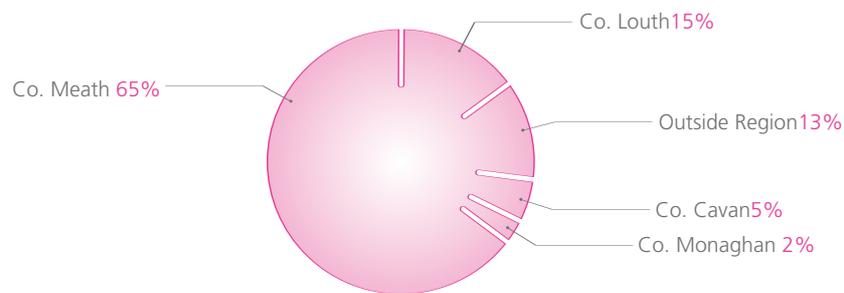
The study was interested in discovering where women who use the NGO services in the North East come from. Results are displayed below as the origins of users of Dundalk Rape Crisis Centre (DRCC), Meath Women's Refuge, Women's Aid Dundalk, Tearmann and Drogheda Women's Refuge are detailed below.

Figure 4.1: Origin of Service Users - Counselling Clients, Dundalk RCC, 2000-2003



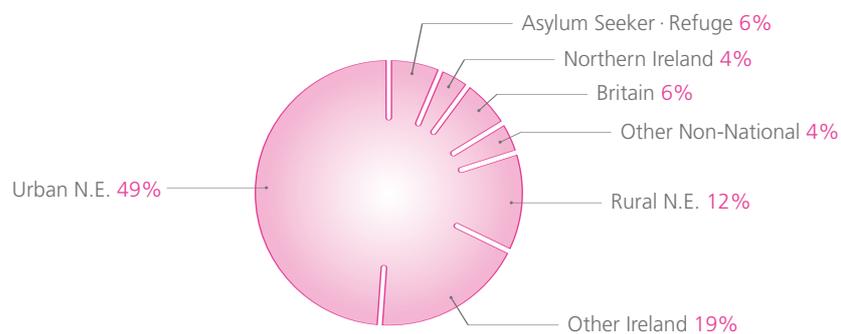
The Dundalk Rape Crisis Centre drew over half (55%) of its clients from the County in which it is located in (see Figure 4.1). Indeed, overall, 89% of women attending one-to-one counselling at the Rape Crisis Centre in the period 2000-2003 were from the North East Region. The remaining eleven percent of clients travelled from Northern Ireland to avail of counselling.

Figure 4.2: Origins of Service Users - Meath Women's Refuge, 2001



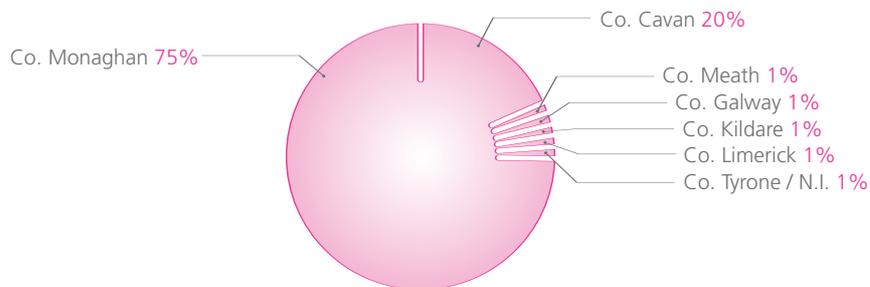
In 2001, Meath Women's Refuge accommodated 46 women in 47 stays (i.e. there was one repeat admission). As Figure 4.2 illustrates, the majority of these women, 65% (n=30), were from Co. Meath. Of these 19 (63%) lived in Navan, 8 (27%) in Kells, and 3 (10%) in Trim. A further 22% of refuge users were from other counties in the North East Region, making a total of 87% of clients from the Region. Just 13% of refuge residents had been residing outside the region directly prior to their stay in refuge.

Figure 4.3: Origins of Service Users, Women's Aid Dundalk, 2002



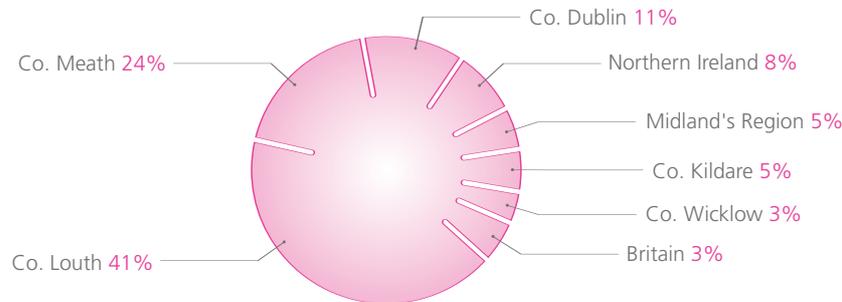
The original places of residence of women staying in Women’s Aid Dundalk’s refuge in 2002 are illustrated in Figure 4.3. The chart shows that almost half (49%) of clients staying in the refuge were from urban areas in the NE Region, while just 12% of users were from rural areas in the region. In addition, a total of 10% of users were asylum seekers, refugees or other non-nationals who had been residing in the North East prior to staying in the refuge. In all a total of 71% of clients were women from the North East. Twenty nine per cent of women staying in the Dundalk refuge were not from the region, hailing from other parts of the Republic of Ireland, Northern Ireland or Britain.

Figure 4.4: Origins of Service Users, Tearmann Domestic Violence Service, 2002



In the same year three quarters of clients of Tearmann Domestic Violence Service were from County Monaghan while a further one fifth of clients came from neighbouring Co. Cavan. Just a further 1% of clients were from the NE Region, these coming from Co. Meath. No services were provided to women from Co. Louth. Overall, 96% of Tearmann clients were from the NE Region, with the other 4% coming from Counties Galway, Kildare, Limerick and Tyrone.

Figure 4.5: Origins of Service Users, Drogheda Women's Refuge, 2002



Of those using Drogheda Women's Refuge in 2002, sixty-five percent were from the North East region either Co. Louth or Co. Meath. A further 24% came from other parts of the Republic of Ireland, 11% from Co. Dublin, an adjoining county and a further thirteen percent of clients Kildare, Wicklow and unspecified counties in the midlands. Eleven percent came from outside of the state, 8% from Northern Ireland and 3% from Britain.

4.3.1 Urban-Rural Mix

NGO managers were asked about the urban-rural mix of their clients. While some had data available on this (see Figure 4.3 on Women's Aid Dundalk User Origins) most participants offered an estimate based on their experiences. In general, it was thought that refuge accommodation was used by more urban than rural women (just 12% of women using the refuge in Dundalk were from rural areas). A more balanced mix of urban and rural dwellers was considered to make use of telephone helplines. The Rape Crisis Centre considered that its mix of urban and rural clients was well balanced. Tearmann Domestic Violence Service in Monaghan was reported to serve more rural than urban women.

Given the demographic profile of Co. Cavan the services proposed by Metanoia for women in the county will be targeted primarily at rural women.

4.3.2 Overview of Origins of Service Users

The vast majority of women taking up NGO services for women who experience violence in the North East live in the Region (between 65% and 96% of users). Correspondingly a minority of users come from outside the Region (4%-35% depending on the NGO). Refuges have a larger proportion of their clients from outside the region than other services, this is likely to be a reflection of women's need for safety resulting in a choice of accommodation that is distant from their homes.

4.4 Type of Services and Point of Intervention

The study was interested in examining in detail the services provided by the NGOs in the Region.

In particular attention was focused on the types of services offered, the point of intervention, and details of the services and activity levels. The tables below detail the services offered by each NGO in the Region organised by County and the point at which these services intervene in women's experiences of violence.

Table 4.1: Services Provided in Co. Louth

Organisation / Service	Client Group	Summary of Services Provided	Point of Intervention
Dundalk Rape Crisis Centre (NGO)	Women who have been raped or sexually assaulted recently or in the past	Telephone Helpline Counselling Court Accompaniment General Advocacy/Support Education and Awareness Raising	Pre-Crisis, Crisis, Post-Crisis Pre-Crisis, Crisis, Post-Crisis Crisis, Post-Crisis Pre-Crisis, Crisis, Post-Crisis Preventative
Women's Aid Dundalk (NGO)	Women who experience domestic violence & their children	Education and Awareness Raising Telephone Helpline Counselling Court Accompaniment General Advocacy/Support Crisis Accommodation (Refuge) Transitional Housing Training and Development Programmes for service users Child Services	Prevention Prevention, Pre-Crisis, Crisis, Post-Crisis Pre-Crisis, Crisis, Post-Crisis Pre-Crisis, Crisis, Post-Crisis Pre-Crisis, Crisis, Post-Crisis Crisis Post-Crisis Post-Crisis
Drogheda Women's Refuge & Children's Centre (NGO)	Women who experience domestic violence & their children	Education and Awareness Raising Prevention Education Programmes in Schools Telephone Helpline General Advocacy/Support Counselling Court Accompaniment Crisis Accommodation (Refuge) Transitional Housing Outreach Clinic (Duleek) Childcare and Counselling Aftercare	Prevention Prevention Prevention, Pre-Crisis, Crisis, Post-Crisis Prevention, Pre-Crisis, Crisis, Post-Crisis Pre-crisis, Crisis, Post-Crisis Crisis, Post-Crisis Crisis Post-Crisis Pre-Crisis Pre-Crisis, Crisis, Post-Crisis Pre-Crisis, Crisis, Post-Crisis

Table 4.2: Services Provided in Co. Meath

Organisation / Service	Client Group	Summary of Services Provided	Point of Intervention
Meath Women's Refuge (NGO)	Women who experience domestic violence and their children	Telephone Helpline Crisis Accommodation (Refuge) Transitional Housing Counselling Court Accompaniment Education and Awareness Raising Child Services Outreach Service	Pre-crisis, crisis, post-crisis Crisis Post-Crisis Pre-crisis, crisis, post-crisis Crisis, post-crisis Prevention, pre-crisis Pre-crisis, crisis, post-crisis

Table 4.3 Services Provided in Co. Monaghan

Organisation / Service	Client Group	Summary of Services Provided	Point of Intervention
Tearmann Domestic Violence Service, Monaghan (NGO)	Women and children who experience domestic violence	Telephone Helpline Crisis Counselling Service Court Accompaniment Outreach Service (<i>by appointment</i>) Childcare and Therapy Services General Advocacy / Support Education and Awareness Raising Drop In and Appointment Visits Support Group	Pre-Crisis, Crisis, Post-Crisis Crisis Pre-Crisis, Crisis, Post-Crisis Crisis, Post-Crisis Crisis, Post-Crisis Preventative, Pre-crisis Pre-crisis, Crisis, Post-Crisis Post-Crisis

4.4. Services Planned for Co. Cavan

Organisation / Service	Client Group	Summary of Services Provided	Point of Intervention
Metanoia, Co. Cavan (NGO)	Women who experience domestic violence	This relatively newly formed organisation has been established by community activists to provide services related to domestic violence in Co. Cavan. Metanoia is currently (mid-2003) recruiting a project worker to advance the development of services in Co. Cavan	

4.4.1 *Key Features of NGO Provision*

The data in the above tables demonstrate that there are three NGOs in the region providing crisis and transitional accommodation and other services to women experiencing violence. Tearmann in Co. Monaghan addresses the needs of women who experience domestic violence without the provision of accommodation, and the Dundalk Rape Crisis Centre addresses the needs of women who have experienced rape or sexual assault.

4.4.2 *Point of Intervention*

Service providers were asked to classify the services they deliver into the stage at which services target their interventions in terms of either preventative, pre-crisis, crisis or post-crisis. Elements of each of these four categories were represented in the services on offer from each NGO. A great many services offered by NGOs spanned a number of these categories as they served different needs for different clients and were thus client-led.

Preventative services

Education and awareness raising were commonly classified as preventative services. Some telephone helplines were also categorised in this way. Drogheda Women's Refuge and Children's Centre highlighted the preventative aspect of its general advocacy service. Also in Drogheda the most comprehensive preventative NGO programme for children and young people in the Region has been established.

Pre-crisis

Telephone helplines were also thought to intervene with women at a pre-crisis stage. Some counselling services were identified as pre-crisis work. Dundalk RCC, Women's Aid, Dundalk and Drogheda Women's Refuge and Children's Centre were clear that their general advocacy work be marked out as pre-crisis services. Women's Aid also recognised an aspect of pre-crisis work in their court accompaniment service. Tearmann's drop in and appointment based client work and Drogheda Refuge's outreach service also support women prior to a crisis arising.

Crisis

Crisis services were offered in the form of telephone helplines, counselling, crisis accommodation (in refuges), court accompaniment, other forms of advocacy and support and drop-in services. All five NGOs in the Region have helplines in operation and three services (in Dundalk, Drogheda and Navan) offer crisis accommodation to women and their children escaping violence.

Post Crisis

The following services were identified as post-crisis supports for women currently on offer by NGOs in the Region - telephone helplines, court accompaniment, outreach services, general advocacy and support and counselling. In addition transitional housing is provided by three NGOs in the Region. Women's Aid Dundalk also provides personal development courses and accredited training courses to support women post-crisis.

Overall, specific services on offer are broadly defined in terms of the points at which they intervene in women's lives, with most services spanning two or three points. However it is crisis and related services that receive the most attention while preventative services are not as well developed. The nature of work with women in crisis situations is such that it demands immediate attention and subsequent to this is likely to attract the greatest use of resources.

4.5 Description of Services

Some of the key services delivered by the NGO sector are discussed below in more detail.

4.5.1 Telephone Helplines

Each of the five operating NGOs/dedicated services in the Region operates a helpline for women. The operating hours of the helplines are as follows:

Table 4.4: NGO Helpline Services in the NE Region

NGO	Helpline Hours	Specialism	No. of Calls 2002
Drogheda Women's Refuge	24 hours 7 days a week	Domestic Violence	448
Women's Aid, Dundalk	24 hours 7 days a week 9.00am to 5.00pm by helpline staff. All other times calls transferred to refuge	Domestic Violence	427
Dundalk Rape Crisis Centre	9.30am-5.00pm Monday to Friday	Rape and Sexual Abuse	410
Tearmann Domestic Violence Support Service, Monaghan	9.00am - 4.00pm Monday to Friday	Domestic Violence	474
Meath Women's Refuge	24 hours 7 days a week	Domestic Violence	273
Total:			2032

The three NGOs that provide crisis accommodation are in a position to make their helplines available on a 24-hour basis while those NGOs without 24-hour staffing offer their helplines during office hours only.

In 2002, the total volume of calls to these helplines was 2032. Calls to the Rape Crisis Centre helpline accounted for over 400 of these calls, with the remaining 1622 calls relating to domestic violence. Each day during the week during core business hours trained staff are on hand to answer calls at five NGOs around the Region. At all other times staff are available at three NGOs to answer calls. While allowing for the fact that NGOs are targeting their own geographical areas, there is considerable overlap of services in the area of telephone helplines in the Region.

4.5.2 Outreach Services

All five of the operating NGOs/dedicated services provide court accompaniment services. Three NGO/dedicated services in the Region provide one-to-one outreach support services to women - Tearmann Domestic Violence Support Service, Meath Women's Refuge and Drogheda Women's

Refuge and Children's Centre. Of these, Tearmann operates an appointment system for outreach with women and arrangements for the location are made on an individual basis. The other two services provide outreach clinics in set locations on regular dates.

In 2002, NGOs in the Region provided outreach as follows:

Table 4.5: Activity Levels of NGO Outreach Services in NE Region, 2002

NGO	Outreach Activity 2002
Tearmann Domestic Violence Service, Monaghan	51 women
Meath Women's Refuge (service established Oct. 2002)	15 women
Drogheda Women's Refuge and Children's Centre (service established Nov. 2002)	10 women

4.5.3 Community Education Programmes

Each of the five operating NGOs/dedicated services deliver information talks to local community groups and occasionally schools or other groups. Drogheda Women's Refuge and Children's Centre has developed a more comprehensive educational programme comprising education in secondary schools in relation to healthy relationships, community based youth education including the production of a video, and self-esteem programmes in homework clubs with children aged 7-12 years. Tearmann also provides an education programme to secondary school students in transition year.

4.5.4 Refuge Accommodation

Crisis accommodation in the form of refuge beds are offered by three NGOs in the Region - Meath Women's Refuge, Women's Aid Dundalk and Drogheda Women's Refuge and Children's Centre. Table 4.6 indicates the distribution of these beds. In total there is refuge accommodation in the region for 14 families.

Table 4.6: Refuge Bed Capacity in the North East Region

NGO	No. of Bedrooms	Capacity
Drogheda Women's Refuge and Children's Centre	4	12
Women's Aid, Dundalk	5	20
Meath Women's Refuge	5	17-20
Total	14	49-52

It should be noted that since the time of data collection plans have emerged that will result in the crisis accommodation provided by Drogheda Women's Refuge and Children's Centre being transferred to new premises but designed to meet different needs. In future, these bed spaces will provide for homeless women rather than women who are escaping from domestic violence. This change will result in a 28% reduction in the number of families that can be accommodated in crisis accommodation in the North East Region. As a result it is imperative that the beds that are available to women escaping violence are used in the most effective and efficient manner possible. In this regard it is essential that refuge accommodation be preserved as crisis accommodation and that other agencies, notably the Department of the Environment and local government, act upon their responsibilities to provide housing to those in need. Data on levels of activity within NGOs discussed below indicate that fewer women are using some refuges but those who do are staying for longer periods of time, indicating that they are not safe to return home and that no other adequate accommodation is available to them.

In 2002, the average lengths of stay in refuges in the Region were:

- Drogheda Women's Refuge - 4 weeks (range 1 day - 6 months)
- Dundalk Women's Aid Refuge - 3 weeks (range few hours - 5 months)
- Meath Women's Refuge - 6-8 weeks (range few hours - 9 months)

Some women are staying in refuges for long periods of up to nine months. NGO providers managing refuges highlight that the refuges are not adequate to provide long-term accommodation, being neither built nor managed in a manner suitable for providing for women and children's long-term needs. Further to this, it follows that when women are staying in refuges for lengthy periods of time that the places they occupy are not available for crisis admissions. It was thought that data on refusal rates would help to identify the extent to which this is the case and hence provide an insight into unmet need for crisis accommodation in the Region resulting from full occupation of refuge beds. However the data available on refusals from refuge are problematic and proved inadequate in this regard¹.

Refuges and Unmet Need

The refuges available to women who experience violence are not currently available equally to all women in the Region. In particular women are excluded on the grounds of:

- Substance abuse problems
- Mental health problems
- Age

Women with active drug or alcohol problems are not accepted for admission to any of the refuges operating in the Region. While refuges may admit women who have an alcohol addiction, the women cannot stay in the refuge if they are currently drinking. Women on methadone treatment programmes may be accepted. The result is that no residential accommodation is available in the Region to women who experience violence but are currently involved in alcohol or illegal drug abuse.

¹ *The validity of data on the refusal of women from refuges is compromised by the likelihood of double counting. Women may be included more than once in refusal data if they are refused accommodation a number of days in succession when the refuge is full. Double-counting also occurs when more than one person calls in relation to an admission and all are refused, e.g. a social worker calls looking for accommodation for a client, the client also calls herself, both are refused and this is counted as two refusals. These two difficulties combined undermine the usefulness of refusal data to effectively illustrate unmet need for crisis accommodation. On a regional level the data present an even more skewed picture as women refused admission from one refuge (and accordingly counted on the records there) are likely to seek accommodation in other refuges in the Region and if no accommodation is available in other refuges they are likely to be counted again. Thus refusal data is not amenable to comparing data between refuges or collating data to paint a picture of unmet need for crisis accommodation regionally. Furthermore these difficulties with refusal data are not amenable to simple solutions involving the manner of data collection as the sensitive nature of the issue means that it is imperative to minimise data collection that is not directly related to women's immediate needs and the sharing of detailed information between agencies is not possible due to issues of confidentiality.*

Women with serious mental health problems are also excluded from refuges. Managers and staff make decisions on admissions on a case-by-case basis. The needs of other residents (women and children) and the ability of staff to meet the needs of women with mental health problems presenting are considered in assessments of the suitability of the service to meet a woman's needs.

Age is another ground on which refuge accommodation may be refused. Young women and girls under the age of 18 are not eligible for services. NGO services are legally bound to restrict their client group to adult women, aged 18 years or older.

To compound this exclusion from accommodation women in these groups may also lose out on other benefits associated with the take up of NGO services such as the strength drawn from solidarity with other women in similar situations, the validation gained through being in a supportive environment where one is believed, and the opportunity to make contact with other agencies or services that are beneficial to them.

These client groups represent women who are already marginalised and vulnerable. They may also experience difficulties accessing other mainstream services. The exclusion of women from these groups from crisis accommodation represents a substantial gap in service provision for women who experience violence in the Region.

4.5.5 *Transitional Housing*

Transitional or medium-term housing is designed for women who, as a result of leaving a violent relationship, are homeless. This type of accommodation is available to women and their children for a period of up to two years between leaving home or a refuge and being permanently housed, most usually by the relevant local authority. The supply and location of transitional housing in the Region is detailed in Table 4.7 below.

Table 4.7: Transitional Housing in the North East Region, 2003

NGO	Partner Organisations	No. of Units
Drogheda Women's Refuge and Children's Centre	Local Authority	1
Women's Aid, Dundalk	Respond Sonas Housing Local Authority	4
Meath Women's Refuge	Clúid Sonas Housing Local Authority	4
Total		9

Three NGOs in the North East provide transitional housing in association with partner organisations. There are 4 units available through Meath Women's Refuge and one in Drogheda, managed by Drogheda Women's Refuge and Children's Centre. In Dundalk, Women's Aid, manages four units of transitional housing in the form of 2 three bedroomed houses and 2 two bedroomed apartments. Under the current agreement with Sonas Housing these units are allocated as family units for use by women with dependent children. None of the transitional housing in the Region is available to women without dependent children. Families can stay in this transitional housing for up to two years. Women enter into tenancy agreements and the house or apartment is their home. Like refuge accommodation NGO support staff are available to residents. However, they do not stay on site but rather visit the women in their homes. Thus this model of housing provision provides women with significantly greater independence and autonomy than refuge accommodation.

Agreements are in place between NGOs and local authorities, who have a statutory duty in relation to housing, to provide long-term housing for women moving out of transitional accommodation. This has been accomplished successfully in a number of cases in the Region. The housing partnership with Sonas provides for the transfer of women to other Sonas housing units if the need arises e.g. if women need or want to leave the area they are living in. Only a very small number of units are available in relation to the numbers of women in refuge who do not have alternative accommodation to go to indicating the need for additional transitional housing. The transitional housing model is a good example of services adapting to women's needs and developing alternative forms of provision.

4.6 NGO Activity

The study examined the levels of activity of each of the NGO/dedicated services using data from North Eastern Health Board (NEHB) Adequacy of Service Reports under Section 8 of the Childcare Act, 1991. These reports show the levels of activity in each NGO/dedicated service in the region (see Tables 6-10). The level and trends of displayed in these activities are discussed below.

4.6.1 Activity Levels

The activity data presented in these tables provides some indication of the level of expressed need of women who experience violence in the Region. For example in 2002:

- 194 women and 310 children stayed in refuges in the Region
- 70 women received counselling from the Rape Crisis Centre
- 99 women were supported one-on-one by Tearmann Domestic Violence Service
- Over 2000 helpline calls were received by the five helplines in operation

These figures indicate a high level of need and demand for services on offer in the region. A more detailed analysis of activity levels follows.

Table 4.8: Dundalk Rape Crisis Centre - Activity Data 1999 - 2002

	Number Accommodated in Refuge (Women)	Number Accommodated in Refuge (Children)	Helpline Calls	Court Accompaniments	Other Activity
1998					Not in 1998 Section 8 report
1999	N/A	N/A	Data n/a		159 new referrals to service Support and advice to 45 people by telephone, 260 appointments offered
2000	N/A	N/A	Data n/a		159 new referrals to service Support and advice to 45 people by telephone, 260 appointments offered
2001	N/A	N/A	693	0	534 client counselling hours, set up website, Information and awareness initiatives
2002	N/A	N/A	410	4	70 clients seen for initial appointments/support 951 counselling sessions offered - 789 availed, advocacy support approximately 160 contacts

Table 4.9: Women's Aid, Dundalk - Activity Data 1998 - 2002

	Number Accommodated in Refuge (Women)	Number Accommodated in Refuge (Children)	Helpline Calls	Court Accompaniments	Other Activity
1998	66	134	472	N/A	Women's development programme, education and awareness, partnership with Sonas Housing Association, Dublin
1999	60	116	510	N/A	Education and awareness programme, Women's development programme, child counselling sessions, transition housing under construction
2000	91	140	393	30	296 one to one support sessions Education and awareness workshops Women facilitated to access other services
2001	100	181	416	33	254 one to one support sessions 4 women and 8 children in second stage housing, WHEAT training developed funding from Dept Justice
2002	79	96	427	49	631 one to one sessions provided 500 advocacy contacts, WHEAT training programme commenced Registered as ECDL centre with 13 women participating, 314 outreach sessions provided to clients and others; 44 advocacy contacts, 89 women availed of personal development and lifeskills programmes, Medium-term supported transitional housing and other supports

Table 4.10: Drogheda Women's Refuge and Children's Centre Ltd. - Activity Data 1999 - 2002

	Number Accommodated in Refuge (Women)	Number Accommodated in Refuge (Children)	Helpline Calls	Court Accompaniments	Other Activity
1998					Service opened in 1998 - no data available for that year
1999	73	127	240	N/A	Support groups, public awareness and education, outreach service, referral to other services, 55 advice/information visits, counselling for women, access to child psychology service
2000	62	121	279	16	3 outreach clinics in Drogheda, 121 children on facilitated programme, 72 advice visits, 9 children and 106 adults received counselling
2001	62	130	247	25	112 one to one support sessions outreach clinics Support groups for women, Training and awareness initiatives
2002	62	134	448	120	School programme to four post primary schools, training sessions to staff IN OLOL Hospital, self esteem programme to 7-12year olds, awareness campaign, advocacy work for 298 women and children, first transition stage house plus other post crisis work

Table 4.11: Meath Women's Refuge and Support Services Activity Data 1998 - 2002

	Number Accommodated in Refuge (Women)	Number Accommodated in Refuge (Children)	Helpline Calls	Court Accompaniments	Other Service Activity
1998	102	217	311	N/A	Social welfare and housing information, counselling service, child support and child psychology service available, liaison with schools, outreach services for women and children, education and awareness programmes
1999	63	113	Info N/A	N/A	Social welfare and housing information, counselling service, weekly support groups, child support and child psychologist service available, education and awareness programmes, outreach service for women and children
2000	85	181	Info N/A	Info N/A	17 women left refuge with court orders, 181 children attended facilitated programme, educational programmes for Women, counselling service by refuge's therapist
2001	47	68	200	20	24 one to one support sessions Four second stage completed ready for use, 100 hrs therapy to 24 clients, 135 hrs support group to 35 clients, 96 arts and crafts to 35 clients
2002	53	80	273	Service Available (no data)	16 days of action event to raise awareness and funds, weekly therapeutic arts and crafts classes to 63 , 80 women and 60 children availed of a range of support services, Outreach service from Oct 2002 to 15 women and 6 children, Four transitional houses, from Feb 2002, 530 advocacy links

Table 4.12: Tearmann Domestic Violence Services, Monaghan - Activity Data 1999 - 2002

	Number Accommodated in Refuge (Women)	Number Accommodated in Refuge (Children)	Helpline Calls	Court Accompaniments	Other Activity
1998	N/A	N/A			Service from July to December 1998 Information, court accompaniment awareness raising
1999	N/A	N/A		N/A	Opened 1st December 1999, 6 women accessed service, Education programme
2000	N/A	N/A	219	8	71 clients referred, 143 drop in visits, 53 outreach to homes, 190 attended information sessions
2001	N/A	N/A	388	24	64 drop in, 128 one to one sessions, 12 advocacy, 128 client counselling hours, 400 visits to website, 128 outreach visits to health centres, 359 attendees at info and training events
2002	N/A	N/A	474	27	872 client contacts with 78 new clients and 21 repeat clients, media campaigns, 300 visits to website, 600 crisis counselling hours provided, 122 advocacy/accompaniment, 176 one to one support sessions, 51 clients availed of outreach services

4.6.2 Trends in Activity Levels

The level of activity for almost all services increased over the period displayed in the tables. Two NGOs, Drogheda Women's Refuge and Tearmann were newly established since 1998 (the first year for which figures are displayed). As organisations become established and awareness of both the services offered and of their quality grows then so too does the uptake. Notable trends in each organisation and an overall view are presented below.

Dundalk Rape Crisis Centre

- 40% decline in helpline calls in 2002
- 48% increase in counselling hours

Women's Aid, Dundalk

- Helpline use varying over time by up to 29%, but no lasting dramatic change
- 148% increase in one-to-one client sessions
- Refuge use increasing in 2000 and 2001 but decreasing in 2002
- 63% increase in court accompaniment over 3 years
- Expansion of service to include WHEAT training project

Drogheda Women's Refuge and Children's Centre

- 86% increase in helpline calls between 1999 and 2002
- 750% increase in court accompaniments (from 16 to 120) in 3 years
- Steady use of refuge, same number of women (but with more children) over the past 3 years
- Expansion of services to include educational programmes, transitional housing, and support groups

Meath Women's Refuge

- 36% increase in helpline calls in 2002
- High degree of variation in refuge use, with drop from 85 to 47 women in 2001 on 2000 figures and small rise to 53 women in 2002
- Expansion of service to provide transitional housing, outreach service, support group

Tearmann Domestic Violence Service

- Helpline calls up 116% in two years (2000-2002)
- 368% increase in counselling hours in 2002
- Court accompaniments up from 8 in first full year of operation (2000) to 27 in 2002
- 88% increase in information sessions participation increase in 2001

Overview of trends

Overall the trend is towards greater use of NGO services available in the Region. In general use of helplines, one-to-one counselling and support sessions and court accompaniments is increasing over time. Recent increases in funding have made it possible for NGOs to expand the range and capacity of services on offer. Increased take up rates over time indicate the appropriateness and acceptability of the services offered by the most recently established NGOs, Drogheda Women's Refuge and Children's Centre and Tearmann Domestic Violence Support Service.

Some services are new and could be expected to see increases in take up as a result, in that as awareness of the service grows so too does service use. Other services, in particular accommodation, are restricted in their ability to grow client numbers without increasing either the turnover of clients or the physical resources of living space. The number of accommodation units thereby largely influences the rate of take up, subject to length of stay (see below for explanation of refuge data).

Increased use may be largely dictated by availability. Figures on helpline calls, a service not limited by physical resources, gives a better indication of variability in levels of need with three of the five services seeing substantial increases in helpline use over time.

Explaining apparent falls in refuge statistics

The activity data appear to indicate that some services have seen a decline in the take up. Data from both Women's Aid, Dundalk and the Meath Women's Refuge show considerable variance in the number of women using refuge accommodation year to year, including a reduction in the number of women using some refuges. However, while these apparent falls in the take up rate of services show that fewer women and children are staying in refuge, it does not necessarily follow that refuge beds are vacant. The underlying explanation is not poor take up but rather take up by smaller numbers of women for longer periods of time. For instance, in 2000, 85 women and 181 children stayed in Meath Women's Refuge. The following year, 2001, 47 women stayed in the refuge along with their 68 children. On cursory inspection it would appear from these figures that the refuge was not as busy in 2001 as it was in the previous year. However the more specific figure of 'bednights' (literally the sum of the number of nights each bed is occupied) shows that levels of activity were in fact elevated in 2001 with 1540 bednights for women compared with 1161 the previous year. These data demonstrate that although the total number of women staying in the refuge was fewer, those women and children who did use the service stayed for longer periods of time. Previously noted, service providers have highlighted the inadequacies of crisis accommodation being used for lengthy stays.

4.7 Links Between Services

The study explored the links between NGO/dedicated services working with women who experience violence in the Region and other statutory and non-statutory bodies. The findings from this element of the study are presented in terms of referral networks, i.e. the agencies who refer clients to NGOs and those to whom the NGOs refer their clients, and the type of interagency work that NGOs in the Region are involved in.

4.7.1 Self-Referral

The data below demonstrate that a great many agencies from different sectors refer women to NGO/dedicated services. However data from all agencies indicates that the largest source of referrals to NGOs is self-referral. Self-referrals represent between 32% and 42% of all referrals to refuges in the region. This represents a significant minority of women and was the most common pathway for women approaching these NGOs. This reflects that services are reasonably well known to women who are in a position to identify and make contact with services they feel are relevant to their own experiences.

