

**Domestic Violence in Surrey:
Developing an Effective
Inter-Agency Response**

Surrey County Council and Roehampton Institute London

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Final Report

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Executive Summary

- ◆ Thirty one percent of the 484 women surveyed in Surrey said that they had suffered domestic violence from a known man at some point in their lives.
- ◆ Almost two thirds of women who had experienced domestic violence never sought help. Women said they felt unable to seek help because they were too afraid, or they felt too ashamed or that they were to blame, they thought it was a private matter and they were able to deal with it by themselves, or they felt the abuse was not ‘serious’ enough and that professionals would not understand.
- ◆ Many women who did seek help from agencies and professionals in the county had to make repeated applications to find appropriate advice or support.
- ◆ Women reported very high levels of dissatisfaction with the services which are available for victims of domestic violence in the county. Women were particularly dissatisfied with the responses they were given by the County’s statutory services. Over half were dissatisfied with their local housing departments’ responses. 48% said they were dissatisfied with the police response. Over one third (36%) were dissatisfied with the social services and 19% were dissatisfied with their general practitioners.
- ◆ Provisions for ethnic minority women in the county are particularly poor.
- ◆ In Surrey progress in responding to the government’s recommendation to develop an inter-agency approach towards domestic violence has been slow.
- ◆ A survey of statutory and non statutory agencies showed generally poor levels of awareness and understanding regards domestic violence.
- ◆ However, all the professions surveyed wanted to increase levels of knowledge and awareness and to participate in future inter-agency training. Many professionals were keen to receive further guidance and to improve their methods of working with victims of domestic violence.
- ◆ A Strategic Policy on domestic violence should be developed for the county. This should clearly set out the plans which all agencies have to improve their services and resources made available for victims of domestic violence. There should be a clear timetable for action.
- ◆ Steps should be taken to increase resources to improve emergency services available for victims of domestic violence.

- ◆ Better information is needed on sources of help in cases of domestic violence for service users and providers.

BACKGROUND

In the 1990s there has been growing public concern about crimes of domestic violence. Domestic violence, which happens mostly to women and children, is one of the most common crimes of violence against the person. It makes up one quarter of all the reported crimes (Dobash & Dobash, 1980) and half of the homicides committed on women each year (Criminal Statistics, 1991). Published research studies, including the Home Office's own National Crime Surveys, have confirmed the widespread nature of domestic violence (Mirlees Black, 1995). The vast majority of cases however never come to the attention of the police or the courts. Domestic violence is a crime which is 'hidden' within the privacy of the home. The effects are borne by a large number of women and children in the community. Because the perpetrator is a 'loved one' the crime has a particularly devastating impact.

The needs of victims are complex and intervention to stop the violence and prevent it from happening again may involve professionals working in a number of different statutory and voluntary agencies. Historically, professionals have worked with women in an uncoordinated way, without the benefit of clear policies, training or institutional support. The effects of this approach upon the women and professionals have been documented by extensive research, (Binney, Harkell & Nixon, 1988; Edwards, 1989; McWilliams & McKiernan, 1993; Pahl, 1985). The need for a more co-ordinated approach has recently been stressed by the Government in the Home Office's Inter-Agency Circular and by the voluntary group Victim Support (Victim Support, 1992).

In 1992 the Safer Surrey Partnership, Surrey Police and Surrey Women's Aid organised a conference on domestic violence for professionals working in the county. One recommendation made by the 150+ delegates who attended was that steps should be taken to improve inter-agency methods of working. Following the conference, Surrey Women's Aid secured funds from the Roehampton Institute London and Surrey County Council to sponsor a study of domestic violence in Surrey, with a view to developing an effective inter-agency response.

AIMS

The research focused upon domestic violence against adult women, although the recommendations made regards service provision would also help other victims, i.e. those who are abused in same sex relationships and men who are assaulted by their wives or female partners. The study aimed to:

- ◆ look at the prevalence of domestic violence among women in Surrey;
- ◆ explore the needs of women and children for service provision;
- ◆ evaluate the responses of key agencies offering services in situations of crisis and in the longer term.
- ◆ look at possibilities for developing effective inter-agency strategies in order to protect victims and prevent crimes

METHODS

There were four stages of work in the project.

Stage 1:

Here, drawing on the experiences of established projects in the UK and overseas, the researchers looked at what inter-agency work against domestic violence involves, how it has been organised and what has been achieved. Literature, minutes and other documentation from inter-agency projects and from the domestic violence fora were analysed. In-depth interviews were undertaken with representatives from Surrey agencies and similar projects elsewhere in Britain. A questionnaire was sent to the members of the ten Surrey inter-agency forums .

In Stage 2:

The focus of the study was upon the experiences of violence from known men among women in Surrey . The researchers set up safety, health and information stands in indoor markets and shopping malls across the county and handed out self complete, anonymous questionnaires to women who passed by. The questionnaires asked women: whether or not they had experienced domestic violence; about types and frequency of abuse, the effects of abuse and experiences of help seeking; about their awareness of service provision; for their recommendations for service provisions. 484 women completed questionnaires.

In Stage 3:

The researchers interviewed 24 women about their experiences of domestic violence and the responses made by agencies in the county.

In the final stage, Stage 4:

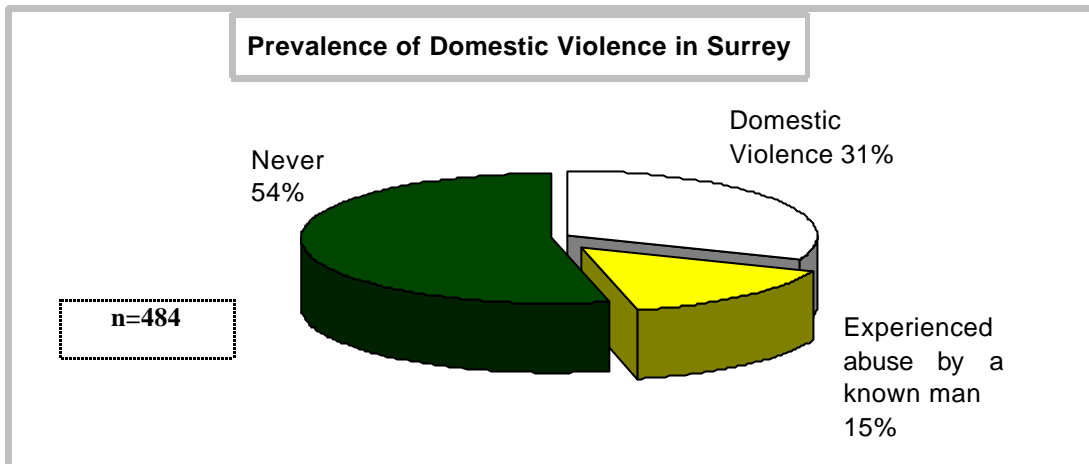
A study of the services offered by key statutory and voluntary agencies was conducted. This involved a postal survey of key professionals, including the police, housing officers, social and health care workers. A small number of interviews were conducted, mostly with the police.

RESULTS

Women's experiences of domestic violence

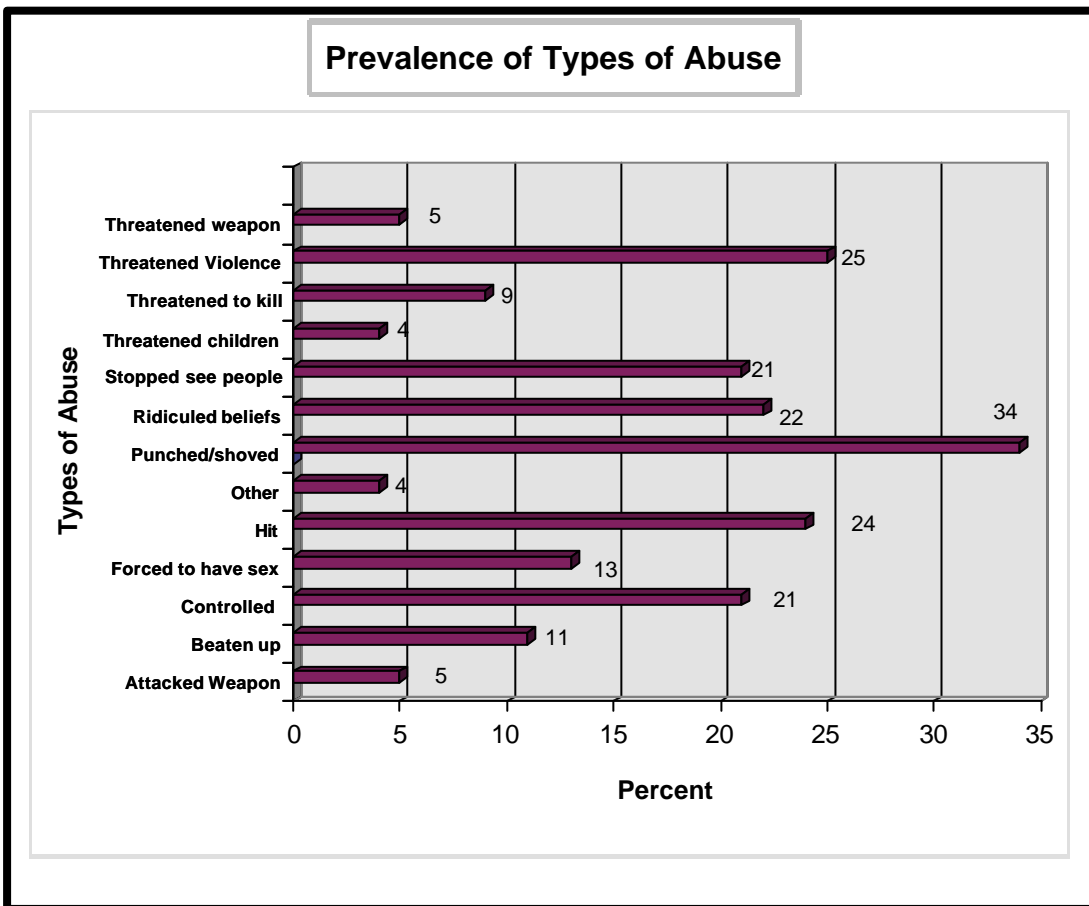
The results from the questionnaires completed by women in shopping centres show that domestic violence is as common in Surrey as it is in the rest of the UK. 31% (151) of the 484 women who completed questionnaires said they had experienced domestic violence from a known man at some time in their adult lives. Most of the violence was by a husband or a male partner. A further 15% (73) of the women said that they had experienced abuse from a known man but they did not consider this to be domestic violence, (*see Figure 1*).

Figure 1



34% of women who completed the questionnaire had been punched or shoved, 24% had been hit, 11% had been beaten up, 5% had been attacked with a weapon, 9% had their lives threatened, 21% had suffered psychological abuse (ie. been stopped from seeing people, had their lives controlled and/or their beliefs ridiculed). Most of the women who reported violence had been victims of a range of abusive behaviour, physical, sexual and psychological, (*see Figure 2*).

Figure 2



Apart from the physical injuries which resulted, the effects the abuse had on women included: a loss of self esteem and confidence (35%), living in constant fear (16%), being isolated (10%), upset (8%), suicidal (6%), suffering depression (7%) and having a nervous breakdown (3%).

Only 1 in 3 of women who had experienced domestic violence (36%) had sought help in dealing with the problem from others. 2 out of 3 women who were abused did not approach their family, friends or any agency for help because they were too ashamed (20%); thought that they were to blame (14%); felt it was a private matter (14%); felt that the abuse was not serious enough (12%); felt that people would not understand (6%); were too fearful of repercussions (4%).

The majority of women who did seek help for the domestic violence turned to their families (52%) and friends (48%) but a large proportion found the responses of family and friends unhelpful. 1 in 3 of women turned to the statutory services in the county. The majority (31%) went to their GPs. 23% went to the police, 11% approached social services and 15% the housing department. Women said they felt very dissatisfied with the responses they had from the statutory services, particularly with services from housing departments (53% were dissatisfied).

Much smaller numbers of women approached non statutory agencies, however the levels of satisfaction with the services provided were much higher. Women were most satisfied with the approach of women's groups and women's refuges in the county.

To improve services, women felt that the following resources should be made available: telephone help line and advice services (32%), counselling services (40%), more refuges (22%), more temporary (20%) and permanent accommodation (25%), improvements in police policy and practice and more support groups (16%).

Agency Responses.

It is not possible here to discuss in any depth the services offered by individual agencies. More detailed information on refuges, housing, social services, health care services, the voluntary sector, the law and policing is provided in the full research report. In this section of the summary we outline some of the major themes which emerged from the research into service provision and inter-agency initiatives in the county.

Apart from refuges, no agency has an overall responsibility to deliver services specifically to victims of domestic violence. The majority of agencies approached by women for help either have primary responsibilities to another client group - such as children or offenders - or they are guided by objectives other than the protection of victims. GPs for instance, may feel competent only to treat the *medical symptoms* of violence. In addition, domestic violence may be a problem which professionals working in some agencies want to avoid because of the complex issues raised or because of concerns about their own levels of knowledge and capacities to help. Some may fear they could 'open up a can of worms'. The agency

questionnaire showed a very high level of frustration amongst professionals in Surrey when working with domestic violence cases because of a lack of resources and lack of guidance on what to do.

Poor Resources : there is a great shortage of refuge provision in the county. Only 10 refuge places exist. Approximately 90 more spaces are needed to bring provisions up to the level recommended by the Select Committee on Violence in Marriage. The county's refuges are unable to accommodate 2 out of every 3 of the families who approach them for help. Thus, two thirds of the women who apply for a refuge space have to be sent to refuges out of the county or are accommodated in Bed and Breakfast where no provisions can be made to ensure their safety. Agencies such as the police often find that they are unable to offer women and children adequate protection because no refuge spaces are available for them.

The availability of more permanent housing for women and children is also particularly poor and the responses of housing departments towards women who apply as homeless persons varies across the county. Moving out of refuges into more permanent accommodation can be a difficult and lengthy process. Some women have lived in temporary accommodation for 2 years or more, moving 10 times or more.

An unhelpful response: agencies ration resources by stigmatising clients. Women reported a particularly unhelpful, intrusive and unsympathetic response from some agencies, especially housing officers and the police. Domestic violence may be a difficult experience for a woman to talk about. None of the agencies approached attempted to create an environment in which women would feel safe to talk. Few agencies had developed an inter-agency approach to intervention. Some professionals showed extreme reluctance to work with certain agencies such as the refuges.

Inadequate information: Poor knowledge of the effects of violence upon women and of sources of support and advice meant that many professionals were simply ill equipped to give constructive help. Levels of awareness and training professionals had on domestic violence were poor. One third of housing officers surveyed were unaware of the availability of refuge places in the County. Few of the voluntary or statutory agencies in the county provide any guidance on policy or practice for those working with cases of domestic violence. Policy is most developed in the police. Domestic violence was prioritised by Surrey Police in 1993, when the "Domestic Violence Manual of Guidance" were released .

Failure to act: Where guidance does exist there is a failure to act upon it. Many police officers, particularly in the domestic violence units, feel for instance that the Surrey Police guidelines are open to interpretation and are therefore not being strictly adhered to. Professionals are able to avoid taking further action by 'referring on' women who approach them for help, indeed this may be a primary motivation for some groups' current involvement in the county's inter-agency forums. 67% of social workers said that they usually 'referred on' victims of domestic violence. Many did this without first ensuring the woman's safety and without following up the outcome of the referral. Failure to adequately consider the woman's needs would compound the feeling that nobody understands or cares. It would

also lead to extra work in the long run. Women would have to approach a number of different agencies before finding somebody knowledgeable enough and willing enough to give constructive help.

Inter-agency work in Surrey

Inter-agency work in Surrey developed as a result of the circular issued by the Home Office in 1991. All of the eight original Surrey Police domestic violence units have established multi-agency domestic violence forums in their locality. The Metropolitan units in Staines have a domestic violence forum and Epsom and Ewell will be establishing a forum in early 1996.

Inter-agency work is very recent because the majority of the local domestic violence fora were established in 1993. Many of the forums do not have the resources that are required to achieve more than just sharing of information. They all operate independently, having different structures, guidelines and goals. Some key agencies are not involved despite the efforts of forums chairs to encourage their involvement. GPs and health care professionals, judges, magistrates, probation officers, court welfare officers and social workers have not participated. In order to co-ordinate efforts across the county, a Surrey Wide forum, made up of the local forums chairs, was set up in 1994. The fora have made some remarkable achievements but County-wide the research findings show there is a need to have agreement on basic principles and to develop a more co-ordinated, intervention focused approach.

RECOMMENDATIONS FOR EFFECTIVE INTER-AGENCY INTERVENTION

For intervention to be effective there needs to be agreement over the basic aims and principles. Inter-agency initiatives should be guided by the following basic principles:

- ◆ **domestic violence is a serious crime and perpetrators should be brought to justice;**
- ◆ **ensuring protection of victims from further violence should be the first priority guiding intervention;**
- ◆ **efforts should be made to improve resources and to deliver quality services to allow intervention to be effective;**
- ◆ **the ultimate goals should be crime reduction and crime prevention;**
- ◆ **inter agency intervention should seek to achieve efficient, accessible and democratically accountable services via public consultation and the monitoring of outcomes.**

A number of detailed recommendations for improving practice are made in the full research report. Recommendations are also made for immediate and long term developments within the county. In particular, it is recommended that measures are taken to improve:

- 1. Co-ordination and management of inter-agency initiatives: by developing a Strategic Policy on domestic violence for the county, channelling expertise to fast track the drafting of practice guidelines and policy changes in four key areas : social services and health care; legal services and policing; housing and refuge provision; training public awareness and education; improving the co-ordination of efforts and the flow of communication across the county by establishing a full time inter-agency co-ordinator's post.**
- 2. Resources: by looking at ways to improve the provision of refuges in the county up to the level recommended by the Select Committee; developing a shared pool of accommodation for victims of domestic violence through the co-operation of Housing Authorities and housing associations; funding a telephone helpline; providing better information for professionals.**
- 3. More Effective Response: providing training on inter-agency policy and practice guidelines for professionals; improved recording and monitoring; developing methods of co-operative working.**
- 4. Preventive Work: developing resources to protect women and children after separation to enable them to live violence free life; re-educating perpetrators of violence; educating the public about sources of support in cases of domestic violence; teaching children and young people that inter-personal violence is unacceptable.**

Chapter 1

Introduction

Domestic violence is one of the most common crimes of violence against the person. It makes up one quarter of all the reported crimes (Dobash & Dobash, 1980) and half of the homicides committed on women each year (Criminal Statistics, 1991). According to the British Crime Survey 1992 nearly half (46%) of all violent incidents against women in 1991 were incidents of domestic violence. Half of the victims suffered more than one attack and one third were attacked at least three times during the year. The Crime Survey findings show the widespread nature of domestic violence in Britain and confirm that women and children are the main victims (Mirlees Black, 1995). It is well known that the vast majority of incidents of domestic violence never come to the attention of the police or the courts. Domestic violence is a crime which is 'hidden' within the privacy of the home but the effects are borne by a large number of women and children in the community.

The impact of domestic violence can be particularly devastating because the violence perpetrator is 'a loved one'. It is may also be all the harder to find a solution because traditionally, many professionals and agencies have not wanted to get involved. The effects of this reluctance to intervene upon the safety and well being of women and their children have been documented by extensive research, see for example, Binney, Harkell & Nixon (1988); Edwards, (1989); McWilliams & McKiernan (1993); Pahl, (1985). In the 1990s there has been growing public and government concern about crimes of domestic violence. Intervention to stop domestic violence and prevent it from happening again commonly involves professionals working in a number of different statutory and voluntary agencies. This fact has long been recognised by the Women's Aid refuges who have for many years aimed to work cooperatively with other agencies in the community to offer women a more comprehensive response. The need for a more effective and co-ordinated response has recently been stressed by the Government through the Home Affairs Committee on Domestic Violence in 1993, in the recent Home Office's Inter-Agency Circular, (Home Office, 1994) and by the voluntary group Victim Support (Victim Support, 1992).

The research upon which this report is based developed from local initiatives taken by concerned individuals and agencies in the county of Surrey in the 1990s. In 1992 the Safer Surrey Partnership, Surrey Police and Surrey Women's Aid organised a conference on domestic violence for professionals working in the county. One recommendation made by the 150+ delegates who attended was that steps should be taken to improve inter-agency methods of working. Following the conference, Surrey Women's Aid secured funds from the Roehampton Institute London and Surrey County Council to sponsor a study of domestic violence in Surrey, with a view to developing an effective inter-agency response. One firm principal guiding the enterprise was the need to develop an effective community response which would be sensitive to the needs of women who had experienced domestic violence.

Aims

The project focused upon domestic violence against adult women, although it was intended from the start that the recommendations made regards service provision should also be of help other victims, i.e. those who are abused in same sex relationships and men who are assaulted by their wives or female partners. The study aimed to:

1. gain an indication of extent of domestic violence among women in Surrey;
2. explore the needs of women and children for service provision;
3. evaluate the responses of key agencies offering services in situations of crisis and in the longer term;
4. look at possibilities for developing effective inter-agency strategies in order to protect victims and prevent crimes.

Methods

The research employed both qualitative and quantitative approaches and included some work which is best described as 'action research'. There were four main data gathering phases in the project :

1. the study of inter-agency projects in the county and elsewhere;
2. the questionnaire based study of women's experiences of violence, knowledge and use of agencies;
3. the in-depth study of domestic violence survivors' experiences of the county's various agencies;
4. the postal questionnaire survey of agencies in the county.

The Inter-Agency Study:

Drawing on the experiences of established projects in the UK and overseas, we looked at what inter-agency work against domestic violence involves, how it has been organised and what has been achieved. Literature, minutes and other documentation from inter-agency projects and from the domestic violence forums were analysed. In-depth interviews were undertaken with representatives from the Surrey domestic violence forums and from three established inter-agency projects elsewhere in Britain. A questionnaire was sent to the members of the ten Surrey inter-agency fora .

The Women's Questionnaire Survey: The focus of the study was upon the experiences of violence from known men among women in Surrey . The researchers set up safety, health and information stands in indoor markets and shopping malls across the county and handed out self complete, anonymous questionnaires to women who passed by. In doing this we were keen to ensure the safety of women who participated by volunteering information and we had extensive discussions about safety and ethics. We drew heavily on the experiences of Liz Kelly who, with Alison McGibbon and Libby Cooper, had undertaken similar work for the Hammersmith and Fulham inter-agency project and on the experiences of Jayne Mooney, who had recently completed a study linked to the Middlesex University crime survey. The questionnaires asked women: whether or not they had experienced domestic violence;

about types and frequency of abuse; the effects of abuse and experiences of help seeking; about their awareness of service provision; for their recommendations for service provisions. 484 women completed questionnaires.

The in-depth interviews with survivors: We interviewed 24 women about their experiences of domestic violence and the responses made by agencies in the county, to complement the more general picture that had emerged from the questionnaire data. Most of the women were screened through the questionnaire survey.

The agency study: This involved a postal survey of 171 key professionals, including the police, housing officers, social and health care workers. The questionnaire was structured but incorporated open-ended questions. Questions focused on policy, practice, methods of recording data on domestic violence, knowledge and awareness of domestic violence, inter-agency referral, safety, training and future work. In addition, a small number of interviews were conducted, mostly with the police.

Structure of Report

The extent of domestic violence and women's experiences are discussed in Chapter 2. Chapter 3 looks at inter-agency responses to domestic violence in Surrey and more established inter-agency projects in the country. Chapters 4-9 discuss policy and practice in key agencies. The final chapter draws together the conclusions and recommendations from the project.

Chapter 2

Women's Experiences of Domestic Violence in Surrey

Introduction

An anonymous, self completed questionnaire was used to measure: the prevalence of domestic violence amongst women in the county of Surrey; the effects of violence upon women and women's use and knowledge of statutory and voluntary agencies. The questionnaire also asked women what services were needed in the county for victims of domestic violence.

This questionnaire was given to women who passed by or stopped at health and safety information stands set up at ten locations across the county. Most of the information stands were set up on weekdays in indoor shopping malls or markets. Figure 1 (in Appendix A) shows where the total sample of 484 completed questionnaires came from. There were no refusals to complete the questionnaire once the nature of the project was explained to participants, although some were unable to stop and hear an explanation because they were running for buses or back to the car park.

A contact sheet was included at the end of the questionnaire so that women willing to be interviewed about their experiences could fill in details of their addresses and telephone numbers. Over twenty five per cent of the women who identified themselves as having experienced domestic violence offered themselves for interview. Out of these, twenty four were selected for the qualitative study of women's experiences of violence and the agency response within the county.

The discussion in this chapter draws upon the analysis of the questionnaire data and the twenty four in-depth interviews.

By approaching women alone and over the age of 18 years at random in public places, we hoped to gain access to a sample of women who were generally similar to and representative of the population of the women in the county likely to be married or living in a 'domestic' relationship. Because of the venue and timing of the fieldwork, it is very likely that the sample will under represent women who are in paid employment or in full time education. Women unable to go out shopping alone or at all, or women who have their movements monitored by violent partners would also be under represented in the sample. We deliberately avoided approaching too many older women with questionnaires because we wanted : a. to limit the number of cases where the violence had occurred many years ago/in a previous generation; b. to gain information from women who had recently experienced domestic violence; c. to contact women who had experiences of domestic violence which had recently become a feature of their relationships.

The questionnaire did not ask for information on income levels or occupation so we are unable to draw conclusions about how closely the sample of respondents matched the general population of women in Surrey on the basis of income and occupation . Our impression from talking to women who completed the questionnaires was that women from a range of occupational and income levels participated. Efforts were made to ensure an adequate response from black and ethnic minority women. Khalida Qaiser and Zubadiah Abbas helped the researchers with the fieldwork and interviews. After scrutiny of the census data we feel that the sample achieved was broadly representative of women in Surrey who are married, living with a partner or recently separated. (see **Figure 2 in Appendix A**).

The Extent of Domestic Violence in Surrey

In this section we present findings from the questionnaire on the extent of domestic violence amongst women in the sample. Domestic violence was defined as :

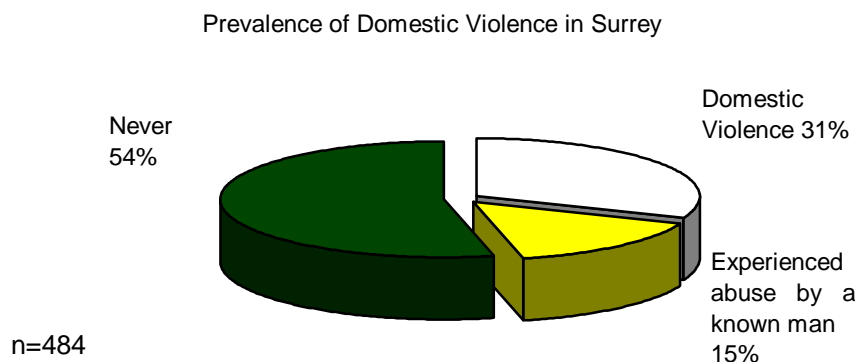
“ physical, sexual, psychological and emotional violence or threats of violence from a known man, since the age of 18”.

We asked women if they had ‘ever’ experienced domestic violence, as well as about recent experiences. The “ ever” question allowed us to estimate the percentage of women who been affected at some time in their lives. We also asked women to indicate if they had experienced specific types of abuse including physical violence, threats of violence, sexual abuse and mental cruelty. The scale used to measure abuse is shown in question three in the questionnaire in Appendix B.

The prevalence rates presented for the above two categories in this chapter rely on the women who participated in this survey feeling able to share their experiences with us. For some reading this chapter, the extent of domestic violence may seem high. There may well have been some under reporting however as women may have been unwilling, fearful or embarrassed to reveal experiences of domestic violence to strangers in a public place.

Thirty one percent (151) of the 484 women who took part in the survey reported that they had at some time in their lives experienced domestic violence from a known man. A further 15% (73 women) reported that they had experienced some form of abuse or violence but did not themselves define that abuse as being ‘domestic violence’ (see **Figure 1**).

Figure 1

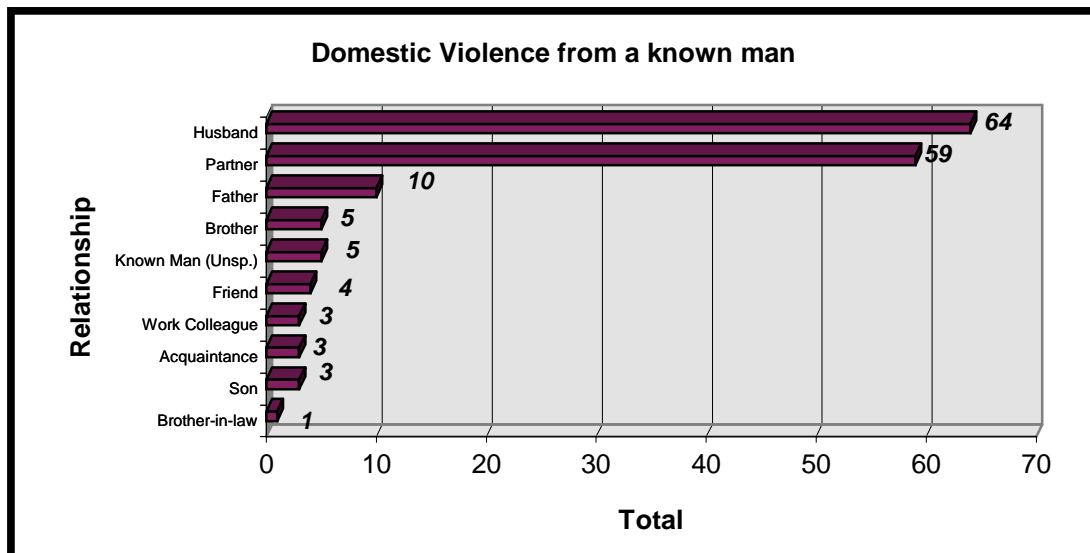


The majority of women who had experienced domestic violence had been abused by a male sexual partner. Over twenty five per cent of the women (123) reported experiencing domestic violence from a sexual partner. A smaller number of women

reported abuse from a father, brother, male friend, work colleague or son, (see Figure 2). The extent of domestic violence found amongst the sample of women in Surrey is within the range uncovered by other research studies. The British Crime Survey in 1991 found that 11% of women who had lived with a partner at some time said there had been physical violence in the relationship (Mirlees- Black, 1995). The Home Office has said that the BCS tends to under count domestic violence especially sexual violence. Various smaller scale research studies in England show at least 1 in 4 women reporting having experienced domestic violence at some time in their lives (McGibbon et al, 1988; Mooney, 1993.) The findings from the Surrey project add weight to the growing evidence of high levels of domestic violence amongst women in England.

The mean age at which domestic violence started was 23.46 yrs.(age range, 3 yrs to 66 yrs). The most likely age (mode) for the commencement of abuse was 20 years The average length of time women said they remained in abusive relationships was 7 yrs and 3 months (range 1 month to 40 years).

Figure 2



Women’s Experiences of abuse

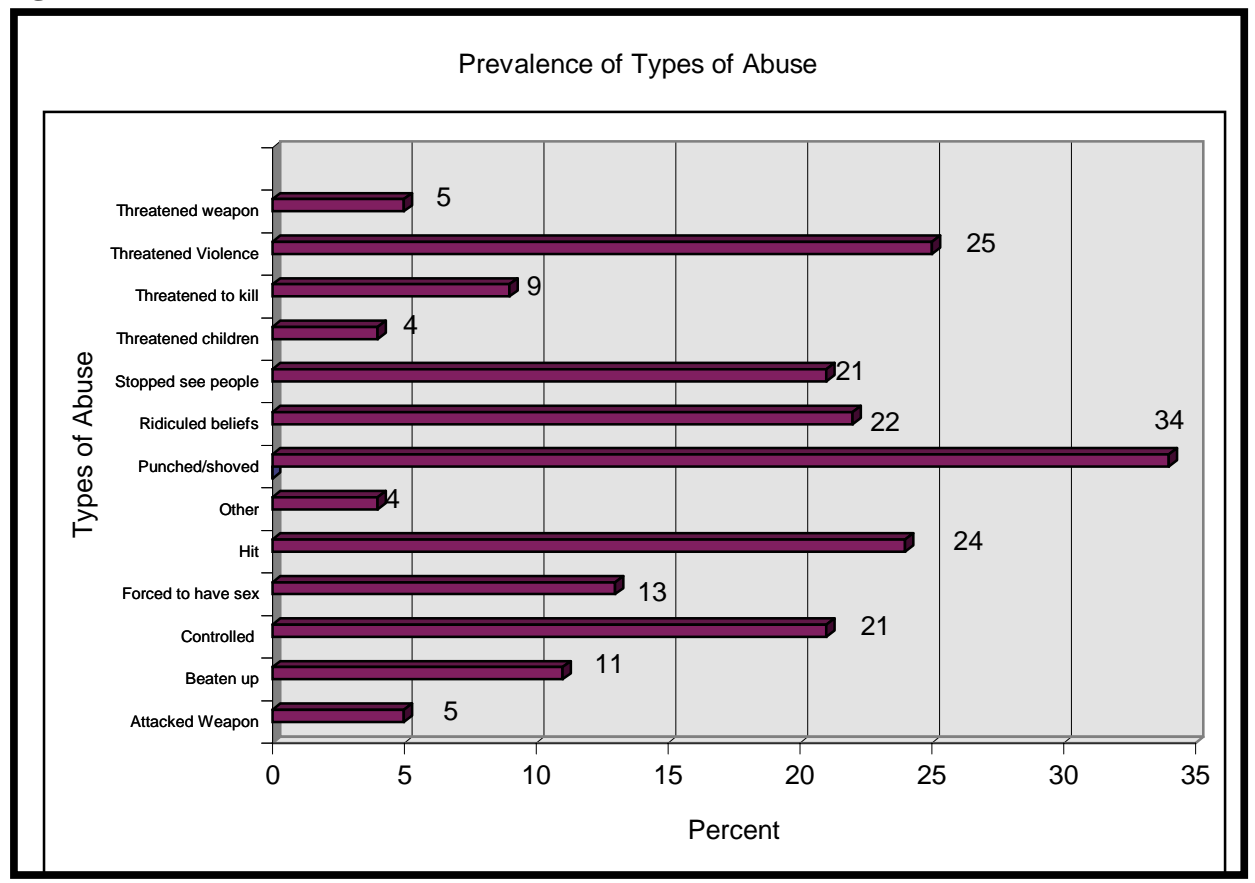
The women were asked to fill in a grid indicating whether they had ever experienced a range of physical mental and sexual forms of abuse and to also indicate how frequently they had experienced these forms of abuse. The results for this question are presented in Figure 3. One hundred and thirty four women (46.3%) reported that they had experienced at least one form of abuse on the table.

The most commonly mentioned abuse was physical violence from a partner. Forms of physical violence included being punched or shoved (156,34%), hit (116, 24%), being beaten up (53, 11%) and being attacked with a weapon (20 ,5%).

Many women reported having experienced a range of abusive acts and living under the constant shadow of threats of violence. One quarter of the sample had been threatened with violence. An alarming 9%, (41) had at some point had their lives threatened by a man and 5%, (23) had been threatened with a weapon.

One fifth of the women stated that they had experienced mental abuse and controlling behaviour . Twenty two per cent , (106)of women said they had been constantly ridiculed and put down by a known man, 21%, (103) had partners who had isolated them and stopped them from seeing family and friends, 24%, (116) had partners who had tried to control every aspect of their lives.

Figure 3



The data discussed above gives a clear indication of the form and frequency of abuse experienced by women in the county but it does not tell us much about the devastating impact which domestic violence has upon women's lives. The in-depth interviews enabled women to give their own accounts of how the violence had affected them.

The threat of violence

Twenty five percent of women who filled in questionnaires said they had been threatened with violence. The interviews showed how living under the constant threat of violence had a profound impact upon women's everyday lives :

“ Everyday I had, you know, I will throw you out of the window or I will run you over or whatever, you know. And it sounds stupid because it was over things like, not making him a cup of coffee or something” (Belinda)

“ He always threatened me... you know if I did this he would kill me, or smash my face in...he was always threatening...if I did something he didn't like, or I stepped out of line” (Jan)

“ He said if I find out you're seeing somebody else , I'm going to f---ing kill you, and he really meant it. Because at times he would pin me against the wall and put his fingers at me. And I knew he meant it because he's ex army he knew just how to kill somebody”(Amanda)

Nine percent of the women who completed questionnaires had their lives threatened at least once. Five percent had been threatened with a weapon:

“He put a knife to my throat three times. Not a knife a razor, a cut throat razor, and but he never used it, he never cut me with it” (Kirsty)

“The most frightening thing about that was the gun, he put it in my mouth, he put it down my knickers, he was just going completely berserk” (Amanda)

Living under these constant threats affected women's lives in every possible way. They constantly had to think about what they said, what they did and how they looked..

Control

The constant threat of violence was very much part of the control which women described as being deeply rooted in their relationship with partners. Twenty one percent of women said that their partners had controlled their movements, their activities and even tried to control their thoughts. Social isolation, preventing the woman from seeing family or friends or making it difficult for her to go out to work were common experiences women had:

“I managed to get a little job in a restaurant in the bar. At first he was all right about it. Then a bloke was talking to me, and he kicked seven bells out of the bloke, I mean I was a barmaid....he told the owner of the restaurant if he ever had me in there again he’d blow it up, so I couldn’t go back there”(Amanda)

The inability to work meant that some women were dependent upon their partners for economic support. This gave partners scope to exert financial control. Not having enough money to do anything because of a partner’s meanness with money was also a common experience.

“ He’d leave me two pounds a day to get something for dinner, so he’d made sure I had just enough, and then I’d have to ask him say if I wanted sanitary towels or deodorant or that, like for extra, and he’d say well what have you done with the money, like he gave me” (Susan)

Some of the women interviewed had partners who dictated to them what they could and could not wear:

“ I bought a suit and he ripped it up saying um you look like a tramp an that. Now the skirt was below my knee and it was a jacket....he like rips em up on me, like what clothes he didn’t like on me, he preferred me in jeans and long skirts and long dresses” (Susan)

One fifth of women who completed questionnaires said they had become very isolated because their partners’ behaviour had resulted in them losing contact with family and friends. Women interviewed told how the abuse meant they had very little contact with anybody outside the family home.

“I didn’t have any contact with (my family) for three years, because he wouldn’t allow it. He caught me once making a call to my sister and he ripped the phone out of the wall and wrapped it around my neck”(Amanda)

“ He stopped me from going out with my friends. I was restricted to seeing my parents once a week....and most of the time he had to be there in case I said anything about him wrong or anything” (Kirsty)

A number of the women interviewed described how partners had made gross efforts to control their movements by holding them hostage in the home:

“ In the end I couldn’t go anywhere....If I went to the shops he’d say you’d better be back here in five or ten minutes. So I always used to rush around...just to keep the peace” (Sarah)

“ He wasn’t coming home in the daytime because he wanted a quick sexual fix, he just didn’t want me going out anywhere, he just literally wanted to keep me a prisoner in the house, in the middle of nowhere”(Betty)

Mental and Emotional Cruelty

Just over one fifth of women who completed questionnaires (22%) said that their partners' physical violence was backed up with emotional or mental cruelty. During the interviews women reported having been frequently criticised, undermined and ridiculed.

*“ He called me names , fat this and fat that. When I had the baby, what a disgusting body I had, stretch marks and saggy tits. Oh and he couldn't come near me, I made his stomach turn and I made him physically sick to look at me and I was just a piece of nothing, I was shit and shit finds its level”
(Amanda)*

“I remember once I had forgotten to get nappies, and right at the checkout , he sort of like blew up. It was crowded and he was saying you're a total and absolute waste of space, your a turd brain, in front of all these people...He did that quite a lot”(Belinda)

– Sometimes the behaviour was extremely petty but in the context of the violence and constant criticism it added weight to the abuse:

“ He'd do really stupid things like if I wanted to watch something on the telly he'd take the fuses out of the main fuse box, or put the stereo on full volume” (Doreen)

These acts were very much part of a 'continuum of control.'. The ultimate goal being to keep a woman under the abuser's control, so that turning outside the relationship for help was made more difficult:

“I'd been married once already and he'd say nobody would want somebody who had been married. If I left I would never have anyone again. How fat I was and how ugly I was, and how I was lucky to have him because who would love me because I had three children and I was unlovable and I was mad and all the rest of it” (Doreen)

Sexual abuse

Just under one quarter of the sample surveyed were forced to have sex with a partner against their will. Many women interviewed also said that, in addition to marital rape, their partners made persistent requests for sexual intercourse, sometimes after brutal physical attacks.

“It was his way of saying sorry. I mean I just said right forget it, and he'd say no, and he'd start again. And then he used to like drag me into the bedroom, or I used to do it just , like for peace and quiet”(Brenda)

“he’d just, if I was in bed, asleep or not asleep, he would just carry on...if I said to him look I’m tired, he’d go just fall asleep and I’ll carry on, so it was sickening” (Susan)

“It would be a case of going on and on in the end...and keeping on at me...so you sort of submit in the end...there were a few occasions like that when I’d think oh god just have done with it. Mentally going on and on till you’re just worn down” (Pam)

“It was usually if he wanted to have sex and I didn’t want to have sex with him, he just dragged me around the house by the head...and your head really feels like its going to explode when someone is really pulling you by the hair, um, he’d end up getting me on the floor or in the bed and putting his hand up against my throat, him putting a lot of pressure on my throat, and I really believed he would kill me...and he just used to open my legs and just have sex with me, just like that, and then he’d just get up and leave me there” (Amanda)

Some women said they had been coerced into rough sex or into sexual intercourse which included performing sexual acts which they found distasteful . One woman was regularly strangled by her partner during intercourse:

“ He had this thing about strangling me, especially if you were like having sex or anything like that...he’d put his hands on my throat, and quite often I’d pass out...he’d do this three or four times a week.” (Brenda)

“If it was anything to do with sex, he’d say it was awful, you know she wouldn’t do anything properly....push her around and she’d do it. I was ever offered to a couple of his mates on night, he wanted me to go with a couple of his mates and I wouldn’t” (Brenda)

Public and private humiliation by partners regards a woman’s sexual performance were common experiences for those who had suffered sexual violence

Physical violence

Nearly a quarter of women who completed questionnaires said they had been hit by partners (24%) and a third had been punched or shoved (34%). Most of the women interviewed described how their partners had been ‘careful’ to ensure that there were no clear signs of gross battery around the face. The face might be slapped but the head covered by hair would receive more blows:

“ It was mainly around the head. He’d slap me round the face quite a bit” (Kirsty)

“ He used to say I won’t leave any marks on you.....I wanted to go to a friends house, I had very long hair then, he literally dragged me around, pushing me around by my hair. My whole head felt so bruised....he wouldn’t

like punch you in the face or anything like that. It was a lot of, you know, twisting your arm around and just sort of sitting on you, he wouldn't do it so he showed bruises" (Margaret)

Physical violence was commonly targeted at parts of the body where bruising would not generally be visible when the victim was fully dressed.