Similarly, the representatives of NGOs participating in the study emphasised the importance of supporting and empowering women to make their own decisions in regard to seeking out other services that could be of benefit to them, thus maintaining a pattern of self-help.

4.7.2 Referral Networks - A Sectoral Analysis

The study mapped the referral networks of the NGO/dedicated services in the region. This involved an examination of each NGOs links with other agencies in terms of the organisations or individuals that refer women to the NGO and the organisations that NGOs referred women to. Analysis of this data revealed the remarkable breadth of these networks and provided insight into the most common pathways to services for women using services.

It is important at the outset to explain the use here of the term 'referral'. In this context it is used to describe both formal referrals made between professionals or organisations and organisations are also considered to have referred women if they have provided a woman with information or advice on foot of which she has made contact with another service.

The referrals networks of all NGOs demonstrated the diversity of individuals and both statutory and voluntary organisations in the North East Region that are involved in providing services, advice and/or information to women who have experienced violence. While reinforcing the literature by identifying key services for women the networks also demonstrate the importance of local bodies such as youth organisations and women's groups. The spectrum of services from preventative through to post-crisis is represented in these referral networks (for further detail see Appendix Four). They are discussed below by sector, categorised as follows:

- Health
- Justice/Legal
- NGO/Women's
- Adult Education
- Children's
- Youth
- Community/Voluntary
- Other Statutory

Health sector

Reflecting the importance of the health sector in the literature NGOs in the region the most commonly cited links were with social workers followed by doctors, hospitals, community welfare officers and public health nurses. Although, one NGO reported that they receive so few referrals from doctors that they would not consider them a source of referrals. The literature indicates that doctors, especially GPs, are crucial in terms of identifying and assisting women who experience violence.

Other health sector services identified were Rian counselling, community psychiatric nurses and family resource centres.

Justice/Legal sector

The strongest link between the NGO sector and the justice and legal system was with Gardai. All agencies reported that Gardai both referred women to their services and that they refer women to the Gardai, reflecting the Gardai national policy on domestic violence. This policy stipulates that Gardai must provide women who make complaints of domestic violence with information statutory or NGO services that can provide them with assistance and support.

Some NGOs had links with the Courts Service, while others did not. Although at the time of the study women were not referred by DRCC to Court Clerks, the Centre revealed plans to do so in future. This development had occurred as a result of the sharing of information through the Regional Planning Committee through which the Centre had become more familiar with of the role of Court Clerks in assisting individuals with court procedures. The Centre intended to change their practice as a result. This indicates the effectiveness of working at a number of different levels to increase networking and links between agencies.

The Prison Service and the Probation and Welfare Service each had contact with one NGO in the region, and referred women to these NGOs from time to time.

NGO/Women's Sector

Strong links within the NGO sector were reported. The NGOs participating in the study reported that a number of their clients come in contact with them through other NGOs either in the Region or outside the Region, including those in Northern Ireland and the UK. Equally they referred women to other NGOs based on the women's needs.

The importance of women's community groups was highlighted in the study. All NGOs had links with local women's groups some of which have a mostly social function while others are well developed service providers in their own right, providing or facilitating personal development programmes, other forms of education, training or counselling. Women's groups identified included the ICA, Drogheda Area Women's Network, Dochas for Women, Blayney Blades in Castleblayney, Ladies Circle in Trim and the Redeemer Pilots in Dundalk. The finding highlights the role of women's groups both in directing women who have experienced violence towards specialised services and also supporting women post-crisis.

Adult Education Sector

The study showed that links between the NGO sector and the adult education sector are not well established. Women's Aid Dundalk refers women to FAS (they also provide education programmes onsite), Meath Women's Refuge refers women to the VEC literacy programme and Drogheda Women's Refuge refers women to local adult education courses. The valuable role of education and training as a post-crisis support for women who have left domestic violence situations is not well reflected in the current referral networks in the Region.

Children's Sector

Some links have been established between NGOs in the Region and schools liaison services but this is not the case universally. Some NGOs also reported links with the ISPCC, community childcare facilities or parent and toddler groups. Of particular relevance to children are the well-established links (indicated above) between NGOs and health board social work departments. In particular social work departments provide a range of supports for children and also act as a link for them with other agencies.

Youth Sector

The study showed that NGOs link with local youth organisations. Those identified were all in Co. Louth and the referrals to or from these youth organisations were with NGOs in that area. NGOs in other areas did not report links with youth organisations, this may of course, be a reflection that such organisations do not exist in all areas of the Region.

Community / Voluntary sector

NGOs in the region have broad links with many community-based organisations. The most prevalent of these was with the local charities such as St. Vincent de Paul that both refer women to NGO services and are sources of support that women are referred to by NGOs. In the voluntary sector, charities such as St. Vincent de Paul have almost unique access in terms of voluntary bodies

to some women's homes and lives and as such are well positioned to provide information to women who are or have experienced violence or the threat of violence.

Citizen's Information Services (CISs) also emerged as a point of referral for women to three NGOs in the Region. Women's Aid Dundalk noted that since the organisation had provided training to staff from the local CIS referrals from there had increased, demonstrating the value of working pro-actively to promote services and enhance understanding of the issue of violence against women.

Other community/voluntary sector organisations that women use include marriage guidance, arts centres, NTDI (formerly Rehab), community centres and religious contacts (e.g. priests, vicars, nuns).

Other Statutory Sector

The need for women who have experienced violence to receive practical support from statutory agencies is demonstrated by the links between organisations in the Region. All NGOs have links with the Department of Social and Family Affairs at a local level in terms of social welfare needs and also with the Monetary Advice and Budgeting Service (MABS). Further, all NGOs working with women around domestic violence both receive and make referrals to local authority housing departments.

4.7.3 Frequency of Referrals

The range of services, across many sectors, that women who experience violence use is indicated in the data above on referrals to and from NGO services. Data was also gathered on the proportion of referrals from identified sources. As noted above women most commonly contact NGOs without the intervention or assistance of any other agency (between 32% and 42% of referrals to refuges).

Between 4% and 29% of referrals to refuges in 2002 were from other NGOs, indicating healthy linkages between services that are used to benefit individual women who may not be able to avail of one refuge because it is full or may for safety or other reasons choose to use another refuge.

Data on the frequency of referrals indicated that both Gardai and Social Work remain importance points of contact for women in terms of linking them with NGO services. Referrals from these sources ranged from 8-17% and 8-13% respectively. This is in keeping with the literature on the importance of these statutory services for women who experience domestic or sexual violence.

Remarkably, although the literature indicates the importance of medical services and general practitioners in particular to women who experience violence, NGOs in this study reported receiving surprisingly few referrals from doctors. Referrals from medical services were low, e.g. representing between 6% and 7% of total referrals to the three refuges in the Region. The paucity of referrals from doctors represents a weakness in the current levels of co-operation between services that needs to be addressed.

4.7.4 Factors Influencing Levels of Referrals

The importance of professional networks is clear from the observations of many participants that referrals are high or increase from any agency where there has been personal contact. For example, as noted previously, where an NGO had provided training for staff from a Citizen's Information Service (CIS) referrals from there increased. Similarly, where a member of the NGO Board is employed in a local statutory, voluntary or community organisation referrals from that organisation will be elevated as a result. These aspects of referral patterns indicate an element in chance in the strength and breadth of links between organisations with a role in relation to violence against women.

4.7.5 Level of Detail with Referral

When discussing referrals, one NGO manager reflected that the level of detail received when women are referred varies greatly. For instance, detail provided might range from a telephone call from an agency saying a client of theirs is about to go to present at the NGO service shortly and providing little more information, to being supplied with a comprehensive case history. It was considered by most NGOs that it is preferable for a greater level of detail to be provided where possible as this facilitates staff to be prepared when meeting a new client. Crucially, the woman's experience can be improved by finding that it is not necessary to re-tell her story again and again as she moves from one agency to another. It was noted that social work services provide the most comprehensive details when referring clients.

Not all NGO/dedicated services subscribed to the view that a wealth of information about prospective clients is useful. The Rape Crisis Centre representative indicated that it was preferable for women presenting to the Centre to tell their own stories in their own words rather than having someone else report this for them.

4.7.6 Overview of Referrals

The findings on referrals networks demonstrate that women approach a wide variety of agencies seeking assistance related to their experience of violence. Reflecting this NGO/dedicated services have established broad connections in their communities. The data also demonstrate the importance of all agencies working at multiple-levels, with training, information provision between agencies and at forums such as the Regional Planning Committee.

Crucially, women's experiences of using services are improved where links are effective. The importance of identifying new links and fostering existing links cannot be over emphasised. A more systematic and thoughtful approach to the links between agencies in the Region is indicated. The regional training programme could play a major role in this regard in terms of identifying and providing training with priority groups, tailoring training as necessary. Proactive strategies need to be employed to access agencies or professionals that have not taken up training. This should be done in tandem with moves to develop guidelines and procedures for working with women who experience violence in key agencies.

The following links in particular should be prioritised:

- GPs - There is a need to engage with medical services, in particular GPs, around screening women and referring women. GPs could play a much more pivotal role in identifying and triggering earlier intervention in women's experiences in escaping from or overcoming violence against them.
- Education Sector - Links with the education sector, both mainstream primary and secondary systems and adult education, should be developed further to ensure children's needs are addressed, and to enhance the opportunities for post-crisis support that education and training can provide women
- Minority Groups - No effective links were reported with organisations of women from minority groups or agencies working with or on their behalf such as NEHB Disability Services, groups representing women from ethnic minority groups, disabled women, older women or lesbian and bisexual women.
- Women's Groups - The potential to maximise women's community groups as a resource through capacity building initiatives should be explored

4.8 Interagency Work

NGO contact with other agencies is not limited to the referral of clients. NGO/dedicated services are linked with other organisations and structures that facilitate service delivery and planning. Participants indicated that interagency has been greatly enhanced since the publication of the Report of the Task Force on Violence Against Women in 1997.

4.8.1 Regional Planning Committee

Each NGO in the region and is represented on the Regional Planning Committee on Violence Against Women. Some participants stated that participation of the broad interests represented on the Regional Planning Committee (RPC) had brought about a greater understanding of the roles of a variety of agencies and facilitated the promotion of the work of the NGO sector. Some examples were provided of information garnered through RPC contacts being made use of in work with clients e.g. a greater understanding of the court system.

4.8.2 Local Area Network

In Co. Monaghan a pilot Local Area Network as envisaged in the Task Force Report (1997) has been established. This local forum brings together diverse local service providers including Tearmann Domestic Violence Service and the NEHB social work service. Also participating are representatives of the ISPCC, a local women's group, An Garda Síochána, Accord Marriage Guidance, Monaghan General Hospital A&E, Citizen's Information Centre, Community Welfare, Public Health Nursing, The Courts Service, Monaghan County Council and the Department of Social, Community and Family Affairs. The agencies represented are involved in various ways with provision related to violence against women. The objectives of the network are to promote understanding, co-operation and communication between participating agencies and allow for enhanced planning of services.

4.8.3 *Other Interagency Links*

NGO/dedicated services in the North East are also represented on various local, regional and national bodies such as relevant national networks, homelessness forums, probation projects and childcare networks.

A number of the NGOs are actively involved in interagency work in terms of delivery of services. Transitional housing initiatives have been established in conjunction with Sonas Housing (a national voluntary body associated with Women's Aid), Respond and with local housing authorities.

Also a number of NGOs contribute to the delivery of the regional training programme on violence against women. Constraints on resources can act to curtail such involvement. At present, Dundalk Rape Crisis Centre is not in a position to play an active role in the regional interagency training programme due to lack of personnel.

Tearmann Domestic Violence Service has developed plans in conjunction with the NEHB community social service for Counties Cavan and Monaghan for the provision of therapeutic groupwork with children in tandem with similar groupwork with their mothers. At the time of data collection it was envisaged that the pilot phase of this joint venture will be launched in 2003.

Other interagency work takes the form of co-operation between social work services and NGOs. One example given was the attendance of NGO staff at case conferences and involvement in care planning. In Co. Louth joint work with Youth in Partnership, a voluntary organisation working with adolescents in Dundalk, around young people vulnerable to sexual exploitation was highlighted.

4.9 **Management Structures**

All NGOs in the profile are established as limited companies and are also registered as charities. They described the role and function of their Board of Management structures as follows:

Drogheda Women's Refuge and Children's Centre

The Board is responsible for overall management of the service and strategic planning. The twelve members represent a cross-section of organisations and professions including teaching, social work, NEHB as well as women who have experienced violence. The Board bears legal responsibility for maintaining the accounts of the organisation. It has contributed to preparing applications for funding and also provides support to the manager and staff. Some Board members work in the Refuge undertaking relief shifts.

Dundalk RCC

The seven member Board of Directors of Dundalk Rape Crisis Centre has legal responsibility for the finances of the organisation. Four of these seven members are also members of the Management Committee that comprises the Centre Co-ordinator, staff, volunteers and a clinical psychologist in a consultative capacity. One member of the Board of Directors is a part-time volunteer at the Centre. The staff and volunteers who provide the service are actively involved in management decision making is part of the way in which the rape crisis centre model has sought

to promote equality amongst staff, service users and management (Neary, 2000).

Women's Aid, Dundalk

The all female Council of Management of Women's Aid Dundalk fulfils the legal obligations of the organisation such as audit and employment. The Chairperson is a volunteer in the service. Members include health board staff from the acute hospital sector, mental health and social work as well as a member of An Garda Siochana, an accountant, former service users and women working in the community voluntary sector.

Teermann's Domestic Violence Service

The nine member Board of Management has overall responsibility for the running of the service. Members include An Garda Siochana and health board staff but most members are voluntary members of the public.

Meath Women's Refuge

The Board of Management of the Meath Women's Refuge fulfils the legal functions of the organisation. Members include health board staff, Gardai, staff members of the local authority housing department and the Department of Social and Family Affairs.

Metanoia

In Cavan, Metanoia's twelve member Board of Management consists of members from Cavan Partnership Board, An Garda Siochana, St. Vincent de Paul, local women's groups, the ICA and Citizen's Information service. Their role has been to lobby support and raise funds for the development of a domestic violence support service in Co. Cavan.

Boards of Management Good Practice Guidelines

Guidelines from Area Development Management on good practice in the area of voluntary Boards of Management, based on research on the management structures of area development projects, indicate some priorities (ADM, 1998). They highlight the importance of four components of good practice, followed by the steps necessary to achieve good practice in this regard.

The components of good practice are:

- A clear vision and focus on the aims and objectives at all levels in the organisation from Board of Management, sub-committee structures and operational staff.
- A firm grasp of the concepts of partnership, participation and representation and how to implement them in practice with a strategic plan.
- Ongoing review, reflection and commitment to change and refinement in response to changing needs.
- Working as a team in an atmosphere of trust and support in order to achieve common goals.

The steps identified as being necessary to achieving this vision are outlined as follows:

- 1 The target group, in this case women who have experienced violence, must be represented to ensure their needs are understood and appropriate actions are implemented. The advantages of linking with existing organisations or networks are highlighted, however this is only possible where such bodies exist.
- 2 Induction of all Board of Management members is essential to ensure a common understanding of goals, objectives, roles and responsibilities.
- 3 There needs to be a clear vision and focus for the Board in terms of its aims and goals, together with agreed operating procedures. Induction plays a key role in this process but must be supplemented by ongoing development, reflection and review as appropriate.
- 4 Ongoing communication between all stakeholders is essential to ensure sustained commitment to a shared vision.
- 5 Feedback to and from target groups is vital. Where groups or networks to feedback to are not established there is a need to support their development.
- 6 Communication and linkage between Board and staff is imperative. This includes both formal and informal communication. The Board should take full advantage of the knowledge, skill and experience of staff members.
- 7 Board meetings should be scheduled to facilitate regular attendance. Attendance is necessary for effective decision making, continuity and relationship building.
- 8 The size of Board membership is important to ensuring effective working arrangements. No optimum number is indicated however Boards in excess of 12 members are thought to face greater challenges in terms of maximising discussion at meetings and related decision making.
- 9 Effective decision making is based on quality information, involvement of relevant staff members, specialist Board members, representatives of the relevant target group and consensus whereby issues are discussed and challenged openly.
- 10 Agreed systems for performance indicators, the recording and analysis of relevant data should be in place.
- 11 The Board should have a good knowledge and understanding of company law.

4.10 Funding

The NGOs in the region providing services are funded principally by the Health Board as well as other statutory sources such as the Department of Justice, Equality and Law Reform, local authority housing departments/ Department of the Environment and the Department of Social and Family Affairs. Funding is also pursued from other voluntary bodies, the national lottery and private philanthropic organisations and by fund-raising.

4.9.1 Health Board Funding 1998-2002

The level of funding provided to NGOs in the region by the North Eastern Health Board in the period 1998-2002 is detailed in Table 4.13.

Table 4.13: Summary Of NEHB Development Money Plus Baseline Funding In 1998 (Source - NEHB)

Organisation	1998 (Baseline)	1999	2000	2001	2002	% change from '98
Dundalk Women's Aid	€159,225	€159,225	€190,968	€229,060	€263,665	+ 65%
Dundalk Rape Crisis Centre	€25,395	€63,487	€63,487	€101,579	€107,522	+ 323%
Drogheda Women's Refuge	€0	€24,125	€55,868	€119,355	€105,868	N/A
Meath Women's Refuge	€126,974	€158,717	€190,460	€190,460	€215,460	+ 116%
Tearmann	€76,184	€76,184	€107,927	€155,542	€153,927	+102%
Metanoia	€0	€0	€0	€0	€77,000	N/A
Total funding:	€387,778	€481,738	€608,710	€795,996	€923,442	+138%

In addition to the funding indicated in table 4.13 above, £51,000 was taken from 1999 development money for the Training and Development Officer - Prevention of Violence Against Women post. The above figures do not include National Lottery Funding.

In summary the NGO's received €923,442 from the NEHB in 2002. This is €535,664 more than 1998 and represents an increase of 138%²

Additional development money since 1998

- 1999 - €127,000 (£100,000)
- 2000 - €127,000 (£100,000)
- 2001 - €254,000 (£200,000)
- 2002 - €173,000

4.9.2 Funding From All Sources

Funding received from NEHB forms only part of the overall budgets of NGOs in the Region. The following tables display the funding from all sources during 2002. Tables 4.14 to 4.18 provide a detailed breakdown for one year of all funding sources for each individual NGO service provider in the Region. This demonstrates the full cost of providing these services on an annual basis and the range of partners involved in providing services.

² Please note, these figures represent the funding the NEHB had for allocation in each year and may not necessarily reflect the amount paid to the NGO in the same year.

Table 4.14: Dundalk Women's Aid, Funding 2002

Source of Funding	Amount (€)	%
NEHB	210,862	51.94
Peace and Reconciliation	38,279	9.43
Social Welfare	6,450	1.59
Local Authority (Dundalk Urban District Council)	55,500	13.67
Fundraising	20,817	5.13
Rent	1,005	0.25
Dept. of Justice, Equality and Law Reform	48,850	11.29
Sonass Housing Partnership	27,201	6.7
Total	405,964	100

Table 4.15: Dundalk Rape Crisis Centre, Funding 2002

Source of Funding	Amount (€)	%
NEHB (including €40,632 from RPC)	81,097	79.93
Peace and Reconciliation Fund	3,807	2.49
Fundraising	3,976	2.61
Sundry Income	8,897	5.86
Anonymous Donations	11,237	7.38
Dundalk Simon Community	2,639	1.73
Total	152,285	100

Table 4.16: Drogheda Women's Refuge and Children's Centre, Funding 2002

Source of Funding	Amount (€)	%
NEHB Domestic Violence Budget	107,000	47.16
NEHB Homelessness Budget	50,000	22.04
Peace and Reconciliation II	37,000	16.31
Local Authority (Capitation)	13,000	5.73
National Lottery	5,000	2.2
Partnership	6,000	2.64
Social Welfare I	6,900	3.04
Social Welfare II	2,000	0.88
Total	226,900	100

Table 4.17: Meath Women's Refuge, Funding 2002

Source of Funding	Amount (€)	%
NEHB, Section 65	167,605	53.63
Local Authority (Meath Co. Council, Capitation)	92,710	29.67
Fundraising	27,081	8.67
Dept. of Social and Family Affairs	11,000	3.52
National Lottery	10,000	3.19
Accommodation/Rents	3,525	1.13
Navan UDC	600	0.19
Total	312,521	100

Table 4.18: Tearmann Domestic Violence Service, Funding Jan. 2002-Jan 2003

Source of Funding	Amount (€)	%
NEHB	107,927	68.06
Regional Planning Committee	46,000	29
Peace and Reconciliation	3,563	2.25
Donations	1,084	0.69
Total:	158,574	100

The data in Tables 4.14 to 4.18 demonstrate that the NGOs in the region draw their resources from a wide range of sources including the NEHB. In 2002 the NEHB provided between 47% and 79% of funding to NGOs in the Region. Local authorities provide a substantial proportion of the funding for the provision of crisis accommodation. The total resources available to the NGOs varied considerably dependent upon whether or not they provide accommodation for women experiencing violence and their children. The Dundalk Rape Crisis Centre and Tearmann, had overall budgets in 2002 of €152,285 and €158,574 respectively in 2002. The three refuges had substantially larger budgets ranging from €226,900 to €405,964 indicating the higher cost of providing accommodation in conjunction with other services. The refuges are significantly more resource intensive operations than other services for women experiencing violence.

4.9.3 Funding Adequacy

As demonstrated in Table 4.13 above, all NGOs in the region have seen their level of funding from the NEHB increase substantially since 1998. Corresponding increases in activity levels have been illustrated above. The figures also show that some NGOs have benefited more than others from these increases in funding. Also there were notable drops in funding for some services in the year 2002. Funding for Women's Aid Dundalk, Meath Women's Refuge and Dundalk Rape Crisis Centre was increased by 15%, 12% and 6% respectively. In the same year funding for Tearmann's was cut by 1% and for Drogheda Women's Refuge by a more significant 12%.

Table 4.13 also indicates that Metanoia, the new NGO in Co. Cavan targeting women who experience domestic violence, has received €77,000 from the 2002 budget to fund the development of a service in that area.

On the whole, NGOs reported dissatisfaction with current core funding both in terms of levels and procedures. Although additional funds have been made available in recent years NGOs highlighted that in many cases core funding has not increased. Further the allocation of funding on an annual basis was criticised. Participants indicated that the short-term nature of this funding fails to put the services on a secure footing, places a strain on management and is a barrier to

longer-term, strategic planning. At a national level, the Report of the Task Force on Violence Against Women (1997) recommends that legislative barriers to multi-annual funding be re-examined to allow for long-term planning and service development. Some NGO representatives argued that funding should be channelled towards the fortification of existing services prior to the development of new services.

4.9.4 Funding Procedures

The process of applying for funding through the NEHB and Regional Planning Committee could also be enhanced by clearer and more streamlined application procedures. At present NEHB General Managers are responsible for allocating core funding and any lottery funding available to NGOs in their areas. These areas consist of one or two counties in the Region. The General Managers generally communicate with the NGOs via their respective Childcare Managers. Service plans are specified at this level. NGOs however highlight that in many instances service plans have not been put in place. A further difficulty with the management of funding at this level is the lack of communication between General Managers who are allocating funds locally and the Regional Planning Committee that is tasked with strategic planning for services for women who experience violence in the Region. Hence regional needs are not likely to be reflected in local service plans and related funding decisions. This represents a significant impediment to the RPCs ability to ensure a rational and co-ordinated approach to service delivery across the Region.

Some participants also stated the process of making multiple funding applications to a variety of agencies, as indicated above, places a substantial burden on management. Community fundraising is undertaken by all participating NGOs. In addition to generating an income fundraising activities provide opportunities to raise awareness of services, e.g. through flag days. However some participants commented that a great deal of time and energy must be devoted to the organisation of fund raising activities often for a relatively small return.

4.10 Staff

4.10.1 Posts

The staff profile of NGO services in the Region was examined as part of the study to explore the staffing requirements of each model of provision, the type of posts in place and the extent of reliance on labour market support schemes for staffing of services.

Table 4.19: Staffing Profile Women's Aid Dundalk, 2003

Post	Full-time	Part-time
Director	1	
Refuge Manager	1	
Helpline & Support Services Manager	1	
Refuge Supervisor	1	
Housing Support Worker	1	
Administrator	1	
Training Co-ordinator	1	
Tutors		(unknown no.)
CE Workers		9
Jobs Initiative		2
Care Workers	2	
Childcare		1
Total (21):	9	12

Table 4.20: Staffing Profile Dundalk Rape Crisis Centre, 2003

Post	Full-time	Part-time
Co-ordinator	1	
Admin./Counsellor		1
Counsellors (CE Scheme)		3 (2 CE Scheme)
Volunteers		2
Book-keeper		1
External Counselling Supervisor		1
Total (9):	1	8

Table 4.21: Staffing Profile Drogheda Women's Refuge and Children's Centre, 2003

Post	Full-time	Part-time
Manager	1	
Support Workers (Helpline/Refuge)		12 (CE Scheme)
Training/Outreach Worker		1
Childcare	1	1
Administration		1
Maintenance Staff	1 (Jobs Initiative)	
Court Accompaniment		1
After-care worker	1	
Refuge Support		2
Total (22):	4	18

Table 4.22: Staffing Profile Meath Women's Refuge, 2003

Post	Full-time	Part-time
Manager	1	
Childcare Workers		2 (Job Sharing)
Housekeepers		2 (Job Sharing)
Therapist		1 (Sessional)
Support Group Facilitator		1
Admin. /Secretary		1
Refuge Workers		5
Relief Refuge Workers		2
Relief Childcare Worker		1

Table 4.22: Staffing Profile Meath Women's Refuge, 2003 (Continued)

Arts and Crafts Teacher		1	
CE Support Workers		5	
Housing Support Worker		1	
Outreach Worker	1		
Total (24):	2	22	

Table 4.23: Staffing Profile Tearmann Domestic Violence Service, 2003

Post	Full-time	Part-time
Manager	1	
Support Workers	2	
Child Therapist	1	
Total (4):	4	

Profiles of staffing arrangements at the NGOs in the Region demonstrate the different models of service provision as well as the diversity of services offered within the various organisations. Accommodation services require significantly more staff than other models of provision, showing that the provision of accommodation is a resource intensive activity.

A further notable feature of the staffing levels in the NGO sector is the high proportion of staff employed on Community Employment or Jobs Initiative Schemes. The proportions employed in each organisation on these schemes is detailed below.

Table 4.24: CE Posts as a percentage of all Posts in NGOs in NE Region

Organisation	% CE / Jobs Initiative Staff
Women's Aid Dundalk	50%
Dundalk Rape Crisis Centre	37.5%
Drogheda Women's Refuge	54%
Meath Women's Refuge	20%
Tearmann	0

Tearmann is the only NGO operating without the input of staff employed on the schemes. In the four other NGOs the proportion of staff employed through Community Employment and Jobs Initiative Schemes varied from 20% to 54%. This data indicates that the delivery of services to women who experience violence is reliant to a significant degree upon staff employed on these schemes.

4.10.2 Training

The staff of all NGOs are provided with comprehensive training both in-house and involving other agencies, such as the training developed by the RPC. Staff from some agencies have also participated in training on cultural diversity.

4.10.3 Participation

NGOs are well linked to national bodies and regional and local bodies also such as fora on homelessness, National Network of Refuges and Women's Support Services, National Network of Rape Crisis Centres and childcare networks.

4.11 Policies

The study was interested in exploring the policies that underlie the delivery of NGO services in the region. At the time of data collection work was underway by the NGO/dedicated services in the region to develop joint policies in a number of areas of work.

4.11.1 Equality

While each NGO operates under an open and inclusive ethos regarding client groups, little proactive promotion of services is undertaken with marginal or minority groups. For the most part promotional material is not tailored to or distributed in a targeted way to minority groups. Dundalk Women's Aid is a notable exception to this, having produced multi-lingual information on the services available. The service also has a written anti-racist policy in place. This policy includes provision of culturally appropriate toys and cooking utensils for women from ethnic

minority groups and their children using the refuge. Tearmann in Co. Monaghan also has an anti-racist policy in place.

4.11.2 Policies in Refuges

Services offering refuge accommodation in particular have well defined policies on acceptable behaviour especially in relation to aggression, alcohol and drugs. In general these policies exclude individuals who are aggressive and they prohibit the use of alcohol or drugs by residents. These policies are formulated to take into account the needs of other residents who have left one violent setting and should not be exposed to further aggression and violence. The same is true of the policies related to alcohol and drug use. Refuges do not provide accommodation to women with active substance abuse problems.

4.11.3 Advertising / Promotion of Services

All the NGOs are actively involved in raising awareness of the services they provide. However, a small number reported that they are compelled to constrain the level of promotion of the service in order to contain demand. This is done to avoid generating a demand for a service that is not equipped to respond effectively. These service providers indicated that a lack of resources, in particular staff time, as the reason for this.

Media used to promote awareness include posters and leaflets. These are distributed to a wide variety of agencies and outlets from Garda Stations to bookshops. Some NGOs also undertake radio interviews and use the local press by issuing press releases. Tearmann, for instance places an advertisement in the weekly newspaper. In some cases, information stands in local hospitals and shopping centres are used for promotional purposes. Leaflet drops are also undertaken to private houses.

The NGOs further promote their services and awareness of issues around violence against women in general through educational talks with community groups e.g. local women's groups or schools and colleges. One NGO has also had the opportunity to raise awareness by giving talks at Catholic masses.

There is also an awareness of the importance of networking with other professionals and agencies to inform them of the services provided so that they have sufficient information to provide to their clients as needed.

Targeted promotion to minority groups is limited. None of the participating NGOs indicated that literature or other promotional materials are targeted at women with disabilities, lesbian women or women from other minority groups (with the exception of Dundalk Women's Aid translating some of its printed material into a variety of languages).

4.12 Outcomes for Service Users

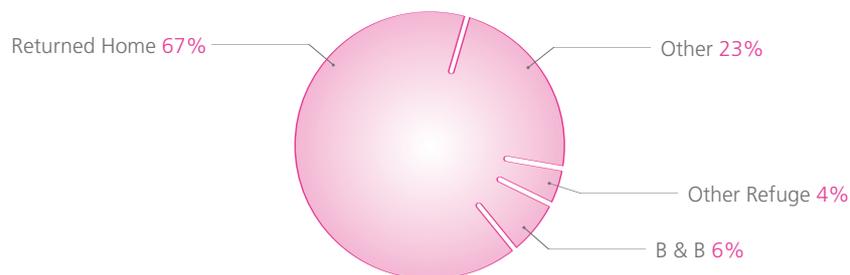
The analysis also examined the outcomes for women using refuge services in the Region. There was some variation in the methods in which outcomes for women are recorded. Some organisations collate data on this aspect of women's experience while others record the data but do not assemble it in any structured way for analysis.

At Tearmann Domestic Violence Service no specific records on outcomes for women are kept. There may be an indication in the case notes. But this is not collated in a structured format.

The principal service offered by Dundalk Rape Crisis Centre is counselling. Outcomes from a counselling service differ and are less amenable to categorisation than the outcomes from other types of services for women who experience violence. Enhanced quality of life, restoration of identity and re-building of self-esteem are goals of counselling. Progress in line with these goals is recorded in case notes.

The findings therefore concentrate on outcomes for women using refuge services in the region. At Meath Women's Refuge outcomes for users are recorded and tracked. Staff record the number and percentage of women who return home following stay in the refuge, going to Bed and Breakfast accommodation, going to other refuges, other outcomes. Figure 4.6 below details the outcomes for women who stayed in Meath Women's Refuge in 2001.

Figure 4.6: Outcomes for Users of Meath Women's Refuge -2001



The number of women using Meath Women's Refuge was 46, with one woman staying the refuge twice. A large majority (67%) of women using the refuge returned home, although figures do not indicate if the violent partner was still residing at the same address. A significant minority (23%) of women using the Refuge had 'other' outcomes. These include women going to stay with friends or family members, or making alternative arrangements for their own accommodation. While this category would generally also include women who took up private rented accommodation there were no women who did so in 2001. At least ten per cent of women leaving the refuge were effectively homeless, with 6% moving to Bed and Breakfast accommodation and a further 4% to another refuge and there are likely to be more women who were homeless among those with 'other' outcomes e.g. those who moved to stay temporarily with friends or family.

Other data from Meath Women's Refuge indicated that a total of ten (22%) out of the 46 women who stayed in the refuge in 2001 took legal action against the perpetrator of violence against them.