Eleven percent of the women in the questionnaire survey said they had been beaten up at least once by a known man. The interviews showed how poorly the term 'beaten up' conveyed the some of the extreme physical, sexual and emotional abuse women had experienced. The following extract from one of the women interviewed shows what 'beating up' meant :

"He came home one night and I was in bed and it was dark, the baby was asleep, and I can remember him just getting hold of me by the head and dragging me out of the bed, and we had marble floors and a quite high bed, and as he pulled me out of the bed, I smashed my head against the floor....he was just shouting at me and calling me names, having a go at me. I was kept in a room with him for eight hours while he beat me with a stick, with a gun round my head. He told me he was going to have a suicide pact, he was going to kill me, then he was going to kill himself. He took his gun and shoved it down my throat, and told me 'I'm going to kill you, you're a fucking slut'. That's all he kept saying over and over again. He broke both my arms, he smashed my head open, he broke my jaw, and I was bruised from head to foot, where he'd been hitting me with the stick" (Amanda)

Twenty nine per cent of those women interviewed had been physically assaulted during pregnancy.

He kicked me in the stomach and I was expecting at the time...and I ended up in hospital and I had a miscarriage" (Belinda)

" when I told him I was pregnant one minute he was happy and all over me....and when he knew I wouldn't marry him, he kept kicking me in the stomach trying to kill it" (Brenda)

"I think the worst incident was the most frightening, because I was so heavily pregnant...and because it had never happened before. I didn't know whether to protect my head or protect my stomach" (Doreen)

Threatening abuse/abuse children

The survey found a relatively low rate of women's reports of child abuse from the violent partner. Just 4% of the women said that the abusive partner had also threatened or abused their children. In the majority of these cases the children had been verbally abused or threatened. A small number of women said that the children had been physically attacked:

“ He wasn’t allowed to do things, he wasn’t allowed to play like normal children. ...He’d smack him for any reason. As he got older, he’d start answering back, which made it worse, because he actually got hidings, he’d beat him up. One incident, ...he kicked him in the stomach, and threw a wardrobe on top off him.... He was treated like a slave.. If we had visitors he’d be woken to make a drink, and if he didn’t make it properly he wouldn’t be given a good hiding” (Doreen)

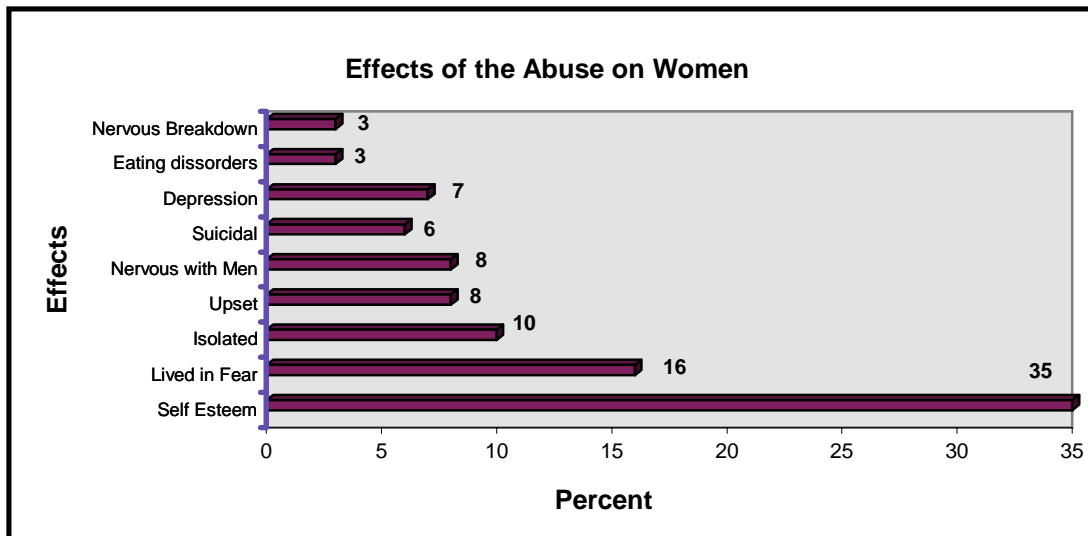
The reports of child abuse are significantly lower than those found in other research studies, where in 30-60% of domestic violence cases the violent partner has also abused the children (Hester & Radford, 1996). It is possible that there may have been some under-counting of child abuse in the survey. The public venue and clear association between the Inter-Agency project and Surrey Social services may have affected women’s willingness to mention child abuse.

Effects of the abuse

In an open ended question the questionnaire asked women who had experienced domestic violence what they considered to be the main effects abuse had upon them (see **Figure 4**). The effects of violence upon general mental health, well being and sense of self worth was the most frequent response women made. For a number, the abuse had greatly affected their lives over a significant period of time.

Over a third of women who reported experiencing violence said that diminished self esteem and confidence as a result of the abuse had been a major problem for them. Other effects mentioned by women included: living in fear, (16%); feeling isolated in the community (16%); feeling very nervous and unable to form relationships with men, (8%), symptoms of depression (7%), suicidal tendencies (6%) and the onset of eating disorders (3%).

Figure 4



Physical injuries

When asked about the effects of living with an abusive partner, women played down the physical injuries they had received. Many did not mention physical injuries as a major effect of the abuse whilst completing the questionnaire. The psychological effects had a more pronounced impact on women's lives. This does not mean however that women did not suffer physical harm and poor health as a result of domestic violence, merely that they felt that the physical injuries were more readily dealt with than the mental or emotional harm. The interviews showed in more detail the physical harm caused by domestic violence:

“He fractured my skull, smashed my skull open, he broke my right arm in three places and two fingers, and the left arm he broke down by the wrist, and he broke my jaw.....my face was all deformed, where it had been broken and the swelling was so bad this eye was completely closed over...the whole face was like a big purple plum” (Amanda)

“ both eyes were always black” (Amanda)

“I was sitting watching the telly and he just came in and gave me a punch in the ribs and I could just hear them cracking, but it didn't really hurt because when you first get the hiding it doesn't hurt when you're getting it because you are so frightened, it's just the next day when you feel the pain”(Susan)

“ It was mostly bruising, he never broke my skin, never any bleeding, and it was never to my face, it was always down the side, shoulder, down the side of my arm, and the top of my legs, and mostly, apart from when he had me pinned up against a front door and obviously the back of my head against a door” (Doreen)

Other injuries mentioned by the women included: broken limbs, burns, cuts, teeth knocked out, vaginal injuries, concussion, internal injuries, and bruising.

Self Esteem

Perpetrators of domestic violence typically deny their responsibility for violence and try to shift blame on to their victims (Dobash & Dobash, 1992). In the context of the combined physical, sexual and emotional violence many of the women surveyed reported, this shifting of responsibility inevitably left some feeling worthless and ashamed:

“It was all my fault because I was so horrible and useless...when somebody says that to you every day...you do start to feel almost...like well is it ..is it my fault? You sort of doubt yourself almost. You feel very inadequate...very sort of worthless. It is very demoralising. Inside a bit of your self esteem is chipped away....every time you are hit. So you feel very worthless...and sort of rubbish. Well they tell you that as well” (Sam)

“ being called shit for brains and a waste of space every day for seven years doesn't sort of do your confidence any good. So that was worn down sort of quite early” (Belinda)

Some of the women interviewed said they felt they had changed from being confident and outgoing people to feeling paralysed or unable to interact in everyday social situations:

I got to the point where I couldn't go outside, I couldn't bring myself to walk down the streets, I didn't want anyone to see me, to look at me. I used to literally walk round like this....I remember getting a dictionary of psychology, and trying to work it all out” (Margaret)

“I was always a very confident person, I always seem to know what I wanted to do...I always used to fight back with him.....The confidence lacking means that you can't go down the shops to buy a pint of milk, you can't dial a telephone number on a telephone, you can't do anything because when you've been put down so much you believe what they tell you, you believe them, you look at yourself and you think well I'm nothing, I don't exist. You go from day to day as nothing, you've just got a beating , that's it....you can't converse with people” (Amanda)

Fear

Sixteen per cent of women surveyed said that living in fear was a major effect which the abuse had upon their lives whilst living with their partners and after leaving:

“ It was like living with an unexploded bomb, cos you never knew when he was going to explode or even what was going to set him off” (Doreen)

“ He threw the dinner, and I had a load of ironing on the table and he threw that across the room, and he threw the chairs...it shakes you up, cos you think you’re next...It’s just like living on a knife’s edge, you’d say one word out of place and he’d flare up. It was sort of like walking on egg shells” (Pam)

This fear does not necessarily lift after women leave the relationship. Violence and harassment often continues after separation, particularly if contact is set up between the father and the children (Hester & Radford, 1996). Fear that the partner might find them was a common cause of concern reported at interview:

“ You just never knew what was going to happen and when and afterward, if somebody brushes past you in the street, it gives you a fright..if somebody reaches out to touch you, you draw back,. You just don’t want to be touched by anybody” (Doreen)

“I’m still very anxious that I don’t meet him, it’s almost been two years now but I’m still sort of, if I hear a motorbike pull up outside or something, I’m almost reaching for the telephone to phone the police. If I’m in the street and hear a motorbike, I’m still trying to dive for cover” (Belinda)

Nervous with men

Eight percent of women who completed questionnaires said that the violence had left them feeling unable to form a trusting relationship with another man .

“ It has affected the relationship I’m in...I don’t think men are good for anything you know...I just haven’t got any respect for them.” (Pat)

“I couldn’t have a relationship with another man, I couldn’t trust another man, ever, ever again” (Sam)

There are clearly policy implications here for statutory and voluntary agencies. Women’s fears should be acknowledged and preferences for female front line workers treated with due respect.

Suicidal

Six percent of women surveyed said they had felt suicidal/attempted suicide as a result of the domestic violence:

“ I tried to kill myself a good few times, with overdoses and stupid things like that...it just drives you bananas and you’re thinking what can I do, how am I going to get out of this, so that’s when you start thinking about the tablets. And then even the kids don’t matter at that time. Nothing matters except for just getting out....When I did take an overdose, they either pumped my stomach or made me drink charcoal , and just kept me overnight and sent me home” (Susan)

“Two or three times I was sat with the anti depressants and the gin, and it was purely by fluke that I didn’t do it....my friend just happened to pop in and I just happened to be sat there, otherwise, you know....Two or three times I got that far. Although I think if she hadn’t have come in that particular time I would have ” (Doreen)

“I was completely at the end of my tether, and that was about a year before I actually left him. And I had to get it all planned, I’d got the suicide all planned. I got myself half a bottle of vodka and we had quite a collection of tablets in the house...I got them all collected up together and I was definitely going to do it...I was going to drink the vodka go to sleep and not wake up the next morning..I was listening to Radio 4 and they had a lot of things about suicide and how children cope, and I thought I can’t put the children through that”(Belinda)

Depression

Seven percent of the women reported feeling depressed or being treated for depression as a result of the abuse:

“ I wake up in the morning and I can’t motivate myself, I can’t see how I can cope with the day. I can’t get dressed, I can’t do my hair, I can’t brush my teeth, I feel sick, I can’t eat, I just sit and smoke, smoke, smoke and I smoke sixty cigarettes a day. I cry constantly all day long...when I go to bed at night I physically see the walls coming in on me and I can’t breath...I don’t go to bed until four or five o’clock the morning”(Amanda)

“I couldn’t sleep and I didn’t eat and I was in a real mess, and I went to the doctor for sleeping tablets...she gave me antidepressants , I had those before I went into hospital” (Doreen)

Three percent of women had been hospitalised for acute psychiatric care:

“ I’ve laid on the floor and just screamed ‘I can’t take anymore, I’ve had enough’, and I felt as if my head was going to explode...You’re just zombied, your brain has gone. I’ve got no memory no more. I can’t think of a decent thing that happened to me in my life. I just think badness, and it really relates on everything round you, and everybody....I don’t like myself”(Amanda)

Eating disorders

A small number of women mentioned suffering an eating disorder as a result of the abuse:

“I was five and a half stone and thought I was huge and fat” (Betty)

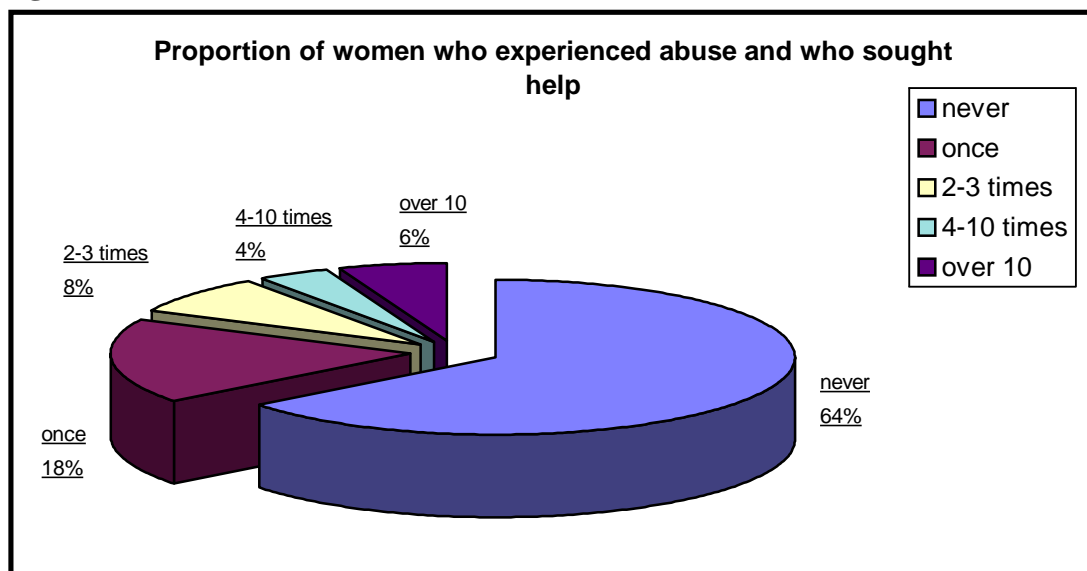
“ In the beginning I never used to eat, I just used to cook his dinner and if I had a tin of spaghetti or something it used to make me feel sick” (Susan)

“Because I lost my appetite, I lost a lot of weight, and then I didn’t want to eat because I liked being, I liked the way I looked, nobody else did...Everybody kept saying you look awful, you look so ill, your too skinny, and I was of the opinion that I could never be too skinny” (Doreen)

Help Seeking

Only forty six percent of the women who completed questionnaires and said they had experienced abuse, sought help during or after the relationship, (see **Figure 5**). The average length of time women waited before they sought help was three and a half years (range one month to 21 years). Eighteen percent of the sample sought help on more than one occasion.

Figure 5



Reasons for not seeking help

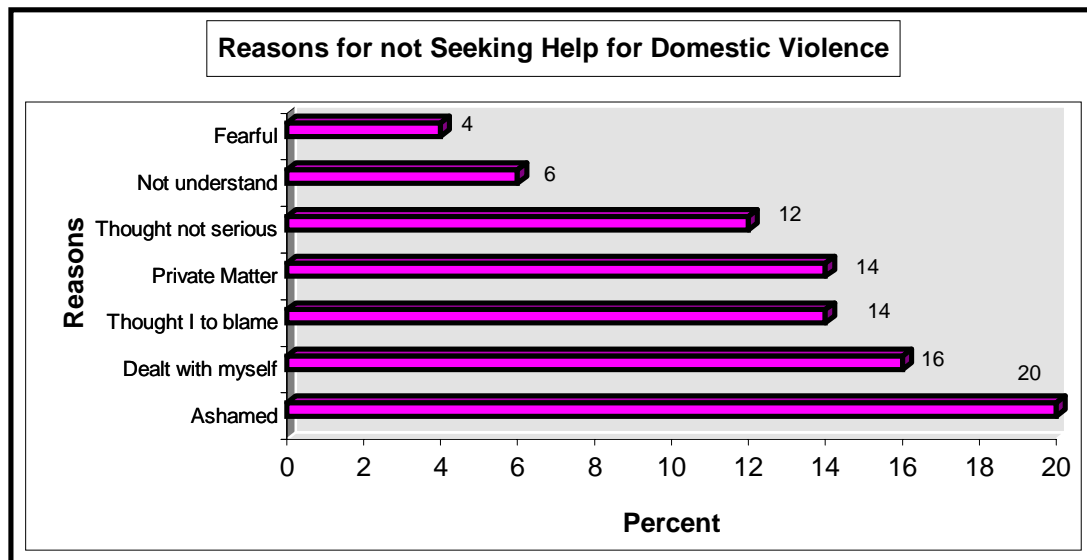
We asked women who had not sought help (64% of those who reported violence) to list their reasons for not doing so. It is important to note that women did not give any one reason. Most said they felt there had been a combination of reasons why they

were unable to turn to family, friends or outside agencies for help. Women also said that their reasons for not seeking help changed over time.

Figure 8 shows the most frequently reported reasons identified by the women who completed the questionnaire. One fifth said that they felt too ashamed and embarrassed about the abuse to approach family, friends or an agency for advice or support. Fourteen percent felt that they were to blame for the problems in the relationship, 14% said they felt that the abuse was a private matter and they should deal with it by themselves, 12% said they felt that the violence was not 'serious' enough.

A number of women felt that professionals and family and friends would not understand their experience (6%), and might be judgemental if they approached them for help. Fear that the violence might increase stopped 4% of women from approaching others for help.

Figure 6



The interviews show how women’s reasons for not involving family, friends or agencies were often a rational response to their experience of living through domestic violence.

Feelings of shame and self-blame

One fifth of women who did not seek help reported feelings of shame:

“ I felt really ashamed that it was happening...I didn’t want people to know how horrible he was”(Belinda)

Feeling that they were to blame for the abuse stopped 14% of women seeking help. This feeling was very much compounded by the isolation that many experienced as a result of the abuse.

“ There’s this feeling of being alone, that nobody else has suffered it, and it’s something peculiar to you. I always felt that it must be my fault, you know what did I do wrong....what was it about me that made people react to me in this way and it had to be my fault somewhere down the line” (Belinda)

“I didn’t seek help because I thought it was me...I thought it was my fault, so I deserved it” (Brenda)

Deal with myself

Sixteen percent of the women who completed questionnaires said that, for a time, they felt that they could deal with the situation themselves. Only a small number of women reported success.

“ I suppose you feel it’s your problem.....you’ve got to sort out yourself, and don’t involve anyone else”(Sam)

“ I thought I was in control of everything, although I was getting irregular sleep patterns and whatever else was going on. I didn’t think I needed any outside help”(Kirsty)

Not serious enough

Twelve percent of women surveyed felt that the abuse was not ‘serious ‘enough to warrant asking for help and advice.

I never thought I was being abused, that’s the cliché’ isn’t it. Now I look back on it....But yeah I didn’t think I was being abused because he wasn’t really really hurting me. I didn’t have to go to hospital, so I never thought I was being abused. (Kirsty)

“The sad thing is when you’ve gone through the abuse that I’ve been through, when somebody punches you in the face you don’t think there is anything wrong with it, because you’ve had so much worse done. So when I say to them, I only got a punch in the face, and they look at me in horror...but because I’d been used to being beaten with sticks and everything else, it didn’t seem like anything too bad” (Amanda)

Understand/believe

Six percent of women felt that both family and friends and professionals would not understand or believe them. Many of the women interviewed also said that their partners had often told them they would not be believed .

“He said if it’s your word against mine, people will believe me, because you’re such a non entity, nobody would believe you” (Belinda)

“I thought well nobody’s going to believe me, even if I went to the police, or I go to the doctor and say, you know, my boyfriend’s hit me, I just didn’t think anybody’d believe me.... I thought that everybody would take his side and he was such a good and convincing liar” (Belinda)

Fear

Fear stopped 4% of the sample asking for help. For some it was the fear of losing their children,

“I didn’t want to be there I really didn’t, I really wanted to get out and go but I couldn’t, and not because I loved him and not because I was frightened of him, because I wouldn’t have been able to take my child away” (Amanda)

For others it was the fear that the violence might get worse if they asked for help,

“ I was too frightened in case he found out....it’s just in your head that somebody might slip up somewhere and it’ll just come back to him and I’ll get a worse hiding. So I just didn’t tell anyone” (Susan)

“I don’t know what made me stay with him, but I was very frightened of him....he’s really hurt two members of my family because I’ve left him....his family phoned me saying they were going to slice my face to pieces, they’re going to kill me, they’re going to take my children off me” (Amanda)

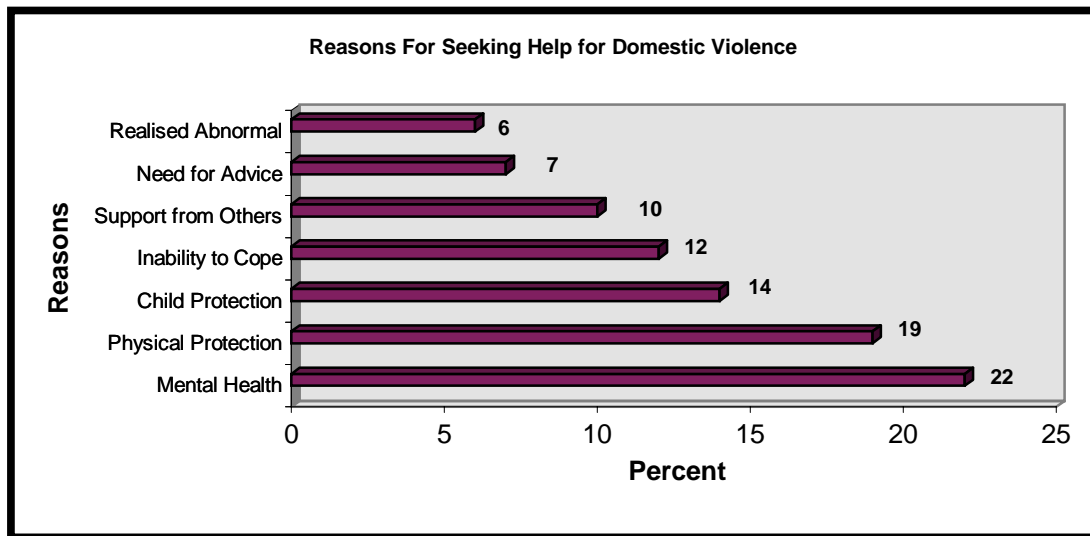
Others feared that they would never escape:

“ I was too scared...He told me that if I ever left him, I could not go anywhere, he would always find me. He’d say he’d spend day and night looking for me until he found me.” (Pat)

Seeking help

Women who completed questionnaires who had sought help for domestic violence, were asked to document their reasons for doing so (**see Figure 7**). Twenty two percent said that at the time they felt they needed help because their mental health was affected. Nineteen percent wanted physical protection from the perpetrator. Fourteen percent wanted to protect their children from the violence and abuse. A proportion of women, (12%) sought help because they felt that they could no longer cope with the abuse. The need for advice was the main reason given by 7% of the women surveyed. Six percent of women said they sought help because they felt that the relationship was abnormal.

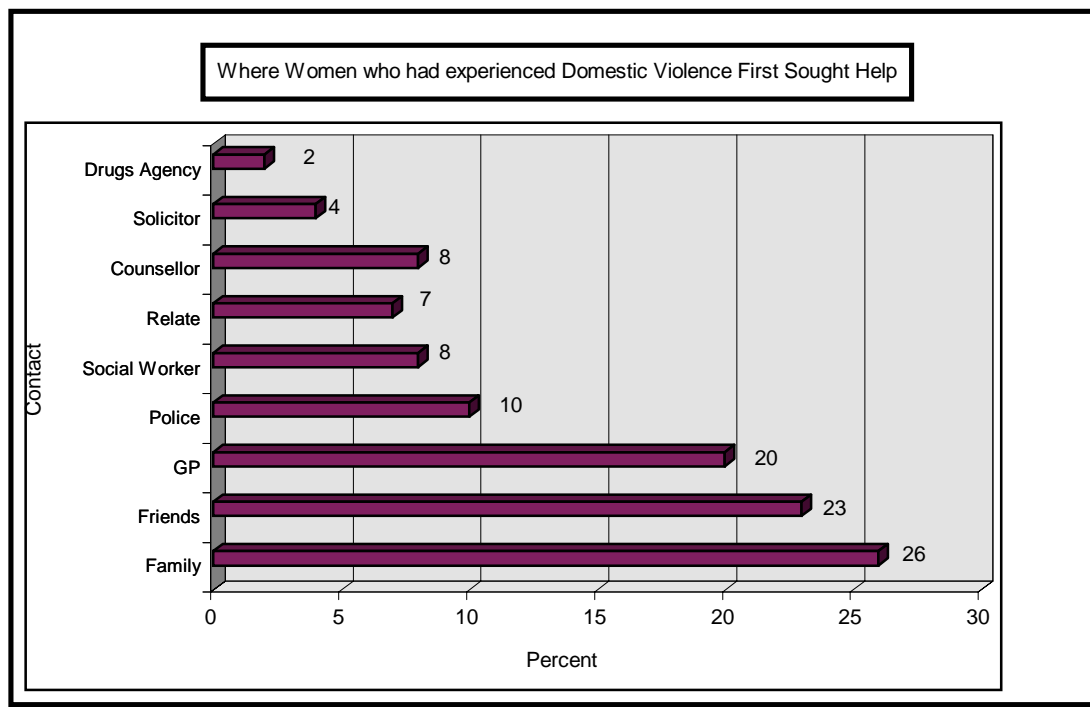
Figure 7



Where women first sought help

Family and friends were usually the first people women said they approached for help and advice. Twenty six percent of women first approached their family and 23% approached their friends. Twenty percent of women went first to their General Practitioner, 10% to the police, 8% the social services, 7% to Relate, 8% to counsellors and 4% to solicitors,(see Figure 8).

Figure 8



Kinds of help women wanted when they first sought help

A large proportion of women when seeking help for the first time said that they needed emotional help (25%), somebody to listen to their problems and fears (24%) and reassurance (20%), (see **Figure 9**)

Just under a quarter of the women (22%) said that they most needed protection from the perpetrator. Many looked to the police for protection:

“ First off I thought if the police went round and had a word with him it might frighten him, keep him away. ...I wanted the police to get an injunction against him or lock him up” (Brenda)

Four percent of women said at first they wanted someone to talk to the abuser:

“I always wanted someone to talk to him, to stop him hitting me....I thought it would stop one day and we’d be all right” (Brenda)

Thirteen percent wanted help to leave the perpetrator:

“I wanted help to get out of there. I wanted him(friend) to convince me to leave him and to convince me that everything was going to be all right, if I had left him. If someone had convinced me that if I had left him it would have been over than I would have left”.(Brenda)

Twenty four percent of women just wanted somebody to listen to their problems when they first sought help,

“I wanted a listening ear really I suppose, someone to off load it to” (Belinda)

One fifth of women wanted validation and re-assurance from either informal networks or professionals:

“ I was trying to establish that it wasn’t the right way to have a relationship. I was sort of asking her, what do you think of it. Um, what do you think I should do” (Pat)

“ Cos I didn’t have any self confidence at all, I really didn’t think I could live on my own with two children.....so they persuaded me that I was quite capable of filling in DSS Forms and I was capable of living on my own with two children. It was just sort of building on my self confidence. ” (Belinda)

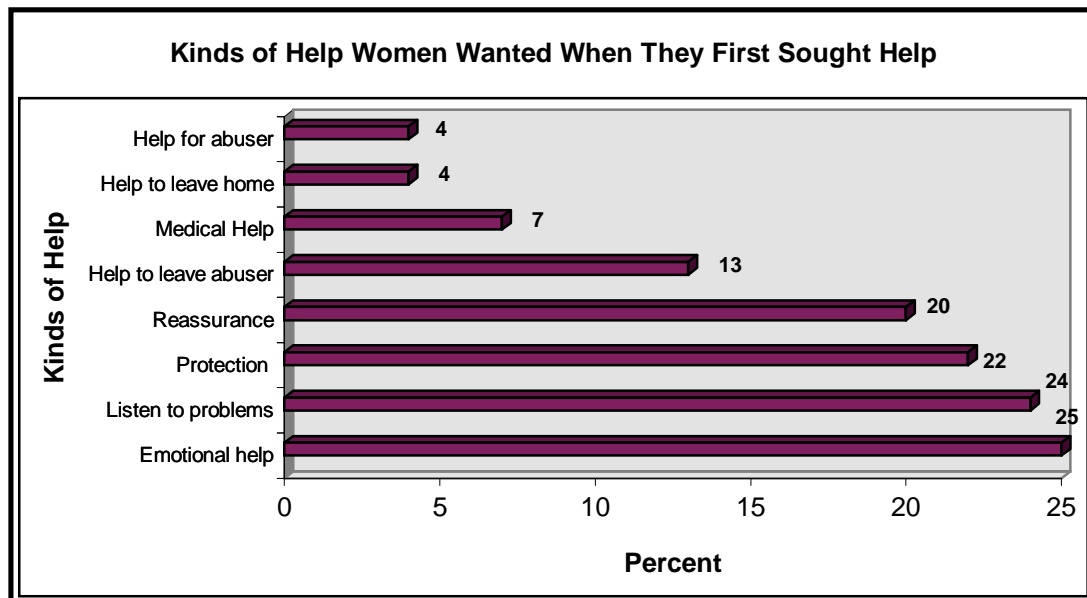
Many of the women interviewed stressed the importance of family, friends or professionals working within key agencies to say clearly that the violence was not

their fault, they were not to blame, that they would be safe and that things would get better once they left.

Seven percent of women stated that they needed medical attention when they first sought help. The majority approached primary health care teams but a smaller number went to a hospital Accident and Emergency Department. A proportion of women sought medical attention because they needed a doctor to check injuries they had sustained after an episode of violence, especially during pregnancy.

“ I phoned the hospital and told them I’d been attacked and that I was three months pregnant. She said what are you feeling and I said pain. She said come along and we’ll get you checked over just to be on the safe side”(Pat)

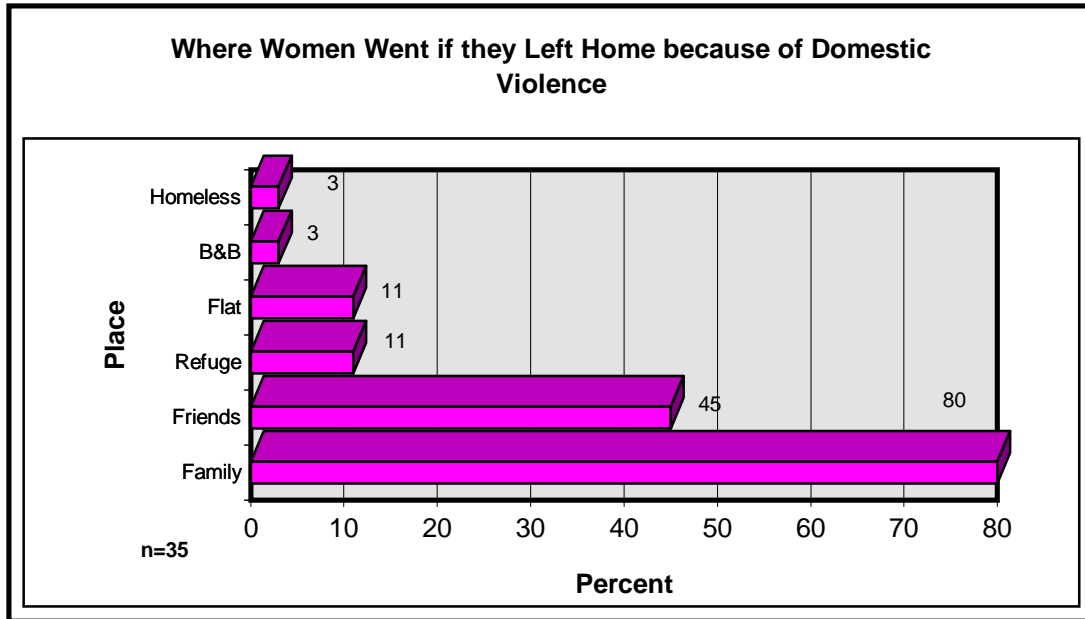
Figure 9



Leaving the home

Thirty five (23%) women said that they left their home at least once as part of their efforts to stop the violence, (see Figure 10). The majority went to their families (80%) or friends (45%). Women also stayed in refuges (11%), rented accommodation (11%) and bed and breakfast accommodation (3%). Two women had no where to go and walked the streets overnight .

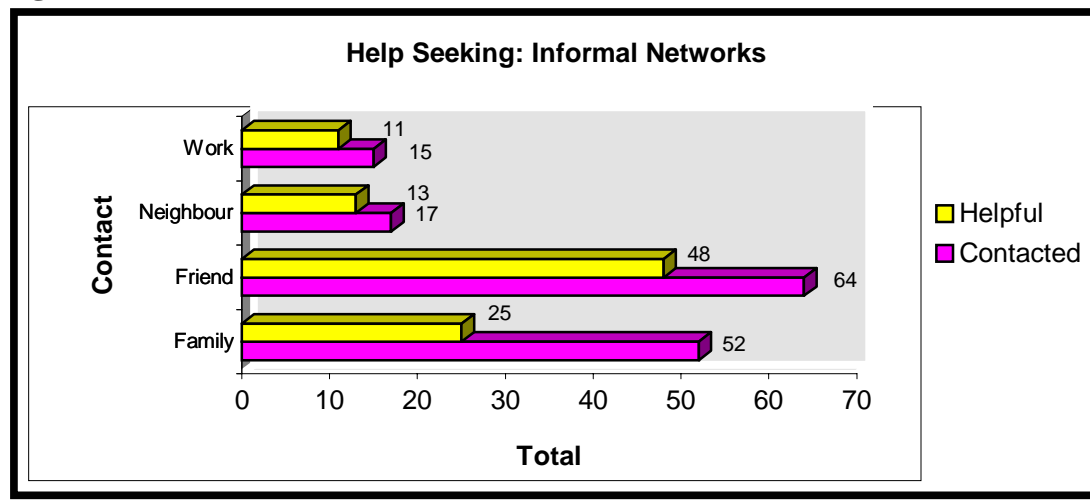
Figure 10



Approaches to Informal Networks, Statutory and Non Statutory Services

Informal Networks

Figure 11



Informal networks were most commonly approached by women for help. Informal networks approached included family (52%), friends (48%), neighbours (17%) and work colleagues (15%), (see **Figure 11**). However a significant proportion of women who asked for help from family and friends found their responses unhelpful. One quarter of the women who asked their friends for help and over half (52%) who approached their family, found them unhelpful..

Many women said they turned to family and friends as the ‘most natural’ group of people to reach out to during times of crisis. Some women however only turned to family and friends as a last resort. Some women were not aware of other resources in the county:

“I didn’t know there was anyone I could turn to for help, so that is why I turned to friends” (Sarah)

“When I went to my parents out of sheer desperation. If I could have gone to a women’s refuge I would have done”(Kirsty)

Many women did not have any informal networks to turn to because families lived too far away, parents had died or contact had been lost as a result of domestic violence.

“ My mum and I have really not got on very well. You know my mum’s not my first choice of parent”(Betty)

Some family members refused to get involved:

“ When I was in hospital, absolutely drugged out of my brain, no-one was believing me, and I rang them, I begged them to come and see me, and they just said no” (Brenda)

Others took a ‘lie in your own bed’ approach:

“ My mum’s attitude was just basically you had to grin and bear it” (Belinda)

“ My parents were sort of like it didn’t exist anyway. My dad thought it was my own fault, sort of like arguing or something (Sarah)

Some of the women said they had been unable to turn to their family or friends because they had their own problems to deal with:

“ My mum had just lost my dad, so she had so many problems herself”(Sam)

Others knew that relying upon informal networks would be unsafe :

“ I don’t trust none of them..I mean he knows their phone numbers...their boyfriends are friends of his, and I don’t trust any of them”(Brenda)

Women who did find families and friends helpful, most appreciated the practical and emotional support given:

“ They were really supportive, they were great at giving me somewhere to live, they were feeding me and everything, really keeping me together”(Brenda)

“ She was brilliant, she sort of like understood. But she’s a very sympathetic person anyway”(Pam)

Conversely, the effects of an unsupportive response from family, friends and informal networks were often devastating. Families in particular became too emotionally involved and unable to give objective, rational support:

“My parents were obviously involved, emotionally involved, and were very angry with me because I hadn’t told them about it. They were dealing with their problems with it as well. So as much as they were there, well they weren’t that supportive”(Pat)

“ My parents became very controlling...very dominating. I really didn’t like it. I did remember at one point thinking god I have come out of the frying pan into the fire”(Pat)

Some women said that their families had become so emotionally involved they tried to force women into a particular course of action. One woman, for example, described how her parents responded after she had told them she was not going to go through with the prosecution of her partner:

“ She said well you know after everything you have put us through.....she said well if you don’t go through with it we won’t have anymore to do with you”(Pat)

The woman’s reasons for not going ahead with the prosecution were rejected. She was eight months pregnant at the time and was forced to leave her parents home. Some women said that families, especially partner’s families, had put pressure on them not to proceed with legal action:

“I went back to the house with his mum. Basically I was pressured by his parents to drop it....I came round to believing perhaps it’s normal” (Pat)

The reported lack of awareness and lack of availability of sources of practical help for women and children living through domestic violence has clear policy implications for the county. There needs to be a wider and better publicised availability of resources for emergency advice and accomodation for those affected by domestic violence.

Statutory Services

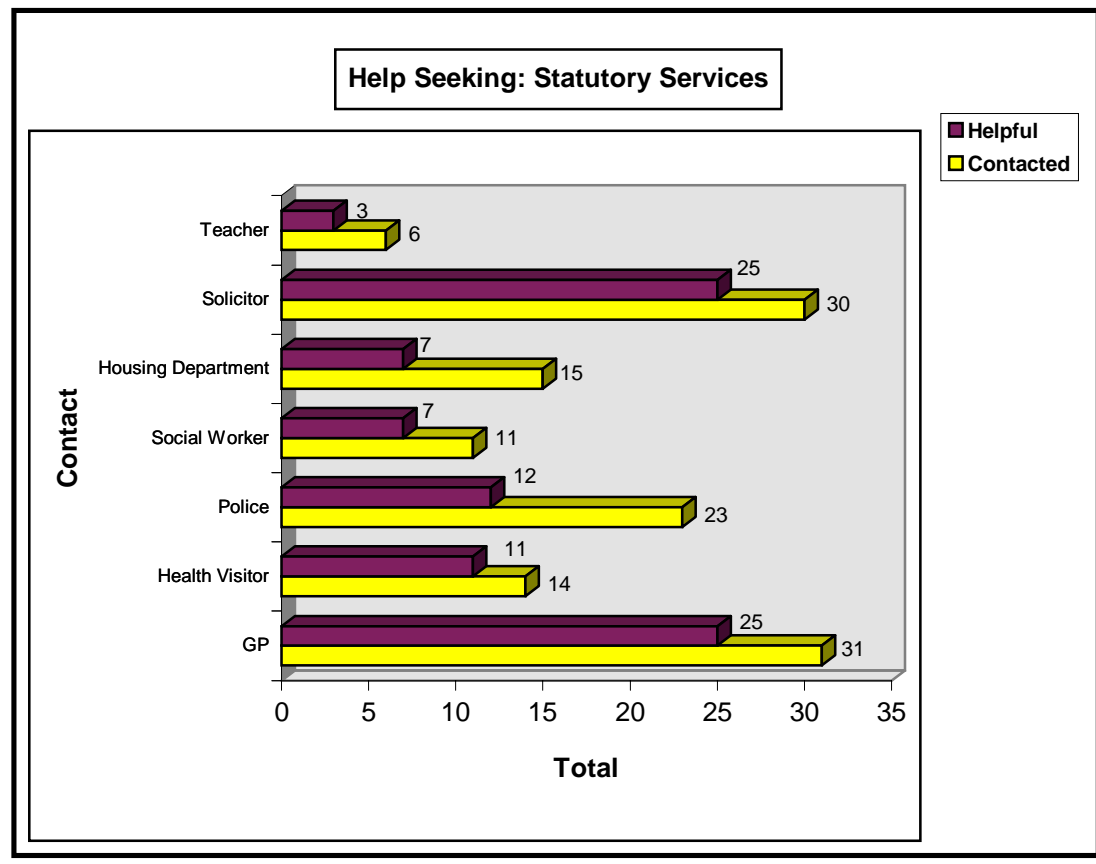
Nearly one third (31%) of women who sought help from outside agencies contacted their General Practitioners. The primary health care response is therefore crucial if women in Surrey are going to get the most effective help and referral to the appropriate services in the county .

Almost a third contacted a solicitor (30%) and a quarter turned to the police (23%). Much smaller proportions of women contacted other statutory services, such as, social services (11%) and housing departments (15%). The main barrier to approaching social services expressed by women in this study was the fear that their children might be taken away from them. A fear often reinforced by the abuser.

Women on the whole expressed worrying levels of dissatisfaction with the statutory services response to domestic violence in Surrey. Most dissatisfaction was expressed with housing departments. Over one half (53%) of the women who approached housing departments were unhappy with the responses given. High levels of dissatisfaction were also reported regards the polices' response to domestic violence. Overall, 48% of women who approached the police were dissatisfied with their response. (Although it should be noted that levels of dissatisfaction declined amongst women who had contact with the police since 1991.) Over one third of women (36%) expressed dissatisfaction with social services, 19% with their general practitioners and 17% with their solicitors.

More detailed discussion of the statutory services responses to domestic violence are contained in the following chapters: housing department (chapter 6), social services (chapter 8), police (chapter 4), health visitor, (chapter 7) and General practitioners (chapter 7).