Figure 4.7: Outcomes for Women Leaving Refuge, Women's Aid Dundalk, 2002

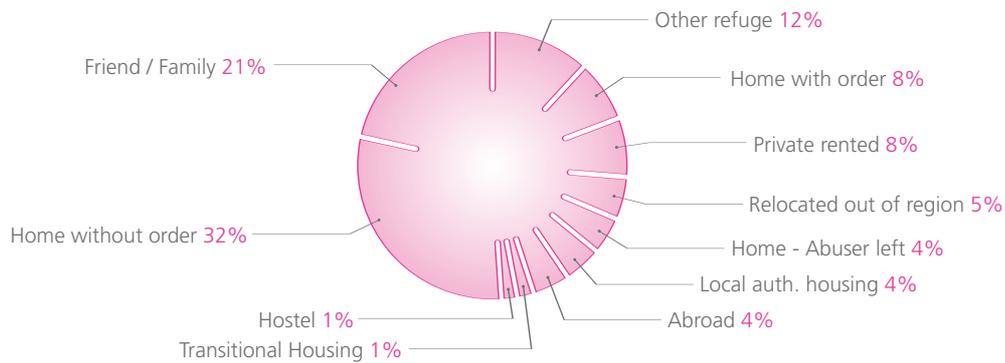


Figure 4.7 illustrates a wide variety of outcomes for women leaving the Women's Aid Dundalk refuge. The most common outcome for women, just under one third of the total, was returning home to a violent partner without any court orders in place, while a further 8% of women went home having obtained court orders. Just 4% of women returned home to a situation where their abusers had left. In total 44% of women returned home in a variety of circumstances compared with 68% of women from the refuge in Co. Meath. Alternative long-term housing solutions, in the form of private rented or local authority housing, were found by 12% of women. Other women took up transitional housing on offer, relocated out of the region or moved abroad. One third of women remained homeless on leaving the refuge, with 21% of women going to stay with friends or family and a further 12% moving to other refuges. Transitional housing was taken up by just 1% of refuge users in 2002.

Figure 4.8: Outcomes for Women Leaving Refuge, Drogheda Women's Refuge and Children's Centre, 2002

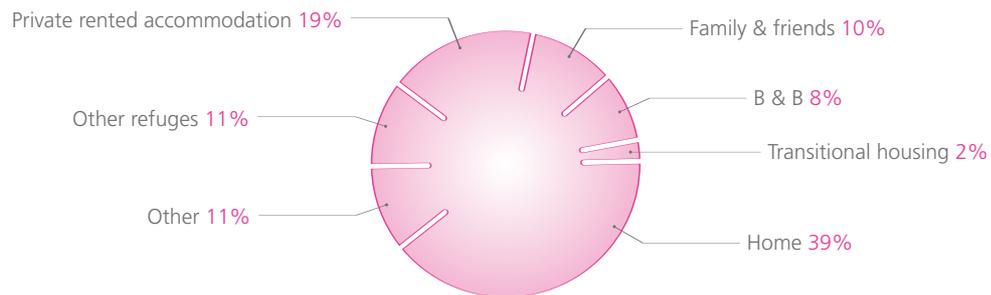


Figure 4.8 above shows that the most common outcome for women using Drogheda Women's Refuge and Children's Centre in 2002 was to return home (38%). Almost one fifth of women moved out of the refuge into privately rented accommodation while just 2% of women were able to make use of transitional housing managed by the Refuge. In Drogheda, 29% of refuge users did not have a permanent or long-term home of their own to go to on leaving refuge, with 8% going into B&B accommodation, 10% going to stay with family or friends, and 11% moving to other refuges.

4.12.1 Overview of Outcomes for Women

Ideally, women who experience domestic violence would receive sufficient protection to allow them remain safely in their homes or, failing that, return home without the threat of further violence. It should be noted that outcomes for women are reliant upon the availability a wide range of structural, social and economic supports and thus are not an indication of the effectiveness of any one service.

While the data show that the most common outcome for women leaving refuges in the Region is to return home the indications are that in the majority of cases their violent partners are still in place and only a minority of women in this situation have court orders in place.

Another major cause for concern is the significant minority of women (10%-33%) leaving refuges who remained effectively homeless, going to stay with friends or relatives or going to live in hostel or B&B accommodation or moving to another refuge. The tiny proportion of women (1-2%) taking up transitional housing reflects the poor availability of this option for women and their children. Overall, the findings demonstrate the extreme insecurity of women exiting violent relationships and the paucity of alternatives to living with continued violence that are both acceptable and accessible to women.

4.13 Summary of Service Profile

- There are five NGO/dedicated services in the North East Region working with women who experience domestic violence, rape or sexual assault.
- Just one of these services specifically addresses sexual violence.
- There are 5 helplines operating in the Region targeted at women who experience violence.
- Although there is currently no domestic violence service operating in Co. Cavan at present, the Regional Planning Committee (RPC) has granted funding for the development of such a service by Metanoia.
- The vast majority of users of the NGO services in the NE are from the region, across the services studied between 65% and 96% of users reside in the region.
- The NGO services presently on offer tend to focus on crisis and related needs. Preventative services are less well developed.
- Overall activity levels demonstrate a trend towards greater use of existing services particularly outreach, support and advocacy services. In the case of refuges the number of women and children using refuge accommodation has been falling, however the number of bed-nights provided by refuges has either remained constant or increased.
- Activity data indicate that some women are staying in refuges for long periods of time, indicating a lack of suitable alternatives and an unavailability of these beds for crisis admissions. The imminent reduction in the number of refuge beds in the region focuses attention on the need for efficient and effective use of the remaining accommodation.
- The exclusion of women from refuges by reason of age or substance abuse represents a gap in service provision for these clients.
- There are nine units of transitional housing in the Region available to families moving out of crisis accommodation. The provision of more units of transitional housing would relieve some of the strain on refuges. The needs of women without dependent children should be taken into consideration in the planning of any future provision.
- The housing and other support needs of women who have experienced violence cannot be met by the NGO sector alone. For women's experiences of services to improve and for the NGO sector to be enabled to work more effectively and efficiently other organisations in particular in the statutory sector, must take responsibility for meeting the needs of this client group.
- In general links between NGOs and other agencies are good but could be strengthened in the following key areas: GPs, education sector (schools and adult education), women from minority groups, and local women's groups. The regional interagency training programme can play an important role in this regard.

- The lack of co-ordination between the allocation of funding at local and regional level is an impediment to the RPCs ability to ensure rational and strategic development of services in the region.
- Findings on outcomes for users of refuge services demonstrate that many women go home unprotected and many others become homeless. The extreme insecurity and lack of suitable alternative options for women is apparent. The responsibility for improving this situation lies with a wide range of statutory and non-statutory bodies.

Chapter five

Introduction

Profile of the North Eastern Region

Analysis of Interview Data

Women's Inequality

Knowledge and Awareness

Seeking Help

Barriers to Using Services

Adequacy of Services

Co-ordination and Co-operation

Equality and Diversity Issues

Special Needs

Trends Over Time

Perpetrator Programmes

Gender and Service Providers

Planning for the Future

Summary

Chapter Five Women's Views

5.1 Introduction

In this chapter the findings in relation to women in the North-East are presented. These comprise background information on the population of women in the region and the findings from data collection with women who participated in the study. To begin, the data on the population of the region define the context for the findings from individual and groups of women in the study by developing an understanding of the size and distribution of the population in the region, with particular reference to women. Following this, an analysis of data collected from women in the region is presented. These participants took part in one of two trends of data collection.

5.2 Profile of the North East Region

To provide an understanding of the data that follows on participant's views of the adequacy of services for women who experience violence in the region it is helpful to have an appreciation of the broader context of the population of the region with particular reference to this group of participants, women. With this aim data from the 2002 Census is presented below on the size, distribution and growth of the population in the region.

The region comprises the Counties Meath, Louth, Cavan and Monaghan. The 2002 census (CSO, 2003) indicates that:

- The total population of the region is 344,965 people
- This represents a total growth in population of 12.7% since 1996

Remarkably, the population of every County in the region has increased since the 1996 Census. However, this growth has not been distributed uniformly throughout the region, as the table below demonstrates.

Table 5.1: Population Change in the NE Region, 1996-2002

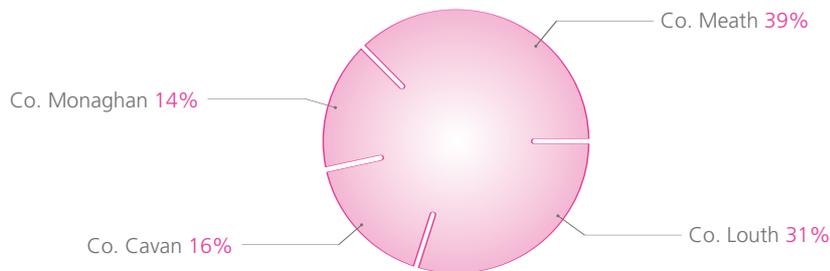
County	1996 Persons	2002 Persons	2002 Male	2002 Female	Actual Change	% Change
Co. Meath	109,732	134,005	67,733	66,272	24,273	+22%
Co. Louth	92,166	101,821	50,489	51,332	9,655	+10.5%
Co. Cavan	52,944	56,546	29,015	27,531	3,602	+6.8%
Co. Monaghan	51,313	52,593	26,806	25,787	1,280	+2.5%
Totals	306,115	344,965	174,043	170,922	38,810	+12.7%

In total the population grew by 38,810 people, representing a significant increase of 12.7% in the region overall. The data in Table 5.1 show that the greatest growth in population has occurred in Co. Meath, where the population grew by almost one quarter in the seven years to 2002. In Co. Louth the population grew by over ten per cent, while Counties Cavan and Monaghan also saw growth of 6.8% and 2.5% respectively. The table also shows the number of women in the region, just short of half the total population:

- The population of females is 170,922 or 49.5% of the total population
- Of these, there are 131,113 females aged 15 years or older in the region (representing 38% of the total population and 71% of the females in the Region) (CSO, 2003)

Information on the total number of women in the region is useful in itself but an additional understanding of the distribution of this population is essential to the effective planning of services. The chart below illustrates the distribution of women in the region by County. This distribution closely reflects the distribution of the population as a whole. Counties Meath and Louth are home to much larger proportions of the Regional population than are Counties Cavan and Monaghan.

Figure 5.1: Distribution of Women (aged 15+) in NE Region



The distribution of the population within these counties in terms of rural and urban dwellers indicates the distinct profile of potential service users in each county.

Table 5.2: Proportion of Urban and Rural Dwellers in the NE region by County

County	% Urban Dwellers	% Rural Dwellers
Co. Louth	64.2%	35.8%
Co. Meath	44.6%	55.4%
Co. Monaghan	27.9%	72.1%
Co. Cavan	16.8%	83.2%

(Source: CSO, 2002)

The data in Table 5.2 demonstrate that Co. Louth has the highest concentration (64.2%) of urban populations (defined as clusters of population over 1,500 people) in the Region, followed by Co. Meath (44.6%). Co. Louth is the only county in the region where more people live in towns than in rural areas. In contrast to Counties Louth and Meath, in Counties Monaghan and Cavan much higher proportions of the population live in rural areas. In Co. Monaghan less than one third (27.9%) of the population live in urban areas with a large majority of residents (72.1%) of people living in rural parts of the County. The lowest proportion of urban dwellers is found in Co. Cavan, where just 16.8% of residents live in towns, with the vast majority (83.2%) of people living in rural areas.

Disparate population patterns in the NE are in evidence. A greater proportion of the population reside in Counties Louth and Meath than Counties Cavan and Monaghan. The population of Counties Louth and Meath have experienced much higher growth rates in recent years and people living there are much more likely to be living in urban areas. Counties Cavan and Monaghan have also seen some population growth in the period 1996-2002, however, in contrast to the rest of the region the vast majority of their populations live in rural areas. The implications for service provision are an increased demand for services, in particular in those areas with the greatest growth in population. Further, and of equal importance, is the need for services tailored to meet the needs of urban and rural populations as indicated by the population density in the geographic areas they serve.

5.3 Analysis of Interview Data

This section presents the analysis of data collected with women in the form of twelve in-depth one-to-one interview with women who had experienced violence and five focus groups with women in the community. Although these findings emerge from different strands of the data collection there is such a substantial degree of commonality between the findings that they are most appropriately reported upon jointly. Wherever possible the statements of women who have experienced violence are used to illustrate points and themes raised in the findings.

While the instruments developed to collect data from the different groups were tailored accordingly common themes were explored with each group. Women who had used NGO/dedicated services were asked about their pathways to services. Focus group participants were asked how they would respond to or refer women who sought their assistance in relation to violence. Other common themes explored were the use of informal support networks, barriers to services, satisfaction with or perceived adequacy of services, co-ordination of services and equality and diversity issues. Participants were also asked to give consideration to future development of services for women who experience violence.

The findings below are presented in a corresponding format, examining:

- Women's Inequality
- Knowledge and Awareness
- Seeking Help
- Barriers
- Adequacy of Services
- Co-ordination and Co-operation
- Equality and Diversity
- Future Planning of Services

5.4 Women's Inequality

Throughout the study women clearly framed their discussions of men's violence against women in the context of prevalent social, economic and cultural inequality of women in society. Themes that emerged illustrating this included the dominance of men in society, the anticipated responses of male service providers to women who experience violence, the lower value placed on female children than on male children and women's exclusion from the economic benefits of employment and social insurance.

One woman commented that women reporting violence against them would be at a disadvantage because:

"It's a very male-dominated society that we're living in."

A number of other participants argued that women's complaints of domestic violence against them to some services are likely to be given less weight than their abuser's accounts of the same incidents because the services are designed and delivered by men. In general they considered that women service providers would be more likely to be empathetic and supportive.

Some women cited examples of girl children being viewed by fathers as less valuable than male offspring. This was offered as an example to demonstrate the life long disadvantage that women experience in comparison to men in the same community.

A number of women also drew attention to wider societal attitudes that are flippant about violence against women and stated that such violence is sometimes the subject of jokes. One woman spoke of the difficulty in challenging these attitudes, having been told in a social setting that she was taking the issue too seriously.

Women's economic inequality was also highlighted by some participants. They emphasised that women who work solely in the home are not entitled to social welfare and pension benefits and argued that policies in this regard support women's dependency on men. This was considered to disadvantage women in maintaining independence and, in particular, in leaving violent partners as they may be entitled to few benefits in their own right.

5.5 Knowledge and Awareness

In general, participants, including those with no personal experience of violence, demonstrated a sound understanding of the issues for women in relation to men's violence against them. They commanded considerable knowledge of the complexities of violence in terms of defining abuse, issues around identifying abuse, the diversity of perpetrators and the perceived problems for minority groups.

5.5.1 Nature of Abuse

Women participants were keenly aware of the spectrum of men's violence against women. As well as physical and sexual abuse there was a high awareness of aspects of financial abuse, psychological and verbal abuse. Not only did women draw attention to psychological abuse some women argued that this form of abuse it could be more damaging to women than physical violence.

"And this [friend] said that the emotional abuse was worse than the physical"

Participants demonstrated an understanding of a range of abuse by men in intimate relationships, including physical abuse and controlling behaviour. An example given of controlling behaviour was of women being restricted in their access to their families.

5.5.2 Identifying Abuse

As stated above the majority of participants had a good understanding of violence against women, there were accounts given of abuse not being recognised. Focus group participants also considered that women may not be cognisant of warning signs in their relationships indicating a risk of abuse and, indeed, that women being abused may not define it in this way. A number of women in one-to-one interviews spoke about not recognising aspects of abuse against them as abuse. In particular sexual and psychological violence fell into this category, with women saying that they had recognised at the time that something was not right but had no way of naming it.

Some women who had survived violence said that it was through counselling related to one aspect of violence such as physical violence that they came to recognise that they had also been subjected to sexual violence that they had not named in this way at the time.

In discussions relating to sexual violence it was revealed that some women in the focus groups had never heard of sexual abuse being used in tandem with physical abuse to control and frighten women. A number of women stated that that many women who are raped within marriage would not recognise the experience as rape. It was thought by some participants that sexual abuse within marriage would not be disclosed to anyone. One participant spoke about a recent court case in which a man was prosecuted for raping his wife. She viewed this outcome as a positive indicator that the enforcement of women's rights was improving.

5.5.3 *Perpetrators*

All participants in the study who were survivors of domestic violence had been abused by either their husband or partner. Nonetheless, women identified that perpetrators may not only be husbands or partners but that adult children may also be violent or abusive to their parents. Participants understood that older people who had property that has appreciated greatly in value in recent years could be put under enormous pressure from family members to transfer ownership of the property to them or to sell the property to benefit others.

“Domestic abuse also covers your children...your adult children...where farm people were under threat from their adult children to sign over the farm and that was another form of domestic violence”

Participants also identified that violence transcends class and that perpetrators may come from any background.

In relation to rape and sexual assault some participants stated that rape by strangers accounts for only a small proportion of all rapes yet violence in this context receives more attention than sexual violence perpetrated by someone known to the woman.

5.6 **Seeking Help**

The study examined women’s experiences and views of seeking help from both formal and informal sources in relation to experiences of violence. Women in one-to-one interviews discussed their pathways to services. All participants were asked to comment upon the role of informal social networks of relatives and friends in supporting women. In order to ascertain the level of awareness of and attitudes to service providers in the community focus group participants were asked about where they would direct a friend for assistance in relation to her experience of violence. They were asked this in relation to domestic violence and also in relation to rape and sexual abuse. The findings from these discussions are presented below.

5.6.1 *Self-Help*

Findings demonstrate that women commonly seek out their own solutions in overcoming violence against them. In this regard women are resourceful and self-reliant. Indeed, as seen in the NGO profile, the majority of women using NGO services self-refer. Some women in the study considered that the response was the responsibility of the individual woman and other indicated that by not taking action women perpetuate the abuse, by hiding the abuse they are complicit with it.

Some participants in the focus group women felt that when a husband is violent then the earlier on in a marriage that a woman challenges this the better the outcome will be for her. They thought that it was better to take action earlier before there were children that the woman’s choices would be constrained. Women could be supported in this by education and awareness raising initiatives aimed at preventative and pre-crisis intervention.

5.6.2 *Pathway to Services*

In many situations it was through contacts, either work colleagues or friends that women had first

heard about the services of a NGO. For others it was through an article in the paper, through the guards, a social worker, or the phone book.

A number of women mentioned that they found it difficult to use helplines as their husbands would always check the calls made in the phone bill. This could result in further violence if their husbands discovered that they had been in touch with any organisation associated with supporting women.

From some of the women's accounts it emerged that knowledge of the NGO only came to their attention when they themselves were 'ready' to seek help. Prior to that they would not have known of its existence. So when they had reached a point when they knew they absolutely could not continue to stay in the relationship, it was then that the information was required.

5.6.3 *Informal Networks*

Women's experiences of informal support networks varied greatly between individuals. Some reported receiving encouragement and support from their social networks, some found their family and friends were unable or unwilling to offer assistance, while other women had been isolated from their friends and family by their abuser. Many women in the focus groups thought that a friend or family member may be the first or only person a woman spoke to about her experience of violence and they emphasised the importance of women being believed. Some Traveller women thought that while pride might compel women to keep the issue within the family that a woman might be inclined to talk to a sister or a trusted friend.

Effective informal networks

Some women stated that they received good support from family and friends who they felt they could rely upon. One woman spoke of the continued support of a friend who always listened to her and consistently told her not to believe the negative things her partner said to her. She found this approach very supporting and said that it had helped her to maintain some confidence during a very difficult period in her life. Another woman thought that her brother had been of great support to her as he had taken her in and provided her with a place to stay when she had nowhere else to go. In other cases it was a friend who had advised women to seek assistance and they had recommended particular NGOs. These women had clearly derived great strength from the support of family and friends

Ineffective informal networks

For other women family and friends were not found to be useful supports. These women identified both a poor understanding of abuse and lack of willingness of family and friends to 'get involved' as barriers to women receiving support from them. While many of these women thought that their friends/family were supportive and sympathetic, they felt that they were not familiar enough with the issue and complexities of violence against women to be able to provide them with the level of support that they needed. In the case of sexual violence this was considered to be particularly relevant to women's experiences.

"I think in relation to sexual assault, I think they couldn't fathom it or take it in"

Other women recalled that friends and family had not been very supportive. Some women in focus groups associated the lack of support experienced by some women with the stigma surrounding marital break-up in general and violence in particular. Some women thought that family members might not want to know about the abuse. This was illustrated by first hand accounts of women who had survived violence whose friends and family had either not believed the abuse was occurring or had effectively ignored it.

“I found in my case my friends totally deserted me. They knew my husband, they knew me and they didn’t want to take sides and I could understand that”

“They [my family] really felt that this couldn’t be happening in our family and if we ignore it it might go away. They were no support really”

In the focus groups some Traveller women stated that by speaking about violence women were opening themselves up to gossip and criticism within the communities in which they live. However, a number of participants said that people were overly concerned about what others said about them and that this wouldn’t change the way that they themselves would behave. They indicated that women should not be restricted from acting to protect themselves and their families out of fear of what other people will say.

Lack of informal support networks

In cases of domestic violence, some women did not have any support network in terms of friends and/or family, as the abuser had prevented contact with such networks. This was one of the ways abusers sought to isolate women. A number of women indicated that one of the main reasons their husbands or partners did not want them having contact with people was that that they might suggest alternatives which would assist them in exiting the relationship. The controlling aspects of an abuser’s behaviour isolates a woman from the ‘public’, through not allowing her to work, have friends, meet family members etc. This isolation makes it more difficult for the women then to make the first step in seeking help.

“Me and the kids weren’t really allowed have friends as such”

For other women their lack of support networks was a result of not being from the locality and thus not having established a social network that would provide support for them in times of crisis. This was thought to contribute to their isolation. For these women the NGO/refuge service was invaluable in having a place to go where they could talk about their experiences and be heard for the first time.

Younger Traveller women reported that there is a lot of talk among their peers about violence against women. In such discussions women generally say that they would not tolerate violence. However some participants in the study thought that this was often a front, a popular attitude to have, but that women’s actions did not bear this out. It was considered that having told her friends or family that she would not tolerate certain behaviour from her husband then put a woman in a weaker position when it came to look for help. So that in fact she may take even more rigorous measures to disguise the abuse in order to save face.

Where family and friends had not approved of a partner and had warned a woman against marriage or continuation of a relationship women were thought to fear lack of family support in leaving relationships and re-establishing their lives without violence.

5.6.4 Referral to Services

The study was interested in exploring women's pathways to services and how women in the community would identify services for assistance. Focus group participants were asked where they would direct a friend seeking help in relation to experiences of violence. In relation to domestic abuse participants responded with a variety of answers. Some suggested refuges, domestic violence support services or solicitors. Other participants said that women should contact An Garda Síochána. However, some participants expressed uncertainty about this course of action. Not all women agreed that the Gardai would be helpful. One woman recounted helping a friend who was abused by her husband, a member of the An Garda Síochána. In this case it was felt that the guards would not be an appropriate source of assistance.

Women responding to friends who were raped or sexually assaulted would advise them to seek help from An Garda Síochána and/or a doctor or hospital. This was a consistent response across the focus groups. Other services such as rape crisis centres and helplines were also mentioned in this context. A particular emphasis was placed on the need for a medical examination and the gathering of evidence.

"I think its very important for a woman to have a doctor, have it down on record, tests could be done. It's very important that its recorded. Sometimes there's a case, where your case is disputed or what have you, [you'd have] no comeback if you haven't anything"

"And at least that a doctor, its down in a file, even in a garda station you wouldn't know where this information, you know, it might go missing"

"I would send them for a doctor's examination first"

A small number of women, including some Traveller women, indicated that the rape crisis helpline and the rape crisis centre in Dundalk were services they would recommend women to use. One woman stated that in the case of rape she would report the offence to the Gardai herself on the woman's behalf.

A significant minority of women in the study stated that they would not know where to direct a friend who had experienced violence.

5.6.5 Summary of Seeking Help

Overall the findings in relation to women seeking help highlight the importance of informal networks as sources of support and as referral points to other services. It is clear that women whose friends and family are sympathetic and informed receive greater support and referrals. However the findings also demonstrate that friends and family are often ill equipped to respond effectively to women seeking their help. They may fail to appreciate the seriousness of the violence and/or may not have sufficient skills or information to react appropriately. It is notable that responses from women in relation to where to refer a woman who has been raped or sexual

assaulted focus on Gardai and medical services. This appears to indicate that participants view sexual violence as being more serious both in terms of a criminal act and as resulting in injury requiring medical attention.

5.7 Barriers to Using Services

Factors influencing women's ability to access existing services were also explored in the study. Women were asked to identify any barriers that had delayed or prevented them from seeking assistance from services in relation to their experiences of violence and any barriers they could identify for other women. Discussion of these issues revealed barriers resulting from factors associated with abuse, factors directly associated with services as well as broader structural and social issues. The barriers participants identified to women using services and seeking support are outlined below.

5.7.1 Barriers Associated With Abuse

Some of the barriers identified by women were directly related to the experience of abuse. Factors such as vulnerability, fear and aspects of financial abuse were thought to prevent women from seeking help.

Vulnerability of women survivors of violence

Participants highlighted the negative eroding effect the process of abuse has on women's self esteem and confidence and discussed how this acts as a barrier to women accessing services.

"I mean there is women in marriages for years and they will not, you know, they cannot go for help. They are just helpless, in a helpless position, they don't have any confidence and maybe can't get out of it"

"The unfortunate thing is that you have very low self esteem, you know, you have very low confidence...you don't have the confidence to go out and seek help"

"The more you're beaten up the more your confidence goes"

Issues of low self-esteem and confidence were tied to an inability to take action. One participant suggested that before a woman seeks help from any agency she is likely to be in dire need of assistance, desperate and perhaps in fear for her life or feeling on the verge of a breakdown.

Many women were apprehensive about making the first call to an NGO, as they were unsure as to what to expect from the service and unsure about making that first step in looking for help.

Fear

Women in all the focus groups identified fear as a barrier to women using services. In particular they recognised fear of an escalation of domestic violence if a woman took action to end abuse, fear of change and fear of using particular services. Participants identified help seeking or attempts to leave a relationship as periods of high risk for women.

"I think the most dangerous time for a woman...is when she's going through a separation, that's when an awful lot of murders occur"

"Fear, because they have been warned that they will get, be all the worse for them if they step out"

Fear for their safety acted as a barrier to women contacting An Garda Síochána and also telling their GPs about their partner's violent behaviour. They feared the reprisal that would result from taking such action:

"And then if I had ever called on them...sure I'd have to come back...(to the house).. when I think of what he did to me when he'd come back, after me showing him up"

"I mean the guards aren't going to keep him forever and then he'll come back and say well you won't call the guards again, and I'll say well I'm not going to, because I'll get a worse beating you know... I never called the guards"

In relation to domestic violence, another woman commented that although women experience serious violence at home they might find the thought of leaving the familiar and being alone to be worse. She viewed this as fear of change or fear of the unknown

"I have found from my own personal experience what you know might be rotten but you know it. And you know you can live with it, and you know you can survive it and its familiar, bad and all as it is...to me I can see that pattern in people who go back to the abuser, this new thing [living apart] is too different for them...its not their normal. Change is so intimidating"

Women also experienced extreme anxiety around using some services such as the Courts Service. Fear of loss of control of the process was one reason cited for this. Other women spoke more generally about being afraid of the court processes. This fear sometimes resulted in women not attending for court dates set. This points to the need for considerable understanding of the traumatic effects the experience of violence has had on the women amongst the staff of the Courts Service.

Women who experienced rape or sexual assault also reported being fearful of using services. For one woman the shock of the assault was so great that it was a number of weeks before she could speak about it to anybody.

Financial Barriers

Financial barriers identified by women included the cost of services such as counselling, solicitors and general practitioners as well as the costs at times of crisis such as telephone calls to helplines, maintaining credit on mobile phones or having money for a taxi to the refuge. In many cases it was felt that the lack of resources was directly related to the experience of abuse.

"It might be hard for women to find affordable counselling...might need money you know, lack of funds, not being able to afford whatever a counselling session costs"

"There is a barrier with the GP because every time you go you have to pay €30...that's a big barrier... not everybody has a medical card and then they cut back on the medical cards"

In cases of domestic violence, a further financial barrier identified by participants was the cost to women of providing alternative accommodation if necessary on leaving a relationship.

"I mean they can't leave, a lot of women are in the position that they can't leave because they can't afford to lose the home. Where would she go with three or four children?"

"They mightn't have any financial means of moving out"

In contrast, women with financial resources were thought by some participants to be in a stronger position.

"Its to do with money, [if you have money] you don't have to depend of social services, you don't have to depend on legal aid, you can almost do anything"

5.7.2 Service Related Barriers

Lack of knowledge of services

Participants believed that a lack of knowledge of services or misunderstanding of their functions prevents women from accessing services. One woman recounted her former belief that women's refuges provided accommodation for women who were homeless:

"I never thought it [the refuge] was for people suffering from domestic violence or anything like that"

Other women emphasised that women in the community do not know what services are available. One woman suggested that the nature of the refuge in terms of privacy for clients could be detrimental to the promotion and subsequent awareness of the service.

"Often people don't know what resources are there, what services are available"

"But then again the fact that the refuge centre is supposed to be not disclosed as such...a lot of people don't even know its there...And I suppose it wasn't advertised because they didn't want men coming up asking for a woman but I think they should be able to advertise"

Service Provider Attitudes

Participants in many of the one-to-one interviews and in all focus groups identified women's apprehension of the attitudes of staff towards them as a barrier to service use.

"There is a fear of feeling misunderstood, you know, they won't believe me, they won't believe me...they'll think I am making it up"

Racism amongst service providers was apparent in some accounts of women's use of services.

One participant in a focus group of Traveller women recounted an incident of a married Traveller woman questioned by a Health Board Community Welfare Officer regarding who was the father of her children. The Community Welfare Officer went on to imply that if the woman was given payments in her own name that within a year she would be pregnant by another man and seeking further benefits. This incident was used to demonstrate the insults and racism that women endure in seeking out services. Participants felt that women's accounts of negative experiences such as this are likely to deter other women from using the same services.

Participants also raised concerns that women raped by their husbands would not be treated as though they had been assaulted, as there remains a prevailing attitude that rape within marriage is not rape.

There was also concern in this group that women might be considered to have been "asking for it" and women, aware of such attitudes, would not seek support from anyone.

Location of Services

Participants considered that in many cases women would not want to use services located in their own area. It was thought that other people living or working locally would be able to identify a woman using services and this would compromise her confidentiality. Women stated that this resulted in a lack of privacy and a risk of the perpetrator becoming aware of her use of a service and a subsequent increase in violence.

A majority of participants stated that women act to protect their identities when seeking services so that the location and format of any service offered is crucial to encouraging take-up. For instance services offered in buildings shared with other organisations or unrelated services are considered more attractive to women as it will not be apparent to others why women are entering the premises.

Waiting Lists

Waiting lists to use services, in particular acute services and counselling, were considered to present a major barrier to women using services.

"You could be waiting [for counselling] for six months, I mean a lot can happen in six months, you could be dead"

5.7.3 Structural and Social Barriers

Transport

Many participants felt that the lack of services available locally combined with a poor transport system created considerable barriers to women using services.

"Well we don't have public transport right across the country you know"

"There is the other problem too for women...a lot of women who would be in that situation they wouldn't have transport, you know they have another barrier"

Lack of adequate transport systems was thought to further marginalise women already isolated in some way. Particular attention was drawn to the needs of rural women, disabled women and

Traveller women in this regard.

Traveller women highlighted the lack of transport for women to travel to a refuge at night as a barrier. A number of participants from different groups highlighted the fact that many women do not have access to a car and some women do not drive and so would not be able to travel to a refuge. This results in women not being able to travel to a refuge when they need to. As many women do not have money to pay for taxi fare this further isolates her. However, it was also felt by some participants that women who had suffered an assault would most likely not want to travel in a taxi with a male taxi driver. They suggested that service providers consider making alternative methods of transport available.

Rural Issues

The lack of services in rural areas restricts women's options in seeking help. Participants highlighted that some rural areas do not have Garda stations that are staffed at night time. In contrast to living in town drop in services that could be easily accessed even by women with young children are not available to women in rural areas. Women's need for privacy was emphasised as they are likely to be discouraged from using local services if staff there know them. A further concern raised related to the increased likelihood that perpetrators of abuse on rural women may be able to isolate them more, as they may have less contact with others than women in urban areas have.

"In rural areas you can cover up a lot...whereas if you are living in an urban situation your neighbours, you know, there are more things visible...you know more about your neighbours, if you are out in a rural area there are a lot of people behind closed doors in rural areas"

The importance of other women as a source of information and support for rural women was highlighted.

Literacy

Literacy was identified as a barrier to some women's awareness of and use of services. Women in one focus group stated that difficulty with reading is likely to act as a barrier to services for women. They felt that women who can read and write would be more likely to know about the services that are available to them or to be able to refer a friend than women with low levels of literacy.

Stigma

Some women who had survived violence said that they didn't speak to anyone about the abuse for a long time after it began. These women used a number of strategies to cover up the abuse and became very successful at hiding it from friends and family. Women in all groups emphasised the power of stigma associated with violence against women as being a potent barrier to seeking help.

"People who've been abused don't want anyone to know, there's a great stigma"

Some women considered that there is a degree of stigma attached to using the refuge and other NGO services that prevented them and they felt would prevent other women from using these services. Some women felt that this stigma may be greater for women from higher socio-

economic groups. They also thought that women from relatively wealthy backgrounds might be more disinclined to leave their homes and their possessions. Women also recognised the stigma their children felt. One woman said that she felt a distinction was made at the school when she registered her children using her address at the refuge. Another woman said her teenage children would not come to the refuge because of the stigma. They made the point to her that they had done nothing wrong and did not want to be the ones to leave the family home. Many women, across all focus groups and one-to-one interviews, commented that it is imperative for women to protect their pride and dignity in accessing any services.

Family Status

The role of women as primary caregivers to their children was also raised in discussion on barriers to service use. Young Traveller women drew attention to women's role in childcare, suggesting that women bear the sole responsibility for rearing children. While the role of caregiver was not seen as unwelcome it was clearly indicated that women with dependent children have difficulties in accessing services. One woman considered that having young children was a barrier to using services as it restricts women's freedom to leave the home and to access services when they need or want to.

5.8 Adequacy of Services

Women were asked to comment on their experiences and perceptions of services used by women who experience domestic violence, rape or sexual assault. They were asked specifically about views on those organisations indicated in the literature as key supports to women as well as those available locally that may be unique to the area. Findings portray women's perceptions on NGO/dedicated services, An Garda Síochána, The Courts Service, Legal Aid Board services, doctors and hospitals, Social Work, Social Welfare, Housing and Women's Groups.

5.8.1 Women's Assessment of Dedicated/NGO Services Strengths

All women who had used NGO/dedicated services praised them for their work. In general, participants felt that without the support of NGOs many women would not be able to escape and/or overcome violence in their lives. This was true of refuges, the related support services that they offer, community based services and the rape crisis centre. Women clearly believe that by addressing needs unmet by other agencies these services play a critical role in supporting women.

"I think women would be lost without a place like this [refuge]. Where else would they go? They'd have to stick the violence."

While identifying specific services offered by the NGO/dedicated services that they found helpful, many participants said the most important aspects of the services included being believed, not being judged and being welcome to return to the service as often as they felt the need to. As part of the abusive process a number of women had been told repeatedly that no-one would ever believe them and the approach of the dedicated services in accepting them was described as an enormous relief. The support received from staff and from other women was highlighted as of great assistance to women. One woman spoke about the value of staff taking a non-judgemental approach, enabling her to make her own choices and never being told she was wrong.

"I went back into the refuge and the support and help that I got there, well, it was just, it made me the person I am now"

Counselling, support groups, medical card coverage, court accompaniment and information provision were all selected for particular recognition from among the services offered by NGOs.

"I have had the counselling...I have come out the other side...it was wonderful and very supportive"

"I used (name of NGO service) all the time because like, I'd go to court with them...and they are always there and they know from the beginning what it has been like for me and I do think it's a great service"

Weaknesses

Some women felt that the services they used were under resourced. That lack of funding constrained the development of services into areas where there was a need, for instance advocacy services. One woman said that when she rang the NGO helpline staff were always good to her but she could sometimes sense that they were overwhelmed with work and that made her not want to telephone too often as she felt she might be bothering them.

Both Traveller and settled participants argued that the rules and regulations in place for women using refuge accommodation presented difficulties for them. One woman who had spent some time living in a refuge in the Region, recalled that while her overall experience of the refuge was quite positive, she found that the routines were very restrictive and difficult for her as an individual and as a mother. In particular she thought the set bedtimes for children were difficult to negotiate with her children. Reflecting on her experience she emphasised that she was not to blame for the circumstances that resulted in her leaving her home yet she felt that she was being penalised by having to endure a loss of autonomy.

Some women had difficulties with the curfews in place in refuges. The curfews were thought to place significant restrictions on women's freedom. Some women stated that the refuge also stipulated that women had to be out of the refuge during parts of the day and this resulted in them having nowhere to go. One Traveller woman questioned the value of refuges if the women staying in them are not allowed to be there during parts of the day:

"You have to be out of the refuge at certain times of the day. So the point of going to the refuge and that, there's not much help in it is there? So women are out with their babies during the day"

Some women, including a number of Traveller women, were aware of rules in refuges that place restrictions on the accommodation of teenage boys. The exclusion of teenage sons of women seeking to leave violent situations was considered unacceptable. A number of women recounted incidents where women had either not entered a refuge or left the refuge prematurely because they feared for their sons who were left with their violent husbands or partners.

A small number of women, despite having good overall experiences of NGO services told of incidents where staff were rude, or controlling or just didn't understand them e.g. not understanding women's relationship with their grown up children. One woman also argued that NGOs/dedicated services should be able to offer advice to women rather than support alone. She related her experience of being pressurised by her own solicitor and her abuser's solicitor into entering into an access and maintenance agreement at the courthouse that she was not satisfied with. An NGO staff member who was accompanying her at the time made no comment but later agreed that the arrangement was not in her best interests and had she [the staff member] been in a position to advise the woman she would have advised her against entering into the agreement. This woman felt strongly that in such a situation a woman needs an advocate and an adviser rather than just a supporter.

While noting these criticisms of the NGO/dedicated services provided for women, it is important to recognise that even those women who voiced these criticism were largely positive about their experiences or impressions of these services.

Gaps

Women in one-to-one interviews and focus groups, particularly in Co. Cavan, indicated the need for the development of local NGO/dedicated services to respond to the needs of women who experience the entire spectrum of abuse. The lack of dedicated services for women who experience violence in Co. Cavan was considered a substantial gap in service provision in the region. Women from other areas who were aware of this gap also stated that such discrepancy in service provision should be remedied at the earliest opportunity. There was agreement amongst many participants that there was a need for a refuge in Co. Cavan. Other women thought that a service comparable to that offered by Tearmann in Co. Monaghan, a support service without accommodation, would be suitable.

"A refuge should be mandatory"

"We need a service very similar to that in Monaghan. I'm sure the same level of violence is happening. We are naïve if we think there isn't"

Some women in Co. Monaghan felt that there was a gap in provision in that County as there is no designated crisis accommodation available locally. It appears that women in Co. Monaghan seeking crisis accommodation are likely to travel to Women's Aid, Dundalk, Co. Louth and women from Co. Cavan to seek accommodation at the Meath Women's Refuge in Navan, Co. Meath.

"Well there really is no housing. There really should be always emergency housing and that"

Women from other areas were concerned about the concentration of NGO/dedicated services in a small number of urban centres in the region. They felt that services for women who experience violence should be much more widely available.

"Sure look at [name of town without NGO / dedicated service], I'm sure every household there isn't happy"

Participants welcomed the provision of outreach services. They believed that outreach services had the potential be able to intervene before crises occur and thereby support women to avert crises in their lives. Women in similar circumstances who expressed how difficult they found it to leave the safe and supportive environment of a refuge would also stand to benefit from the support of outreach services. Participants suggested that these services should be made widely available, while also having regard to their comments on the need to protect the identity of service users.

5.8.2 *Women's Assessment of An Garda Siochana*

Women highlighted the crucial role to be played by An Garda Siochana in relation to violence against women, in protecting their safety, conducting investigations, pursuing prosecutions, assisting in seeking court orders and referring women to other agencies. However, their experiences of the Gardai varied greatly. Findings reveal that some women found members of the Gardai to be very helpful while other women did not call the Gardai because their husband's were well known in the locality and believed they would not get an objective response from Gardai. Some women's interactions with the Gardai resulted in them feeling they were not believed and that their own mental capacity was in question by the Gardai. In general, across all groups, women felt that the quality of response received from the Gardai depended to a large degree on the attitude and understanding of the individual member or members involved.

A number of women had very positive experiences of the Gardai. One Traveller woman said the Gardai were helpful and directed her to the refuge. Another woman said that the Gardai were always very sympathetic and supportive and took her side. This was her experience of the Gardai in the distant and recent past.

"They were on my side, the guards are on our side, they really are. He [the guard] was on my side, he says 'If he comes near you' he said 'He is coming to prison'"

Another woman commented:

"The Gardai were very aware and very supportive...[they] told me that men like that don't change. Its always the same"

Some women who had positive interactions with the Gardai felt that when they did make contact with them, it was down to chance as to whether they would get a Garda with empathy and an understanding of the issue or not. Being able to deal with the same guard each time was viewed as preferable.

Participants indicated that their difficulties with the Gardai included their husband's social standing, judgemental attitudes and disbelief. Women felt that where a perpetrator was well known and liked in the community that this would protect him from the Gardai and cast doubt on the veracity of a woman's reports of violence. A number of women, mostly from rural areas or smaller towns, said that their abusers had high profiles in the communities in which they lived. Their husbands or partners had good reputations, were highly sociable and known for their generosity. These women commented on how these images contrasted with the men's

personalities at home and on how these perceptions of their abusers deterred others, including local Gardai, from believing the women's reports of violence. These problems were compounded when abusers were on good personal terms with members of the Gardai.

"The Garda that would come out to you might know your partner very well, and do you know, your partner might be very big in the community and therefore...you don't know if you are going to be believed...he will still be believed before you, that's my experience of it"

Some women felt unable to go to the Gardai because they thought its members were not objective and felt that they couldn't trust them. Women in two focus groups suggested that some gardai are also perpetrators of violence against women and that this was seriously detrimental to women receiving adequate responses to complaints made to these individuals. One woman recounted helping a friend who had been abused by her husband who was a member of An Garda Síochána. In these circumstances both women felt that the Gardai were not an appropriate source of help for the woman.

A number of women in domestic violence situations said they felt the gardai called to their houses were judging them. Incidents used to illustrate this included Gardai whispering amongst themselves in the driveway of the house, women feeling that the Gardai were questioning their mental capacity and not focusing on their injuries and complaint. Poor follow up from the Gardai was another negative outcome for women. One woman recounted the guards being called to the house and arresting her partner, but they did not return to take a statement or ask her to come to the station to make a statement and no further action was taken. Other women suggested that the Gardai do not have sufficient powers to assist a woman and another woman felt that Gardai did not want to get involved in domestic violence situation.

Poor previous experiences of the gardai acted as a deterrent to women in seeking assistance. In border areas fear and distrust of the Gardai was particularly strong. Negative experiences with Gardai in the past prevented women from calling them in relation to domestic or sexual violence. One participant who had experienced sexual violence spoke of having had previous poor experience with the guards.

She did not go the guards directly following the rape and felt that, having spoken to her solicitor was reluctant to do so. She said she would lose control of the process to the Gardai, that they would take over and the investigation and prosecution could take years. She felt this would hamper her ability to overcome the violence.

For one woman the issue of confidentiality prevented her from calling the Gardai. She was concerned to keep the abuse hidden. When she left her husband he continued to harass and follow her. She recalled feeling very threatened and afraid but she didn't call the Gardai. She felt that if she did news of her complaint would reach her husband and this would result in further violence towards her.

Traveller women reported that Gardai have a negative attitude towards the Traveller Community. Racism and discrimination amongst the Gardai against Travellers was emphasised. They framed their discussion of Traveller women's experience of the Gardai in relation to violence against them

in the context of wider racism and discrimination and in particular harassment of the Traveller Community by Gardai. It was felt that being a woman and a Traveller meant that a person was doubly disadvantaged in seeking help from the Gardai, highlighting the intersection of gender and ethnic based discrimination experienced by women from some minority groups. In common with settled women, Traveller women felt that they would not be listened to and were unlikely to be believed. However women felt that if an assault was bad enough a woman might call out the guards. In common with the experiences of settled women, it was thought the quality of the response received from the Gardai is dependent on the individual.

Women in both groups thought that by calling the Gardai a woman was letting everyone know her business. And examples were given of women who bypassed the Gardai and went directly to the Courts to pursue barring or protection orders.

Participants identified discrepancies in the Gardai's response to women. An example cited was the availability of female Garda. Participants argued that when a woman seeks to make a complaint of domestic or sexual violence and wishes to speak to a female garda, a woman might not always be available. In contrast if a woman is suspected of shop lifting a female garda can always be found to conduct a search of that woman.

5.8.3 *Women's Assessment of Court Experiences*

The Courts Service was identified as particularly influential in the lives of women who experience domestic violence, rape or sexual assault. Participants discussed the judiciary, court and legal processes, outcomes and courthouse facilities.

The Judiciary

Overall the most significant factor for women was the attitude and approach of the judge hearing their case. If the judge believed them women found this boosted their confidence greatly, again recounting that perpetrators had so often told them that nobody would believe them. One woman considered that the judge hearing her case for a court order was supportive of her and very thoughtful in relation to her future needs. Her case was held shortly before Christmas and he discussed with her how this might affect the perpetrator's behaviour and subsequently her need for protection.

Another woman felt that the judge in her case had been unsympathetic and unsupportive.

"I actually don't think the judge, he does not support women, I've been at the other end of it"

One woman who had survived serious sexual abuse by her husband recounted asking a judge at a hearing for a barring order how to press assault charges. The judge said that the need for evidence was paramount. He suggested the most effective way of gathering evidence would be for the woman to be assaulted again and to report it to the Gardai immediately.

"[Its] very hard to prove, you know. But he [the judge] said to me is what you have to do is go home and let him bugger you again...and then you'll have him then...I couldn't let him [husband] do it"

5.8.3.ii Court Processes and Outcomes

Many women felt their court experience was extremely daunting having to face the abuser and his family. A number of women commented that they had never before been to a courthouse and found the process very intimidating. Participants believed that a woman would need to be able to present her case confidently in court. They indicated that recounting the details of abuse in court is an extremely difficult, painful and terrifying experience. When used court accompaniment services offered by NGO/dedicated services provided the women with much needed support.

As noted above, women who have survived violence can be very vulnerable. The consequences of violence in terms of fear, lack of confidence, as well as physical and mental effects can interfere with a woman's ability to effectively pursue the legal actions available. One woman revealed that the abuse she had suffered had affected her so profoundly that she had become ill and that her memory was adversely affected. As a result she found the court experience exceptionally difficult as the questions moved quickly and she was not always able to respond to a question before the proceedings had progressed to another question or topic.

Women who had experienced rape or sexual assault indicated that the long period it would take for court action to be completed was a major barrier to them taking action. One woman said that she was disinclined to take court action as she monitored court reports in newspapers and noted the high proportion of cases that were dismissed or in which the accused was not prosecuted.

Focus group participants indicated that pursuing rape charges would be particularly difficult for women. They spoke of humiliation and considered that only the strongest of women would be able to pursue rape charges against anyone.

P: Very few women go to the courts over this [rape]

I: And why do you think this is?

P: Mortification...and try to get her case across and be believed, you know, and again probably mostly by a lot of men...you know what I mean?

Protection orders were granted more frequently than barring orders. While some women found having the court orders useful, other women who were granted protection and safety orders were too fearful to call the Gardai to enforce them.

"I don't know, even when you do get a protection order and a safety order, it still doesn't give you the confidence and the courage to pick up the phone especially if you have this mad drunken man coming in that you know is going to beat you stupid"

The difficulty of appearing in court was exacerbated for women by lengthy waiting periods and poor facilities.

"I had to wait all day...I found this experience appalling, I found the waiting for everything, the place was full of guards... and all that, so I found that very horrendous and I felt I wouldn't go

back to court again”

Courthouse facilities

Courthouse facilities were thought to be very inadequate. Referring to facilities, women highlighted the lack of provision in terms of privacy, adequate toilet facilities, decent waiting areas and facilities to have refreshments. The long waiting periods endured were made more difficult by these poor facilities.

“They [the Courts Service] have no toilet facilities, no there’s no chairs, there’s no benches, there’s not even a cup of water, there is nothing”

Participants in the focus groups drew attention to the lack of privacy for women attending court. Although hearings for court orders are held in camera women and other parties connected with the case must wait in the same area as all other people with business at court.

5.8.4 Medical Services

International research indicates the injuries, fear and stress associated with experiencing domestic violence can result in chronic health problems such as chronic pain, damage to the nervous system and gastrointestinal problems. Doctors are often the first people to see the physical effects of violence against women. Women in focus groups highlighted the long-term relationship that women have with their general practitioners and contrasted this with the transitory nature of interactions with other service providers. They viewed the strength and trust in this relationship to be assets women could draw upon in times of need. Many women recognised that their GPs could have a powerful influence on outcomes for women as other service providers and the courts may seek their opinions.

Participants in the one-to-one interviews described the responses of their doctors to them in relation to their experience of violence. Women appreciated their doctors taking time to listen to them and being well informed enough to be in a position to refer women to other services that could help them, such as counselling. A number of women found that their GPs to be understanding and in cases of domestic violence some women reported that their doctors encouraged them to take action to leave violent relationships. One woman recounted how supported her GP was as she [the GP] had occasionally found a reason to call to the house, ostensibly just to say hello, but in retrospect the woman believes the GP was keeping an eye on her. The woman was very grateful to her doctor for this.

Also in cases of domestic abuse, women who shared a family doctor with their husband or partner said they had not wanted to see the same doctor as their husbands/partners. Some of these women changed doctors for this reason. Other women who did not change doctors did not tell their GP about their partner’s violent behaviour because they feared that their abusers would learn of their disclosures and that this would result in further violence.

Women in the focus groups felt that pressures to limit the time of visits to their GP would constrain women’s ability to confide in their doctor and equally their doctor’s may not have time to see beyond the symptoms presenting to identify the root of a woman’s problems.

Women’s interactions with their doctors had a strong negative impact if the doctor was not

supportive. One woman recounted being told by a hospital consultant that most women who were beaten deserved it. Another hospital doctor in accident and emergency told a woman with broken ribs to leave the department when she told him that her injuries had been inflicted upon her by her violent husband. Despite the protestations of a female nurse the male doctor refused to treat this woman's injuries. This incident occurred within the last three years. Another woman was told by her GP that all men were abusive.

"I told my family doctor I was being beaten and he just said don't be so ridiculous...and said sure doesn't every man do that, he is not doing any harm"

Long waiting times for acute services, especially in accident and emergency departments, are considered to present substantial barriers to women in need of those services. Women in Co. Monaghan pointed to the downgrading of the county hospital as a serious weakness in current provision locally.

There was also concern that women may be treated inappropriately due to their experiences of violence, for instance treated for depression or anxiety rather than addressing the violence, the cause of her problems.

Further restrictions in the availability of general practitioners 'out of hours' were noted. For instance assistance from GPs was not thought to be an option for women who were assaulted at night as they would not be available.

"Well if it was the middle of the night you might go to Casualty. I think they would, if I was raped, and it was three o'clock in the morning I would, because I would say you wouldn't find a doctor [GP], you know"

5.8.5 Women's Assessment of Solicitors / Legal Aid Board

Women participating in the study had used both Legal Aid Board solicitors and private solicitors. The findings indicate that women's experiences of their legal representation were dependent to a large degree on the individual solicitor representing them. Women also said that the means testing system used to assess eligibility for Legal Aid Board solicitors acts as a barrier to some women.

Positive experiences with the Legal Aid Board system were expressed by some of the women. Co-operation between the NGO/dedicated services and Legal Aid Board solicitors was apparent in a number of cases in terms of organising the paperwork for court appearances. Where an NGO/dedicated service was in direct contact with Legal Aid Board solicitors this proved helpful in expediting paperwork and in improving their understanding of the case. One Traveller woman described her Legal Aid Board solicitor as a strong woman who was very supportive of her. Women also gave positive feedback regarding being facilitated by their Legal Aid Board solicitors with appointments in the evenings. They also appreciated that their solicitors found it acceptable for them to bring their child(ren) with them to appointments when they had no alternative childminding in place.

In contrast, other women's experiences with Legal Aid Board solicitors were described as being abusive. One woman recounted her Legal Aid Board solicitor shouting at her on a number of

occasions. Another woman stated that during encounters with her Legal Aid Board solicitor she felt as if she were being abused again. She said this abuse included feeling coerced into signing papers in court, and being bullied to such an extent that she was made to cry by her own solicitor. She vividly described this experience of re-victimisation.

“No this system is terrible, and I ended up having to go the doctors straight after this [court appearance] and it was the most horrendous experience I actually thought I was being abused again [by my solicitor]”

Poor experiences, however, were not confined to women represented by Legal Aid Board lawyers. One woman who had used a private solicitor was disappointed by the poor quality of representation she received. She felt her solicitor did not understand her experiences and was ultimately self-serving.

“She wasn’t really a great solicitor...I needed somebody who wasn’t really in it for what they could get out of it, you know”

5.8.6 Women’s Assessment of Housing Provision

Housing emerged as a pressing need for many women. As a result of domestic violence some women are forced to leave their homes to protect themselves and their children. Participants clearly considered that housing was linked with feelings of security for women and their children and for this reason is a priority need. Throughout the study participants highlighted the problems women face in securing suitable long-term housing. Difficulties were identified with the social and private housing sectors.

The problems in securing a home from the local authority were pointed out by a number of participants. In particular, concern was expressed regarding the lengthy periods of time applicants spend on waiting lists. Women without dependent children were considered to be a much weaker position in applying for social housing. The chances of women who do not have dependants of securing a local authority home were considered significantly lower than those who do. The intervention of refuge staff with the local authority was thought by one woman to have expedited the allocation of housing to her.

Another participant spoke about the prejudice she experienced as a lone parent. She said that local authority staff had not believed that she was separated from her partner and she had struggled to convince them. She felt re-victimised by the local authority staff, stating that on one occasion

“The guy...in the Corporation had me in floods of tears”.

Women stated that housing authorities need to recognise the difficult circumstances that result for women fleeing violence and to acknowledge that women are the injured parties.

“If you are after being in the refuge you are left homeless, not through your own fault...I mean who wants to just leave their home and have to set up home again somewhere else, new surroundings and children put into new schools and everything like that, no woman wants that...so it’s not your fault that you have to leave...the situation that you are in and being in the

refuge leaves you homeless”

While women with dependent children may be thought to have an advantage over women who do not in the social housing sector, the opposite was indicated in the private rented sector. Women with young children seeking privately rented accommodation often found that landlords were not willing to let premises to them.

The difficulties that women encounter in both the social and private rented housing sectors represent significant barriers to women re-establishing and finding security for themselves and, where appropriate, their children.

5.8.7 Women’s Assessment of Social Welfare

Both the literature and the participants in the current study indicate that Social Welfare is an important service for women who experience violence, in particular domestic violence. However they also drew attention to the barriers women face in making claims for benefits.

Some women found dealing with the department of Social and Family Affairs difficult, as they required assistance in completing paperwork. Dealing with officialdom was considered very daunting. This underscores the importance of services being tailored to the needs of women with literacy difficulties. Other women felt a great stigma in approaching the department of Social and Family Affairs. The disadvantaged position of women who are not employed was also highlighted. One woman argued that the lack of recognition for women’s work in the home adversely affects women seeking benefits and pensions.

Attention was also drawn to the processes involved in applying for benefits. Focus group participants gave examples of friends whose accounts of violence against them were not considered sufficient evidence by social welfare officers and who were subsequently asked to provide a doctor’s note to support their applications.

In common with other agencies staff attitudes were considered very influential upon women’s experiences of social welfare services. One focus group participant noted a case where a friend had been questioned by a social welfare officer regarding her reasons for having a child with a man she knew to be violent. She described this as being intrusive and a further blow to the woman.

“Like she has one child and she was asked a question ‘well if you knew he was violent why did you have a child with him?’...and she said I thought it might change things, and he said well that’s the oldest thing in the book, like they don’t change... It’s like stepping on you when you are down”

Difficulties were also identified with the process of means testing, with specific reference to the fact that debts are not taken into account. The significance of this for women who borrow money to engage a solicitor and pursue court action was emphasised.

5.8.8 Women’s Assessment of Social Work Services

The study explored women’s experiences and perceptions of social work services. Resulting discussions focused on community social work rather than medical or other specialised fields, as this was the service that participants were most familiar with. The overwhelming message from

one-to-one interviews and focus groups was that women fear social workers because of their statutory role in relation to child protection. The power of social workers to remove children from the family home is considered to be threatening to women. Participants were acutely aware that in situations of domestic violence social workers would be concerned about the welfare of children. The findings indicate that the positive contributions that social workers can make were overshadowed by the perceived threat of their child protection role.

“It’s my experience, I think people don’t like social workers at all coming anywhere near...I’m not sure if they take the children away.”

Some Traveller women were also concerned that social workers did not take action to protect women when they were aware of domestic violence. As a result women felt that social workers could not be trusted and their effectiveness was brought into question.

One woman in the study highlighted the need for social work services to be made available outside of regular business hours. She saw this as a gap in current provision that needed to be addressed in order to provide a satisfactory service to women in the community.

Despite the anxiety so many participants associated with the role of the social worker some women in the study were quite satisfied with their own experiences of social workers. One African woman who had first contacted the Gardai was put directly in touch with a social worker as she had reported her partner’s violence towards her child as well as herself. Her social worker’s instructed her to immediately gather essentials for herself and her children and she arranged for the woman and her children to travel to a refuge. The alternative, according to the social worker, was that the social work department would act to protect her children by removing them their home. In this case the woman was satisfied with this response although she felt that all the social worker’s concern was concentrated on her children.

One Traveller woman spoke positively about her experience with a social worker whom she had found to be very helpful. On one occasion her social worker had witnessed the woman’s husband being abusive towards her and had intervened, threatening to call the Gardai. The social worker recorded the details of this incident in the case notes. The woman said she found this very useful.

5.8.9 Women’s Assessment of Citizen’s Information Services

Citizen’s Information Services (CISs) were not commonly thought of as places that women would seek help from in relation to violent experiences. However those women who did identify them felt that CISs were valuable as they provided a relatively anonymous and safe place to for women to discuss their needs. These participants valued the privacy and confidentiality afforded to women using the Citizen’s Information Services. One woman commented that the local Citizen’s Information Centre was open at irregular hours and this may be a barrier to women using the service.

5.8.10 Women’s Assessment of Marriage Guidance

A small number of women had received marriage guidance counselling. Some women, attending counselling alone, found this helpful to them. One woman attended marriage guidance counselling first on her own and later accompanied by her husband. She was satisfied with the

first couple of counselling sessions that she attended alone. However, when her husband attended she felt the counsellor took his side and that they “ganged up” on her. She said her experience of counselling resulted in her feeling completely abused.

5.8.11 ICA

The ICA helpline and related counselling service were highlighted as being a lifeline for one woman from a rural area. The service was freely available. As well as making use of telephone support the woman had travelled to Dublin for counselling with the ICA on a few occasions. The counsellor also travelled to see her locally and accompanied her to on a visit to her solicitor on one occasion.

5.8.12 *Education and Personal Development Courses*

Personal development courses for women were viewed very positively, as were courses targeted at people who are separated or bereaved. The opportunity to develop a stronger sense of self in a non-judgemental atmosphere was valued as was the solidarity with others. Some women had undertaken training with schemes attached to NGO/dedicated services and others expressed a desire to do the same. The arts and crafts courses offered by some NGO/dedicated services attracted particular praise. Many participants viewed training and development opportunities as essential to rebuilding confidence. Some women said they would like to take up further education or training but that the lack of childcare facilities presented a barrier to them doing so.

5.8.13 *Women’s Organisations*

Participants strongly endorsed the role of community-based women’s groups as providing a space for women to build relationships and support networks. Value was placed on both the social and educational aspects of women’s organisations. Rural women who are geographically isolated, in particular, were thought to gain great benefits from participation in women’s groups.

Following their experiences of violence and use of NGO/dedicated services some women had become involved with local NGO/dedicated services themselves, either as staff or as supporters in other capacities. These women were strong advocates for the improvement of services. Other women have become known amongst their social networks as having some knowledge and expertise on violence against women and as a result women who hear of them contact them for advice or support.

5.8.14 *Services for Children*

Many participants drew attention to the needs of children in situations of domestic violence against their mothers. Women who had left violent relationships were acutely aware of the needs of their children. These women emphasised that the needs of their children were distinct from their own needs and specific provision should be made in this regard.

Both violence and threats of violence against children in situations of domestic violence were evident in the findings. In one case a woman was told by her husband that she would see her children again ‘only in boxes’, implying a death threat to the children. Another woman reported that her husband had threatened their daughter with rape and physical violence. Other women recounted that protecting their children had been a motivating factor in seeking help. Some women voiced concern that their children would come to believe violence was normal in

relationships and this would perpetuate violence in the next generation of their families. Some women praised the work of the ISPCC in their areas. Other women were concerned about the dearth of counselling for children, while at the same time recognising that for children a potent stigma can surround such services.

The needs of teenagers were thought to be neglected in current service provision. Participants believed that teenagers have special needs that should be addressed by services tailored specifically for them.

5.9 Co-ordination and Co-operation

The important role of NGOs/dedicated services in co-ordinating other related services for women was considered very important. The dedicated/NGO service acted as a central point from which contacts were made with other various services that were needed. Women using refuge services found that the refuges worked effectively to help them to navigate through services.

The role of NGOs in this regard varied from court accompaniment, assistance with form filling and making telephone calls or writing letters on behalf of clients. Women recognised that this intervention eased their interactions with other service providers, for instance by negating the need for women to repeat details of their personal lives to social welfare officers.

Many women in the study felt that services do not appear to work together at all. Some women expressed dissatisfaction with current levels of co-operation between services while others said that from their perspective service providers did not appear to want to work together. The difficulties of this for individual women was revealed:

“That...started the whole story all over again, which she did with social welfare again, had to do the whole history again. I mean, its not easy for somebody having to repeat what’s happened to her and this is all necessary to process your application for social welfare”

5.10 Equality and Diversity Issues

Women’s accounts demonstrate that their experiences of gender based discrimination and discrimination on the basis of their ethnicity intersect. Some participants felt that service providers’ response to them was different because they were women. They gave examples of being made to feel like ‘a stupid woman’. One non-Irish National woman when asked if she felt she was discriminated against in any way by service providers replied that she had become so used to being treated differently because of her race that it was hard for her to differentiate any particular instances. This example illustrates the widespread racism in Irish society. She did however feel that she was disadvantaged in court because although she spoke English well she struggled to keep up with the court proceedings. She felt that this could have been either gender based discrimination or discrimination on the basis of her ethnic identity.

“I don’t know if that is prejudice against me or women in general”

This echoes the descriptions of Traveller women feeling doubling disadvantaged in accessing

services on grounds of gender as well as ethnicity.

Another non-Irish national woman in the study stated that she had not experienced any prejudice against her by any agency because she was not Irish.

5.10.1 Women from Ethnic Minorities

Some participants identified racism in society as a serious problem for women from different ethnic backgrounds including Traveller women. It was considered that agencies and organisations do not consider the needs of ethnic minority women when they are planning their services. Barriers to non-Irish women making use of mainstream services included isolation and language barriers. Other studies have drawn attention to the context in which women from minority groups experience violence. The context for Traveller women of violence from the state, the settled community provides the backdrop to their experience of other forms of violence. The difficulties faced by Traveller women seeking to leave violent relationships are exacerbated by the fact that women leaving their partners also leave their homes and their own family and community.

Participants in one focus group indicated their awareness of white male sexual objectification of black women, providing another strong example of racism against women.

Participants from the Traveller community strongly emphasised that violence is not part of Traveller culture. They stressed that this is a myth that works to the detriment of women. They pointed out that service providers can use this concept to ignore or downgrade women's experiences and their corresponding responses. Participants objected to this myth being used as an excuse for a poor response to Traveller women.

5.10.2 Women with Disabilities

Participants felt that the needs of women with disabilities are often viewed as one-dimensional by service providers, with those needs related directly to their disability the only ones considered. Such attitudes are likely to prevent women from seeking or being offered services or supports related to other needs.

Basic needs were identified such as physical access to buildings for women with mobility difficulties. It was noted that women with disabilities are marginalized from local women's groups due to the inaccessibility of many of the venues in which they meet. Transport was considered another barrier for women with disabilities who are dependent on others to assist them in accessing services.

Further to this the vulnerability of women with disabilities to abuse by carers was highlighted.

5.10.3 Lesbian and Bi-Sexual Women

Focus group participants considered that lesbian and bi-sexual women may be disadvantaged in using services as they may not be free to disclose their sexuality.

"Well maybe because that's not something anyone would want to make public is it?"

"I think its still a problem for lesbian women to come out"

"Its not acceptable yet"

Further it was thought that service providers were likely react negatively to women who did disclose their sexuality by disregarding their experiences because of their sexuality.