Figure 12



Non Statutory Services

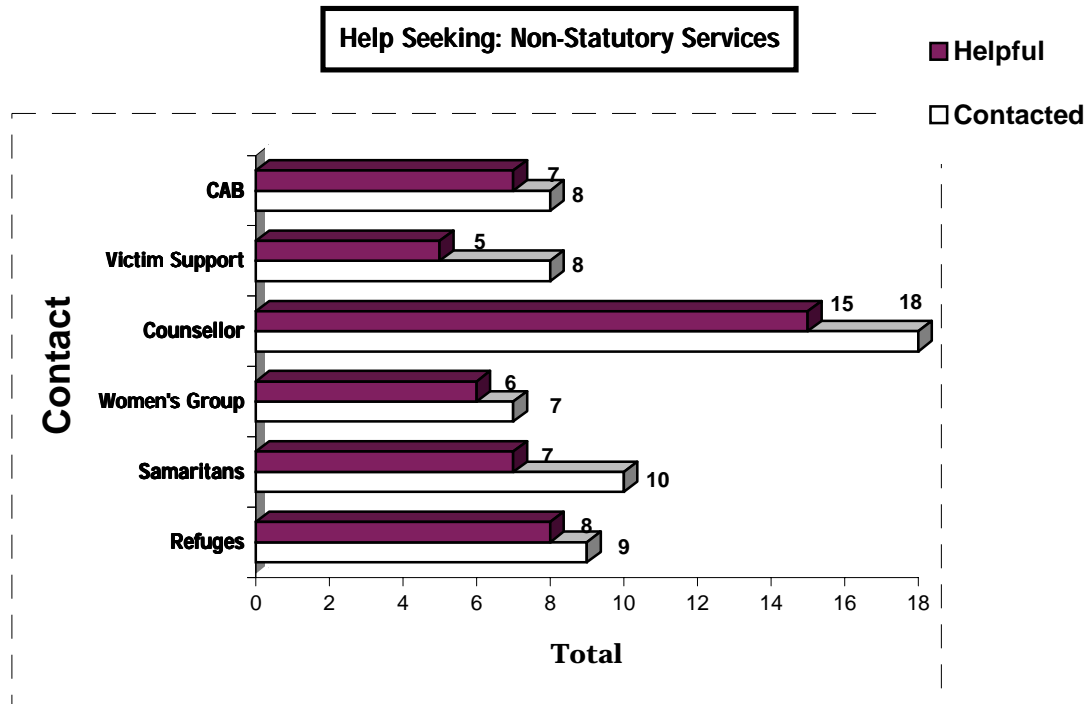
Much smaller proportions of women who sought help for domestic violence approached non-statutory services. Eighteen percent of women approached counsellors for support and advice, 8% CAB, 8% Victim Support, 8% Women's groups, 10% the Samaritans (10%) and 9% refuges. (It could be that the use of refuge services and help lines were included in the category 'women's groups' by women completing the questionnaire. Use of refuges may thus be higher than 9%), (see **Figure 13**).

The level of satisfaction for women who used non statutory services was much higher than those reported for statutory services and informal networks. The service that women were least satisfied with in this group was Victim Support. Thirty six percent of women who used Victim Support were unhappy with their service. Just under a third of women were dissatisfied with the Samaritans.

Small proportions of women used women's refuges, or women's groups but those who did were extremely satisfied with their response. Only 11 % of women using refuges were dissatisfied with the response given. This is the lowest reported level of dissatisfaction with any agency given by the women surveyed. Small, though slightly higher, levels of dissatisfaction were also expressed for responses made by the CABs, (13%) and counsellors (17%).

More detailed discussion of the non statutory services are contained in the following chapters, CAB (chapter 9), Victim Support, (chapter 4) and refuges (chapter 5).

Figure 13



Services Available to Black, Asian and Ethnic Minority Women

During the fieldwork workers in the county highlighted the severe lack of services for ethnic minority women. The needs of black, Asian and ethnic minority women in situations of domestic violence have long been neglected in service provision. Lack of commitment to provide services which do not discriminate against people on the basis of cultural identity or ethnicity is apparent in the lack of services available in the county. Overwhelmingly, as further chapters show, agencies had poor levels of training, knowledge and awareness of needs and concerns of black, Asian and ethnic minority women. Minimal to non-existent services were available for translation. Khalida Quaiser and Zubadiah Abbas were employed to help with the questionnaire survey and to conduct in-depth interviews with 6 ethnic minority who had experienced domestic violence in the county. Both women had substantial research experience in the area of domestic violence.

It became apparent during fieldwork that people working with ethnic minority women were desperately trying to find a balance between their understanding and concern of the issues faced by women and the potential problems of addressing these issues openly in the community. There was an overwhelming fear that if change was to occur too fast then this might jeopardise the work they were already doing and affect future developments.

The main themes identified in the research on agency response are:

1. discrimination in policy,
2. lack of understanding of cultural and religious needs,

3. discrimination by service providers,
4. poor accessibility to services for women needing translation services.

The fears about leaving a violent relationship or asking for help expressed by ethnic minority women were in many respects no different to those of non ethnic minority women. These fears include losing children or financial security, and feelings of shame or isolation. However, ethnic minority women may also face additional consequences. Women with insecure immigration status may fear deportation. This was often reinforced by the perpetrator's threats that he would ensure a woman was deported if she left:

"Yes he used to do this. He's always done that with me, but I've insisted that I'm going to stay here"

" He only said it when I told him I was going to leave him. He said if you go to P..... you can leave me if you want but if you stay here you cant leave me"

These women lived in terror and suffered persistent violence for 10-20 years because of the fear of being deported. Both would have left earlier if they felt they would be safe. One woman had two of her children kidnapped by the father.

Asian women interviewed reported being pressurised by community members to stay with their partner. This sometimes included disapproval:

" you are well known in the community, don't take it to court, you'll have a bad name. I said I didn't care and where was the community when he was doing this"

Sometimes women were threatened and forced to stay. Most women interviewed in the county said they were completely isolated, and without family or friends This meant they had nobody to share their problems with or ask for help and support,

" I didn't have any relations with anyone here, those who were around were friends of my husband. They'd always take my husbands side if anything happened....I didn't have relations with anyone. I didn't make any female friends here"

" I get very depressed and I don't have any family or friends who I can talk to...There was no one I could tell, because I am very much on my own. I have no immediate family here and I don't have any friends"

" I was suicidal. I used to hit my head against the wall crying, because I didn't have anyone. My dad and mum used to phone up and I couldn't tell them because they would worry themselves"

Language was a major problem for Asian women interviewed. The lack of provision for women where their first language is not English prevented them from getting help at an earlier stage,

“ Interviewer: What would have made you seek help earlier ?

Interviewee: I think if I had better English then I would have asked for help sooner”

When women did approach agencies for advice there was poor provision of translation services. Trained interpreters were not employed so women had major problems communicating their needs and fears:

“I didn’t speak much English, I couldn’t tell them (the police) anything and so they used to leave”

The results from the Agency Questionnaire highlighted the fact that there are very few trained people to work with women from ethnic minority groups from the statutory and non statutory services. Only 23% of the professionals completing the Agency Questionnaire said that they had trained workers for ethnic minority women in their organisation. Forty four percent of professionals did not know what specialised resources were available to ethnic minority women in the county and outside. Professionals who did work with ethnic minority women in the county tended to refer women to social services and the domestic violence unit. Often the least helpful services for black and ethnic minority women, (Mama, 1989). Only 11% of professionals surveyed said that they would consider referring ethnic minority women to an Asian women’s refugees.

Women found it difficult to arrange for interpreters to be present during interviews with professionals in the county,

“ You only get interpreters if you have arranged this before, which is very difficult for me”

Some professionals gave women very negative responses,

“ I went to the police station. I couldn’t understand them and I couldn’t explain to them what had happened. They (the police) put the blame on me. I kept telling him (the policeman) things, but he wouldn’t take any notice of me, he, (the policeman) told me to be quiet”

“ The police made me sign some papers. My father in law spoke to them when they came around and I just signed the papers. I wasn’t told what they were about. I didn’t realise that this meant that the charges were going to be dropped. I wanted the police to continue with some kind of prosecution but the charges were dropped”

Women felt that they were discriminated against by health care professionals. One woman told how a GP arranged for her sister-in-law to interpret and the woman did not realise that she was being prescribed the contraceptive pill against her will:

“She (sister-in-law) took me to the doctor, and she talked to her. I couldn’t understand what she said too her when she gave me the tablets. I asked my husband what they were. He said this is a tablet to stop pregnancy”

Women without translators needs however were also discriminated against. They were not told their full rights and options when asking for help and too often were advised to stay in the relationship

“ Interviewer: Did anyone tell you about your rights housing, separation and benefits ?

Interviewee: No, no, the Citizen’s Advice Bureau gave me the opposite advice she totally discouraged me....They said your children are young, you are going to lose everything, you’ve got young children, if I were you I wouldn’t go through with it, you’re going to lose everything.....you’ll end up on the street they said”

In fact, when Asian women were asked about the possible development of specialised advice services in the county for ethnic minority women, they felt that it should be run by somebody from outside of their locality. Some had experienced a less than sympathetic response from local Asian women employed by statutory and non statutory agencies:

It would be a help, but they should be really sympathetic, because some of the women we’ve got around, look down on other women...they look down on them, they shout at them so they (the illiterate women) won’t go to them”

Women felt very strongly that specific services addressing this problem would not only benefit women in their own community, but may also reduce the rate of violence,

“ If there were Asian women’s advice services then I wouldn’t have put up with it for twenty years. If I had known there was some agency hat could help me or if there wasn’t an language problem or if I’d known about some agency. If these services are in the community and advertised, and everyone knows about it, then I think a husband wouldn’t do so much. He would be worried that there are agencies wife can get help”

Women’s Recommendations for Changes in Service Provision

We asked all women who participated in the survey to make recommendations for changes in service provision for women and children who had experienced domestic

violence in Surrey. In this question we asked women to document their recommendations for crisis care and for long term follow-up care. The women made a wide range of recommendations . Figures 14 and 15 show the main themes that emerged.

We compared the views of women who had experienced domestic violence with the views of women who said they had not. We found no difference between these two groups and have therefore presented the data for the whole sample in this section. Where appropriate, we have also included the qualitative, interview data.

Recommendations for emergency/crisis intervention

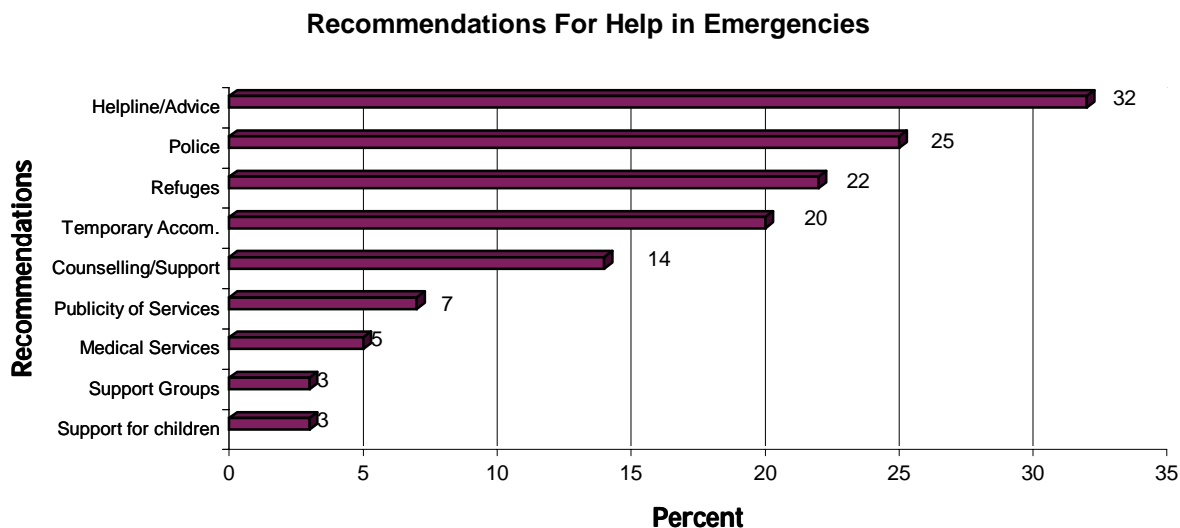
The most frequently mentioned type of service that women thought should be improved and developed in Surrey were advice services (32%). Women said that a specialist 24 hour telephone helpline for victims of domestic violence would provide both invaluable support and specialist advice during crisis situations. One of the county's refuges indeed already offers such a service. Clearly, the women surveyed felt there is scope to give greater support to these resources to enable the refuges to give a more extensive and accessible service across the county.

The need for women's drop-in centres was another frequently occurring suggestion made by women under the umbrella heading of advice services. Women clearly felt that centres that provided specialist, non judgmental help and advice were essential for co-ordinating their needs in crisis situations.

One quarter of women making recommendations for crisis service provision felt that there should be changes made to police policy and practice. Many felt that Surrey needed more domestic violence units, a tougher arrest policy for perpetrators of violence, more female police constables working in domestic violence units and better police practice at the level of the grass roots.

The provision of good temporary accommodation (20%) and refuges (22%) in the county were other major recommendations made by women. In addition, many felt a need for increased specialist counselling/support services (14%), more widely available publicity materials on domestic violence (7%), improved medical policy and practice in both primary practice and Accident and Emergency (5%) and women's survivor groups (3%).

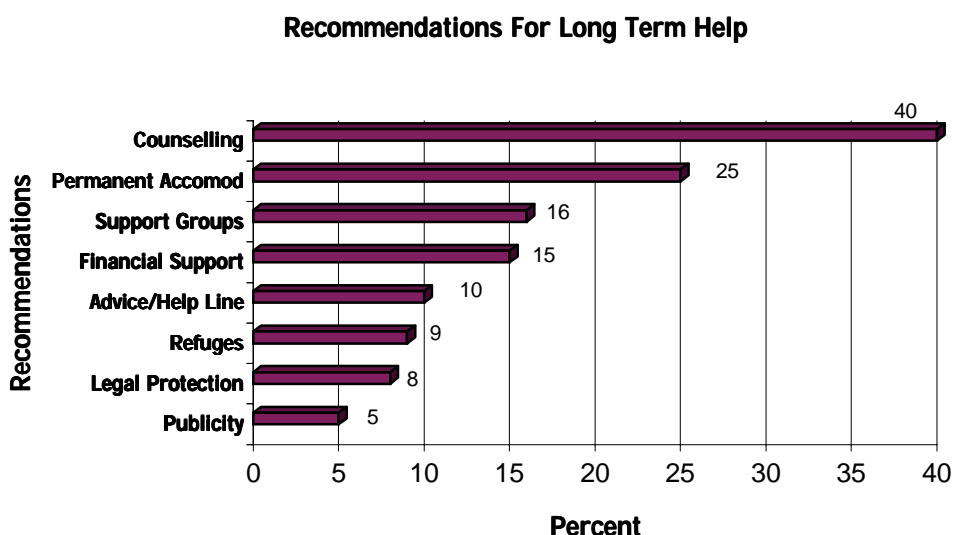
Figure 14



Recommendations for long term help

As with recommendations for emergency care, the women made many useful recommendations for changes in long term follow-up support for women who have experienced domestic violence (see **Figure 15**). The main theme that emerged from these recommendations, was the need for improved facilities for counselling and support (40%) for women who had experienced domestic violence. Women were also concerned that there should be more affordable permanent accommodation (25%), survivor groups (16%), greater financial assistance, (15%), and better legal protection (8%).

Figure 15



Advice services

Many women felt that the development of specialised advice services for women who had experienced domestic violence was essential in both crisis care (32%) and long term care (10%). Sixteen percent of women making recommendations for long term help, and 3% making recommendations for short term help felt that women's support groups would help women recover from their experiences of domestic violence. As with other self help groups women felt that survivors needed a space to share experiences, and help each other through their problems,

“ Talking to people who have gone through it as well, and have come out of it”(Sam)

Women felt that existing advice services were sometimes unapproachable,

“ A place where you could go and talk about your experiences, or to find out your rights..practical advice, and emotional help as well. People will think there is a place to go, and there is someone who will know about it, who won't judge me..If there was a centre it almost legitimises your problem, and makes it OK to go there. You can go to CAB for anything, and you feel perhaps a bit ashamed of yourself” (Pat)

Women felt that a non judgmental approach was crucial if they were going to use advice services,

“ Someone to be there to advise and tell me what I could do...I wouldn't..nothing that would tell me to go back...but just help to get me out”(Sarah)

They also suggested that these services needed to be a women only space if women are going to feel comfortable enough to talk about domestic violence,

“ I think there should be more drop-in centres. ...Very friendly, just a women's place where women can go and chat and have a cup of coffee and talk about, and with lots of leaflets and things...I think you should have a place where all women's issues are dealt with” (Belinda)

Legal Protection

Improvements in legal protection was important for both women in crisis situations (25%) and in the long term (8%). Women made recommendations for improving police practice and the justice system's response as a whole. Recommendations included : Domestic Violence Officers should be women:

“ I don’t think that they should have a man on the domestic violence unit, although he’s very good, I don’t think they should have a man..Because when I was living in the refuge until very very recently really, I didn’t want to speak to a man about anything” (Belinda)

Women also felt that there should be a general improvement to the police’s attitude to domestic violence:

“ The police should be more helpful. Their attitude to me is that they just don’t want to get involved, its not worth the hassle, cos it makes you think that you’re wasting their time” (Aileen)

Women expressed the need for a clear and enforced pro-arrest policy,

“ If the police could just come in and take him away. If there can be some sort of law. If there could be some way of taking the initiative off the women. The fact that this man could be arrested on the sheer evidence of having attacked” (Pat)

“ It is illegal for a man to beat his wife, but a woman has to prosecute doesn’t she. I think that’s wrong. I mean if somebody is beating up a woman, if she hasn’t got the strength or guts or whatever it takes to do something about it, it should be taken out of her hands” (Betty)

Women also expressed dissatisfaction with injunctions. They felt some women still did not feel safe after they had got an injunction,

“There’s not enough that the courts can do, I mean serving out injunctions, that’s not enough. ..We have to run, we have to hide and we shouldn’t have to do that. There’s not a protection level enough. When you serve an injunction on somebody that’s not enough to keep them away from the door” (Amanda)

Medical help

Five percent of women stated that improvements in the medical professions provision of services were required for crisis care .

Women talked about the need for improvement in policy and practice in both primary health care and hospital care. Women felt that health professionals had not sufficiently probed to establish the fundamental reason for them asking for help. They felt that

health professionals needed to be more direct in their questioning during examination,

“I think if they think something is happening, they should do something about it. Like with me the first time I kept saying no. I think they should have pursued it a bit more, and then I might have done something more about it” (Margaret)

Many women making recommendations for changes in medical practice, wanted to see improvements in the emotional support and advice given to women approaching the medical profession. Many acknowledged that consultation periods were short in primary practice. However, they made imaginative recommendations to help deal with this problem:

“I think the GPs could do a lot more, not just leaflets. The problem with GPs is that they only have the five minutes slot for you, but if there as a sort of well women clinic that had counselling for domestic violence or something. I think that would be very helpful, cos a lot of women get very depressed when they’re in the situation, and when you’re depressed the first place you go to is the GP, um to get tranquillisers” (Belinda)

For many women the general practitioner was the first professional they turned to for support and advice. These women felt more comfortable accessing help in this setting, rather than approaching new services in the county. However, they didn’t feel their doctor was able to give them a sufficient consultation period to provide them with the help they needed. They felt that using and building on existing support and counselling services in the primary health care setting was the most appropriate place to develop domestic violence services for women.

Refuges and Emergency Accommodation

Women felt that there should be more refuges in the county. Twenty two percent of women making recommendations for improvements in crisis care made this recommendation. Women escaping domestic violence viewed women’s refuges as being an invaluable resource. They felt that there should be more spaces in the county so more women could have the benefit of the support given by workers,

“ There has to obviously be more refuges made available, because there isn’t enough. There’s been women who have had to stay in that environment for weeks before they can get a space.” (Pat)

Women thought that there needed to be an increase in the provision of both temporary (20%) and permanent accommodation, (25%). One of the most essential requirements was for safe accommodation. Women feared living in Bed & Breakfast, not only because it was uncomfortable but also because they did not feel safe. The poor access to more permanent housing was also a key concern. One woman described her frustration in trying to find accommodation:

“ There’s no private renting anywhere, there’s nothing, there’s no council houses...It would be nice to get a place with affordable rent, where I could go out and get a job....but because I don’t know where I’m going to be. It’s a bit hopeless really” (Kirsty)

Financial Support

Fifteen percent of women felt that there should be improvements in financial support given to women who have survived domestic violence. Drawing benefit was a particular worry for domestic violence survivors, few of whom had ever had to rely upon the state for financial support before. None wanted to become dependent upon social security and the majority would have preferred support in gaining financial independence. Many felt that greater financial assistance with things like child care would allow them to be more self sufficient:

“ I think if there were more child care facilities...and women can afford to go out to work, and earn a little bit more money....I mean if I went out to work, I would have to forgo benefit and therefore I would have to be earning a fortune to be able to do it” (Betty)

Support for children

Family violence researchers have only recently begun to consider the impact which domestic violence in adult relationships has upon children. Lee Bowker’s study of 1000 “battered women” in the United States found 70% had children who had also been abused by their partners, (Bowker, 1988). Stark and Flitcraft’s study of hospital cases of child abuse found 45% recorded violence to the mother from the father as well, (Stark & Flitcraft, 1987). In England, 40% of the women interviewed for a study of domestic violence and post separation child contact arrangements reported physical or sexual abuse from the father to the children (Hester, Radford & Pearson, 1996). Witnessing violence to the mother is a common form of child abuse. In 90% of incidents of domestic violence reported to the police, the children are in the same or next room. One third of children intervene to protect their mothers (Hammer, 1989). Parents commonly deny that children have witnessed or been adversely affected by the domestic violence (Jaffe, Wolfe & Wilson, 1990). However, 3% of women surveyed felt that there should be more support provided for children who have been affected by domestic violence,

“ I think that children should be given automatic access to psychologists” (Jan)

“ I think children that suffer from domestic violence, well live in a violent household of domestic violence, should get counselling. Because my eldest son, he is very quick tempered now” (Pat)

The impact which domestic violence has upon children will vary in relation to a range of individual and social factors, including the childrens relationship with the main carer, (usually the mother) and the support given to the family through informal and

community networks, (Holder, Kelly & Singh, 1994). Apart from the child care services provided by refuges, to date agencies in Surrey have ignored the needs of children affected by domestic violence. A truly comprehensive multi-agency approach would ideally recognise the needs of children and their carers and provide appropriate services.

Publicity

Seven percent of women making crisis recommendations, and 5% making long term recommendations felt that Surrey needed more publicity on domestic violence. Women stated that a high profile on domestic violence in all the media was essential if women are going to recognise that they are not alone, and that there are services available for them

“ It’s not really spread over the media. You need to make them aware first of all what they are suffering from, and then the help. So obviously TV, papers, I mean even if there as a little pamphlet or anything, posted through each and every door” (Kirsty)

Leaflets publicising services available to women experiencing domestic violence was an essential need. Furthermore, where leaflets were placed was also thought to be very important:

“I think awareness of services is very important, people need to know what is available, because there is a lot available but people just don’t know..Health visitors maybe need leaflets because they go into the home...and also in doctor’s surgeries. You generally go on your own...but if you go into a library your more likely to be with your partner as a family” (Doreen)

Whilst making recommendations for publicity of domestic violence, many women felt that Women’s Aid and the provision of refuge services also needed a great deal of publicity. There were two major reasons for raising this. Firstly, many women felt that only a minority of women are aware of this resource:

“ I don’t think Women’s Aid have a very high profile. I think a lot of women are just not aware” (Pat)

Secondly, many women who were aware of refuge services, had the wrong impression on what was available from the refuge, and what staying in a refuge would be like:

“ If they advertised more and let people know what refuges and things are really like, because all people hear are their horror stories”(Aileen)

Clearly, increased publicity presents some dilemma for Women’s refuge groups. Extra publicity may well compromise refuge security. Publicity would need to finely balance the need to inform the general public with the need to ensure the safety of refuge staff and women and children living in refuge accommodation.

Counselling Support

Women considered the provision of counselling and support services to be essential for both long term(40%) and crisis care (14%). Simply helping women with immediate practical problems was not satisfactory:

“There needs to be much more help with getting you up on your feet, you know watching you, how you are mentally, because I’m sure some people just want to end it all...I know because I feel like that” (Amanda)

Women felt that policies tended to focus mostly upon ensuring that women leave the relationship. Yet leaving might be just one part of surviving an abuse. Many felt that counselling and emotional support to cope with the consequences of abuse was essential:

“There should be counselling services especially afterwards, after it was all over. Everyone said to me oh it’s all over, he’s away from you now. I felt, well who can I talk to about my nightmares and I think that’s affected me more, than actually getting beaten. There should be somewhere where I could go and get help for this... it’s just getting it off your chest really. I had nobody to talk to so I just bottled it up” (Brenda)

It is important that services take into account the emotional needs of women experiencing domestic violence. In later chapters we look at the provision of services from the viewpoint of the service providers.

Chapter 3

Developing an Inter Agency Response

Introduction

In the 1990s interest in inter-agency initiatives has blossomed. An inter-agency response to domestic violence involves :

“bring(ing) together all the agencies with an interest in domestic violence in a local area in order to exchange ideas, to coordinate services and to improve local practice and policy in a way that is both consistent and well-informed”
(Hague, Malos & Deer (1995))

This general definition of what inter-agency work commonly involves covers a great range of possibilities over what might ultimately develop and what might be achieved. In particular, we assert that there are two fundamental tensions which inter-agency initiatives face during their development :

- tensions over who defines what needs to be done. Should the needs of survivors, service providers or neither take precedence? Should there be a ‘community’ approach ?
- is the primary reason for establishing and developing an inter-agency response concern to tackle the lack of information, coordination and gaps in service provision or concern about the need to intervene effectively to stop domestic violence and prevent it from happening in the future?

Whether or not the needs of service providers, survivors or neither are allowed to dominate in inter-agency forums may have a profound impact upon the type and quality of outcomes achieved. In this chapter we outline developments in the inter-agency response to domestic violence in the UK and in the county of Surrey and argue the case for there to be some agreement over basic principles and a clear commitment to demonstrable action and outcomes.

The fieldwork for this chapter was conducted during the Summer of 1994, and therefore reflects inter-agency work up to this point in the county. It should not therefore be seen as an up to date reflection of the domestic violence fora in Surrey. As is often the case with research, things have moved on and developed since we completed our initial work. The study of inter-agency practice was based upon :

- **Documentary work, analysing existing reports and minutes from the domestic violence forums**
- **A Questionnaire Survey, distributed to members of the county’s domestic violence forums**
- **In-depth interviews with key personnel involved in three well established inter-agency projects in other parts of the country**
- **In-depth interviews with the then seven domestic violence forums chairs.**

Inter-agency work elsewhere

Domestic violence is a complex problem which requires a response frequently involving more than one agency. Women's Aid refuges have long recognised this fact and have for years made links and built working relationships with a range of statutory and voluntary agencies. The involvement of a number of agencies is often needed to ensure a comprehensive and effective response. A response which addresses domestic violence as a serious crime and a response which aims to undo the harm effected upon victims. Inter-agency work has been developed in other areas of crime prevention and service provision. Practice on child protection is a good example of developed inter-agency approach. Domestic violence has not been treated as formally as child abuse and has certainly been less of a priority. This is in part due to the fact that there are statutory obligations to protect children and none to protect women.

A number of reports have already been published stressing the value of inter-agency work with domestic violence. Lorna Smith highlighted the importance of inter-agency work between different agencies involved in order to deal with the many problems associated with domestic violence (Smith, 1989). This was also recommended in 1985 by the Women's National Commission, in 1986 by the UN Expert group on Violence in the Family and in 1992 by the UN Manual for Practitioners on Domestic Violence. The establishment of local inter-agency forums was recommended by the government Home Affairs Committee and by the Victim Support Inter-Agency Working Party Report. The latter recommended the development of local forums with clear aims, policies and funding. The Victim Support Working Party Report further suggested that inter-agency work should increase public awareness about domestic violence, improve service provision both in the short and long term and provide the firm message that domestic violence is unacceptable. Forums therefore need clear aims and objectives and a clear structure if they are to achieve the above. Inter-agency projects however need to be adapted to the specific locality which they serve. A circular issued by the Home Office, released last year gave further direction on establishing inter-agency work throughout the country. According to the circular, an inter-agency approach is needed to tackle domestic violence on a number of fronts directed towards:

- *encouraging those who are experiencing domestic violence to come forward and address their situation through the help that is available;*
- *addressing the needs of children affected by domestic violence;*
- *the provision of safe accommodation and support services, both emergency and long term, for women and their children who feel compelled to leave the family home;*
- *ensuring adequate legal protection under the criminal law;*

- *bringing perpetrators to justice;*
- *assisting perpetrators to understand and address the reasons for and consequences of their offending behaviour in order to stop the abuse;*
- *prevention through education and community initiatives including those that challenge beliefs that condone and reproduce violent behaviour in intimate relationships.*

(Home Office, 1994).

The circular also outlined steps for establishing inter-agency forums, who to involve and gave guidance on broad initial and long term aims and objectives. It should be noted that this guidance was not available to the projects which had developed in Surrey at the time of our initial fieldwork.

In a few areas in Britain, inter-agency domestic violence forums have been running for several years. Leeds, Hammersmith and Fulham and Nottingham are notable examples. In areas such as Bristol projects have grown more recently. We looked at the development, organisation and achievements of the Leeds, Hammersmith and Fulham and Nottinghamshire projects because of their longer experience in this kind of work and because of differences between the three projects. The Nottinghamshire experience interested us because this, like Surrey's, it concerned an entire county with rural and urban areas. The Hammersmith and Fulham initiative interested us because of the commitment to consider and find out about the needs of victims/survivors through a variety of methods including the launching of a survey conducted by Liz Kelly, Alison McGibbon and Libby Cooper of the North London University Child Abuse Study Unit. The Leeds scheme interested us because of its extensive experience, pioneering developments and adaptation of the Duluth Domestic Abuse Intervention Project's approach. The Duluth project is a comprehensive intervention project which extensively involves a victim advocacy service to support, track and monitor domestic violence incidents, to train agency workers and to evaluate outcomes. The Duluth project has produced a number of manuals and training programmes on inter-agency work and has given support to development of many similar projects across the USA and throughout the world.

One of the first tasks done by the inter-agency projects we examined was to set up a steering group to direct and promote the work of the project and to clarify aims and objectives. These do vary between projects. The Nottinghamshire Aims and Objectives included commitments to increase agencies' awareness of each other, to encourage each agency to develop policies and procedures for working with women, promote inter-agency training, raise public awareness, to promote new services, and to examine the connection between domestic violence and the abuse of women in society as a whole.

The majority of inter-agency projects endeavour to promote change within agencies. This may entail the development of good practice guidelines and domestic violence policies. Domestic violence training has also been a very important role of inter-agency work. Training has been offered to statutory and voluntary agencies alike. Inter-

agency projects also develop information materials. These leaflets, handbooks and posters can provide much needed information to women.

Some inter-agency projects are led by local authorities. Hammersmith and Fulham is a good example of a local authority led venture. It is based in the Community Safety Unit. The borough has initiated a co-ordinated response to domestic violence that includes training local authority members, producing information packs, good practice guidelines and publicity literature. The borough also helped in the development of the Hammersmith Domestic Violence Intervention project, a perpetrators' re-education project.

Many of the inter-agency projects have facilitated the growth of a number of small inter-agency subgroups to fast track the development of policy, training and resources in identified areas. In Nottinghamshire, a domestic violence task group made up of local health authority members was formed in 1992 to develop practice guidelines and training for health service workers.

Nottinghamshire inter-agency project has also facilitated the development of a number of new projects in the county. The "Support to Court" Project provides support for women entering the criminal justice process. They have developed a touring public awareness exhibition on domestic violence, the Iceberg project. Training has been provided for a variety of organisations within the county and nationally. The project team have organised a number of conferences, the most recent national event was a conference on Children and Domestic Violence in 1995.

Hammersmith & Fulham have developed a training and resource pack "Challenging Domestic Violence", and trained professionals in housing, the police and other groups. A new project "Petra" began last year. The aim of the project being to train local individuals to offer workshops, discussion groups and training to formal and informal groups in the borough. They have produced leaflets for women, a procedure pack for the housing department and a directory of services.

The one inter-agency project which has attracted a lot of resources is Leeds. This project developed from a local domestic violence forum. It is based in the Leeds Women's Aid outreach office, and has maintained strong links with women's Aid and other women's projects in the area. The premise of the project is that abusers seek to exert power over women in many ways. The project therefore commits itself to the empowerment of women to take back control of their lives. It achieves this through a variety of approaches.

The Leeds project works on two tiers. The first is the forum which meets quarterly for information sharing. The second is the management committee which steers the project. The project has produced an information pack for women, publicity material, and comprehensive policy and practice guidelines for local agencies. It also provides an outreach project for African-Caribbean and Asian women.

The project has also launched an innovative training programme and Good Practice Pilot Project. All agencies have been trained in domestic violence awareness and good work practice. They have adopted a "training the trainers" scheme. People from different agencies are trained and they then go back and train their own colleagues.

The Good Practice pilot project includes a number of initiatives. An educational programme being developed in two local schools. It looks at domestic violence and

non-violent resolution of conflict. Support for women in two GP surgeries. A court based advocacy service is being developed. Alongside this service training is being provided for all court based professionals.

Inter-agency projects stress that the networking that takes place amongst agencies is perhaps as important as the ventures that are facilitated through these projects. The exchange of information and ideas has helped professionals no end. Before these inter-agency projects were established some professionals may never have met, and would have worked quite separately. These inter-agency projects have therefore helped to break down barriers between agencies and clear misunderstandings. These projects have led to both formal and informal co-operation.

The leading inter-agency projects have made a strong stance against all forms of discrimination. They also represent the needs of groups that have very often been disadvantaged by services provided. Leeds actively recognise people discriminated because of their gender, ethnic origin, culture, race, religion, sexuality, marital status or HIV/ AIDS status. They look at these groups both in the context of job recruitment and service needs. Hammersmith & Fulham ensure that equal opportunities are incorporated at every level of service delivery. They look at discrimination on the basis of race, gender, nationality, sexual preference, marital status, age, class, dis/ability, religious or political beliefs. Hammersmith and Fulham have actively tried to get these groups represented on the forum, so their views can be heard. Keeping inter-agency projects running requires investment. It is clear that projects stand a much better chance of survival if they have the proper resources. From experience projects require secretarial and administrative backup. Very few participating agencies have the spare manpower required to type up minutes, and circulate information. Finance differs from one inter-agency project to the next. Funding is from the short to medium term. Leeds is one of the well resourced inter-agency projects. Others have insecure funding and therefore may have quite a limited survival time.

The outcomes so far from the Nottinghamshire project show what an inter-agency approach can achieve in a relatively short period of time. Achievements for Nottinghamshire between 1990-1994 are as follows:

Increased resources : a police Family Support Unit was set up, a social services refuge liaison officer employed, £250,000 extra funding was secured for the county's refuges, a perpetrators and counselling group has been established.

Training : has been provided for the police, health workers and housing workers.

Policy documents have been produced for: the police and social services, for teachers on policy regards children living in refuges, for the leisure services, county council employees and employers, health workers, Victim Support and Housing.

Publicity : the production of posters and leaflets, resources guides and information packs, the production of a video for young people, organising conferences and safety weeks, producing the Iceberg exhibition.

Surrey: Inter-agency Work in context

Inter-agency work in Surrey developed as a direct result of the circular issued by the Home Office in 1990. The circular offered further guidance to the police on their response to domestic violence.

In addition, the Home Secretary recommended that chief officers should consider issuing a force policy statement and requested officers to consider establishing dedicated domestic violence Units.

The Surrey Police “Domestic Violence Manual of Guidance” was released in November 1993. The manual clearly states that the police should:

“liase with local referral agencies to ensure a consistent approach”

One of the aims of the domestic violence unit is:

“ Helping to co-ordinate social, voluntary and caring agencies; to pool ideas and to encourage a consistency of approach across all statutory and non-statutory agencies in dealing with domestic violence”

They aim to achieve this through:

“ The creation of regular local multi-agency forums to discuss domestic violence issues is essential. It is useful if these meetings are held at various venues and that such meetings are chaired by a different agency. Domestic violence cannot be resolved by the police alone. It is only by sharing information and co-ordinating the approach of all agencies that will ensure that the total response is effective”

Organisation

All eight divisions of the Surrey police force have successfully set up domestic violence units. The majority were set up in early 1993. A local domestic violence forum has also been established in Staines, facilitated by the Metropolitan police force and another in Epsom will be established in early 1996.

The first forum that was set up was Addlestone, in January 1993 and the last one Woking was finally established in September 1993. The forums work independently of one another, having different structures, guidelines and goals. They meet at different intervals, although the majority meet once a quarter, (see Figure 1). A Surrey wide forum, the Surrey Wide Network, was established in 1994 and the chairs of the

respective forums now meet on a regular basis. This group has been established to look at Surrey wide initiatives.

Figure 1 - Forum Meetings

Forum Group	First Meeting	Frequency of meetings
Guilford	September 1993	Bi-monthly
Addlestone	January 1993	Quarterly
Woking	October 1993	Three times a year
Reigate	May 1993	Quarterly
Oxted	September 1993	Twice a year
Leatherhead & Dorking	March 1993	Quarterly
Surrey Heath	September 1993	Quarterly

The majority of the fora conduct all business through a one tier approach. Although, the Reigate and Oxted forums work on a two tier system, and both have elected subcommittees. A number of the fora have established adhoc groups. Guilford and Leatherhead and Dorking both formed small subgroups to reply to the consultation paper entitled “Access to Local Authority and Housing Association Tenancies”. The Reigate and Addlestone forums both formed their own subgroups to organise their respective local seminars on domestic violence.

Membership

All of the Domestic Violence Units invited relevant organisations from their local community to attend. Initial invitation lists varied across the county. In each case invitations were sent to organisations, explaining the purpose of the domestic violence forums, and asking for representatives to attend. In the police document there is a guide to domestic officers on whom they should invite:

“ These agencies might include:

- I. Women’s Refuge/Women’s Aid*
- II. Casualty staff of local hospital*
- III. Local General practitioner*
- IV. Social Services*
- V. Alcohol Advisory Groups*
- VI. Victim Support*
- VII. Housing Department*
- VIII. .Department of Social Security*
- IX. Health visitors*

- X. *Local Counselling Agencies*
- XI. *Ethnic Minority Community Groups*
- XII. *Solicitors specialising in matrimonial law*
- XIII. *Probation Service*
- XIV. *Crown Prosecution Service*
- XV. *Women's Groups and local Voluntary Groups*
- XVI. *Local Authority*

The above list is by no means comprehensive and any locally identified group or agency who may be able to assist victims of domestic violence, will need to be approached”

All domestic violence units strived to get a representative group of professionals on their fora. However, there has been a variation in those professions attending each forum. This is due to organisational problems within certain professions, the varying level of commitment of the staff to the issue of domestic violence, or problems around certain professionals fitting the forums into their work commitments.

In inter-agency work, it is important that all professionals who come into contact with women who have suffered domestic violence should be involved on forums. All professionals need to be informed of local inter-agency initiatives, in order that a comprehensive approach to inter-agency practice in Surrey is developed.

The next section looks at the representation of the following sectors on the Surrey inter-agency fora:

- Legal
- Health
- Welfare Rights
- Social Services
- Housing
- Non Statutory Organisations

Note - In the tables that follow, the representation of each profession on the forums will be indicated by * or **. * = The agency attends the forum very infrequently, perhaps only attended the first meeting. ** = The agency is frequently represented on the forum.

Legal

The police, Victim Support and solicitors are well represented on all forums. Victim Support are not represented however on the Guilford Forum. This is due to the operational policy of the Guilford Victim Support Group. They have a policy to not get involved with domestic violence in this area.

Other legal organisations are not as well represented throughout all the local inter-agency forums. Magistrates regularly attend four of the seven fora (see Table 2). The Crown Prosecution Service, Crime prevention Panel, and Family Court Welfare attend only a minority of forums.

Table 2 - Legal representation on forums

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
Police	**	**	**	**	**	**	**
Victim Support	**		**	**	**	**	*
Magistrate		**	**		*	**	**
Crown Prosecution		*				*	
Judge		**					*
Crime Prevention Panel	**		*				**
Family Court Welfare	*	*					**
Solicitors	**	**	**	**	**	**	**

Health

The health sector is the most poorly represented sector on the forums, (see Table 3). The representation of particular organisations is patchy. The most well represented of all health sector professionals are health visitors. They are well represented on five of the seven forums. Local General Practitioners have attended four forums perhaps once or twice. There poor attendance is largely due to other work commitments. Accident & Emergency departments, another front-line agency, regularly attend two forums.

Table 3 - Health sector representation on the forums

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
GP	*			*	*		*
Health Visitor/CPN	**			**	*	**	**
A&E	*	**				**	
Health Promotion	*					**	

Welfare Rights

The Citizen Advice Bureau has a regular member attending six of the seven forums. They do not regularly attend the Woking Forum (see Table 4). The Department of Social Security is less well represented, regularly attending two forums.

Table 4 - Welfare rights representation on the forum

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
CAB	**	**	**	*	**	**	**
DSS	*	**		*	*	*	**

Social Services & Probation

Both Social Services and Probation attend four local domestic violence forums (see Table, 5). Although, due to re-organisation in certain districts attendance has been patchy and different representatives have attended each meeting. This leads to a less consistent approach. The Surrey Probation Service advised officers to withdraw from groups in an attempt to rationalise their work with groups in local communities. As a result, probation officers have recently played a limited role in supporting inter-agency work on domestic violence in the county. Hopefully, this will change in the near future.

Table 5 - Social services and probation representation on the forum

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
Soc. serv	**	**	*	**		*	**
Probation	**	**	*		*	**	**

Housing

Local Council Housing Departments are very well represented on all the forum, with a regular attendee on each forum (see **Table 6**). Housing Associations are not as well represented and with their increasing involvement with domestic violence should perhaps be encouraged in the future.

Table 6 - Housing organisations representation on the forum

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
Housing	**	**	**	**	**	**	**
Housing Associations			*		*		

Non Statutory Organisations

Women’s Aid who are of course a key agency in inter-agency work have been represented on every forum in Surrey (see **Table 7**). It should be noted that there are currently two refuges in Surrey, one is affiliated and one not. Between them there is always a representative on five of the seven forums, and occasionally on the Oxted and Surrey Heath Forum. Women’s Aid from outside the Surrey catchment area have been represented on two of the forums.

Local Ethnic Minority groups are represented on only two of the fora, Woking and Reigate. This is due to the small number of such groups in the Surrey area.

The other non statutory organisations have members on one or two local forums and do not have comprehensive representation throughout Surrey.

Table 7 - Non-statutory agencies representation on the forums

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
Women’s Aid	**	**	**	**	*	**	*
Samaritans	**				*	**	*

Relate				**		**	
AA	**				**		**
Family Crisis				**			
NSPCC					*		
Church		*				**	
Ethnic minority groups	**			**			

Aims & Objectives of Domestic Violence Forums

Six of the seven forums have established their Aims & Objectives. The only forum that has not adopted a set of Aims and Objectives is the Leatherhead and Dorking Forum. The Aims and Objectives were brought to the first meeting of each forum by the representatives of the local Domestic Violence Unit. In each case they were discussed at varying length at the first meeting, and in most cases finalised in the second meeting. The aims adopted by each of the forums are almost identical. The principle aims are as follows: promote and maintain joint co-operation, to raise awareness in the community, to provide a quality service, to take positive action against perpetrators and to maximise resources.