"They mightn't be listened to at all they might be ignored...you'd want to raise a greater awareness anyway, you know, you look at everyone and try to see them as an individual but a lot of people don't do that"

"I suppose they wouldn't be listened to as well, I mean a bisexual they [service providers] might think 'Well who are they?'. I mean it's only just this last couple of years that people are becoming aware and people are actually coming out and speaking on sexuality...they may not, they [service providers] may say well they are just them ones"

The difficulties identified indicate that violence against women in same sex relationships is likely to be hidden or obscured.

5.10.4 Older Women

Older women were considered to face particular difficulties both in terms of their vulnerability, particularly if they are frail or dependent, and in their ability to access services.

Participants identified older people who have accumulated wealth in property as being vulnerable to abuse. They suggested that adult children may abuse or neglect older women in order to put pressure on them to relinquish rights to or residency in their property.

One participant described the difficulties older women may face in discussing abuse with helpline providers.

"Even the use of a telephone is limited, if there are others living in the house, there are only certain times they can use the phone. They'd have to put it down when somebody walks in"

5.11 Special Needs

Border Issues

As the region in which the research took place included border counties, women in those counties were asked to comment on the impact, if any, living in a border area has on women in terms of violence and access to services related to experiences of violence. The experiences of women in border areas were firmly sited in the context of the conflict and post-conflict background. In such a setting participants argued that violence could be glorified and normalised. Women also indicated that patriarchy tends to dominate the social environment in societies experiencing conflict. They commented on a strong patriarchal culture in some border areas and suggested that this has a detrimental effect on women's opportunities and development.

"And very often you came from a situation where your father virtually owned you to where your husband virtually owned you"

Some participants stated that women living in border areas, especially those with a republican family background, would be very reluctant to call the Gardai. By calling out the Gardai in such circumstances women may be viewed as disloyal to the extended family and community. By initiating contact with the Gardai to complain about the perpetrator's violence women risked being accused of drawing Gardai attention others.

5.11.2 Drug and Alcohol Abuse

Disclosures of abuse by women with alcohol abuse problems were considered less likely to be believed than those of other women.

"Women with drug and alcohol abuse problems, because of their problems they wouldn't be believed"

5.11.3 Mental Health

Participants were concerned that services providers would not believe women with mental health problems.

"Anyone with mental health [problems], they [service providers] might think it is all in their head, they might think that there wasn't a problem it was just that they were imagining it but I would say that they have a greater need to make sure they had someone to speak on their behalf as well as themselves"

There was also an appreciation that mental health problems might be a direct result of the abuse a woman has experienced.

5.11.4 Poverty and Violence against Women

In relation to domestic violence, women spoke about the way money was used as a form of control by the abuser. Financial control was highlighted as being a powerful mechanism to isolate women. The experience of violence and abuse, can place a woman into a situation of poverty during the relationship with the abuser and afterwards when she leaves it. Having financial problems and experiencing the resulting stress of these worries compounds other personal issues for a woman, for example her sense of security, and self-esteem. One woman recounted that poverty was particularly difficult for her in trying to rear her children and meet their needs for social outings. For this woman the loss of income was also associated with a loss of status and self-esteem as she had professional training and found it hard to become a client of services.

5.12 Trends Over Time

Women who had experienced abuse over long periods or who had used services a number of years ago felt that levels of services have improved significantly over time. This was considered true of new service development, the expansion of existing services and levels of awareness and understanding amongst service providers in general. While acknowledging that in general developments in services used by women who experience violence appear to be moving in the right direction, participants indicated that there was considerable work still to be done.

Some women also felt that the stigma related to violence against women has subsided over time. Older women felt that this may result in younger women finding it easier to seek help.

"Maybe its [the stigma] not as bad today as it was twenty, thirty years ago, people then suffered dreadful things they wouldn't talk about"

"I think maybe it is different now for younger women...because the same stigma, they're more open now"

Some women believed that younger women would not tolerate the same levels of abuse that older women had survived.

"Younger women are more forthright about coming forward and they won't put up with a lot of this hassle of what goes on and the violence"

"Young women even now, they won't put up with it"

Some women associated their experience of abuse with marrying at a young age.

5.13 Perpetrator Programmes

Some participants emphasised the need for the development of initiatives or programmes to address men's behaviour. This was considered a serious gap in current services provision.

Participants expressed concern that an unequal proportion of attention was focused on women and how they react to violence and abuse. They contrasted this interest with a lack of accountability on behalf of perpetrators.

"And then there's an awful lot of blame attached to a woman, particularly one who goes back and goes back. 'Why is she going back, why is she going back?', [implying] that she's stupid. Not a word about the violent devil who is doing this to her. Its amazing how the focus turns to actually blaming the victim"

5.14 Gender and Service Providers

Women drew attention to the dominance of men in the agencies that women use when seeking help related to their experience of violence. This dominance was considered to be detrimental to the fair and equal treatment of women.

"You'll not get any support from the people you turn to, like judges, guards, they don't give it to women"

"Well I think its to do with this male thing, you're not going to be believed"

A number of women suggested that services should be delivered by women. They stated that this would be more appropriate as it was felt that women would relate better to their female

clients.

"I think with a female you would relate better to your own gender"

On the other hand, expectations that women service providers will be more empathetic with clients can lead to disappointment. One woman described her disillusionment following poor experiences with her solicitor:

"And I thought because I was with a lady solicitor, I thought she would give me the best support and she never did, she was terrible...she was a female, I thought females would be for you, they would be better"

5.15 Planning for the Future

Participants identified the following priorities for the future

- Further development of NGOs
- Enhanced Responses from other Agencies
- Greater Co-ordination of Services
- Awareness Raising
- Education
- Addressing Racism and Discrimination
- Perpetrator Programmes
- Enhanced availability of Housing to Women
- Improved funding for Lone Parents

5.15.1 Further Development Of NGO/Dedicated Services

Findings indicate that women wholly support the further development of NGO/dedicated services as key services for women. They argued for better funding for NGO/dedicated services based on their established track record of providing high quality, essential support to women.

Specific recommendations were made for the development of services in what were considered to be un- or under-served areas of the region, with Co. Cavan being the most striking example of this. Some participants indicated a need for crisis accommodation as well as support services in Co. Cavan. In general, women supported the provision of improved outreach from existing services to address needs in areas that do not have NGO/dedicated services at present and also the needs of women who do not use refuge accommodation.

Other specific recommendations relating to the future development of NGO/dedicated services were:

- Development of helplines into 24-hour services
- Provision of advice as well as support to clients
- Expansion of provision to meet the needs of children, including helplines
- Services being empowered to share information about perpetrators with other agencies
- Provision of in-house specialist legal expertise

On the other hand, one woman recommended that statutory provision was more appropriate for services for women, especially in relation to rape and sexual assault. She considered that statutory provision would be more stable as it would be less reliant on voluntary efforts and be positioned to provide services in the long-term.

5.15.2 Enhanced Responses From Other Agencies

One of the most marked findings from the data collection with women was the inconsistency in service delivery from most agencies. Accounts of appropriate, supportive responses were frequently countered with accounts of the same services being unresponsive and threatening. This variation in services delivery was considered unacceptable. Participants attributed to the inconsistency to the individual nature of responses from staff members and a lack of systems. To address this situation participants advocated the provision of training for staff in all agencies working with women who experience violence and the improvement of systems to make services more 'user-friendly'.

Training should prepare staff for identifying the needs of women who have experienced violence and recognising the risks for their safety and their vulnerability. Training initiatives should also be used as opportunities to inform staff in all agencies working with women of other services relevant to their circumstances, e.g. domestic violence support services, refuges, rape crisis centres, helplines etc.

Referring to the general need for improved systems and services, women argued for the emphasis to be placed on the experiences of individual women. Specifically, many women used the term 'user-friendly' and also emphasised the importance of service providers believing women:

"Services need to be so user-friendly and welcoming to counter the effort that you have to make to cross that door or make that phonecall"

Participants also recommended that future service development be tailored to meet needs in relation to the diversity of women in the Region.

5.15.3 Greater Co-ordination Between Services

Citing cases of women being obliged to attend a number of different agencies to arrange aspects of welfare benefits, housing, legal proceedings etc., participants advocated enhanced co-ordination of services. In this regard they recommended that a 'one-stop-shop' type of model be introduced that would co-ordinate all the agencies or services a woman needed.

Many women said their experiences of services would have been easier if there was better co-ordination between organisations.

"So better networking and co-ordination, but there also needs to be more services"

5.15.4 Awareness Raising

Participants advocated for greater awareness of violence against women both in terms of the awareness of the problems of violence and awareness of support services. They argued that

major media campaigns were needed to highlight the issue of violence against women. In particular awareness raising is needed: to challenge the acceptance of violent behaviour in relationships, to support women in their isolation and to highlight services that are available to them. Information was viewed as a step toward empowerment. Comparisons were drawn with smoking campaigns and participants suggested that high profile media campaigns using television and radio would be beneficial. Advertising alone was not considered sufficient, with women recommending public relations efforts to gain access to primetime television programmes with large audiences e.g. the Late Late Show. Public information initiatives should also aim to reduce stigma associated with violence and to inform women of their legal rights.

Many women also thought NGO/dedicated services needed to raise their public profile. It was seen as particularly important when promoting services to indicate that services are available to women who have suffered a wide spectrum of abusive or violent experiences, for instance that the Rape Crisis Centres also offer services to women who have been sexually assaulted as well as to those who have been raped.

5.15.5 Education

There was strong feeling among many participants that education is a priority for the future. They stressed the need for both education of women in terms of their legal rights and education of young people in schools and colleges. Educational programmes aimed at prevention should be incorporated into the curricula of schools and colleges. Rape and sexual assault should be given due attention in such programmes. It was further suggested that such programmes provide support for children and young people who have witnessed or experienced violence at home. Participants drew attention to the earlier sexualisation of young people and a corresponding need for the educational system to address this issue by providing guidance on healthy relationships.

Some participants suggested because of their expertise the NGO/dedicated services should have a direct role in the development and delivery of educational programmes.

5.15.6 Addressing Racism and Discrimination

The findings clearly indicate that women are aware of racism and discrimination against women from minority groups seeking services. Such behaviour serves to further marginalize women who are vulnerable and seeking help in relation to violence against them. All service providers should take into account the needs of women from minority groups when planning services.

5.15.7 Perpetrator Programmes

Participants highlighted a gap in current service provision to address the behaviour of perpetrators of domestic and sexual violence. They recommended that programmes be put in place to work with men to prevent violence recurring.

5.15.8 Enhanced Availability Of Housing To Women

While emphasising women's right to stay at home, participants recognised that a range of options need to be made available to women who experience violence. They believed that housing is not given sufficient priority and funding.

5.15.9 Improved Funding And Services For Lone Parents

Women with children who leave violent relationships usually find themselves adopting the new role of lone parent. Participants drew attention to the stigma attached to that role. They also highlighted the financial needs of women who are lone parents. They advocated improved financial support for women facing hardship following separation from violent partners. In addition they called for enhanced provision of services and supports for their children. One woman suggested the provision of funding for children's social/educational trips, indicating that lone parents on low incomes are not in a position to finance daytrips and outings for their children.

5.16 Summary

The findings from this chapter demonstrate that participants clearly framed women's experience of male violence within a broader context of gender inequality. In addition, women felt that service providers lack understanding of the needs of minority groups such as disabled women, women from ethnic minorities, lesbian and bi-sexual women, older women and women from border counties. They recognised that women face racism, sexism, homophobia, ageism and other forms of discrimination against them in their efforts to overcome violence against them.

Participants displayed high levels of awareness of the nature and extent of violence against women and were concerned that current responses are not wholly effective. However, they rejected the concentration on women in both discourse and action in relation to men's violence against women, while the responsibility of the perpetrator receives minimal attention. The responses of some women appeared to indicate that they were more likely to view sexual violence than other forms of violence as a criminal act and as resulting in injury requiring medical attention.

For women seeking help in relation to violence against them informal networks of friends and family could not always be relied upon. Although some individual friends or relatives could be very supportive others were not well equipped to understand and respond to women's needs. Women face other substantial barriers to use of services including those associated with abuse, such as isolation, stigma and financial hardship. Other individual factors such as literacy and family status posed barriers for women, as did structural factors such as lack of transport. The lack of provision of services close to women's homes and lack of knowledge of services compounded these difficulties. The attitude of service providers were considered a highly influential factor for women, either facilitating or deterring them from accessing services and seeking other services that may help them to end or overcome the violence against them. It was evident that women seeking help are highly vulnerable and fearful and that this must inform all responses to them.

The NGO/dedicated services in the region were highly praised by participants. The general feeling among participants was that without NGO services many women would have no hope of either ending or overcoming the violence against them. The NGO/dedicated services are pivotal in co-ordinating women's use of other services. Criticisms of NGO operations focused on the rules and regulation of life in refuge accommodation and on the lack of understanding of some members of staff. Yet even these criticisms came from women who remained largely satisfied with the

services they had received.

The geographical spread of NGO services came in for some criticism. The lack of an established NGO/dedicated service for women who experience violence in Co. Cavan was considered a fundamental gap in service provision. Participants also identified a need for crisis accommodation in the Co. Cavan/Monaghan area. Outreach to serve areas currently not reached by NGO services was considered important.

Other services came in for some praise and plentiful criticism. Overall the most commonly emerging theme in relation to satisfaction with service provision was the attitudes of service providers. Gardai, the judiciary, medical professionals, social welfare, local authority housing departments and private landlords all came in for sharp criticism in this regard. Participants acknowledged that not all representatives of these services have poor attitudes to women who experience violence. Indeed numerous outstanding examples of good practice were revealed. Nonetheless these were frequently overshadowed by incidents of poor practice ranging from the dismissive to the openly abusive. Not only do such poor responses have a powerful negative impact on the individual woman involved but they can have a broader ripple effect. For instance, many women in the study were able to cite the poor responses their friends had received from different services and these accounts were widely considered to act as deterrents to other women seeking help.

Women also expressed dissatisfaction with the processes and availability of other services. Court processes that are complex and involve uncomfortable days spent waiting in public areas came in for particular criticism. For women who have left violent relationships the poor availability of housing was highlighted as being of particular concern. And women generally felt that women's experiences in seeking help as a result of violence against them could be enhanced by greater co-operation between agencies.

Participants emphasised that there is a pressing need to further develop NGO services in the region to provide a broader reach to women not currently able to access services. Other agencies should introduce staff training to sensitise staff to women's vulnerability. This should be done in tandem with the development of systems that allow staff to respond appropriately and in a 'user-friendly' fashion giving consideration to the privacy of service users, and co-ordination between services. Greater accountability of perpetrators also featured in women's vision for the future. Future planning of services should take into account women's financial and housing needs. In addition to these recommendations, participants placed particular emphasis on the need for educational and awareness raising initiatives considering these essential to the reduction and elimination of violence against women.

Chapter six

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Chapter Six **Service Provider and Policy Maker Views**

6.1 **Introduction**

The views of a broad range of service providers from statutory and non-statutory organisations working with women who experience violence in the North East Region are presented in the final section. This chapter outlines services available in the NE Region, other than dedicated services, relevant to women who experience violence. A description of the services is presented first. For the study focus groups were conducted with representatives of a range of these services to explore their role in relation to women who experience violence and their views on the overall adequacy of services in meeting women's needs. Finally an analysis of interviews conducted with regional and national stakeholders and policy makers is presented to compliment service provider views.

6.2 **Service Provider Profile**

The dedicated services in the Region working directly with women who have experienced violence and their children are detailed in Chapter 4. These services are the backbone of a wide range of service used by women who experience violence. The range of other statutory and non-statutory sector services relevant to women is reflected in the links between agencies in the region discussed above and also in the participation in the service provider focus groups that constituted a key strand of data collection in the current study. These are outlined below and followed by the findings from the focus groups.

- Health
- Justice/Legal
- NGO/Women's
- Adult Education
- Community/Voluntary
- Other Statutory

Representatives of those organisations marked with an * participated in the study.

6.2.1 **Health Sector**

General Practitioners

Private and GMS general practitioners deliver primary healthcare in the community. General practice is perhaps the most far-reaching service in terms of contact with women in the community and the importance of this service for women who experience domestic and/or sexual violence is strongly demonstrated in the literature. General practice is a key setting in which women are comfortable disclosing their experiences of violence. General practitioners have a role in identifying women who have experienced violence, providing medical treatment and counselling. Crucially, GPs also have a role in empowering and supporting women to take measures aimed at ending or overcoming violence against them, including referring them to other relevant statutory and NGO services.

*NEHB Public Health Nursing**

Public health nurses are involved in delivering primary health care in the community throughout the Region. Their role in relation to violence against women is seen as being mostly focused on children and child protection, taking action in relation to the Children's Act 1990 and referring children thought to be at risk to the Gardai and Social Workers. In the focus groups public health nurses also identified their role with women as working to empower women to speak about and seek help in relation to violence against them.

*NEHB Social Work Services**

Statutory community social work services in the Region are provided by the North Eastern Health Board. Their remit is clearly defined as being the safety and welfare of children aged 0-18 years in the North East Region (or their assigned area thereof). Recognising children as members of family units, extended family networks and the wider community, efforts to care for and protect children will frequently involve interventions with parents. It is in this role that social work services may become involved with women experiencing violence.

A range of supports and services are available through Social Work Departments including the provision of family support packages, one-to-one counselling, childcare, the facilitation of access negotiation and visits to children, referrals to other services such as NGO/dedicated services, the provision of training programmes with women and community childcare workers. Social work departments also have the power to pursue court orders to protect women and children from men's violence.

*Acute Hospitals**

The acute hospitals throughout the region provide women with a range of medical and related services. Accident and Emergency Departments, Medical Social Work Departments and Maternity Services are particularly relevant to women experiencing violence. Their primary role in relation to violence against women includes the treatment of women injured as a result of physical or sexual assaults against them. Women who have experienced violence also use counselling and social work services attached to acute hospitals.

*NEHB Community Welfare Service**

Health Board Community Welfare Officers provide financial assistance to individuals in need on a discretionary basis. They are also responsible for the allocation of rent allowance where appropriate. Their role in relation to women who experience violence is primarily to provide financial assistance to women in crisis to meet their needs. This may include the provision of payments to fund travelling to a refuge or emergency payments for women who have no financial resources. Rent allowance is relevant to women who are establishing new homes having left a home shared with a violent partner. Community Welfare Officers also assist women by referring them to other relevant services such as local authority housing departments and NGO/dedicated services.

*Women's Health Development**

The national and regional women's health plans are implemented by the Women's Health Development Officer in conjunction with other relevant services in the Region. Priorities in this area are the provision of information and education and the provision of woman-friendly services.

There is also a focus on health promotion for women's health. A website and 24-hour information line on women's health and related services are available.

*Rian Counselling**

Rian Counselling Service is the North Eastern Health Board counselling service for adult survivors of childhood abuse. A significant minority of Rian's clients are women who have also experienced violence as adults. Approximately one quarter of female clients experienced domestic violence as adults and an estimated 11% experienced sexual violence in adulthood outside of an intimate relationship. These figures indicate that Rian is an important service provider for women who experience violence in the Region.

*NTDI (formerly Rehab)**

NTDI, formerly Rehab, provide a range of services mostly to people with disabilities. These include training and counselling services. The counselling services are particularly relevant in identifying and supporting individuals who have experienced violence.

6.2.2 Legal/Justice Sector

*An Garda Siochana**

The primary role of An Garda Siochana is the enforcement of the law through the detection and investigation of crime. In relation to violence against women this most commonly involves responding to complaints regarding domestic or sexual violence and subsequently undertaking investigations in this regard. Gardai assist the Director of Public Prosecution (DPP) in the prosecution of criminal cases of assault, manslaughter and murder of women. The Gardai are frequently the first point of contact for women seeking assistance in relation to their experiences of violence, thus their response is crucial.

An Garda Siochana are the only statutory service with a national policy addressing domestic violence against women. This policy seeks to guarantee a consistent approach in Gardai responses to violent crimes against women. Of particular relevance are the role of the Gardai in arresting offenders, providing women with protection from violence, and the provision of information on other services that are available such as civil action through The Courts Service and on NGO/dedicated services.

On a national level the National Domestic Violence and Sexual Assault Investigation Unit provides training to members and assists in the investigation of complex cases.

*The Courts Service**

Violent men can be sanctioned through the criminal or civil courts. The Courts Service provides for the criminal prosecution of violent men who are violent towards women on charges including assault, rape, sexual assault, attempted murder, murder and manslaughter. The most serious charges of rape and murder are tried in the Central Criminal Court which sits in Dublin. Other charges may be brought at Circuit Court or District Court level. Women pursuing civil orders such as barring, protection or safety orders do so at either District Court or Circuit Court level. Under family law procedures cases in relation to these orders are heard in camera. The orders are granted to women to provide them safety from violent partners and men found to be in breach of such orders can be prosecuted in criminal court.

*The Probation and Welfare Service**

The Probation and Welfare service works with violent men both in the community and those serving custodial sentences around changing their offending behaviour.

In Co. Louth the Cuchulan Project, under the auspices of the Probation and Welfare Service, works with young people who have been involved in violent behaviour. Although open to all most clients are boys and young men referred through the Probation and Welfare Service, with a small number referred through community groups. Staff in the project works with clients around violence in relationships, anger management and social skills. Training is also provided in computers and literacy.

Legal Aid Board

Women taking civil cases, for example seeking barring or protection orders against violent partners, usually require legal representation. In such cases the Legal Aid Board, through the Civil Legal Aid Scheme, provides legal representation to women who are otherwise unable to afford representation.

6.2.3 Women's Sector

*NGO/dedicated services**

NGO/dedicated services provide preventative, pre-crisis, crisis and post-crisis supports to women who have experienced violence or the threat of violence. As outlined in the profile of NGO services there are five such services are currently operational in the North East Region each offering support to women who have experienced violence. Their role is to protect, support and empower women to overcome violence against them. They act as advocates for women in general and in specific cases.

*Women's Groups**

A number of women's groups function in the region ranging from social groups to fully fledged service providers. As such they are variously positioned to provide support and assistance to women who have experienced violence. Those participating in the research indicated that they provide such services as drop-in listening services, referrals to other agencies, training and education programmes. Other services fund or provide counselling for women.

6.2.4 Community / Voluntary Sector

*Community Development**

In supporting a range of activities with women's groups aimed at increasing participation, building capacity across a range of skills and reducing inequalities, Community Development and Partnership organisations in the Region are relevant in terms of prevention of violence against women. Community development organisations typically target marginalised groups.

*Citizen's Information Services (CISs)**

The chief function of Citizen's Information Services is the provision of information on a range of issues. In respect of women who experience violence the CISs provide information to women on their rights and entitlements, other services that may be relevant to them such as the Courts Service, helplines, NGO/dedicated services. In particular women frequently require information on entitlements from statutory bodies such as social welfare and local authority housing departments.

*Senior Helpline**

The Senior Helpline is a national peer provided listening helpline service for older people. It is managed through Summerhill Third Age Centre in Co. Meath. It answers a significant number of calls from older people in relation to violence and abuse against them. It offers a non-judgemental and non-directive service for older people by older people.

*The Society of St. Vincent de Paul**

The Society of St. Vincent de Paul is a charitable organisation providing practical assistance to those in need. It is significant to women who experience violence who may be denied access to money by providing money for essentials such as household bills and occasional expenses such as birthdays and holy communions. The Society also manages shops that provide low cost clothing and furniture, this may be relevant to women who have experienced violence who are attempting to set up new homes with very little money.

*Accord**

Accord is a marriage guidance service. It works with individuals and couples on their relationships. It provides pre-marriage courses and counselling for individuals and couples who are experiencing difficulties in their relationships.

6.2.5 Local Authorities

Amongst other areas of their work local authorities have responsibility for housing people living in their areas. Thus they provide a key service to women who are forced to leave their homes to escape violence and are in need of alternative accommodation. Where refuges are available they are positioned to provide short-term crisis accommodation. If there is no local refuge or the refuge is not available to a woman for any other reason, local authorities provide funding for short-term Bed and Breakfast accommodation for women and their children. Through local authority housing departments women can apply to be re-housed in rented social housing. One local authority in the Region has entered into partnership with an NGO by providing one unit of accommodation to be used as transitional housing for families leaving crisis accommodation. Other local authorities have entered into agreements to permanently re-house women leaving transitional housing.

6.2.6 Department of Social and Family Affairs

The Department of Social and Family Affairs is relevant both directly and indirectly to women who have experienced violence. Social welfare provisions in the form of cash and other benefits and allowances provide direct support to individuals and families. Indirect supports take the form of grants and supports to community projects for instance for education and training initiatives.

6.3 Focus Groups with Service Providers

This section presents the findings from a series of five focus groups held with service providers and one-to-one telephone interviews with general managers in health boards and representatives of key national level organisations. Focus group participants were drawn from both statutory and voluntary sector and included the NGO/dedicated service providers established in the North East. Focus group discussions explored operational issues faced by service providers as well as their perceptions of women's needs and experiences of services. The findings are organised under the following headings:

- Structures
- Barriers
- Equality / Diversity
- Special Needs
- Weaknesses and Gaps
- Co-ordination and Co-operation
- Trends
- Opportunities for the future

6.4 Structures

6.4.1 *Regional Planning Committee*

The Regional Planning Committee was not well known amongst service providers. Amongst those who had heard of the Committee (approx. one third of participants) approximately one half were not familiar with the role and function of the Committee. The organisations most likely to have knowledge of the Committee were small organisations that are represented on it e.g. NGOs. Larger organisations with representation were more likely to have some knowledge of the Committee than organisations without representation.

6.4.2 *Local Area Networks*

One pilot Local Area Network is in place in the Region, located in Co. Monaghan. Participants familiar with this network had largely positive comments to make regarding its achievements and potential. Participants in other areas indicated that they would welcome the development of similar networks local to their services. (see discussion below in relation to Co-operation and Co-ordination)

6.5 Data on Violence Against Women

Few respondents stated that their services were able to identify how many of their users were women who had experienced violence. One helpline has records on the number of calls related to abuse. Some participants suggested that many women who have experienced violence may not disclose this although they are seeking information on services relating to their experiences. They may for instance, ask at a Citizen's Information Service for information regarding housing or benefits. Another respondent at the same focus group echoed this experience.

Some services do keep data on clients with experience of violence, for instance the Gardai keep records of complaints and the NGOs/dedicated services keep detailed activity statistics.

Some participants however could see a use for data on violence against women in terms of service improvement.

"It might give you a better picture of what's going on in the area and highlight what you aren't doing. It might encourage us to get more training and to look at what we are doing with the cases that are coming up" (Health Promotion)

6.6 Barriers to Women Accessing Services

Service providers were asked to identify barriers that may delay or deter women from using services in relation to their experiences of violence. Many of the barriers they discussed were common with those highlighted by women who participated in the study. They are presented below categorised as

- Barriers associated with Abuse
- Barriers associated with Service Provision
- Structural and Social Barriers

6.6.1 *Barriers Associated with Abuse*

Fear, financial abuse and controlling behaviour were identified as barriers associated with abuse that prevent women from taking action and seeking help.

Fear

Service providers were aware that women may experience fear on a number of levels which may hamper their ability to access services and to follow up on court applications etc. Fear of the abuser was stressed as being of particular importance. Many participants emphasised that women taking action to protect themselves from domestic abuse may be at increased risk of violence. In particular applying for court orders was seen by many participants, though some disagreed, to be related to an escalation in violence.

Participants also highlighted the anxiety that women experience related to appearing in court. Women pursuing rape and sexual assault cases were thought to be particularly fearful of court appearances. Service providers thought that some of this anxiety for women was related to the fear that details of their sexual history might be introduced in court. Related to this, participants acknowledged that women may be afraid of losing a court case and putting themselves through a traumatic ordeal without a satisfactory outcome.

“And possibly at the end of the day not getting a prosecution, you know, it being thrown out anyway”

Women are also thought to fear a loss of control of the process if they become involved in the legal system. Some service providers stated that the existing legal system offered women a poor choice between not seeking prosecution for assault against her and having no other course of redress or in pursuing prosecution but the process being beyond her control.

Financial Abuse and Controlling Behaviour

Controlling behaviour and in particular financial abuse were identified as significant obstacles to women leaving violent men. Participants recognised that financial abuse is frequently a characteristic of domestic violence and were cognisant that even in situations where women appear to be wealthy the reality may be that they have little or no access to money.

“Financial access is a big barrier. I mean I know a lot of families where the partner, the male, would get the money...the mother doesn't get anything at all” (Social Worker)

“Regardless of what’s the picture you might see out there of the big house, the big car they might not have money, they might not have access to anything”

One respondent pointed out that financial abuse and controlling behaviour may prevent women from using services:

“And even women to access help if they are in a controlled situation, it’s very difficult if they have to account for all of their movements, you know, just having to use the phone or being locked away”

There is also awareness among service providers that men may use threats relating to financial hardship to prevent women from taking action. By telling women that they cannot make it on their own and that they will not receive money from him or any other source, men threaten women with destitution should they leave their violent partner. Some service providers recognised that they have a role to play in countering those threats by helping women to identify the statutory and other supports that are available to them if they choose to leave a violent partner.

Controlling behaviour also takes other forms such as that, referred to below, in relation to women from ethnic minorities being subjected to abusive strategies such as denial of access to English language learning opportunities. Service providers identified this as another mechanism by which abuse acts as a barrier to women seeking help.

6.6.2 Barriers Associated with Service Provision

Service providers identified many facets of service provision that can act to deter or delay women from accessing services. These include lack of knowledge of services available, lack of policies and procedures within services, service provider attitudes, location of services, costs associated with using services and variation in the level of provision of services across the region.

Lack of knowledge on Services / Benefits

Findings indicate that service providers believe many women have a poor awareness of what services are available to them. Social welfare and related benefits and the specialist NGO/dedicated services for women who experience violence were highlighted as areas that women lack information about.

Participants argued that women’s poor information on benefits may restrict their ability to make informed choices and take action to leave their abuser. This occurs in the context of the financial abuse and controlling behaviour that many women experience as part of domestic violence against them. Service providers emphasised that fear of having insufficient resources makes it difficult for women to leave or seek separation.

“A lot of women say I can’t leave because I didn’t know what I was entitled to”

“And, in general, as well people that are victims of domestic violence they don’t know what’s available out there, they don’t know that...they will get a certain amount of welfare, they will get one-parent family, they get...rent allowance. They don’t know they get the medical card, they

don't know that they will be looked after financially and that's a big worry" (CWO)

NGO/dedicated services are pivotal in informing women about their rights and entitlements and other forms of provision that can support them.

"I think a lot of women don't know what their rights are and what's out there for them. It's not until they contact a service, such as a refuge, that they find out what's out there" (NGO/dedicated service)

Lack of Policies and Procedures

Findings indicate that most services working with women who experience domestic or sexual violence do not have policies or procedures in place to guide staff in this area of their work. Participants indicated that this gap within services acts as a barrier to women being successful in seeking support and assistance in relation to their experience of violence. In particular, staff may not know how to react to a woman who discloses abuse and consequently may miss an opportunity to refer her or treat her appropriately.

"I suppose people do feel a little bit ill-equipped to deal with this [violence against women], like where do we go from here? If there's a baby involved there a quite clear lines around the child protection"

One participant recounted a case of a colleague telling her that a woman in a medical setting had disclosed abuse to her. Her response had been to note it in the medical records and then move along to her next question as she did not know how to respond to the woman or where to refer her to receive adequate support.

Service Provider Attitudes

In common with the findings from interviews with women in the study, the attitudes of service providers were considered by many service providers to be crucial in providing a satisfactory response to women.

"It is very complex but the women that we work with when you realise how difficult it has been for them and level of responsibility that they carry... and the responsibility for their children. In many cases women are held responsible for the male violence within the home and when she goes to maybe the Council looking for a house she has to explain why she is in that situation, she has to explain what the partner has done. He is not held accountable or responsible for any of his actions...And when you realise all those things you realise how any woman would leave at all and how she can even think about positive solutions" (NGO/dedicated service)

Location of Services

Participants observed that some degree of balance was needed between providing services close to where women live or work and providing services that protect clients' confidentiality. It was thought that women may prefer to travel to another town to use NGO/dedicated services as this may afford them more privacy and they could be anonymous. This anonymity was considered important for women in order to protect themselves against others in their communities finding out that they had experienced violence. Service providers also stated that women with abusive

partners or husbands needed to hide their use of services from them to avoid an escalation in violence.

“They might even want to go up to Dundalk to the group, another group in Dundalk because they won’t know anybody” (Participant in Co. Cavan)

This was because:

“It can be very anonymous, and you can be more open”

One NGO/dedicated service provider recounted that an initiative to establish an outreach clinic in a rural village had not had good uptake by local women. Once the service was established it was found that women from the village and surrounding area continued to use the NGO services offered in the county town. It was thought that women did this in order to preserve their anonymity.

Related concerns were raised about the location and profile of services for women. Some participants felt that the location of services in health board buildings would deter women from attending.

Other participants reported that outreach services, for both statutory and non-statutory services, might be more appropriate for some services if they were delivered in such a way as to protect client confidentiality.

Funding Impeding Service Delivery / Development

In discussions of financial barriers service providers identified barriers to their own development of services for women. Many service providers, especially in the non-statutory sector, identified a lack of funding as the major barrier they face in being able to improve upon their service to women who experience violence. Some voluntary sector organisations expressed concern that limitations on their funding affected their ability to promote their services. In particular the need to limit promotion of services in order to stem demand was identified as problematic.

“For us it’s frustration to be honest...that we can’t develop our services to the extent that we want due to lack of funding” (NGO)

Lack of facilities / venues

The lack of facilities and venues in Navan hampers the development of community based services. There is poor access to facilities such as community halls.

Cost of Services

Service providers identified financial barriers to the use of services. Costs were considered a barrier in accessing some services both in terms of direct costs in the form of charges and indirect costs such as transport.

One participant from a community-based women’s group recounted her experience of encouraging a woman to begin counselling only to find that the woman could not afford to continue.

“A case came up there lately where I did persuade [a woman], eventually, to go for counselling but she went for counselling and just found it too expensive”

One representative of an NGO discussed a case highlighting the difficulties for women in accessing services that are not local to them. In this case a woman was using an NGO service in a town in the next county. Initially the health board provided funding for a taxi to facilitate the woman attending. When this funding was cut monies were sought for bus fare but this was not provided either resulting in the woman being unable to continue contact with the service. This situation was later resolved with the NEHB granting funding for travel, allowing the woman to continue counselling. The findings indicate how insecure such arrangements can be.

Waiting List

Participants were keenly aware that waiting lists present a major barrier to women’s use of services related to domestic violence or rape/sexual assault. The serious impact of waiting lists on women’s health is reflected in the comments below:

“We get a lot of referrals, and some may be of women might be suicidal, and we’re in the position where we have a huge waiting list and they may not be seen for weeks”

“I think there is a lot of gaps in the area of mental health...because of the long waiting lists”

Variation in Service Delivery - Uncertainty

Variation in delivery of service was highlighted by service providers as increasing uncertainty for women. One respondent stated that there is a significant degree of variance between judgements handed down by different judges. He put forward the theory that some judges view applicants for court orders related to violence against women more favourably than others and that their decisions vary accordingly.

6.6.3 Other Structural and Social Barriers

Societal attitudes resulting in stigma, a backlash against women who defend themselves from violence and a general tolerance and acceptance of violence against women were identified as key social barriers to women seeking assistance in relation to their experiences of violence. Issues of literacy, recognition of abuse, rural and border issues and transport were also thought to present barriers to women seeking out services to support and assist them.

Stigma

In common with women who participated in the study, service providers acknowledged the existence of a powerful stigma around the issue of violence against women and subsequently in women seeking related support services.

Some participants thought that this stigma was more pronounced for women from higher socio-economic groups. This was also related to the status of the abuser in the case of domestic violence.

“I think there may be more stigma for middle-class women”

Stigma was also associated with rural issues with many service providers feeling that living in rural areas would increase stigma for women who would make considerable efforts to hide signs of violence against them.

Backlash against Women who Take Action

Participants recognised that women who seek court orders, who follow through on prosecuting rapists or sexual abusers, who separate or take other actions to protect themselves may suffer a backlash from friends and the wider community. This was mentioned more frequently, but not exclusively, in relation to rape and sexual abuse.

"I think when a woman goes through the court situation she can often bring the wrath of the community upon her...she can be socially isolated...Often the sympathy will be with the person who is being accused of the rape...and I think that maybe they really become socially isolated, you know. Just from my own observations of people who have taken that step"

"Some families of rape victims disown them, when...particularly if it is another family member or somebody close or whatever"

Findings indicate that women are not only isolated and rendered vulnerable as a direct result of violence against them but, indirectly, the reaction of others towards them further compounds their difficulties in overcoming the violence.

Tolerance and Acceptance

Barriers in the form of societal attitudes of tolerance and acceptance of violence against women were noted by a number of participants. They illustrated this with examples of assaults being considered 'just a domestic'. One participant used an example of an expression "they were killing each other next door" as minimising the harm violence causes and hiding the gendered nature of violence, where men are predominately the aggressors. Participants stressed that such attitudes disregard the seriousness of violence against women. This was held in contrast to the reaction to a woman who is assaulted on the street by a stranger.

Family Status

Findings indicate that women with or without dependent children can be at a disadvantage as a result of their family status. Service providers thought that women with children may not want to leave a violent partner because of the resulting disruption to the lives of their children. The lack of structural supports for women in their parenting roles were identified as contributing to this barrier. In particular the lack of suitable childcare and lack of acceptable alternatives for women who leave home with their children were identified.

"I've heard women say 'where would I go with five children?'"

On the other hand, it was recognised, that women without dependent children are unlikely to be allocated housing by local authorities.

Poor Recognition of Abuse

Just as women in the study discussed the importance for women to be able to recognise and name violence against them, so service providers considered this vital to women taking the first steps towards seeking help. Participants in some focus groups thought that women may not recognise abusive behaviour to be abusive if there was no direct physical violence. One Garda participant noted that non-physical abuse is less likely to be reported even when it is breach of an existing court order.

“Even though physical violence may not occur there is intimidation and the threat and people being in fear. And that is referred to as well in the order, but people are not as inclined to ring us up about the order being breached because its just verbal abuse or anything like that” (Garda)

Similarly, some participants identified a lack of recognition of sexual abuse by women.

“And just to come back as well on the acceptance. I think it pertains particularly to sexual behaviour...and [women may be] quite ignorant about what’s acceptable and what’s not acceptable. They don’t know enough about their own bodies, you know what’s acceptable and what’s not, they accept behaviour in a relationship that they are not comfortable with because they think that’s what its about, that’s what you have to deal with”

Some service providers, particularly in the NGO sector, recounted that many of their clients will recognise or seek help around one aspect of abuse, but it becomes clear over time to the service provider and usually the woman that the abuse is multi-faceted.

“The women we deal with are coming from a domestic violence background. Within that though there may be elements that they don’t recognise as being violence. They might come with one issue like he might not be letting her contact her family but she mightn’t associate sexual and physical violence with the mental violence” (NGO/dedicated service)

This mirrors what some women taking part in the study said of their own experiences of violence and naming violence.

Literacy

Service providers stated that poor literacy skills act as an impediment to some women using services. Recognising this, some participants stated that it is important for services to find methods to communicate with clients that do not rely on literacy as the sole or primary form of communication with clients.

“Its quite easy just to hand over the leaflet and just assume [that the woman can read it]”

“We always ask women who come in if they have literacy difficulties...”

Rural Issues

Issues identified for women living in rural areas included distance from services as well a perceived greater reluctance among women from rural areas to avail of services. Among service providers there was not widespread agreement that women in rural areas were more socially isolated than

women in urban areas. However transport was flagged as a particularly difficult barrier for women for rural areas to overcome. Some participants considered that services are well dispersed to meet the needs of women living in town and in rural areas, or at least that services in rural areas are improving to the extent that the gap between what is available to rural and urban women is narrowing.

In rural areas and smaller towns one respondent identified a difficulty for staff in asking questions of clients designed to encourage disclosure of abuse. This was felt to be difficult for staff who are likely to shy away from such sensitive topics when clients are known to them.

Transport

Throughout the region service providers identified transport as a barrier to both urban and rural women using services. Although transport was seen as a greater obstacle for women living in rural areas where there is no public service, women in towns were also considered to be poorly served by public transport between towns. Representatives of some organisations stated that they are in a position to provide funding for travel if this will enable them to attend who otherwise would not be in a position to do so.

Border Issues

Some participants noted that women in border areas may face particular barriers to using services. Concerns were raised that cultural attitudes to violence may be more tolerant in border areas due to the history of conflict. As three of the four counties in the Region border with Northern Ireland, it is especially important that services in the NE should take into consideration the particular difficulties women from border areas face in seeking support to overcome violence against them.

Range of Perpetrators

Service providers drew on examples from their practice to highlight that domestic violence against women is not always perpetrated by intimate partners. Other abusive family members such as adult children, siblings and parent were identified as were same sex partners.

In a number of focus groups participants commented on violence within intimate relationships being perpetrated by women on men. Some service providers reported that they have had male clients who had been abused by female partners. However, they noted that the number of male clients they work with were significantly smaller than the number of women clients.

“We do realise that men and women are both affected by this [domestic violence] and we would have men that would contact our service as well...the numbers would be very small”

6.7 Equality and Diversity Issues

Women with a Disability

A significant proportion of participants acknowledged that their premises were not accessible to people with mobility difficulties. Services with inaccessible buildings or parts of building included some Garda stations, NGO/dedicated services, women’s community groups and others. Other statutory agencies, with a large number of premises in the region drew attention to a programme

of work that is underway to adapt their premises on a phased basis to be wheelchair accessible. Some services, in particular NGO / dedicated services, without accessible offices of their own make special arrangements to meet clients in alternative, safe and accessible locations. One participant indicated that many community-based organisations lease their premises and as such may not be at liberty to make structural changes to them.

Most services did not have supports in place for working with women with other forms of disability. A small number of organisations had some provision for clients with sensory disabilities, such as the Courts Service which is the process of replacing all signage with new signage incorporating Braille. In the acute sector, the services of occupational therapy could be called upon to assist patients with sensory disabilities. Some organisations felt that the lack of information available in Braille constituted a considerable barrier for clients with visual impairments. It was suggested that this and other issues related to access for women with disabilities may be addressed through enforcement of equality legislation.

6.7.1 Traveller Women

In general, Traveller women were thought to face the same barriers as other women in using services. However participants highlighted particular difficulties that Traveller women face in leaving their homes, extended families and entire communities in order to escape violence.

Some participants discussing legal procedures indicated that Traveller women frequently do not follow up on complaints or complete applications for protection or barring orders. The perception among participants of the reason for this was that Traveller women do not want to leave their homes, their extended family and their culture in order to escape a violent man.

The relatively high use of refuges by Traveller women was discussed by participants. In contrast it was thought that Traveller women do not use other services such as support or information services. The need for all such services to be designed and delivered in a cultural appropriately manner to meet the needs of women from minority groups was not widely raised by participants.

6.7.2 Other Minority Ethnic Groups

Language

Language was identified as the primary barrier for women from ethnic minorities in seeking assistance in relation to their experience of violence. Most service providers had some experience in working with women from a wide variety of national and ethnic groups. Some service providers highlighted that the ethnic profile of the population in the North East has changed considerably in recent years and acknowledged that initially service providers were ill prepared to meet their communication needs. It was considered that this situation has improved over time.

Participants in a number of focus groups emphasised that their female clients from ethnic minority groups were less likely than men to have good English language skills.

“We would find that often the men would have better language skills than the women. The women do not have the same access to classes or are not allowed the same access to language classes. Women from domestic violence situations, one of the isolation tactics would be not to allow her to learn English”

Many services make interpreting facilities available either in person or via telephone. Although

officially an interpretation service may be available service providers felt that in reality the use of such services was limited as the costs are prohibitive and their services have limited funding available. A small number of services have some of their health or service related information available in a number of different languages. Some participants believed that language remains a major barrier in their work and prevents service providers from gaining an in-depth knowledge of their clients' needs.

A number of participants indicated that in their experience members of ethnic minority groups can be very resourceful in finding strategies to overcome barriers to services. In particular women frequently identify their own interpreters from amongst family or friends.

Ethnic and Cultural Diversity

Some service providers emphasised the need to recognise the diversity of ethnic groups in the region. They argued that it is essential not to view all non-Irish nationals as being the same but rather to attempt to understand differences in culture and experiences of different clients.

Participants noted that there may be different norms or tolerance related to violence against women in other countries or cultures. Some service providers spoke from experience with women clients who tell them that their husbands or partners are not aware or do not believe that violence against women is against the law in Ireland. Some participants related accounts of women asking them to intervene to inform their husbands or partners of the seriousness of their actions in relation to Irish law.

6.7.3 *Lesbian and Bi-Sexual Women*

Although many participants stated that their services are available equally to lesbian and bi-sexual women few had experience of many clients who identified themselves as such. While services and policies may be open to all, such as An Garda Síochána national policy on domestic violence which is applicable to same-sex couples on an equal basis as heterosexual couples, some participants suggested that homosexuality is the final frontier in equality proofing services. One participant argued that all other areas of equality and equality legislation are discussed openly at numerous fora for community organisations but that lesbian and bi-sexual women are never mentioned.

"I would imagine that lesbian and bi-sexual women would be in a serious handicap there because they are not even recognised by society...there is no recognition.... No matter where you go there is talk about people with difficulties and that but no one ever mentions them as a specific group of people...and I think that is very important"

Some participants recommended that literature and promotional materials on services, especially NGO/dedicated services, be specifically designed to portray that services on offer are available equally to women in same sex relationships.

6.7.4 *Age*

Most services represented by participants are available to women regardless of their age. A notable exception being that, for legal reasons, girls under 18 years of age cannot avail of some services in their own right, for instance, refuges or rape crisis centres. Some providers argued that

adolescent girls who may be vulnerable to violence are not well served. They highlighted cases where social workers had placed girls aged under 18 years of age in B&B accommodation for their own protection. This was considered a poor response as these girls were otherwise unsupervised and unsupported.

“This is a huge problem that we’ve come up against. The refuge can’t work with young women under the age of 18, it’s a legal minefield...the health board will put people into bed and breakfast accommodation and pay for it if you can find a place to take them” (NGO/dedicated service provider)

Service providers noted an increase in abuse of older people. They also noted that older people have poor choices in acting to avoid abuse.

“They nearly prefer to stay in the abuse with the family in the home than to move out. There is a big problem there” (Public Health Nurse)

6.8 Special Needs

6.8.1 Mental Health

The importance of interagency co-operation for women with mental health problems emerged in many focus groups. The role of psychiatric social workers and of domestic violence support services was recognised by a Community Welfare Officer as being of great support to women with mental health problems in accessing other services. The ability of other services to provide, with consent, some background information is considered very valuable as it helps the Community Welfare Service to understand a woman’s needs and experiences. In light of this information the Community Welfare Service is in a position to tailor their response to individual women e.g. by arranging home visits.

“The psychiatric social worker, she would help with a lot of things and it would make us more aware and make us more sympathetic to the person too, because we would know, not their whole history or anything like that, but she would give us an indication of what problems they would have.” (CWO)

One member of the Gardai reported that services are available equally to all and could not identify any particular issues for women with mental health problems. He indicated that women with mental health problems would be referred to the appropriate health board services.

“For our service, we would link with Psychology a lot if we had a client who had a learning disability or personality disorder or whatever and was also experiencing violence or sexual abuse or anything like that. We would work with psychologists around that” (Social Worker)

Some service providers feel ill equipped to work with women with mental health problems.

“We are not equipped to deal with mental health problems so that would be a referral to the mental health services” (NGO/dedicated service)

6.8.2 *Alcohol / Drug Abuse*

Research indicated that women who experience violence who also have alcohol or drug abuse problems have difficulties in relation to accessing services. Representatives of women's refuges indicated that women with current substance abuse problems could not be admitted to crisis accommodation and may as a result become homeless and roofless as their friends may not be in a position to accommodate them either.

Women with substance abuse problems are also vulnerable to having their children taken into care. One social worker considered that the loss of her children sometimes acted as a catalyst for women to address their substance abuse problems and as such could have a positive effect on their lives in the long-term. She further indicated that social work services are available to support women during this time until they may be reunited with their children.

6.8.3 *Past Abuse*

Many participants in different focus groups drew attention to the increasing number of women seeking assistance or support in relation to past experiences of abuse. A representative from the acute hospital sector highlighted a number of instances where women have returned to the hospital seeking their medical records and information in relation to their past pregnancies for instance. In such cases it frequently emerges that women have been physically assaulted, raped or sexually abused around the time of these pregnancies.

One community-based women's organisation identified that many of the women using their services had violent experiences in the past. It was reported that a number of these women now experience symptoms related to extreme stress including physical symptoms and anxiety attacks.

6.9 *Weaknesses and Gaps in Services*

6.9.1 *Perpetrator Programmes*

Overwhelmingly service providers consistently drew attention to the lack of services other than the legal system (Gardai, Court Service, Probation) addressing the behaviour of perpetrators in the region.

"The only services that are available are when they go into custodial placements, yeah, the services kick into place then"

Another participant at the same focus group highlighted the fact that so few perpetrators of violence against women are prosecuted and fewer still serve custodial sentences. Therefore they reasoned that services available only to men in custody were addressing only a very small proportion of perpetrators.

"I think there are great areas where women can go but we're not focusing on the problem, the problem is the man. He's left at home in bed snoring his head off while she's gone off in her dressing gown with the child down to the shelter...I just wonder what we are going to do with the men that are causing the problems. Do we start when they're young or do we...? They're the root of the problem" (Garda)

Some participants believed that when women take action and leave violent relationships that their former partners continue their violence in newly established relationships. Thus they become serial abusers. This emphasises the need for intervention programmes addressing perpetrator behaviour.

“A gap is treatment for the perpetrator as well. I guess that’s nationwide I think. [If partner leaves] he’s going to meet another girl and its going to happen all over again. We see it all the time, you know he moves from one to another” (Social Worker)

Detaining Perpetrators

Some participating members of the Gardai identified a weakness in the lack of accommodation provision for men if charged with offences or arrested in relation to domestic violence. They stated that as the Irish criminal justice system is not disposed to holding prisoners on remand the question arises regarding where a perpetrator goes following being arrested, brought to the station, charged and then released. There may be some circumstances where men may be held in the station. In general, men in these circumstances do not meet the criteria for the local hostel for homeless men. Participants argued that the safety of women may be compromised by this gap in provision.

Participants stated that legally there are very limited circumstances where an accused person can be remanded in custody e.g. risk of not attending for trial, risk of interfering with witnesses. Both grounds are considered difficult to prove. A previous Supreme Court decision effectively limits the power of a judge to remand people in custody.

One Garda officer highlighted a reliance on the goodwill of family members to provide accommodation for a man in this situation. Participants suggested that in these circumstances women may be particularly vulnerable if there are no court orders in place.

“The difficulty we have with this, once you charge the person, where’s the person, where’s the defendant going to go? The accommodation is the problem...so he comes back and tries to get back into the same unit [family residence] again, where he is after coming out of.” (Garda)

Gardai advise men not to return home. A conditional behaviour bond may be put in place, the key condition being to stay away from the family home.

“So we have Joe Bloggs out - charging him, releasing him and where will he go? We say to him please don’t go back to the house because we have put you on a conditional behaviour bond saying not to frequent the house and to keep your distance and to remain absent from the house for the next seven days until the court day” (Garda)

6.9.2 Lack of Services

Throughout the region particular areas were highlighted as being either poorly or entirely unserved by NGO/dedicated services or other services related to violence against women. Participants considered that the presence of an NGO/dedicated service resulted in more women seeking assistance.

Service providers in Co. Cavan identified a clear need for a service for women who experience violence in Co. Cavan. They contrasted the relatively lower number of women seeking other services related to their experience of violence than in neighbouring Co. Monaghan where Tearmann Domestic Violence Support Service is in place

“In Monaghan there would probably be better links [than in Cavan] because its a local organisation [Tearmann], whereas here we don’t seem to get that many referrals really...I think we would need something similar here in Cavan, and as well there is no refuge”

Participants identified a need for crisis accommodation for women locally.

“There isn’t a refuge, yeah, I mean if somebody comes to me, say, after being very seriously assaulted and sometimes they don’t want to, maybe, go to the Guards, we have nowhere, well we refer them to the Guards if it’s a serious assault but other than that...you know if they want to get out of the situation they are in there is nowhere really to refer them to”

One respondent questioned the need for a women’s refuge, arguing that an alternative should be sought to prevent men from returning to the home if they are violent.

“And you are asking them not to go back to the family home and then why would we need a women’s refuge? Why would women not stay in the home and why are we not looking at something for these men if we can’t remand them in custody?”

There was an acknowledgement that in the absence of crisis accommodation for women that a hospital may sometimes provide services to fill the gap. Although such provision is not officially sanctioned or recognised, participants indicated that it sometimes occurs that women may be admitted to hospital or have their discharge delayed according to family circumstances and not medical need per se. The Garda at this focus group praised the service provided by hospitals in this regard as filling an important role protecting women from violence.

Participants noted that some areas are not served specifically by any NGO and that as a result women who experience violence have to make arrangements to visit services in other towns. Findings related to financial constraints, controlling behaviour of abusers, poor transport systems, and a lack of childcare facilities demonstrate that such journeys are likely to pose substantial difficulties to women. The need for local services, however, is discussed elsewhere in the report in the context of women also wanting to protect their identity and therefore maybe preferring to travel to use services.

The lack of services for women in Kells was highlighted as was the experience of women in Co. Meath who are in need of services related to their experience of rape or sexual assault.

“We hope this year to do something about the lack of services in Kells”

“I had a woman in yesterday and I had to refer her to Dundalk [Rape Crisis Centre]” (participant in Navan, Co. Meath)

The absence of a rape crisis service in Co. Monaghan was highlighted as was the lack of crisis accommodation. Social workers working in areas not served by a refuge drew attention to their difficulties in responding effectively to women in search of crisis accommodation. They felt that the time lag and difficulty of women having to travel to a refuge meant that many backed out. These social workers stated that women should be able to access a local service rather than have to travel to crisis accommodation. They felt this response would be more appropriate and provide women with a better all round experience of service use. In particular they emphasised that women do not want to impose any additional disruption on the family, of particular concern was having to take children out of school and away from their social settings.

However, some service providers suggested that alternative models of crisis accommodation need to be developed as refuges are too restrictive and institutional. They felt that independence and maintaining family life as an autonomous unit were vital factors to be considered when designing crisis accommodation for women who experience violence. Some participants indicated that the best way to meet women's needs is to involve them in the planning of facilities.

6.9.3 Accommodation

Participants expressed concern at the difficulties women face in securing accommodation if they become homeless during the process of leaving a violent partner. Service providers identified a number of obstacles women face including high rents in the private rented sector, the inadequacy of rent allowances, long waiting lists for local authority housing and the low priority given to women without dependent children. Women must also raise large cash deposits in order to rent in the private sector and this was considered by participants to be a further barrier for them to face. While Community Welfare Officers can issue a bond guaranteeing the premises that is intended to meet this need, it was thought that many landlords do not accept these.

Refuge providers in particular were concerned at the lack of accommodation for women leaving refuges. The paucity of alternative accommodation frequently results in women staying in refuges for relatively long periods of time. As refuge accommodation is designed to meet crisis needs this provision is inappropriate for women and their children to stay for longer periods of time. This mis-match of needs to services creates difficulties for women. Many participants discussed the need for greater availability of transitional housing and for local authorities to meet their commitments to re-house women living in transitional housing following an agreed period of time.

The lack of satisfactory accommodation for women and their children was thought to influence women's decisions in relation to staying with or leaving violent partners.

"That's why women may prefer to stay in these situations because the alternatives are so poor."

6.9.4 Sexual Assault Treatment Unit

Participants in a number of focus groups expressed concern that women who have been raped or sexually assaulted must travel to Dublin if they require specialist treatment at a sexual assault treatment unit. In general it was felt that such a service should be offered within the region, although some participants questioned the sustainability of such a unit.

"I would think that it would be important to have an element of those services [Sexual Assault Treatment Unit] nearer than the Rotunda"

6.9.5 Community Social Work Service (NEHB)

Out of hours Social Work

Lack of social work services outside of office hours was identified in almost all groups as a flaw in the current spectrum of provision especially as it relates to crisis services. Participants from other services stated that they have to cope with situations in the intervening period when no social workers were on duty. They argued that this approach was inappropriate. It was strongly felt by many participants that this was a key priority for the future development of services. As noted previously, they drew attention to the lack of services for children and girls aged less than eighteen years. Participants contrasted social work hours with other services and questioned the reasons why such services could not be put in place.

"I think there is an awful gap in this...you know, like come five o'clock on Friday evening there are no social workers available...not degrading social workers or anything but there should be services on the weekend."

Availability of social workers

Even within current working arrangements there was some dissatisfaction among other service providers that social work is not available to their clients when they need it.

"Social work support is something that's really difficult for families that are struggling. To actually get a social worker assigned to a case is nigh on impossible sometimes, or just to get a family support worker to go in and provide practical support...there are issues of funding for them"

Social work services for adults

The absence of a social work service for adults was highlighted by some participants. An example was given of case of a young woman abused by her father and pregnant but where social services were not keen to take on the case as there was no child involved until her baby was born.

"There doesn't seem to be enough social work for adults. It's all child protection, child protection, child protection. There is now...a psychiatric social worker for the whole of [the county] and that's only for people with a psychiatric illness. So there is really no social worker for men and women, you know, that have not a psychiatric illness and that have no children really, there's nothing for them"

6.9.6 Post - Crisis Services

The needs of women to be supported following violent experiences was emphasised by a number of participants.

"Women exiting violent relationships are often damaged and need support to build up confidence again. Personal development is very important."

Self-help groups, training and education and on-going support are among the services women

need. Some providers are providing training but the extension of services into the post-crisis phase seems to be at an early stage of development.

6.9.7 Legislation

Gaps in legal instruments that give protection to women in intimate relationships other than marriage leave women experiencing violence outside of this context at particular risk. Cases highlighted in the focus groups were couples who are dating but not living together and a case of a woman who was being physically and verbally abused by her father, yet she was unable to gain the protection of a court order. Both of these situations were cited as examples of shortcomings in current legislative framework.

Some social workers felt that legislation should be introduced to protect women in the same way that children are protected under the Children's Act i.e. that professionals have a statutory duty to report incidents of violence in order to protect the woman

6.9.8 Gardai

An Garda Siochana was identified as an agency of vital importance to women who experience violence. Some shortcomings with the services provided by the Gardai were identified by participants. There was concern about the lack of privacy for women making a complaint or seeking information in a Garda Station. One member of the Gardai felt that the experience of seeking information at the public counter in a Garda station could be quite intimidating for women, and that although Gardai make efforts to speak to a women in private that facilities to do so were not always available. Other participants noted that if women would prefer to speak to a female Garda that one is not always available.

6.9.9 The Courts Services

The lack of separation of family court from the rest of court business was thought to make the experience of court more difficult for women. Some participants indicated that although proceedings are held in camera, i.e. in private, the waiting area at the courthouse is shared with other parties attending court on the same day, including the perpetrator(s) of abuse against the woman. In addition to this participants expressed concern that family law proceedings were fitted in around the other business of the court and this may involve a lot of waiting around for women, thereby adding to this anxiety. Some participants considered that an ideal situation would involve separate sittings for family court matters with the family court in Dublin being used as a model of good practice.

6.9.10 Co-ordination and Co-operation

In general, service providers felt that co-ordination and co-operation between services has been improving in recent years. Many participants highlighted the pivotal role of the NGO/dedicated services in co-ordinating services for women and in raising awareness in other providers. Where an NGO/dedicated service is operating locally co-operation between agencies and the NGO was thought to have improved with subsequent improvement for women in their experiences of services. In areas currently not served by NGO/dedicated services service providers drew on their professional experiences working in other regions or areas to highlight the difference.

Some participants considered that a great deal of co-operation came about because individual

staff members in various organisations had a positive attitude to working with other agencies and therefore networked, built and maintained linkages. The development of channels of communication was considered to greatly enhance co-ordination from a woman's perspective. However some participants said that in their experience such co-operation was frequently the result of individual efforts of staff members thus casting doubt on the sustainability of such arrangements.

A small number of participants felt that even the most basic information needs of service providers were not met, i.e. that they were not aware of other services available to their clients or not clear about what different organisations offer.

Some participants considered that even operating at its most efficient and effective the current level of co-ordination did not result in a seamless service for women.

"I think even with the best level of support possible there's a huge amount of running around for women. Even to get to the refuge but that's only the beginning of it. They [women] need to sort out their finances so they need to go to social welfare. Then they need to go to community welfare for emergency payments. Then they've to go to the Guards to report it, they need to contact schools to get places for their children, they may need to contact St. Vincent de Paul for clothes or God knows what. There is no one place to access all that"

The role of NGO organisations in assisting women in this regard for instance by making telephone calls on her behalf was highlighted.

"What can help is if the refuge rings ahead and explains a little bit so that she doesn't have to repeat her story to another person, they'll be expecting her, knows what she's looking for and just sees to it"

Participants also noted the role of other services, such as psychiatric social work, in referring women and providing information that will encourage staff to be particularly responsive and understanding

In Co. Monaghan the Local Area Network of services meeting to examine and improve interagency co-operation was considered to be a positive step towards enhanced co-operation and co-ordination. One participant highlighted the need for members of such a network to hold positions of influence within their own organisations. Without this element it was considered that little change would be affected as messages and improvements would not filter through to the rest of the service. Participants in other areas of the Region advocated the establishment of similar networks in their own areas. Some participants considered that for the response for women locally to be improved the networks should operate locally, i.e. on a scale reflecting the geographical scope of current service provision in the area.

Overall participants indicated that there was considerable room for improvement in terms of co-operation between services.

"Interagency is the way forward. And if women are going to receive a seamless service... this is the way it has got to be done"

6.10 Relevant Trends

Participants in the service provider focus groups were asked to identify trends in needs, service delivery or other areas that they considered pertinent to the future development of services for women who experience violence. Themes emerging in this regard are presented below.

6.10.1 Reporting of Violence

Many participants reported that they have witnessed an increase in the level of reporting of violence in recent years. They suggested that this increase is due to a higher rate of reporting rather than a higher incidence of violence.

6.10.2 Tolerance of Violence

In many focus groups service providers drew attention to an overall increase in the level of violence in Irish society. In this regard attention was drawn to violence on the streets at night, fights and public disorder. Participants indicated that this increase in violence and related increased media reporting of violence has resulted in a greater tolerance of violence, in that people have become accustomed to seeing and hearing about violence and are no longer shocked by it. They reflected that this increase in tolerance was not helpful to women who experience violence.

6.10.3 Inward Migration

In some focus groups the topic of population growth resulting from inward migration was raised by participants. They stated that in some parts of the North East Region rates of inward migration were very high resulting in substantial population growth in some areas, particularly towns with growing commuter populations. Growing populations were associated with a resulting growth in demand for many services locally including those related to violence against women. Participants drew attention to this population growth occurring in the context of greater pressure on public finances and the attendant negative implications for financing of services. The effect witnessed to date included no increase in funding and some services experiencing funding cuts and/or a freeze on staff recruitment or replacement. The resulting difficulties for women in accessing over-subscribed, under-resourced services were highlighted.

The role of local women's groups in providing information, assistance and social support to women new to these areas was highlighted.

6.10.4 Substance Abuse

Service providers identified trends indicating an overall increase in substance use and in particular a trend towards a greater number of young people becoming involved in drug and alcohol abuse. A change in drinking culture to include more spirits taken as shots used in the pursuit of drunkenness was also a cause for concern according to participants. The implications for women and girls in terms of an increased vulnerability to rape and sexual assault were emphasised. The difficulties in securing prosecutions of perpetrators of violence in circumstances where women have used alcohol or other drugs were highlighted.

An increase in substance abuse is thought to pose challenges to existing services that are currently not equipped to work with women who have drug or alcohol abuse problems. The marginalisation of these women was illustrated by an example given of the numbers of women homeless in Dublin as a result of abuse.

6.10.5 Sexual Activity

Another trend identified by participants was the growing sexual awareness among children at increasingly young ages. Service providers thought that this is likely to have implications on the age that services are sought, with younger women and girls seeking services in the future.

6.10.6 Forensic Capabilities

Improvements in forensic capabilities were highlighted as a positive development. The development and greater availability of DNA testing was considered particularly helpful in the investigation of rape and sexual assault.

6.11 Opportunities and Priorities for the Future

6.11.1 Information and Education

The improvement of information to women, the community and to service providers was considered an area for development. Service providers need to be aware of the spectrum of services available to women in their local area in order to refer or give this information to women.

Information provision to women who experience violence and also the wider community was considered a priority. They drew attention to a variety of information needs, general information to women and the wider community on services that are available and how to contact them, as well as specific information on benefits and entitlements that illustrate to women that they have options. Recognising that informal networks used to relay information and advice about other services may not be used in relation to violent experiences participants identified the need for information to be available through women's groups and doctors surgeries. Participants were especially keen on the use of local media, newspapers and radio as well as suggesting the possibilities for soap opera story lines to be used to communicate messages. One important goal of such information provision should be to reach out to women in order to provide support and information with regard to recognising violence and seeking to intervene before a crisis occurs.