Decision making

None of the forums have a formal decision making process. The decision making process appears to have evolved with each respective forums. Most of the chairs of the forums mentioned that there was on occasion an element of friction within their forums . This was explained by the multi-disciplinary nature of these groups. The friction described below was never referred to as destructive, but usually put down to conflicts of interest,

“We have had friction, but in the nicest possible way”

Some chairs referred to the fact that the personalities that sat on their forum having an impact on the decision making process:

“Really the agenda is open for anyone to put what they want on it. At the moment it has been for those willing to contribute”

If certain agencies do not participate fully in decision making, this will have a major impact on future developments of each forum. Other chairs mentioned specific tactics used in order to speed up the decision making process:

“If you ask everybody - and if you pick them in the right order - and the first two or three give a very short practical point - it is less easy for the next person to speak for forty minutes. So without in any way curtailing what you are saying - I think you introduce an inter-group discipline if you like”

Equal opportunities policy

Six of the seven forums have adopted an equal opportunities policy. The Leatherhead and Dorking Forum is the only forum that has not adopted such a policy. All other forums have adopted the same policy, which reads,

“ (a) The Forum will ensure that equal opportunities are respected at all stages and will not discriminate on the basis of colour, race, gender, nationality, sexual preference, marital status, age class, disability, religious or political beliefs.

(b) The forum will encourage and seek the participation and involvement of other groups and/or persons who could aid the client in making informed decisions”

Although the seven forums have adopted this policy, little has been done in the development of this policy. Very little time has been spent on this issue during forum meetings. Little has also been done to ensure that the views of all minority groups are represented in decision making process. Most of the chairs stated that the main reason for this was due to the low proportions of ethnic minorities in their locality.

Two forums have discussed ethnic minority populations more at length, those being the Woking and Guildford forums. In the Woking forum it was aired during one meeting that they had not considered the needs of people from ethnic minorities. They have since held a meeting looking more closely at the issues of domestic violence within their own ethnic minority community and looked at possible ways of tackling domestic violence in this context. A few members on the Guildford forum looked at the data to establish the size of ethnic communities in their area. This task was conducted whilst looking at area needs for the future publication of publicity materials. Both the Reigate and Oxted forum have produced their leaflets in other languages.

Other anti-discriminatory policy has not been discussed thoroughly by any of the forums, and has not yet been incorporated into policy developments. This may be largely due to the early stage in these initiatives.

Inter-agency work in the area

Most of the forums acknowledge that they are in the early stages of developing their inter-agency work. All the chairs referred to the fact that they are getting to know each other and this has helped them in dealing with cases of domestic violence. This has particularly helped in the referral of women. Knowing who to refer to, and what each agency can offer. The overwhelming benefit has been getting to know other

professionals so that they now feel much more confident in approaching them. A perhaps more subtle benefit is the support some members have gained from their forum. Some professionals work in isolation with at times very harrowing cases. The group has therefore developed a network for some members that perhaps was not present before the forums were established. This can only be of benefit to women in Surrey.

Long term goals for the forum

These goals were identified in July 1994 when many of the domestic violence forums were in their infancy. At this time most of the forums had long term goals they were working towards (see **Table, 9**). Some forums had more direction than others, and this is largely related to the length of time the forum has been running for.

Table 9 - Long term goals for the forum

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
More refuge space for women			***			***	
Education in schools	**					***	
Legal System			***				
Drop in centre (advice) for women			***				
Remedial work with men			***				
Leaflet			***				
Raising public awareness	***						
Support worker							***
Private room in the A&E dep		***					
Costing Research		***					

The long term goals mentioned by the different forums are quite different. There appears to be very little in the nature of a comprehensive strategy across the region. Although, one could argue that this is not a bad thing, as perhaps each respective forum is responding to local needs, which is exactly what they were set to achieve. Surrey wide initiatives may well develop out of the newly established Surrey Wide Network. It is a concern that only two of the forums indicate a concern about the level of refuge resources in the county.

Woking has not moved on to setting out future goals for their forum. Leatherhead & Dorking have spent a great deal of their time looking at housing issues. After consulting the relevant housing departments in their area, they came to the conclusion that short term housing was sufficient. However, emergency refuge space and long term housing was under resourced in their areas. They came to the decision that they did not have the resources to address the issue of long term housing, and would therefore address the issue of refuge space first. They are looking at providing a hostel in the area. Likewise, the Addlestone forum, and laterly the Surrey Wide Network are also rigorously addressing this issue.

Two forums are specifically looking at establishing posts in their locality for a specialised worker. In both cases this worker will have a specific remit for domestic

violence. Although it should be noted that the nature of each post is slightly different. The Oxted forum is looking at the possibility of raising money for a “support worker”, who will work in their locality. This person would be based at local health centres but be mobile in the community. The Leatherhead & Dorking forum are looking at setting up a drop-in-service specifically for women and domestic violence. Liaison between a member of the forum and a local advice centre is under way, with a view to working in that building.

Addlestone and Reigate & Redhill are looking at the possibility of working in schools. For Reigate this idea developed from their local seminar. They hope to combine this initiative with the police who already give educational sessions in local schools. Reigate hopes that there may be a possibility that they could tag on to these police sessions but the logistics of this have not been finalised yet.

Reigate, who have very much achieved their short term goals, hope to move on to a new stage of initiatives. As well, as working with the possibility of providing education in schools, they also hope to start working on initiatives to raise public awareness around the issues of domestic violence. They see this as being achieved through forum members giving individual public talks to groups in their local community.

One forum mentioned the possibility of developing a service that would work with abuse perpetrators. This was the Leatherhead & Dorking forum. Although this idea is in its infancy. They are thinking of proposing the development of this initiative at the Surrey Wide Network, which they think will be a more appropriate vehicle for pursuing this goal.

Guildford are working on an initiative to provide a more suitable police room in the hospital's Accident and Emergency Department. The room that is currently used is not adequate. This initiative will have two benefits. Firstly, the room will be more relaxing for a women under stress after an incident of domestic violence. Secondly, it will give women privacy and safety if the perpetrator does try to find her whilst she is in the department. Guildford are also proposing conducting a costing study, with the aim of finding out the cost of a case of domestic violence.

Publication materials in the area

The police have put together their own leaflet which has been distributed throughout Surrey. Alongside this leaflet they have also designed a poster advertising the service the domestic violence unit can offer to the general public. The Safer Surrey Partnership Team produced a directory of services on domestic violence during the summer of 1995. This was launched during community safety week.

The forums are also actively looking at producing publicity material both at local and Surrey wide level. The Reigate forum has already produced a leaflet, which they have distributed in their area. The Oxted Forum have just completed their leaflet, and will be distributing it shortly. The Surrey Wide Network in co-operation with the local domestic violence forums produced a standardised leaflet for the county in the Summer of 1995. They are in the planning stages of producing a second booklet targeted at helping women with specific welfare rights issues and domestic violence and are working with the Safer Surrey Partnership Team for the production of the leaflet.

Forum Achievements

The achievements made by each forum are determined by a number of key factors:

- **How long each forum has been running**

- **The agencies involved on the local forum**
- **The level of commitment of members on each forum**
- **Resources**
- **The view of forum members on priority issues for their local forum**

The following achievements relate to the research conducted in 1995.

All seven forums at that time felt that the forum has extended the members' knowledge of other the services other agencies provide and the policies they follow (see **Table 9**).

“I think- we have got to know-who to phone-and things they can or cannot do”

This achievement is further enhanced by the fact that the forums have helped members develop better working relationships with other professionals working with domestic violence,

“It is easy to get stereotypes of people-and if you can get sitting down-having a cup of tea-and talking together-finding out that they are all pretty reasonable people-with pretty reasonable aims. I think that not only do those people get a better perspective-but they go back to the agency-and they say they are quite reasonable”

The Addlestone and Reigate forums have held individual seminars, which have been well attended. Other forums have invited guest speakers to their forum meeting to give presentations.As mentioned earlier Reigate and Oxted have produced local leaflets. Two forums have produced letterhead paper, in order to promote their organisation.

Some forums have promoted both their forums and the issues of domestic violence via the media. The Addlestone forum have appeared on a BBC2 documentary. Members of the Reigate forum have spoken on local radio, and members of the Surrey Heath forum have had an article in the local paper.

The Leatherhead & Dorking and the Addlestone forums through negotiation have developed good relations with key figures in housing policy. Reigate, Surrey Heath and Oxted have all had success in fund-raising activities. Furthermore, the Reigate Forum has raised money to sponsor local alarms for women in their community at risk of experiencing domestic violence.

Table 9 - Achievements made by the forum

	Reigate	Guilford	Leatherhead	Woking	Surrey Heath	Addlestone	Oxted
Publicity	**	**			**	**	
Learning about each other	**	**	**	**	**	**	**
Letterheaded paper						**	**
Local Seminar	**					**	
Liason with housing			**			**	
Guest Speakers		**	**				
Leaflet	**						**
Fundraising	**				**		**

Alarms	**						
Local directory of agencies function	**						
Housing letter	**	**					

Establishing gaps in service provision for women

Six of the forums have started to look at local need and gaps in service provision, (see **Table 10**). The most widely mentioned gap was the lack of flexibility in housing policy.

Specialised support for women who have experienced domestic violence has also been addressed by many of the forums. Surrey Heath, Oxted and Guildford have all expressed a need for a specialised support worker in their localities. Oxted also expressed a need for a local support group for women surviving domestic violence. The need for a specialised drop-in service has also been mentioned by two forums. Forums have mentioned the lack of support available for women outside office hours.

All forums have established that there is a need to produce adequate information materials on domestic violence and services available to women. Some forums have also addressed the need for inter-agency training in their forum meeting

Table 10- Gaps in service provision identified by the forums

	Reigate	Guildford	Leatherhead	Woking	Surrey heath	Addlestone	Oxted
Not looked at this issue				*****			
Education in schools	*****				*****		
Flexibility in housing policy	*****	*****	*****			*****	
No local refuge							*****
Local support group							*****
Specilised support worker		*****			*****		*****
After hours support		*****			*****	*****	
Legal Aid		*****					
Publicity materials	*****	*****	*****	*****	*****	*****	*****
Training	*****					*****	
Drop in centre			*****		*****		

Inter-agency work in Surrey from a forum members perspective

During August and September 1994 a postal questionnaire was distributed to forum members across the county. This was designed to extract information in the following areas: attendance of the domestic violence forums, decision making process in the forums, improvements in inter-agency practice facilitated by the forums, achievements made by the local domestic violence forums and future priorities in the county.

The sample

One hundred and twelve self completed questionnaires were sent out to domestic violence forum members of the then seven forums. Seventy one (63%) questionnaires were returned. Follow up phone calls established that most of those who did not return the questionnaire over the specified period were on annual leave, sick, or had changed posts. The majority of questionnaires came from the Reigate forum, 18 (see Table 1). The smallest returns came from the Surrey Heath (6) and the Leatherhead & Dorking forums (7).

Table 1 - Sample by Forum

Forum	Total Responses	Percentage
Woking	13	18.3 %
Leatherhead & Dorking	7	9.9%
Addlestone	8	11.3%
Guildford	9	12.7%
Reigate	18	25.4%
Caterham	10	14.1%
Surrey Heath	6	8.5%
Total	71	100%

The largest return rate from an organisation was from the police Domestic Violence Units, (16). All the other organisations were well represented in the sample (see Table 2).

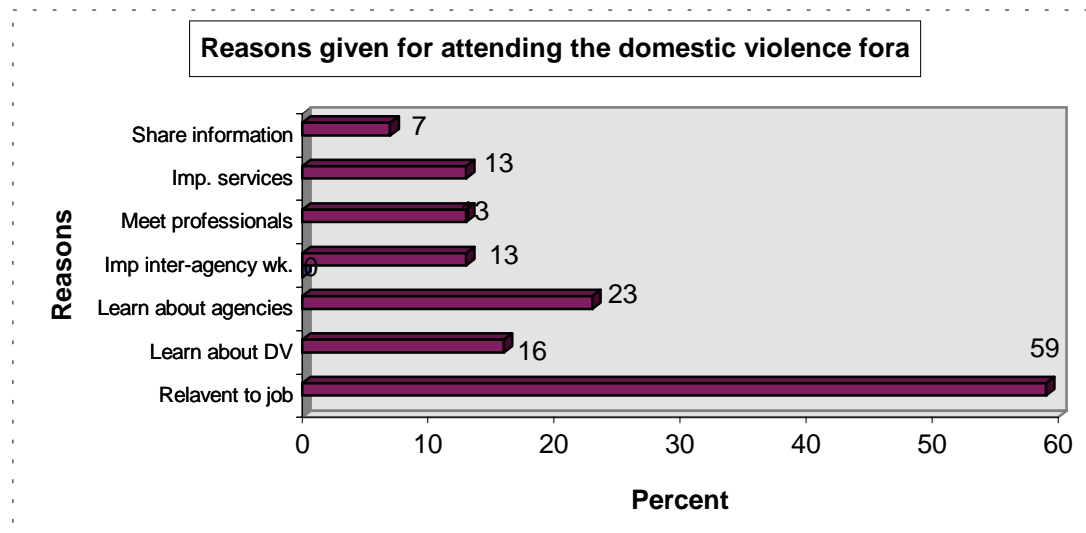
Table 2 - Services members Represent

Service n=71	Total	Percentage
Women's Aid	6	(8.5%)
Police	16	(22.5%)
Housing	6	(8.5%)
Social Services	7	(9.9%)
Health visitor	6	(8.5%)
Solicitor	5	(7%)
CAB	3	(4.2%)
Sammmaritans	2	(2.8%)
Probation	1	(1.4%)
Victim Support	4	(5.6%)
GP	1	(1.4%)
Other	14	(19.7%)

Attendance

The majority of respondents (63.4%) stated that they attend every meeting of their forum. Sixteen (22.5%), said they attended occasionally and ten (14.1%) attended infrequently. The most widely quoted reason for attending the forum was because members felt that it was relevant to their job. Over half (42, 59.2%) of the sample mentioned this reason, (see **Table 3**). The second most widely mentioned reason for attending, was that members wanted to learn more about other agencies, and the services they can offer women who have experienced domestic violence. Sixteen, (22.5%) respondents gave this reason. Other reasons for attending included: meeting other professionals, (9, 12.7%); improving services for women, (9, 12.7%); learning about domestic violence from other members, (11, 15.5%) and helping agencies to work together (9, 12.7%). The reasons given by forum members for attending should be carefully noted. There is a concern that these may pose problems for the work and outcomes of the forums. Developments could feasibly be easily led by the concerns of service providers, to the possible detriment of service users.

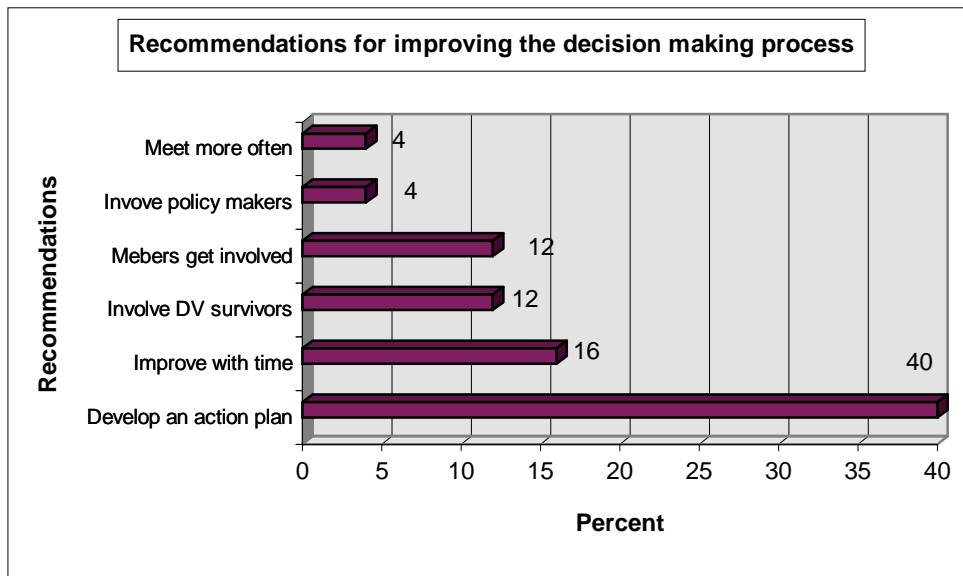
Table 3



The Decision Making Process

The majority (42, 59%) of those who attended forums thought that the decision making process was very good or good. Those who thought that the decision making process within their forum was fair or poor were asked to give suggestions as to how it could be improved. Of the twenty five who fell into this category, the suggestion that was most often put forward was the need to develop a decision making plan within the forum. Ten (40%), made this recommendation, (see **Table 4**). Other recommendations made include: involve the views of service users, it will improve with time and confidence, involve more senior policy makers, and get more involvement from members of the forum. Given the membership of many of the forums, there is scope to develop methods of adequate consultation with domestic violence survivors regards decisions to be made.

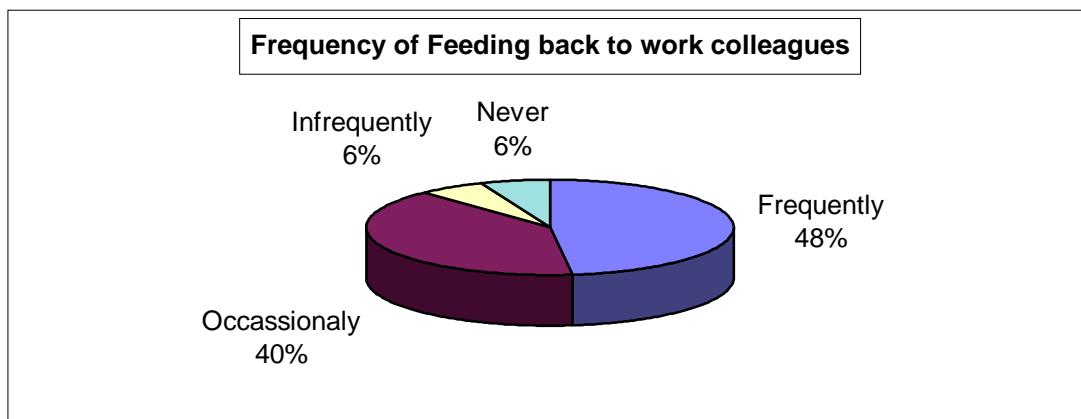
Table 4



Feeding back information to work colleagues

The respondents were asked how frequently they fed back information to their work colleagues, and if they did how frequently they did this. Just under half (48.6%), fed back information on a regular basis. Only four (5.7%), never fed information back to others in their workplace.

Table 5

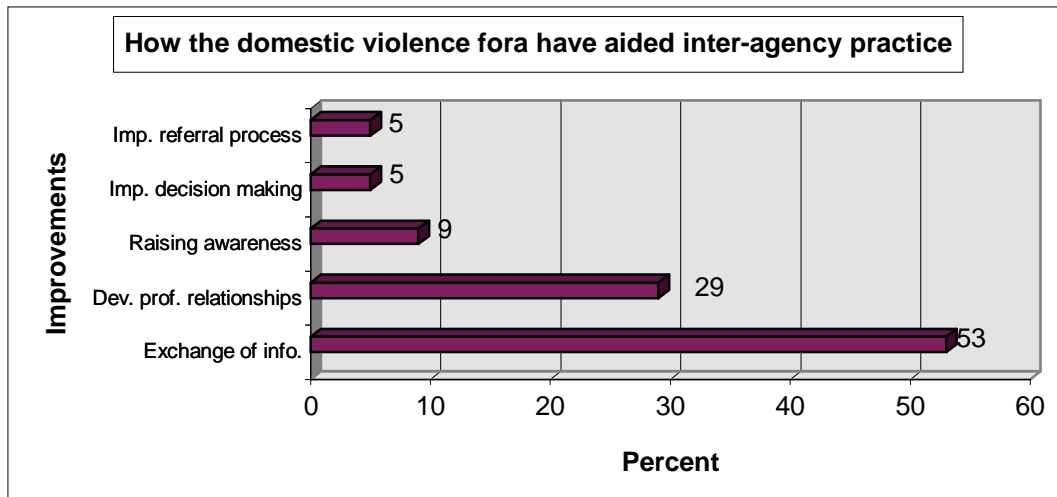


The impact of the forum on Inter-agency work in Surrey

Sixty (84.5%) of the respondents felt that inter-agency practice had improved since the forums have been established. We asked those who had seen this improvement to indicate how they thought the forum had achieved this. Just over half (31, 52.2%) of

those who had seen an improvement thought that it had been achieved through the sharing of information on each others services roles and policy (see Table, 6). Other members (17, 28.8%), attributed the improvement in inter-agency practice to the development of professional relationships achieved via the forum. This has given members more confidence to refer women onto other agencies. In some cases it has broken down barriers that may have existed between agencies prior to the emergence of the forum. Other explanations given include: they now have a central decision making body, and the forum has allowed them to promote inter-agency work at seminars and conferences.

Table 6



Future Goals for Surrey

Raising awareness on sources of help was the goal that most forum members thought should be top priority in Surrey (see Table 7). Eighty three percent (59) of those asked thought that this was a top priority goal. The second most important goal for forum members was sharing information of sources of help. Nearly two thirds (44, 62%) thought that this was a top priority goal. Just under half of the sample thought that more refuge space (34, 47.9%) and developing good practice guidelines (32, 45.1%) were top priority goals. A low proportion (10, 14.1%) thought that multi agency training was a top priority goal. Developing anti- discriminatory policies was also low on the agenda for forum members. Nine (12.7%), thought developing anti-sexist policies was a top priority for the forums and the same proportion thought that anti-racist policies was a top priority.