Aware of the costs and limitations on the depth of information that can be provided through advertising some service providers recommended the use of broader public relations strategies including speaking on local radio and talk shows nationally.

6.11.2 Education

Beyond information needs service providers advocated the development and improvement of educational programmes. Programmes in schools working with children around recognising abuse and about self-confidence were recommended. These need to be developed in addition to the health board Stay Safe Programme and the talks given by NGOs both of which are already offered in schools.

"Education is a big thing at an early age. In the Health Board we do a Stay Safe Programme but I think it needs to go further than that."

Many participants commented that programmes should focus on identifying healthy relationships.

"I think its about education as well, maybe it should be part of the school's formula, you know -

boys and girls are taught what is a healthy relationship...I think that women especially should be taught what is acceptable and what isn't and within their marriage as well"

Educational approaches and information provision should also be aimed at reducing the stigma attached to violence against women.

6.11.3 Training for Staff

Participants requested that more training be provided to staff in the various organisations that work with women who have experienced violence. An awareness that staff frequently call on personal skills rather than professional training to support women appeared to influence this request. The same sentiment was expressed by service providers in a number of different organisations.

"I hope that our service will look at training to deal with people who come in to us with domestic violence because we would have...no social work qualifications. You see there is a wide variation in the staff, you know...the skills they have in that, its just their own personality that you are really drawing from...We would need some professional training"

Responding to concerns raised about how the needs of members of ethnic minority groups are met, some participants suggested that cultural awareness and sensitivity be included in any training related to violence against women.

6.11.4 Development of NGO Services

As indicated above the development of services in areas that are un- or under-served is necessary. In particular were areas such as Co. Cavan, rape services outside of Co. Louth, the development of crisis accommodation in Co. Monaghan, the development of a local response in Kells, Co. Meath and the expansion of helpline hours.

Within NGO/dedicated services the need to further develop outreach and aftercare support were considered priorities.

6.11.5 Supports for Family and Friends

Some participants maintained that examining the strengths of informal supports, such as networks of family and friends, and seeking to reinforce these would be a useful tool in providing extra support to women.

"We have to look and see what strengths are out there in the community to help women - friends, family. We need to create a sense of community, need to build up confidence, that's fundamental"

6.11.6 Harsher Legal Sanctions

Some participants argued for stronger sanctions against perpetrators of violence against women. They felt that legislative sanctions supported women by punishing the perpetrator and also illustrating to them and wider society that violence against women is unacceptable and responses will reflect this.

6.11.7 Children's Needs

The needs of children were highlighted in many of the focus groups with service providers. In turn they considered that many services are not currently tailored to meet the needs of both children and their mothers and that this needs to be addressed.

6.11.8 Managing Change

In discussing opportunities and priorities for the enhancement of responses to women who experience violence many service providers indicated a preference for utilising existing services and frameworks to affect change. This was seen to avoid the duplication of effort and cut out the possibility of 'reinventing the wheel'. Particular instances were cited such as the use of locally based women's groups to provide information on domestic violence and rape services and education to women, the use of the Social, Personal and Health Education (SPHE) programme in schools as a vehicle for education of young people (discussed above), and Traveller Primary Health Care Programmes.

6.11.9 Promotion and Protection of Women's Right to Stay at Home

Despite much discussion on the need for crisis and more permanent accommodation, a great many participants felt it was imperative that women who experience domestic violence be supported to stay at home and that the abuser leave the home. While recognising a need for crisis accommodation at times of acute violence or risk, in general, service providers indicated a preference for women and their children not being disrupted to the extent of having to leave their homes.

6.12 Interviews with National and Regional Representatives

This section presents a synthesis of the findings from eleven interviews with representatives of national and regional level organisations and interests relevant to services for women who experience violence. The focus of these interviews were on policies and structures in place for the provision of services for women who experience violence and challenges for the development of services in this area. It was generally acknowledged among participants that all comments were made in the context of resource constraints on service delivery and on the public sector in general.

6.12.1 Policies

While the Report of the Task Force (1997) was universally regarded as a landmark in the development of services for women who experience violence, the lack of progress on the subsequent development of a national policy in this area was highlighted. There was no broad agreement amongst participants about the possibility of developing an effective national strategy to combat violence against women due to the wide range of agencies that would need to be involved. However some participants maintained that local strategies should be directed by national priorities in order to maintain good practice and avoid duplication of effort.

In an international context the Beijing Platform for Action, the Convention on Ending Discrimination Against Women (CEDAW), and at European level the European Women's Lobby were highlighted as being of particular relevance, influencing international and national actions in relation to women's equality and the prevention of men's violence against women.

6.12.2 Structures

Participants indicated that Ireland is leading the way in Europe in terms of developing national and regional structures to address violence against women. Nonetheless there is a clear need for enhanced coordination and co-operation between agencies and sectors.

There was criticism of the links between national and regional structures as well as between regional and local structures. The role of the National Steering Group in co-ordinating the work of RPCs in order to eliminate the duplication of effort was highlighted. It was feared that currently resources are wasted when Regional Committees are funding or undertaking similar work without learning from experiences in other areas of the country. The key reason put forward for this weakness in the system is poor communication between the National Steering Group and the Regional Planning Committees. This was identified as a threat to the credibility of the National Steering Group. It should be noted that at the time of data collection, a strategic review was underway at National Steering Committee level.

Equally the links between regional and local level structures were considered weak. The NEHB general managers allocate funds to individual NGOs in their areas but have little contact with RPCs who have responsibility for overall strategic direction of services.

6.12.3 Issues for Service Development

Participants highlighted a range of areas in which services for women who experience violence need to be enhanced. Many of these mirror the findings from other strands of the data collection, reflecting a broad consensus among the different constituencies participating in the study. In particular the following needs were identified:

- Broadening the spectrum of services available to move beyond crisis led services to offer more on-going support groups, long-term counselling, transitional housing and extend initiatives aimed at the prevention of violence.
- Further development of flexible models of service delivery such as outreach.
- Enhanced provision of services for children and adolescents, including counselling and therapeutic services.
- Greater efforts to accommodate diversity on grounds such as ethnicity, membership of the Traveller community, age, disability and religion.
- In the North East Region, the provision of rape and sexual assault services in Counties Meath, Cavan and Monaghan.
- Development of programmes to address the behaviour of perpetrators of violence.
- Preparation to meet emerging needs identified in other jurisdictions and likely to arise in Ireland such as the trafficking of women and girls, the effects of rape as a war crime and an increase and international influence on prostitution and pornography.

- The development of distinct services for the families of women who experience violence, especially women who experience sexual violence.
- Criticism of the delay in implementing a national policy in the area of violence against women following on the Taskforce report was expressed. In the meantime it was considered imperative that local strategies should be directed by national priorities in order to maintain good practice and avoid duplication of effort.

6.13 Summary

- This chapter presented the findings from a series of five focus groups held with service providers and one-to-one telephone interviews with general managers in the Health Boards and representatives of key national level organisations. The local organisations represented in the focus groups were selected with reference to the referral networks identified in the service profile element of the study.
- The Regional Planning Committee was not well known amongst the service providers represented in the focus groups. The improvement of information on both structures and services to women, the community and to service providers was considered an important area for development.
- A clear need for enhanced co-ordination and co-operation between agencies and sectors was identified. The presence of one local area network in the region was highlighted as a positive step in this direction.
- Many of the barriers identified by service providers to women accessing services to address violence against them were common with those identified by women themselves.
- A first set of barriers are associated with abuse including fear on the part of the woman and controlling behaviour of the abuser including withholding money. Service providers felt they could counter this by informing women of their rights and entitlements.
- A second set of barriers identified by service providers relate to the services themselves. These include lack of knowledge of services available, lack of policies and procedures within services, service provider attitudes, location of services, costs associated with using services and variation in the level of provision of services across the region.
- A third set of barriers discussed by service providers consist of societal attitudes resulting in stigma, a backlash against women who defend themselves from violence and a general tolerance and acceptance of violence against women. Issues of literacy, recognition of abuse, rural and border issues and transport were also thought to present barriers to women seeking out services to support and assist them.
- Finally, a range of barriers related to issues of equality and diversity were highlighted including the inaccessibility of buildings to a woman with a disability, poor practices in relation to the provision of services in a culturally appropriate way, language difficulties and inadequate funding for translation, lack of understanding of the Irish legal system and lack of attention to the needs of same sex couples.
- Deficiencies in the services identified by providers included the lack of measures to address the behaviour of perpetrators of violence against women, no system to keep an accused away from the home while their case is being processed and the variable level of services throughout the region making access difficult for women in areas not served by a dedicated service provider.
- In responding to domestic violence, providers advocated a policy of supporting women to stay

in their own home and having the perpetrator removed. Participants considered that outcomes for women who do make contact with services are impeded by the difficulties they face in trying to establish an independent home given the absence of transitional housing and the high cost of private rented accommodation.

- NGO/dedicated services were seen as having a pivotal role in the co-ordination of services for women experiencing violence and raising awareness with other providers. However the large and diverse number of other agencies women may have to engage with was considered by service providers to be potentially very daunting.
- Providers perceived that the incidence of violence against women had increased and attributed this in part to an increase in the willingness to report. However participants felt that violence in general is becoming more pervasive in Irish society leading to increasing tolerance with consequent risks for women's safety.
- Increased inward migration was highlighted as a trend that needs to be considered. One implication is the rising numbers of people to be served by existing services. A second is the diversity of cultures represented and a need for services to become more aware of intercultural issues.
- Providers identified a need for more training to be made available to staff in the various organisations that work with women who have experienced violence so as to improve their capacity to respond to women's needs.
- Other developments advocated by service providers were educational programmes in schools and strategies to reinforce informal support networks for women of family, friends and community.

Chapter seven

Introduction

Dedicated Services - Profile Summary

Barriers to Women Accessing Services

Conclusion



Chapter 7 Summary and Conclusions

7.1 Introduction

The purpose of this evaluation of services for women experiencing violence in the North East Region was to establish a baseline of information regarding current responses and to identify present and foreseeable needs to facilitate service development and planning across the region leading to the identification of steps needed to deliver the most integrated, effective and efficient quality service for women within the current level of resources.

The study comprised of a literature review focusing on findings relating to services contacted by women experiencing violence and good practice models of integrated service provision. A profile of dedicated services provided by non-governmental organisations in the North-East for women experiencing violence in the Region was carried out using a structured questionnaire. This element included a focus on the range and scope of linkages among these services and between these services and other statutory and voluntary organisations in the Region. A needs assessment was carried out with two groups of women, survivors of violence and women in the community. Also included in the needs assessment were representatives of key service providers identified through the profile of services referred to above as well as regional stakeholders and representatives of national organisations working in this area.

The findings from this rich body of data echo much of what is already known about violence against women and their use of services in this context. A set of challenges for the North Eastern Regional Planning Committee on Violence Against Women have been identified based on an analysis of this data to facilitate service development and planning across the region.

Two principal aspects of the conclusions are presented here. Firstly drawing on the profile of dedicated services for women experiencing violence presented in Chapter 4, the summary below highlights the main findings and areas of concern. This is followed by a synthesis of the barriers to women accessing services for women experiencing violence identified by both women and service providers interviewed for the study.

7.2 Dedicated Services - Profile Summary

In the North-East Region there are five fully operational and one fledgling Non-Governmental Organisations (NGOs) targeted at women who experience violence. Some services are also specifically targeted at the children of women who experience violence. Assessment of the regional distribution of services shows them to be concentrated in urban areas, with three based in towns in Co. Louth, one in Co. Monaghan, one in Co. Meath and one under development in Co. Cavan. Of these there is just one rape crisis centre and the service in Co. Cavan is not fully operational. Concentration of services in Counties Louth and Meath reflect the profile of the population of the region wherein the greatest proportion reside in these two counties. These counties have also witnessed a higher level of population growth between the 1996 Census and the 2002 Census with Navan featuring as the fastest growing town in this period when its population increased by more than half. Counties Louth and Meath also have a greater proportion of urban dwellers while in Counties Cavan and Monaghan more people live in rural areas.

Services are primarily focused on pre-crisis, crisis and post-crisis services, while preventative work takes a lesser position in the activities of most NGOs. Activity data shows how busy these services are and how use of services has increased over time in line with increases in funding. In particular the use of telephone helplines, one-to-one counselling and support sessions and court accompaniments has increased over time. Outreach services are a relatively recent feature and represent innovation on the part of providers who have introduced new models of working in response to perceived needs. The level of increased up-take in this form of service provision since its inception is striking. Outreach services seek to intervene with women to avert crises and thereby act as an alternative to refuge use. Preventative initiatives involving community and schools based education programmes were also in place.

It is evident from this and previous studies that the NGO services are the backbone of service provision for women who experience violence. Without these services many women would be entirely unsupported in their efforts to escape from or overcome violent experiences. There is enormous appreciation for and approval of the work of NGOs among women who have used their services, other service providers and the community in general. Nonetheless there were some criticisms made by participants and the data on service delivery in the profile also highlight some areas for improvement.

An analysis of staffing patterns of NGO service providers demonstrates a heavy reliance on labour market support schemes such as the Community Employment Scheme and the Jobs Initiative. All staff employed under these schemes provide core services within their organisation. However these schemes are now under threat and this has implications for service planning in the future.

A striking feature of current services is the provision of five telephone helplines in the region. With four of these helplines essentially targeting people with the same needs, albeit in different geographical areas.

The broad referral contacts of each agency showed that NGOs are deeply embedded in their local communities, having links with statutory and non-statutory bodies. The continued relevance of An Garda Síochána and social work services as first points of contact for women is apparent, as is the emerging importance of other community based organisations such as Citizen's Information Services and statutory bodies such as local authority housing departments.

One component of the overall body of services that warrants particular attention is General Practice. A review of the literature indicates the important position of GPs due to the level of contact they have with women in the community and the openness of women to disclosing abuse in a general practice setting. Screening for violence by GPs can be very effective in early intervention. Women in the study also highlighted the influential role of GPs as potential sources of help in dealing with violence. However GPs were not uniform in their responses to women who made disclosures to them about violence indicating a need for training and awareness raising to be directed at GPs. General practitioners are not currently represented on the Regional Planning Committee and efforts in this study to engage with a number of GPs in the region were unsuccessful. The data from the NGOs indicate that referral links with GPs were not as strong as those links with other sectors and few referrals are received from GPs.

Services collect plentiful information on service users. Some of this information is collated and used to monitor trends. This data represents a key instrument for the on-going assessment of needs. Available data shows that users of services in the North East Region are predominantly from the Region. Smaller numbers of users of dedicated service users come from other areas of the Republic and Northern Ireland as well as from Britain. The most common outcome for refugee users is to return home, with a sizeable proportion of those returning to the same violent situation. Findings also demonstrate that a significant minority, up to one third, of women remain effectively homeless on leaving refuge. Taken together these findings demonstrate the lack of or unacceptability of other options for these women.

7.3 **Barriers to Women Accessing Services**

Both women and service providers were asked to identify barriers that may delay or deter women from using services in relation to their experiences of violence. Both groups identified many common barriers which are presented below categorised as:

- Barriers associated with Abuse
- Barriers associated with Service Provision
- Structural and Social Barriers.

7.3.1 *Barriers Associated With Abuse*

Some of the barriers identified by women were directly related to the experience of abuse. A combination of vulnerability and fear deters women from using services. The experience of domestic or sexual violence frequently has a serious negative impact on women's confidence and self-esteem. In addition, women experience fear in relation to contacting services on a number of levels, including fear of an escalation of violence, fear of change and fear of using services in terms of loss of control and unknown outcomes from service use.

In many domestic violence situations men act to control women in a number of ways including restricting or monitoring their activities and limiting their access to money and other resources. As a result women have difficulty accessing services due to insufficient funds for fees or other costs directly related to services and transport, childcare or other indirect costs of using services. The effect of a violent partner's controlling behaviour may severely limit the times and ways in which women can access services. Findings also indicate that violent men use threats of financial ruin and poverty to undermine women's confidence in seeking help and their potential to believe in the possibility of life without their abuser.

7.3.2 *Barriers Associated with Service Provision*

Service providers identified many facets of service provision that can act to deter or delay women from accessing services. Lack of knowledge of services acts as a barrier to some women availing of services both in relation to NGO/dedicated services and other services such as social welfare. Service provider attitudes emerged as a key factor in women's use of and satisfaction with services. Crucially, throughout the study, service provider attitudes were attributed to individual characteristics such as empathy and understanding. Poor responses from services stop women from returning. Their stories of poor responses have a knock-on effect on other women who will be reluctant to use services they know are not supportive. The location and format of services can

also inhibit women visiting a service where they feel their confidentiality may be compromised if they are seen entering the specific premises. When women contact a service they are discouraged if there is a waiting list particularly given the vulnerability and fear associated with making that contact.

Findings also demonstrate that most organisations who come in contact with women who experience domestic or sexual violence do not have policies or procedures in place to guide staff in this area of their work. This gap within services acts as a barrier to women being successful in seeking support and assistance in relation to their experience of violence. In particular, staff may not know how to react to a woman who discloses abuse and consequently may miss an opportunity to refer her or treat her appropriately.

Inadequate funding and lack of facilities were identified as barriers to the further development of services for women who experience violence in the Region. Many service providers, especially in the non-statutory sector, identified a lack of funding as the major barrier they face in being able to improve upon their services to women who experience violence.

7.3.3 Other Structural and Social Barriers

Societal attitudes resulting in stigma, a backlash against women who defend themselves from violence and a general tolerance and acceptance of violence against women were identified as key social barriers to women seeking assistance in relation to their experiences of violence. This can act to inhibit women's capacity to identify and name the violence against them as abusive and wrong with the result that they are not in a position to seek help from appropriate services.

Issues of literacy, rural and border issues and transport were also thought present barriers to women seeking out services to support and assist them. Women with low levels of literacy are disadvantaged in accessing services both in terms of information and processes. Barriers for rural women included isolation, a particular need to protect their confidentiality and the potential reluctance of local service providers to ask women questions likely to identify violence against them. Transport was identified as a barrier to service use throughout the region for women living in both rural and urban areas. Concerns were raised that cultural attitudes to violence may be more tolerant in border areas due to their history of conflict. As three of the four counties in the Region border with Northern Ireland, it is especially important that services in the NE should take into consideration the particular difficulties women from border areas face in seeking support to overcome violence against them.

Additional barriers to accessing services exist for women with dependent children because of difficulties arranging childcare and restrictive conditions on children accompanying women who are using services. On the other hand, findings indicate that women without dependent children who have been forced to leave their homes as a result of violence against them are unlikely to be re-housed through a housing allocation from a local authority as they give priority to families. The transitional housing within the region is not available to women without dependent children.

7.4 Conclusion

The profile of dedicated services demonstrates that they do operate across the spectrum of preventative, pre-crisis, crisis and post-crisis services. However not all areas of the framework are concentrated on equally. To date service provision has concentrated on services to meet the needs of women in crisis. It is understandable that the first priority of services has been to give women a safe shelter when they are under immediate threat of violence. Now that these are established it is important that they be safe-guarded while attention is also given to broadening out the services available to women experiencing violence in the North East. The new structures for the development and delivery of services in the region provide an opportunity for a broader focus by changing the direction of services from a narrow orientation on the crisis area of the framework to encompass both the preventative and pre-crisis as well as the post-crisis domains. The next and final chapter presents a set of recommendations for service development and planning needs underpinned by a concern to bring about such a change in direction.

Chapter eight

Introduction

Efficient Use of Resources

Interagency Working

Develop Preventative Measures

Development of Dedicated Services

Changing Contexts for Provision of Services for
Women Experiencing Violence

Summary of Recommendations



Chapter 8 Recommendations for Service Development and Planning Needs

8.1 Introduction

The findings of this research show that NGOs are the backbone of service provision for women who experience violence. In cases of domestic violence a significant proportion of women leaving refuges return home, many of these without court orders in place, to a situation where the abuser is still in residence. While recognising the complexity of needs of women who experience violence, it is apparent that women are not currently provided with acceptable, accessible, safe alternatives to living with violence. To improve outcomes for women, that is to increase the proportion of women living safely, free from fear in a place of their choosing, the Regional Planning Committee must strive to improve a wide range of services for women beyond the remit of the NGO sector.

The Regional Planning Committee should ensure that the implementation of these recommendations and the development of services for women experiencing violence in the North-East region are underpinned by anti-discrimination and anti-racism principles at the levels of policy, practice and procedures.

8.2 Efficient Use of Resources

The greatest challenge for the Regional Planning Committee is to improve services from within limited resources.

Recommendation 1 Optimise Use of Resources

It is recommended that the Committee should optimise the resources generated by the National Steering Committee in order to avoid the duplication of effort where possible. To optimise the local resources available to the Regional Planning Committee on Violence against Women it is recommended that the Committee fully utilise the resources available to them from other agencies. The Committee should develop and strengthen linkages with other agencies to ensure they take up their responsibility for providing effective services to women.

8.3 Interagency Working

A consistent theme throughout the study was the importance of a remarkably wide variety of agencies and professions to women who experience violence. Many shortcomings were identified in the responses of agencies and individuals outside of the dedicated services sector to women experiencing violence. The study demonstrates the importance of staff attitudes and the development of policies and procedures in determining the effectiveness of services from Gardai, the judiciary and legal profession, health services, housing authorities, and educational services. A principal challenge is to foster understanding, awareness and appropriate responses within organisations identified as relevant to women experiencing violence. This work should focus on

both attitudinal change and corresponding implementation of action measures such as the development of policies, procedures and guidelines addressing men's violence against women designed to affect organisational practices.

The importance of the development of a national policy on violence against women through the Report of the Taskforce on Violence Against Women and the beneficial impact of the measures implemented to date on the basis of the Taskforce report should be acknowledged. The challenge is to continue to expand on this work to improve the effectiveness of the response of services for women experiencing violence. In the North East the RPC must examine how it can seek to influence organisations and individuals over which it has no authority in order to effect attitudinal change and improve their responses to women who experience violence.

Recommendation 2 *Develop Interagency Working*

It is recommended that the Regional Planning Committee promote the policies on violence against women developed by the National Steering Committee through partnership and interagency work with relevant services within the North-East through the following measures:

- The interagency training programme already in place in the region should be further developed. Identification of target groups should have regard to the range of agencies involved in the referral networks of services identified in the study. Development of the content of the programme should have particular regard to the barriers identified in the study to women using services.
- All agencies identified in the referral map generated by this research as relevant to women experiencing violence should devise and implement policies and practices that are equipped to respond appropriately to all women in the region as needed. In the first instance all agencies represented on the Regional Planning Committee should develop a written policy. These policies should have the safety of women and children at their core.
- They should be specific in how they will address the needs of women from minority or marginalised groups. Particular attention should be paid to the nature of responses to Traveller women and women from other minority ethnic groups.
- This research again demonstrates the importance to women of how a first disclosure of violence is received. Training should be provided for staff to whom women may make a disclosure so that they are in a position to respond appropriately including providing women with information and making referrals to other services.
- It is imperative that these predominantly state and semi-state agencies accept responsibility for their role in supporting women who experience violence rather than seeing this work as the sole preserve of the NGO sector.
- The RPC should work to extend the Local Area Network model from Monaghan to the other counties in the region in light of its role in interagency working.

Referral networks identified in this study indicate what services and agencies are particularly relevant to inter agency collaboration. Some of these agencies or professions are most effectively and efficiently influenced at national level, the role of the National Steering Committee and its sub-groups is important in this regard. In developing interagency linkages, the research highlighted the need to pay particular attention to some specific sectors and professions.

Recommendation 3 **Improve the Response of the Medical Profession**

- In relation to primary care, General Practitioners (GPs) are not currently represented on the Regional Planning Committee and efforts in this study to engage with a number of GPs in the region were unsuccessful. The following set of recommendations relate to developing linkages at primary care level:
 - Given the pivotal position held by GPs to maintain contact with women in the community, it is strongly recommended that the Regional Planning Committee devise strategies to engage with GPs in the Region more effectively. The focus for the committee should be both individual GPs and professional education groupings at regional level where GPs come together.
 - It is recommended that General Practitioners are represented on the Regional Planning Committee.
 - The data from the NGOs indicate that referral links with GPs were not as strong as those links with other sectors and few referrals are received from GPs. It is recommended that NGOs consider ways to strengthen links with GPs in their area.
 - As discussed in the literature, screening for violence by GPs can be very effective in early intervention. It is recommended that consideration be given to the development of a pilot screening programme at primary care level.
 - Such work needs to be addressed by the overall professional body of General Practitioners at national level. It is recommended that at national level the National Steering Committee should address the issue of GP training and developing links with the Irish College of General Practitioners.
- At Community Care level, guidelines in place for the Cavan-Monaghan community care area relating to violence against women should be extended to all community care areas of the North East.
- At Acute Care level the guidelines for hospital staff for identifying and responding to violence against women introduced in Our Lady of Lourdes Hospital, Drogheda should be extended to all hospitals in the North East region.

Recommendation 4 Improve the Response of the Legal Profession

- The Regional Planning Committee should be proactive in having a judge appointed to the Committee.
- Recent developments within the Courts indicate that family courts may sit separately to other court proceedings. Based on the findings of this research such a development is supported and endorsed. The Regional Planning Committee should monitor progress in this regard and seek to have this practice adopted in the North East as soon as possible.
- Service providers should strive to develop a system to protect women from further violence once they have accessed a service by empowering them to use the judicial process to ensure their safety and protection should they choose to stay in or return to their home.

Recommendation 5 Improve the Response of Housing Authorities

Women experiencing violence are at significant risk of becoming homeless. Local authorities have a statutory duty to address housing need in their administrative areas. This evaluation of service use in the North East region identified a pattern of long-term refuge use among some women escaping from violence. The most common outcome for refuge users is to return home, with a sizeable proportion of these returning to the same violent situation. This indicates a lack of acceptable and accessible alternative accommodation options.

To improve the outcomes for women in contact with services it is recommended that:

- The RPC develop an interagency agreement with Local Authorities whereby women who are resident in a refuge or out of home due to violence for a designated period would come to be considered homeless at which point the Local Authorities become responsible for their housing needs.
- In areas without crisis accommodation, Local Authorities should make a unit(s) available to providers of services for women experiencing violence for short-term stays.
- Partnerships similar to those in place in Louth and Meath between dedicated service providers and voluntary and statutory housing organisations should be developed by dedicated service providers in Monaghan and Cavan with a view to the provision of transitional housing.
- Equal consideration for housing should be given to women who become homeless as a result of violence regardless of whether or not they have dependent children.
- These responsibilities should be taken into account by local authorities when planning housing stock so that mixed unit types can be developed suitable for a range of needs.

Recommendation 6 Improve the Response of the Education System

- It is recommended that the RPC explore opportunities to include the issue of violence against women into programmes delivered in schools such as the Social, Personal and Health Education (SPHE) programme. The National Steering Committee has an important role to play in negotiating the inclusion of such a component on the national curriculum.
- To facilitate this it is imperative that a representative of the Education sector be appointed to the Regional Planning Committee.
- Some NGOs in the Region are already engaged in the delivery of education initiatives targeting young people. Given the expertise NGOs have developed in this area they should act as partners in the design and/or delivery of such programmes.

8.4 Develop Preventative Measures

The findings clearly demonstrate that there remains substantial stigma associated with domestic and sexual violence and consequently with the use of related services. To address stigma, wider societal attitudes in relation to women's experiences of violence must be addressed. While NGO/dedicated services in the Region currently engage in some awareness raising and education activities, their efforts are concentrated on pre-crisis, crisis and post-crisis services. The urgent nature of crisis and related needs draws scarce resources in this direction.

Recommendation 7 Develop Preventative Measures

It is imperative that programmes are developed and implemented that work towards the reduction and elimination of men's violence against women. It is recommended that the Regional Planning Committee take a leadership role in developing and implementing regional preventative strategies. As well as the above recommendations relating to improving the role of the education sector the RPC should develop:

- Public information initiatives aimed at deconstructing and dispelling myths associated with violence against women. Initiatives should strive to empower women to recognise and acknowledge the abuse and violence they are subjected to, name it as such and provide options for support. Communities and professionals should be targeted with campaigns demonstrating the nature of men's violence against women, that this violence is wrong and providing information on services available to women experiencing violence.
- Targetted information campaigns on recognising and responding to violence against women for family and friends who are often the first point of contact for women who are experiencing violence.

8.5 Addressing the Behaviour of Men who are Violent Towards Women

Study participants emphasised the lack of accountability of perpetrators for their violent behaviour towards women. In general, participants felt that while services for women are essential, they are incomplete without corresponding efforts to address the behaviour of violent men. The Probation and Welfare service works with violent men both in the community and those serving custodial sentences to change their offending behaviour. However a majority of men who are violent towards women are not prosecuted and frequently are not charged with any criminal offence, thus they do not come into contact with the Probation and Welfare Service.

Recommendation 8 *Develop Strategies to Address Men's Violence*

Strategies to address the behaviour of men who are violent towards women are being considered at national level by a sub-group of the National Steering Committee.

- It is recommended that responses at a regional level should both be influenced by and seek to influence developments at a national level.
- The Regional Planning Committee should as a matter of urgency work to facilitate the development of a perpetrators programme in the North Eastern Region.

8.6 Development of Dedicated Services

The challenges outlined above relate to factors beyond dedicated service provision. The next set of challenges relates to dedicated services for women who experience violence. Throughout this study NGOs were identified as the backbone of dedicated service provision. The challenges arising from the findings in relation to NGO/dedicated services are funding issues, developing a service delivery strategy and enhancing accessibility.

8.6.1 *Funding*

In recent years NGOs in the region have received increased funding from the NEHB yet the Regional Planning Committee is aware that given the current context of the public finances there will be limited opportunities for expansion of this budget. The challenge is therefore to use the available finance strategically in order to deliver the services women need in a manner that reaches the maximum number of women as early as possible. This entails the RPC having a greater influence on where monies are directed.

On a regional basis the RPC has monies available for the development of services. NGOs receive core funding and lottery funding through NEHB general managers, who have responsibility for services in one county or at most two, via a service planning process. However, services for women who experience violence represent a minor element of their overall responsibility and this is generally delegated to childcare managers. Childcare managers, like General managers have responsibility for a county or two at most, hence the regional picture in terms of gaps, overlaps and needs may not be central to their decision making. The Regional Planning Committee is the entity charged with co-ordinating services regionally. Yet General managers and Childcare

managers who allocate core funding have tenuous links with the Regional Planning Committee with the result that it is difficult to think strategically about the allocation of core funding. This context for the allocation of funding needs to be reformed in the interests of strategic decision-making.

A second challenge is to address the allocation of funding on an annual basis. The short-term nature of this funding fails to put the services on a secure footing and places a strain on management because of the need to make multiple funding applications. At a national level, the Report of the Task Force on Violence Against Women (1997) recommended that legislative barriers to multi-annual funding be re-examined to allow for long-term planning and service development. This issue remains a matter for the National Steering Committee. At a regional level the procedures for funding could be more streamlined to reduce the burden of work entailed in funding applications for service providers.

Recommendation 9 *Administer Funding Strategically and Efficiently*

Current funding procedures based on annual allocations of funding as determined by DOHC policy are detrimental to the development of integrated and efficient services on a regional basis. Ideally strands of the funding process should work in concert to avoid duplication and to ensure the attainment of strategic objectives as developed by the RPC.

- It is recommended that the Regional Planning Committee engage with General Managers and/or Childcare Managers in relation to planning for services on a regional basis.
- The Regional Planning Committee should develop a service delivery strategy that would act as a framework for service agreements between the NEHB and dedicated service providers.
- In the interests of service providers it is recommended that the process of applying for funding through the NEHB and Regional Planning Committee could be enhanced by clearer and more streamlined application procedures.
- The National Steering Committee needs to advance the recommendation in the Report of the Task Force on Violence Against Women (1997) that legislative barriers to multi-annual funding be re-examined to allow for long-term planning and service development.

8.6.2 *Develop a Service Delivery Strategy*

The need for a regional strategy for the delivery of dedicated services is driven by an imperative to provide effective and efficient services within the current level of resources and to address unmet needs in the region indicated in the findings. The one-to-one interviews demonstrate that when women perceive services to be under pressure this may impact on their likelihood of seeking help. NGO/dedicated service providers are aware that a level of unmet need exists that would be articulated if services were more proactively promoted. Another factor in the accessibility of services to women across the region is the difficulty in reaching services for women

living outside of the urban centres where services are currently located. The development of a service delivery strategy should have regard to the following recommendations in particular.

Recommendation 10 Reorientate Focus of Services for Women Experiencing Violence

The profile of services demonstrates a concentration on the provision of crisis services particularly refuge accommodation. The findings illustrate that this aspect of services is the most resource intensive. A further difficulty is the late stage of intervention represented by refuge use. From women's perspective the nature of the service - being an institutional rather than an independent environment, subject to very restrictive regulations and excluding some groups e.g. women with older children, women with substance abuse or mental health problems - is unsatisfactory.

- It is recommended that services should be refocused across the preventative and pre-crisis framework so that the need for crisis accommodation is reduced as demonstrated in the Mayo model discussed earlier (Kelleher Associates, 2000).
- The RPC should promote a policy whereby the first option considered by services is to support women staying in their own home. Broadening out services across the preventative and pre-crisis framework is the best way to ensure the need for crisis accommodation is reduced.

Recommendation 11 Expand the Provision of Services on an Outreach Basis

The Regional Planning Committee should work within a principle of equality of access for women from all over the region. There is currently uneven access to services for women experiencing violence throughout the region.

- It is recommended that service delivery models are devised to extend services to areas not currently served having regard to findings from the most recent census regarding population differences in the region.
- Models of practice emerging in the North East and other areas, notably in Co. Mayo, suggest that outreach clinics are an effective method of making services more widely available. It is recommended that consideration be given to expanding this form of delivery so that all NGO/dedicated services have an outreach service throughout the areas that they serve.
- Based on women's expressed need for confidentiality it is recommended that outreach services are provided in a discrete format so service users can avoid being identified. Provision of outreach services from premises of existing community-based services would help to reduce the stigma women experience.

Recommendation 12 Address Criticisms of Crisis Accommodation

There will always be a need for some crisis accommodation but it is recommended that the format of crisis accommodation in the region should be reviewed in light of women's criticisms as follows:

- It is recommended that crisis accommodation be provided in independent units with support services so as to address the institutional and highly regulated aspects of the current refuge model. This model of service delivery supports women's autonomy and is closer to a home environment.
- It is recommended that the usage of crisis accommodation be reviewed to realise better utilisation of available places. The objective should be for shorter stays achieved by linking women with more sustainable options. Local authorities have an important role to play in this through the assumption of their responsibilities for housing provision as discussed earlier.

Recommendation 13 Ensure Access to Crisis Accommodation Across Region

Within the region a more formal strategy to allocate crisis accommodation to women from those counties without a refuge should be developed.

- It is recommended that formal links be developed so that women from Counties Cavan and Monaghan have access to crisis accommodation in Counties Louth and Meath.

Recommendation 14 Make Services Available for Children

The needs of the children of women experiencing violence should be addressed in tandem with the delivery of services to the woman. Services for children should have regard to the known impacts of domestic violence on children.

- A continuum of supports should be developed for children ranging from low level interventions such as validation and affirmation of experiences to direct therapeutic intervention and preventative work.

Recommendation 15 *Staff Training and Development*

Staff are key to the effectiveness of services for women experiencing violence. Every effort should be made to ensure that staff are well trained for dealing with this sensitive issue and that experienced staff are retained by services.

- Services should provide all staff with induction training and ensure on-going training for all front-line staff. This should take into account relevant factors identified as barriers for women accessing services including feelings of fear and vulnerability among women experiencing violence. Staff training should instil an understanding of the complexity of violence against women, the vulnerability and fears of women experiencing violence, and the need to believe women's accounts of the violence against them. Racism, sexism and other potential forms of discrimination against women should be explored and confronted through training.
- Provide on-going support and supervision for staff in recognition of the demanding nature of working in this area.
- The Regional Planning Committee should review the reliance of services on staff from labour market support schemes such as Community Employment to ensure the same level of staffing can be retained in the face of the proposed phasing out of these schemes. It is important that the expertise and experience of staff currently employed by services through such schemes should not be lost to the service.

8.6.3 *Services Addressing Rape or Sexual Assault*

Only one Rape Crisis Centre is currently in operation in the region. Findings indicate that this is insufficient to meet demand for services. Other NGO/dedicated services provide services to women who have experienced rape and/or sexual assault within domestic violence situations. The challenge for the Regional Planning Committee lies in extending services for women who have been raped or sexually assaulted within limited resources. In recognition of this challenge a number of options are outlined below for consideration to expand the service.

The first option is to fund the establishment of a new rape crisis centre in the North East Region to serve two counties. Simultaneously the work of the existing Rape Crisis Centre in Dundalk (DRCC) should be expanded to include the operation of outreach services to one other county, thus providing services to all four counties. For instance two services could effectively split the region, with a newly established service serving Cavan and Monaghan while the DRCC service in Co. Louth be extended on an outreach basis into Co. Meath. This solution would provide significant geographical coverage by a specialist service provider. As new service development must be funded from the existing level of resources the establishment and running costs of a new entity is likely to have a serious detrimental impact on the level of funding for existing services.

The second option is to expand the current Rape Crisis Centre in Dundalk to provide outreach to all counties in the region with the possibility of establishing a branch office based within another existing NGO in another area of the region to act as a base for staff. This option would greatly

reduce start up costs for a new organisation and reduce the duplication of effort therein. This option would also represent an immense increase in the level of work for Dundalk Rape Crisis Centre. There may also be questions about the suitability of this approach to a service that is predominantly a counselling service in terms of supervision. If this option was adopted the DRCC would require corresponding increase in funding, including for the rise in administration and management costs associated with such expansion.

A third option is to use the existing network of NGOs to provide services in the three counties currently without specific rape crisis provision. The services already support women who have experienced sexual abuse as part of domestic violence. However they would need to be equipped to respond effectively to women in a much broader range of circumstances such as abuse by other known persons (including incest and abuse within families), strangers and professionals. Given this background, each service would need to establish their current competencies in this area and seek additional training where indicated. The promotion of services both to the public and to other agencies would also need to be tailored to highlight the availability of specialist services for women who are raped or sexually assaulted. The Rape Crisis Centre model has gained credibility and acceptability among the public and professionals alike. Some evaluation would be required to establish the extent to which the provision of rape crisis services within domestic violence NGOs would be acceptable and appropriate. One potential pitfall of extending the remit of domestic violence services in this way is the potential for the new element, rape and sexual assault services, to become marginalised within services that have a different culture to those used to providing these services. A suggested means of avoiding this is to have a specialist within each service, such as a counsellor, whose exclusive remit is sexual violence. As with any major change to service delivery it would be vital to pilot this approach before implementing it widely.

A fourth option is to offer rape services through a statutory body such as the NEHB. Rian Counselling Service currently delivers counselling to adult survivors of childhood abuse. The service is available in each county in the region, thereby addressing the issue of geographical spread. As with the NGO domestic violence services, Rian already sees clients who have been sexually abused. Although their counselling is targeted at adult survivors of childhood abuse there is considerable re-victimisation of these clients in adulthood. A quarter of Rian's female clients experienced domestic abuse and over one tenth experienced sexual violence outside of intimate relationships as adults. However, the expansion of this service into areas such as court accompaniment would be a departure for a statutory counselling agency and it is uncertain that the important advocacy role characterised by the NGO sector addressing wider societal attitudes to women and to violence could be fostered in a statutory agency.

Recommendation 16: Extend Services for Women Experiencing Rape and Sexual Assault

Currently there is just one dedicated Rape Crisis Centre in the region, it is recommended that the Regional Planning Committee undertake a specific needs assessment to identify the level of demand for services for women experiencing rape and sexual assault and extend provision as appropriate. The range of options outlined above should be considered as a means to extend services for women experiencing rape and sexual assault.

8.6.4 *Overlaps in Telephone Helpline Services*

Neither service providers nor women participating in the study could identify overlaps in services responding to women who experience violence in the Region. However data from the profile of services indicates overlap in the provision of telephone helplines.

In the North East Region there are a total of five telephone helplines each targeting women who experience violence. Four of these five services currently target women who experience domestic violence. With another NGO under development, the provision of a sixth helpline could be proposed. Taking a regional perspective in terms of service delivery there appears to be substantial overlap of provision in this area, most evident in the field of domestic violence.

One twenty-four hour domestic violence helpline could be operated by the four services currently providing telephone support. Technology in use by national helplines, such as the Senior Helpline, allows existing numbers to be used yet the calls are directed to whichever organisation is 'on call'. Prior to adopting such a system some analysis would need to be undertaken on the needs of callers and the pattern of calls in terms of peak volumes etc. The NGOs currently operating helplines would need to work together to develop shared protocols to govern and guide the service and to ensure consistency of responses between different operators of an integrated service. Staff from all NGOs operating the helpline would be trained together and doubtless callers would frequently be referred for other services to their local NGO. Even with a joint helpline in operation there would remain a need for a staff member to answer the phones in each NGO, so the extent to which such a merger would effect greater efficiency would need to be examined with this in mind.

Regardless of how telephone helplines are organised cognisance should be taken of the importance of confidentiality and providers should explore whether they could use a system that would withhold the number from the callers phone records.

Recommendation 17 *Review Current Format of Helpline Provision*

- It is recommended that the current format of telephone helpline provision be reviewed with a view to more efficient use of resources whilst maintaining a confidential and appropriate service to women.

8.6.5 *Data Collection*

Services collect plentiful information on service users. Some of this information is collated and used to monitor trends. However, the data could be used more effectively if it was collected and collated in a standardised fashion. Greater standardisation of recording and collating practices would enhance the value of this information in the planning and evaluation of services in the future. As NGOs currently collect a great deal of data such efforts should not place any significant additional burden on the agencies involved.

Recommendation 18 *Develop a Framework for Ongoing Assessment of Needs*

It is recommended that a standardised framework for recording and collating service use data among NGOs be developed in order to better monitor outcomes for women across the region.

- The national networks of rape crisis centres and refuge and support services are currently developing databases on the activities of their respective constituencies. The framework devised by the national networks of rape crisis centres and refuge and support services for the collection of such data should endeavour to compliment the regional requirements for data currently imposed on service providers so as to minimise the additional burden of work associated with this exercise.
- All data collected on services for women experiencing violence should be capable of disaggregation in line with the grounds set out in the Equality Legislation so that equality issues can be monitored.
- In particular usage of services by Traveller women should be capable of being monitored in light of the perceptions expressed by service providers in relation to the need for and uptake of services by Traveller women.

8.6.6 *Addressing Diversity of Needs.*

The need to take account of the diversity of needs of women from minority groups emerged as a key finding in this study. An important dimension of accessibility in the planning and delivery of services is the needs of women from minority or marginalised groups, in particular the need for culturally appropriate services. The NGO services in the Region operate under policies and ethos of inclusion. However the findings indicate that women can be excluded or deterred from using services on a number of grounds. Women with substance abuse problems are effectively excluded from use of refuge accommodation in the region as are women wishing to bring with them their teenage sons and women with large families. The NGO services on offer are largely devised for and used by the majority, white, Irish, settled, able-bodied, heterosexual population.

Recommendation 19 Address Issues of Equality and Diversity for Service Users

A growing awareness of the heterogeneity of women's needs and the changing demographic profile of the population in the North East are likely to ensure issues of equality and diversity in the delivery of services become a priority for future service development. In order to improve the capacity of services to meet the needs of women who are disadvantaged and/or members of a marginalised group it is recommended that NGOs:

- Provide anti-racism and multi-cultural awareness training for their staff.
- Ensure respect and understanding of Traveller culture and ethnicity is incorporated into all policies, practices and procedures of the services
- Ensure services are accessible to women and children with disabilities.
- Ensure the development of culturally appropriate services
- Give consideration to the provision of transport for women to access services. Some service providers indicated that they are already in a position to fund women's transport where this is essential for women to reach a refuge. The extension of such provision to a wider range of services should be considered.
- Develop services to respond to the needs of any woman experiencing violence who is an alcoholic or drug user to address the current gaps in the services available to women in this position.
- Address the potential of literacy to act as a barrier to women using services through the use of methods of communication that do not rely solely or primarily on written formats.
- Forge new and enhance existing links with organisations that represent women from minority groups.

8.7 Changing Contexts For Provision of Services for Women Experiencing Violence

At a structural level, the context for the planning and delivery of services will be affected by the proposal to reform health service structures including a review of the Health Boards. The National Steering Committee needs to consult with the Department of Health and children to establish how the current national, regional and local structures for the development and delivery of services for women experiencing violence can be retained in the face of the proposed programme of reform of the Health Boards.

At a practice level new challenges are emerging for services addressing the needs of women who have experienced violence. Issues of globalisation mean that new needs are likely to arise in

Ireland as a result of the trafficking of women and girls, the effects of rape as a war crime and an increasing international influence on prostitution and pornography.

Recommendation 20 *Adapt to Changing Contexts*

Services for women experiencing violence need to be responsive to changes occurring at both a structural and practice level.

- The National Steering Committee needs to consult with the Department of Health and Children to establish how the current national, regional and local structures for the development and delivery of services for women experiencing violence can be retained in the face of the proposed programme of reform of the Health Boards.
- At a practice level, services for women experiencing violence need to constantly adapt to meet emerging needs which currently include trafficking of women and girls, the effects of rape as a war crime and an increasing international influence on prostitution and pornography.

8.8 Summary of Recommendations

These general set of twenty recommendations have been summarised into a set of specific recommendations addressed to the Regional Planning Committee, the dedicated service providers and the National Steering Group as set out below.

8.8.1 *It is recommended that the National Steering Committee*

- Assume responsibility for influencing the implementation of policies on violence against women by relevant professions and organisations at a national level.
- Negotiate the inclusion of the issue of violence against women in the school curriculum at national level.
- Advance the recommendation in the Report of the Task Force on Violence Against Women (1997) that legislative barriers to multi-annual funding be re-examined to allow for long-term planning and service development.
- The National Steering Committee consult with the Department of Health and Children to establish how the current national, regional and local structures for the development and delivery of services for women experiencing violence can be retained in the face of the proposed programme of reform of the Health Boards.

8.8.2 *It is recommended that Regional Planning Committee should*

- Raise its profile as the agency with responsibility for the development and implementation of policies to address violence against women in the North East and become the focus for driving policy in this area across all relevant bodies in the region.

- Address the greatest challenge of improving services from within limited resources by fully utilising the resources available to them from the National Steering Committee and promoting interagency working as a model of good practice. Linkages with other agencies need to be developed and strengthened to ensure each agency takes up their respective responsibility for providing services to women experiencing violence.
- Give particular attention to General Practitioners, the Courts service, housing authorities and schools in the development of interagency linkages.
- The interagency training programme already in place in the region should be further developed. Identification of target groups should have regard to the range of agencies involved in the referral networks of services identified in the study. Development of the content of the programme should have particular regard to the barriers identified in the study to women using services.
- All agencies identified in the referral map generated by this research as relevant to women experiencing violence should devise and implement policies and practices that are equipped to respond appropriately to all women in the region as needed. In the first instance all agencies represented on the Regional Planning Committee should develop a written policy. These policies should have the safety of women and children at their core.
- They should be specific in how they will address the needs of women from minority or marginalised groups. Particular attention should be paid to the nature of responses to Traveller women and women from other minority ethnic groups.
- Training should be provided for staff to whom women may make a disclosure so that they are in a position to respond appropriately including providing women with information and making referrals to other services.
- It is imperative that other identified state and semi-state agencies accept responsibility for their role in supporting women who experience violence rather than seeing this work as the sole preserve of the NGO sector.
- The RPC should work to extend the Local Area Network model from Monaghan to the other counties in the region in light of its role in interagency working.
- Ensure that the guidelines for hospital staff for identifying and responding to violence against women introduced in Our Lady of Lourdes Hospital, Drogheda are extended to all hospitals in the North East region.
- Ensure that the Community Care guidelines for Cavan-Monaghan relating to violence against women are extended to all community care areas of the North East.
- Take a leadership role in developing and implementing regional preventative strategies comprising firstly public information initiatives aimed at deconstructing and dispelling myths associated with violence against women. Secondly the inclusion of the issue of violence against

women in programmes delivered in schools such as the Social, Personal and Health Education (SPHE) programme.

- Develop targeted information campaigns on recognising and responding to violence against women for family and friends who are often the first point of contact for women who are experiencing violence.
- Appoint a representative of the Education sector to the Regional Planning Committee.
- Work to facilitate the implementation of a perpetrators programme to address the behaviour of violent men as a matter of urgency.
- Enact service level agreements with all agencies receiving funding. A service delivery strategy should be developed to act as a framework for service level agreements.
- Promote a policy whereby the first option considered by services is to support women staying in their own home. Broadening out services across the preventative and pre-crisis framework is the best way to ensure the need for crisis accommodation is reduced.
- Review the format of crisis accommodation towards the development of independent units.
- Develop a formal strategy to allocate crisis accommodation to women from those counties in the Region not served by a refuge.
- Work with local authorities to address homelessness caused by violence against women and reduce the length of stay for women in crisis accommodation.
- Address lack of equity in access to services for women experiencing violence throughout the region by extending services to areas not currently served through the expansion of outreach services.
- Extend services for women who have been raped or sexually assaulted through consideration of options including the establishment of a new Rape Crisis Centre, developing outreach services for the existing RCC, extending the remit of domestic violence NGOs or expanding the remit of health board services.
- Take a regional perspective in terms of telephone helpline provision where there is substantial overlap through evaluating the need for a helpline at a regional level and giving consideration to developing one twenty-four hour domestic violence helpline.
- Devise a framework for the collection of meaningful data in order to monitor outcomes for women wherein the data is collected and collated in a standardised format.
- Review the reliance of services on staff from labour market support schemes such as Community Employment to ensure the same level of staffing can be retained in the face of the

proposed phasing out of these schemes. It is important that the expertise and experience of staff currently employed by services through such schemes should not be lost to the service.

8.8.3 *It is recommended that Dedicated Service Providers should*

- Address inequity in access to services for women experiencing violence throughout the region by extending services to areas not currently served through the expansion of outreach services.
- Seek to ensure the need for crisis accommodation is reduced by broadening out their services across the preventative and pre-crisis framework.
- Strive to develop a system to protect women from further violence once they have accessed a service by empowering women to use the judicial process to ensure their safety and protection should they choose to stay in or return to their home.
- Partnerships similar to those in place in Louth and Meath between dedicated service providers and voluntary and statutory housing organisations be developed by dedicated service providers in Monaghan and Cavan with a view to the provision of transitional housing.
- Strive to protect women using their services by delivering services in such a way as to protect confidentiality. The location and format of any service offered is crucial to encouraging take-up. For instance services offered in buildings shared with other organisations or unrelated services are considered more attractive to women as it will not be apparent to others why women are entering the premises.
- Provide all staff with induction training and ensure on-going training for all front-line staff. This should take into account relevant factors identified as barriers for women accessing services including of feelings fear and vulnerability among women experiencing violence. Staff training should instil an understanding of the complexity of violence against women, the vulnerability and fears of their women experiencing violence, and the need to believe women's accounts of the violence against them. Racism, sexism and other potential forms of discrimination against women should be explored and confronted through training.
- Have regard to the needs of children in the provision of services for women experiencing violence across all of the services.
- Provide anti-racism and multi-cultural awareness training for their staff.
- Ensure respect and understanding of Traveller culture and ethnicity is incorporated into all policies, practices and procedures of the services
- Ensure the development of culturally appropriate services
- Give consideration to the provision of transport for women to access services. Some service providers indicated that they are already in a position to fund women's transport where this is essential for women to reach a refuge. The extension of such provision to a wider range of services should be considered.

- Develop services to respond to the needs of any woman experiencing violence who is an alcoholic or drug user to address the current gaps in the services available to women in this position.
- Address the potential of literacy to act as a barrier to women using services through the use of methods of communication that do not rely solely or primarily on written formats.
- Forge new and enhance existing links with organisations that represent women from minority groups.
- Ensure services are accessible to women and children with disabilities.
- Review the role and functions of their Boards of Management in line with the good practice guidelines set out in the report.
- Provide on-going support and supervision for staff in recognition of the demanding nature of working in this area.
- Improve access for marginalised groups by forging new and enhancing existing links with organisations that represent women from minority groups.
- Give consideration to the provision of transport for women to access services. Some service providers indicated that they are already in a position to fund women's transport where this is essential for women to reach a refuge. The extension of such provision to a wider range of services should be considered.
- Standardise methods of recording and collating service use data across all agencies to enhance the value of this information in the planning and evaluation of services in the future.
- Take cognisance of emerging needs likely to arise in Ireland as a result of the trafficking of women and girls, the effects of rape as a war crime and an increasing international influence on prostitution and pornography.

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Appendix 1

Members of Regional Planning Committee on Violence Against Women

Ms Margaret Costello, Training and Development Officer, Violence Against Women, NEHB

Ms Nuala Doherty, Director of Governance, Planning and Evaluation - Children and Family Services, NEHB (Designated Officer)

Ms Una McGuill, Dundalk Women's Aid

Ms. Siobhan Callan, Tearmann Domestic Violence Services

Ms Noeleen O'Gorman, Tearmann Domestic Violence Services (Chairperson)

Mr. Finbar Marsden, Secretary

Ms Valerie Everard, Drogheda Refuge

Ms Deirdre Murphy, Meath Women's Refuge

Ms. Mairead Heaney, Dundalk Rape Crisis Centre

Ms Fiona Ward, Director of Counselling Services, Rian Counselling Service

Ms Marie Joyce, Traveller Women Representative

Ms. Mary McDonald, Senior Probation Officer, Probation Office, Earl House, Dundalk, Co. Louth.

Insp. Pat Gannon, Navan Garda Station

Mr. Joe Brennan, District Manager, Court Services

Ms Annette Clinton, Dept. of Social, Community & Family Affairs, Co. Louth

Mr. Jim Byrne, Administrative Officer, Housing and Planning, Dundalk Town Council

Ms Maura Ward, A/Director of Nursing, Our Lady's Hospital, Navan, Co. Meath

Ms. Margaret Reidy, Family Therapy Department, St. Davnet's Hospital, Monaghan

Ms. Ita Madden, Metanoia, Co. Cavan Domestic Violence Support and Information Service

Mr. Michael Smith, Community Welfare Officer representative

Ms. Kerry Mullen, Team Leader, Monaghan Health Care Unit, Rooskey, Co. Monaghan.

Appendix 2

Support for Research Participants

The research attempted to minimise any difficulty in participating in either focus groups or one-to-one interviews by:

- **Careful recruitment:** Women were recruited to participate in the one-to-one interviews through the NGOs in the North East. Staff contacts in these organisations were asked only to consider for inclusion women who are considered to be post-crisis. Participants in the women's focus groups were recruited through local women's groups and community organisations. Communications with these groups stressed that the content of the groups is not directly about experiences of violence but about the views of women living in the community on the general adequacy of services. In this way it was intended that the groups will not attempt to invite women with direct experience of violence to take part. To protect the safety of participants and potential participants the precise nature of the study was not indicated in correspondence or any other communications.
- **Design of Instruments:** The interview and focus group schedules were designed to focus on experiences of services rather than on experiences of violence.
- **Conducting Data Collection:** Researchers were cognisant of the difficulty for women in discussing their personal lives and made every attempt to be sensitive. Disclosures of violence were dealt with sensitively and sympathetically.
- **Confidentiality Assured:** All participants are guaranteed confidentiality by the research team. In addition participants in the women's focus groups agreed to observe confidentiality within the group. In the focus groups, researchers suggested participants use pseudo names and /or places if they felt this would add improve confidentiality or anonymity for themselves or their friends (whose experiences they may wish to draw upon). In the one-to-one interviews with women the researchers entered into a confidentiality agreement with each participant.
- **Use of safe Venues for Interviews:** Interviews were held in the premises of the NGO bodies through whom women are recruited or in other safe venues agreed with participants in advance.
- **Providing Information on Supports:** The researchers provided participants with information on services that are available locally to women who experience violence both through the discussion at focus groups and by providing relevant literature supplied by local NGOs. These local agencies e.g. refuges etc. have been made aware when we are conducting the focus groups and interviews.
- **Linking women with Services:** Local NGOs were made aware of the data collection taking place in places local to them and measures were in place to refer women to local services if they disclosed a current risk of violence against them.

Appendix 3

Agencies and Organisations invited to Participate in the Study

* Denotes those who participated

	Local Level Stakeholders	
A	Representatives of Statutory Sector: Court Service * Garda Siochana* General Practitioner Representative Probation and Welfare Service * North Eastern Health Board: - Adult Mental Health Services - Cavan County Hospital, Maternity Services * - Child Psychiatric Service - Community Addiction Service* - Community Welfare Service* - Health Promotion Unit * - Public Health Nurses* - Rian Counselling Service for adults who have experienced childhood abuse* - Social Work Service* - Women's Health Development Officer*	Metanoia* Money Advice and Budgeting Service Moving on Project National Training and Development Institute* Navan Community Development Project* One World Spirit Outcomers Patient Focus Redeemer Pilots Women's Group* Senior Helpline* Simon Community* Springboard St Vincent de Paul * Tearmann* Trim Initiative for Development and Enterprise (TIDE)* Women's Forum Youth in Partnership Project
B	Representatives of Voluntary and Community Sector Accord* AMEN / Cait Initiative* Cavan Partnership* Centre for the Auditorily and Visually Impaired Citizen's Information Service* Cuchulann Project Dochas for Women* Drogheda Women's Refuge and Children's Centre* Dundalk Rape Crisis Centre* Dundalk Women's Aid* Drogheda Area Women's Network Homeless Aid ICA Legal Aid Ladies Circle Local Employment Service Meath Women's Refuge*	Regional Level Stakeholders Representatives of: North-East Regional Planning on Violence Against Women (2)* North Eastern Health Board General Managers (3)* National Level Key Informants Representatives of: Department of Health* Department of Justice, Equality and Law Reform* European Observatory on Violence Against Women* National Women's Council of Ireland* National Network of Women's Refuges and Support Services* Rape Crisis Network of Ireland*

Appendix 4

Referral Contacts - Dedicated Services in the NE Region

	Dundalk Women's Aid		Drogheda Women's Refuge & Children's Centre		Dundalk Rape Crisis Centre		Meath Women's Refuge		Tearmann	
	To	From	To	From	To	From	To	From	To	From
Health Sector										
Doctor / GP		•	•	•	•	•	•	•	•	•
Hospitals	•	•	•	•	•	•	•	•	•	•
Social Work	•	•	•	•	•	•	•	•	•	•
Public Health Nurse	•	•	•	•			•	•	•	•
Community Welfare Officer	•	•	•	•			•	•	•	•
Rian Counselling						•				
Community Psychiatric Nurses							•		•	
Family Resource Centres						•				
Justice / Legal Sector										
Gardai	•	•	•	•	•	•	•	•	•	•
The Courts Service		•	•	•				•		•
Prisons					•					
Probation & Welfare Service	•						•			
NGO / Women's Sector										
Other Refuges / NGOs / RCCs (including NI and UK)	•	•	•	•	•	•	•	•		•
Women's Groups (e.g. DAWN, ICA, Dochas for Women)	•	•	•	•		•	•	•	•	•
Adult Education / Training Sector										
Adult Education				•						
VEC (literacy programme)							•			
FAS		•								

- To - Clients are referred to NGO service by this organisation
- From - Clients are referred from the NGO service to this organisation
- - Indicates referral contact between agencies.

	Dundalk Women's Aid		Drogheda Women's Refuge & Children's Centre		Dundalk Rape Crisis Centre		Meath Women's Refuge		Tearmann	
	To	From	To	From	To	From	To	From	To	From
Children's Sector										
Schools / Liaison Service						•	•			
ISPCC				•						
Community Creches				•						
Parent and Toddler Group								•		
Youth Sector										
Louth Youth Foundation	•									
Youth in Partnership	•					•				
Drogheda Youth			•	•						
Community / Voluntary Sector										
Citizen's Information Services	•					•	•		•	
Arts Centres				•						
Alcoholics Anonymous		•								
Al Anon		•								
Local Community Centre	•									
Charities (e.g. St. Vincent DePaul)	•	•	•	•			•	•	•	•
Religious	•		•		•				•	
WHAG						•				
Marriage Guidance	•		•	•			•	•		
NTDI (formerly Rehab)							•			
Other Statutory Sector										
Local Authorities - Housing	•	•	•	•			•	•	•	•
Local Employment Service									•	•
Social Welfare	•	•	•	•		•		•	•	•
Monetary Advice and Budgeting Service (MABS)	•	•	•	•		•		•	•	•

- To - Clients are referred to NGO service by this organisation
- From - Clients are referred from the NGO service to this organisation
- - Indicates referral contact between agencies.

Appendix 5

Contact Information - Support Services for Women who Experience Violence

contact details

Services for Women in the North East Who Experience Violence

Co. Louth - Dundalk

Women's Aid Helpline:
042-9333244/9337202

Garda Siochana 042-9335577

Rape Crisis Centre:
Freephone: 1800 21 21 22

Rian Counselling Service for adults
who have experienced abuse in
childhood, Freephone:
1800 234 117/046-9067010

Health Board 24 Hour
24 Hour Information Line:
1850 24 1850
Hospital: 042-9334701
Public Health Nurse 042-9327503
Social Worker: 042-9392200
Community Welfare:042-9336148

Legal Aid Board:042-9330448

District Court Clerk: 0429392350

Dept of Social Community and
Family Affairs: 042-9392600

Citizen's Information
Centre: 042-9329149

Probation & Welfare
Service: 042-9370900

Co. Louth - Drogheda

Women's Refuge Helpline:
041-9844550

Garda Siochana : 041-9838777

Rape Crisis Centre:
Freephone: 1800 21 21 22

Rian Counselling Service for adults
who have experienced abuse in,
childhood, Freephone:
1800 234 117/046-9067010

Health Board 24 Hour
24 Hour Information Line:
1850 24 1850
Hospital: 041-9837601 Public
Health Nurse : 041-9874685
Social Worker: 041-9833163
Community Welfare: 041-9843315

Legal Aid Board: 041-9836084

District Court Clerk: 041-9838313

Dept of Social Community and
Family Affairs: 041-9871130

Citizen's Information
Centre: 041-9836084

Probation & Welfare
Service: 041-9801580

Co. Meath	Co. Cavan	Co. Monaghan
Women's Aid Helpline: 046-9022393/9073013	Metanoia Support & Information Service: 049-4375900	Tearmann Domestic Violence Services: 047-72311
Garda Siochana : 046-9021445	Garda Siochana : 049-4331300	Garda Siochana : 047-82222
Rape Crisis Centre: Freephone: 1800 21 21 22	Rape Crisis Centre: Freephone: 1800 21 21 22	Rape Crisis Centre: Freephone: 1800 21 21 22
Rian Counselling Service for adults who have experienced abuse in childhood, Freephone: 1800 234 117 / 046-9067010	Rian Counselling Service for adults who have experienced abuse in childhood, Freephone: 1800 234 117/0494377111	Rian Counselling Service for adults who have experienced abuse in childhood, Freephone: 1800 234 117
Health Board 24 Hour Information Line: 1850 24 1850 Hospital: 046-9021210 Public Health Nurse: 046-9021595 Social Worker: 046-9021595 Community Welfare: 046-9021595	Health Board 24 Hour Information Line: 1850 24 1850 Hospital: 049-4361399 Public Health Nurse: 049-4361822 Social Worker: 049-4361822 Community Welfare: 049-4362403	Health Board 24 Hour Information Line: 1850 24 1850 Hospital: 047-38800 Public Health Nurse: 047-30400 Social Worker: 047-30400 Community Welfare: 047-71922
Legal Aid Board: 046-9072515	Legal Aid Board: 049-4331110	Legal Aid Board: 047-84888
District Court Clerk: 046-9431360	District Court Clerk: 049-4331585	District Court Clerk: 047-81417
Dept of Social Community and Family Affairs: 046-9021897	Dept of Social Community and Family Affairs: 049-4331909	Dept of Social Community and Family Affairs:047-30170
Citizen's Information Centre: 046-9074086	Citizen's Information Centre: 049-4332641	Citizen's Information Centre: 047-82622
Probation & Welfare Service: 046-9029102	Probation & Welfare Service: 046-9029205	Probation & Welfare Service: 042-9370900

The North Eastern Regional Planning Committee (NERPC) is an interagency group of Statutory and Non-Governmental Organisations who through their work together aim to prevent violence against women, and to develop a coordinated range of quality services accessible to all women in the North Eastern region regardless of age, ability, race, family status, sexual orientation, religious belief or membership of the traveller community.

The Women's Education, Research and Resource Centre, UCD, were commissioned by the NERPC to evaluate existing service responses in the North East for women experiencing violence or the threat of violence. The aim of the study was to identify gaps in current services and to outline the steps needed to deliver the most integrated, effective and efficient, quality services for women in the region.

Changing Direction outlines the findings of this research.



Conducted by: WERRC, UCD

On behalf of: The North Eastern regional Planning Committee

Further copies of this report can be obtained from the:

Regional Child Care Office,
Aerbridge House, Dunshaughlin Business Park, Dunshaughlin, Co Meath
Telephone: 01-825 0907, Fax: 01-825 0695