Table 7 - Future goals for the forum

n=71	Top Priority	Necessary	Useful	Luxury	Irrelevant	Non Response
Raising awareness on sources of help	59 (83.1%)	10 (14.1%)	1 (1.4)	-	-	1 (1.4%)
Sharing information on help	44 (62%)	24 (33.8%)	2 (2.8%)	-	-	1 (1.4%)
More refuge space	34 (47.9%)	25 (35.2%)	9 (12.7%)	1 (1.4%)	-	2 (2.8%)
Develop good practice guidelines	32 (45.1%)	22 (31%)	13 (18.3%)	1 (1.4%)	2 (2.8%)	1 (1.4%)
Improve services for women	31 (43.7%)	30 (42.3%)	8 (11.3%)	1 (1.4%)	-	1 (1.4%)
Preventative Education	19 (26.8%)	28 (39.4%)	17 (23.9%)	4 (5.6%)	-	3 (4.2%)
Leaflets etc.	17 (23.9%)	42 (59.2%)	9 (12.7%)	1 (1.4%)	1 (1.4%)	1 (1.4%)
Co-ordinated service provision	14 (19.7%)	37 (52.1%)	15 (21.1%)	2 (2.8%)	1 (1.4%)	2 (2.8%)
Cross-borough co-ordination	12 (16.9%)	29 (40.8%)	23 (32.4%)	3 (4.2%)	3 (4.2%)	1 (1.4%)
Remedial work with abusers	12 (16.9%)	28 (39.4%)	17 (23.9%)	10 (14.1%)	2 (2.8%)	2 (2.8%)
Multi-agency training	10 (14.1%)	26 (36.6%)	28 (39.4%)	4 (5.6%)	2 (2.8%)	1 (1.4%)
Anti-sexist policies	9 (12.7%)	23 (32.4%)	26 (36.6%)	7 (9.9%)	5 (7%)	1 (1.4%)
Anti Racist Policies	9 (12.7%)	21 (29.6%)	28 (39.4%)	6 (8.5%)	6 (8.5%)	1 (1.4%)
Research in Surrey	5 (7%)	34 (47.9%)	26 (36.6%)	4 (5.6%)	-	2 (2.8%)

Conclusion

In the recent research report on Inter-Agency work against domestic violence in the UK, Hague, Malos and Dear argue that there are no set answers nor any set model on how to do inter-agency work because there are many variables and local conditions, resources and politics will inevitably influence possibilities. Most developments to date have in fact been ‘organic’ and varied considerably from area to area. There is however scope to coordinate work more effectively across the county and this will require basic commitment to an appropriate organisational and decision making structure, creating effective means of coordinating work, communicating and consulting across the county. To date, the available research suggests the following are required for there to be effective practice:

- **agreement on the basic aim as being to increase the safety of victims of domestic violence and their children;**
- **the provision of resources, without competition with refuge groups;**
- **providing administration and co-ordination;**
- **avoiding domination and control by one agency;**
- **democratic representation;**
- **regular attendance;**
- **clear, agreed work plans;**
- **structured procedures and methods of working which equalise power relations in the group and do not marginalise some groups;**
- **procedures to avoid over-burdening agencies, especially refuges, with work;**

- **monitoring and reassessment of anti-discriminatory practices;**
- **consultation with/involvement of survivors.**

(adapted from G. Hague, E. Malos & W. Dear (1995))

What might be achieved in Surrey in the long run may well depend upon resources, being clear about where forum members stand regards talking and doing, who is involved and whose priorities matter.

Section 2

Demographic Profile of Surrey

Surrey County Council covers a population of 1017845. Fifty one percent are female. The 1991 census data has been analysed by ten areas (see map). Seven of the ten areas are covered by domestic violence forums (Guildford, Woking, Reigate/Redhill/Horley, Leatherhead & Dorking, Addlestone, Surrey Heath, Oxted). Waverley has a domestic violence unit and will shortly be setting up a domestic violence forum. The two remaining areas are covered by metropolitan police forces, (Staines area and Epsom area).

Age

* add percentages in table and dialogue

Locality	0-17 yr.	18-64 yr.	65-74 yr.	75-84 yr.	85 + yr.	Total
Guildford	20725	61845	8381	5583	1628	98162
Woking	22464	61617	7288	4834	1570	97773
Reigate	17042	50365	7015	4638	1391	80451
Leatherhead	14196	47387	7518	5310	1666	76077
Addlestone	24966	78225	11045	7946	2122	114304
Surrey Heath	16364	44577	4023	2307	729	68000
Oxted	15384	44668	6430	4343	1308	72133
Waverley	29621	83879	12269	8862	2777	137408
Staines	31563	96823	13647	8295	2204	152532
Epsom	22779	67379	10438	7513	2285	110394
Total						

Ethnic Origin

The census data indicates that 29079 (2.8%) of Surrey residents are of ethnic origin (see table 1). Although, this could be an underestimate, due to under reporting in these communities. The proportion of ethnic minorities is quite low in comparison to many other areas in Britain. However, there are large communities of Chinese, Indian and Asian groups scattered throughout the county.

Table1 - Ethnic minority Residents in Surrey

Locality	Black C/Bean	Black Afr	Black Other	Indian	P'Stani	B'Deshi	Chinease	Other Asian	Other	Total
Guildford	68 (3%)	105 (5%)	81 (4%)	417(21%)	107(5%)	55 (3%)	381(19%)	336(17%)	456(23%)	2006
Woking	145 (3%)	162(3%)	130 (3%)	515(11%)	2369 (49%)	160 (3%)	328(7%)	481(10%)	561(12%)	4851

Reigate	107 (5%)	89 (4%)	82 (4%)	402 (19%)	389 (18%)	101 (5%)	223 (11%)	314 (15%)	405 (19%)	2108
Leatherhead	35(4%)	46(5%)	50(5%)	183(19%)	23(2%)	66(7%)	176(19%)	140(15%)	229(24%)	948
Addlestone	134(4%)	126(4%)	152(4%)	803(23%)	133(4%)	169(5%)	490(14%)	740(22%)	681(20%)	3428
Surrey Heath	87(5%)	76(4%)	100(5%)	458(24%)	212(11%)	65(3%)	221(12%)	296(16%)	364(19%)	1879
Oxted	109(8%)	56(4%)	93(7%)	361(26%)	8(1%)	55(4%)	173(13%)	215(16%)	298(22%)	1368
Waverley	117 (5%)	104(5%)	97(4%)	309(14%)	146(7%)	85(4%)	294(13%)	318(14%)	539(24%)	2216
Staines	248(5%)	65(3%)	168(3%)	2010 (37%)	300(6%)	171(3%)	556(10%)	874(16%)	893(17%)	5385
Epsom	303(6%)	333(7%)	210(24%)	1176(2%)	183(4%)	171(3%)	482(10%)	1320 (27%)	712(15%)	4890
Total										28670 (2.9%)

Nb table needs checking

Nb Point out where large ethnic groups are ???

Economic Activity

The census data shows considerable differences in the patterns of economic activity between males and females. The “ Other Inactive” category is insignificant among male, but is substantial among women especially in the age groups who are likely to have young children. Almost one third of the 30-40 age group falls into this category. Part time working is also more prevalent amongst women than men.

The unemployment rate in Surrey at the time of the census was lower than many other areas in Britain. Within Surrey the rate for males ranges from 4.8% in Surrey Heath to 5.8% in Reigate & Barnstead. At ward level greater variations are seen . The wards of Central and Maybury and Sheerwater in Woking District, Preston & Reigate North East in Reigate & Banstead and Old Dean in Surrey Heath had male unemployment rates of over 10% at the census. Female unemployment rates are much lower than male rates, although they are influenced by lower economic activity rates.

Children in Surrey

At the time of the 1991 census there were 190,700 children under 16 in Surrey. This amounts to 18% of the total population. Including the 16-18 age group 21% of the population are dependant children, and 29% of household contain at least one dependant child. Surrey Heath and Woking have the highest proportion of children. However Surrey Heath has a higher proportion of households containing dependant children than Woking. Wards with particularly high proportions of households with children are Frimley Green and Heatherside in Surrey Heath, Cobham Fairmile in Elmbridge and Pirbright in Guildford. In all these wards more than 40% of households have dependant children. In comparison with the national average Surrey is fairly typical, with just a slightly lower proportion of children than Great Britain as a whole.

Referrals to Domestic Violence units

(Add relavant information !!)

Chapter 4

Law and Legal Services

Introduction

In the 1990s there have been significant changes in the law and its enforcement regards domestic violence. In this chapter we discuss the police response, the services offered by victim support, the work of the probation service and legal services provided by solicitors. The discussion in this chapter draws upon: the results of the Agency Questionnaire, the women's questionnaire survey, the 24 in-depth interviews with domestic violence survivors, in-depth interviews with police officers from the Surrey and metropolitan police, information provided by the probation service and the analysis of policy documents. The Agency Questionnaire was returned by 6 domestic violence officers and 17 uniformed police officers, 18 probation officers, 13 solicitors and 8 victim support volunteers. The response rate to the agency questionnaire survey was (relatively) high, ranging from 68% for uniformed police officers to 72% for solicitors.

Policing Domestic Violence

Twenty five percent of all crimes of violence against the person reported to the police and criminal courts are cases of domestic violence against women (Dobash & Dobash, 1979). In the mid 1980s research into policing in the metropolitan area of London showed a reluctance to enforce the criminal law and a tendency to 'no-crime' incidents of domestic violence (Edwards, 1989). In the UK, USA, Canada and New Zealand, the police have been criticised for failing to enforce the criminal law and for trivialising domestic violence as 'just domestics', (Hammer, Radford & Stanko, 1989). Homicides of women have been the outcome of inadequate policing. Concerns have been raised in particular about the police's failure to respond, to record or follow up on reports of domestic violence and their reluctance to arrest or use sanctions against violence perpetrators. Starting within the metropolitan area, policing policy regards domestic violence has changed significantly in the 1990s. In 1986 the Home Office circular 69/1986 gave advice on the treatment of victims of domestic violence and rape. In June 1987 the Metropolitan police issued a Force order which urged officers to take a more sympathetic response to victims of domestic violence, to use their powers of arrest more frequently and to involve other agencies in seeking solutions. Following on from this, Tottenham police established a domestic violence unit, with two dedicated women police officers who followed up on domestic violence incidents by contacting victims by letter, telephone or personal visits to the home. DVUs subsequently spread throughout the metropolitan area.

The Home Office Police Force Order, Circular 60/1990, was an important step against no-criming. This recommended that 'all police officers involved in the investigation of cases of domestic violence regard as their over-riding priority the protection of the victim and the apprehension of the offender'. The circular urged all police forces throughout the country to keep accurate records on incidents of domestic violence, to enforce the criminal law and offer more sympathetic and realistic support to victims. The circular also recommended that officers attending incidents of domestic violence should be given information about any previous history of domestic violence or any injunctions. DVUs now exist in many force areas as units of expertise on domestic violence to support victims, follow up on incidents reported and provide support and training for officers. Information on domestic violence has improved with better recording and computerisation. Areas such as West Yorkshire pioneered maintaining records on repeat calls to the police from victims at particular risk. Some forces, especially within the met area, have made use of special alarm and recording equipment to speed up the police response time and improve the evidence obtained in cases of persistent violence or harassment. In many areas of the country, the police have played a major part in setting up inter-agency forums on domestic violence.

A recent research study of policing domestic violence, identified a number of factors as being essential for there to be an effective police response. Effective policing requires:

1. Law enforcement and sympathetic support for victims;
2. Mandatory training for the police on the nature of domestic violence and on crisis intervention;
3. Clear practice guidelines which set out the importance of making an arrest
4. An immediate, 24 hour day inter-agency response. Next day referrals which require the victim to make the initial contact are less effective;
5. A consistent dual approach to domestic violence which recognises it as a crime needing legal action and as a family problem requiring other kinds of intervention;
6. Support for the criminal justice system to adopt this approach;
7. A change in societal attitudes towards domestic violence.

(See Walker & McNicol, 1994)

The Surrey police have recently completed an evaluation of the service provided to victims of domestic violence. We have not had access to this report and are unable to comment on some of the key indicators of performance. As far as possible however, the discussion of policing in Surrey will focus upon the response to Home Office recommendations and the seven factors outlined above.

Policy In The Surrey Police.

The county of Surrey is policed by both the Surrey police and the Metropolitan Police forces. The Surrey police have been slow to act upon the recommendations of the Home Office regards the policing of domestic violence. However, there are now eight domestic violence units covering the county, two in the Metropolitan area of Surrey and six in the area covered by the Surrey police. In November 1993, after the DVUs had been set up, the Surrey police produced a “ Domestic Violence Manual of Guidance”. These good practice guidelines were drawn up using guidance from the Home Office, the recommendations of the House of Commons Home Affairs Committee on Domestic Violence(1993) the Victim Support Report on the Inter-Agency Working Party on Domestic Violence (1992) and Her Majesty’s Inspector of Constabulary. The manual gives guidance to station staff, officers attending the scene of domestic violence, custody officers and staff in DVUs. In summary the guidelines cover:

- The **recording and monitoring** of domestic violence incidents. All calls should be recorded and, after the initial response, information should be passed on to the DVU. No-criming and down-criming should not happen.
- Information which should be made available to officers attending calls on **previous contact** with the police, any injunctions or firearms.
- The first responsibility of the police to **protect the victim** from further attack . Firm positive action should be taken, with arrest as necessary. One indicator of performance is now the proportion of arrests made.
- The secondary responsibility of the police to **actively involve other agencies** in giving support to victims.
- Police officers’ duty **not to attempt conciliation or reconciliation**
- Police responsibilities regards referring cases for **prosecution and evidence** gathering. These include supporting decisions to prosecute, not discouraging this and making sure that victims are not made to feel they are wasting police time if they withdraw allegations and do not proceed with pressing charges.
- Responsibilities for **inter-agency work**. Performance measures include the number of meetings the fora hold each year and the percentage of meetings attended by the police.
- The need for all officers and probationers to receive **training**.

The force’s manual is very much in line with recommendations which have been made in recent years for an effective response towards domestic violence apart from the rather loose commitment given to make arrests. Here the manual gives officers considerable scope for discretion over arrest.

The guidance was generally viewed by officers interviewed as having brought a more consistent response to domestic violence in the county. However there is still a view amongst officers that the guidance is not strictly followed in all areas because there is so much scope for discretion:

“If you went anywhere in Surrey the way you dealt with child protection would be more or less identical, whereas with dv it is very different....We have a policy. But they are not in tablets of stone. They’re guidelines”

“The policy and practice guidelines, they had input from all the units before they wrote them and they’re very good but they’re not adhered to...nobody is enforcing it”

The guidance is not followed consistently because some incidents are not viewed as being ‘domestic violence’. As a working definition of ‘domestic violence’ the manual sets out the (gender neutral) definition put forward by Her Majesty’s Inspector of Constabulary. Paragraphs 2.1 to 2.4 of the manual define domestic violence as:

**A domestic dispute is a quarrel including violence which occurs within a family or between household members*

**Domestic Violence occurs when a person or persons causes, attempts to cause or threatens to cause physical harm to another family member or household member. It includes non household partners and ex-partners.*

**Domestic violence includes emotional, sexual, and psychological abuse”*

(Domestic Violence Manual of Guidance, 1993, p2)

However, many officers do not acknowledge emotional and psychological abuse in their case work, particularly when these forms of abuse occur in isolation of any physical violence. The definition is viewed by some as being too broad.

There are also problems with levels of awareness of and accessibility to the guidelines. Surrey police have recently made the guidance accessible to officers through the police computer network. Previously only a limited number of manuals were available in the county.

Seventeen percent of domestic violence officers, and 18% of uniformed police felt that improvements should be made to the force guidelines on domestic violence. Recommendations made included: better internal communications, training, changes in current legislation, harsher punishment of perpetrators and more readily available information on past cases of domestic violence.

Monitoring and Evaluation

The HMI clearly state that,

*“ Arrangements should be made for a comprehensive system of recording all allegations of domestic violence and a structured system of referral to statutory and voluntary organisations should be implemented”
(HMI Inspection notes 1991 para 8.9)*

Surrey police have worked hard at ensuring that all reported cases of domestic violence are recorded. They are operating a standardised approach to recording incidence of domestic violence across the county and this response also has the benefit of allowing first response officers to obtain information on previous incidents. Figure 1 shows the incidence of domestic violence reported to dvus during 1993-94.

Figure 1

<i>Domestic Violence Units Referrals</i>			
<u>DVU</u>	<u>1993</u>	<u>1994</u>	<u>Total</u>
Addlestone	590	687	1277
Camberley	324	313	637
Caterham	195	220	415
Dorking	355	374	729
Elmbridge *	272	383	655
Farnham	270	320	590
Guildford	578	550	1128
Reigate	384	402	786
Spelthorne *	551	538	1089
Woking	459	933	1392
Total	3978	4720	6698

* Metropolitan Police Force

(Source: Community Care Plan 1995/6, p145)

The data shows that in all areas, apart from in Spelthorne and Camberley, the number of reported incidents increased from 1993 to 1994. This mirrors the experience of other police force districts. As awareness increases and the police give a more positive response, the number of cases coming to the attention of the police increases.

Training

The Manual of Guidance supports the need for training:

“ A programme of ongoing training at all rank levels across the whole range of operational and support functions of policing is essential if domestic violence is to be tackled in a professional way”

(Domestic Violence Manual of Guidance, 1993, p39)

There is now a commitment for training on domestic violence in the Surrey Police Force, and at the end of 1995 somebody was employed with this specific remit. However, to date, very few officers have received any specific training. None of the domestic violence officers surveyed and only just over half, (52.9%) of the uniformed police had received any training on domestic violence. The training in the domestic violence units has been very much an ‘on the job’ variety. Officers have had to pick up skills through casework, although domestic violence officers who joined the units

at a later stage were able to draw on the experience of other domestic violence officers:

“ We don’t get any training whatsoever. Its down to us, as far as we read up and what we pick up as we do the job. When I came into the unit I was trained by my partner. She designed the unit and she taught me. Bur prior to that there has been no training programme since I’ve been on the unit and that there was two years ago when I came on”

Regretably experience is lost because of the policy to move on officers from DVUs after the placement period has expired. Many of the domestic violence officers felt that they should be allowed to work in the unit for as long as they wanted.

“ I think the role of the dvo should be made more high profile. More importance should be attached to the child protection and domestic violence teams than it is and I think specialist posts should be rewarded not monetarily but by continuing in that post all the time you think you’re able too do a good job”

There are problems with expecting officers to gain necessarily skills entirely through their work experience. One danger is that unhelpful attitudes will become entrenched and any later training introduced will merely be discounted.

Officers who had received training got this during their probationary period and had not received any ongoing training since. Sixty seven percent of domestic violence officers and 47% of uniformed police surveyed said they wanted further training. The types of training officers wanted varied between domestic violence officers and uniformed officers. Domestic violence officers said they wanted further training on the law, counselling, inter-agency work and benefits. Uniformed police wanted training on : resources available to women experiencing domestic violence, all aspects of domestic violence, screening for domestic violence, definitions of domestic violence, effects of domestic violence and working with perpetrators.

Domestic violence units

The DVUs aim to provide: support, advice and referral for victims of domestic violence, support for patrolling officers, assistance in investigation, liaison with child protection, initiative in developing inter-agency work, raising awareness amongst the police, and general public and to monitor policy (Domestic Violence Manual of Guidance, 1993, pp 24-25).

The majority of police officers interviewed felt that the referral system to DVUs worked well although occasionally domestic violence reports would be delayed in the system. However some domestic violence officers felt that women were not always given necessary support before they were referred on to the domestic violence unit:

“The officers that we’re seeing are pro...they’re the ones with the attitude we applaud to domestic violence. ...But just because they’re coming to see us doesn’t necessarily mean that they have got the right attitude ...it just means they think they’re doing the best at the scene within their role, because their role is just to deal with the offender”

One of the key roles of the domestic violence officer is providing immediate follow-up work after an incident of domestic violence. However, it is difficult for this to be immediate as DVU officers are only available during office hours and, research suggests, that almost half (46%) of domestic incidents are dealt with on the night shift between the hours of 11 pm to 2 am (Walker & McNicol, 1994).

An important part of a domestic violence officer’s job is to inform women of their rights and of the resources available to them. Within the Surrey DVUs there is still a tendency to refer mostly to statutory services, and the line between exploring options and giving direction can be a thin one:

“ Once you have established what the nature of the problem is and all those other background factors, you can then start to suggest that they speak to other agencies or if they don’t want to do it you can do it on their behalf...In the main, the agencies we tend to mostly deal with are the statutory ones like housing, mental health services, community psychiatric nurses.”

Some officers interviewed were reluctant to suggest women approach the county’s refuges, even though referral to refuges is clearly recommended in the Manual of Guidance:

“ Well there’s refuges, but women normally don’t want to go in them unless it’s extreme. There are times when it is really necessary. Women’s Aid do a brilliant job but I wouldn’t recommend them going into a refuge unless they were really in serious danger”

Domestic violence officers felt that it was an important part of their job to be supportive and sensitive towards victims:

“ Part of the job we do is getting people to open up to us and I’d say we are largely successful in doing that.”

All said they would positively reassure women that they can use them as an ongoing resource if they require further assistance.

“We tell them they can contact us at any time”

However all clearly identified their role as first and foremost a police role, and beyond providing protection for women, initial advice and support in getting appropriate help, they have to refer women on to other agencies:

“Our role is a police role. We follow the police role and we use other agencies for follow-up work. We’re not trained counsellors and our role is to arrest and process offenders and to give help and advice to the victims and the support role is ongoing if there is a court case. Otherwise we give them advice, we advise them how they can get out of the situation and what things are available to them”

The level of involvement domestic violence officers have with women varied. Officers claimed that this was very much determined by the needs of the client:

“the level of involvement we have differs from person to person. Some people, you tell them what their options are, what is available to them, and they will go off and do it all. Some people, as long as I make the appointment will keep it, and some people have been so undermined and so disempowered, we’ll take them and go with them and make sure they do it”

A number of the units are being streamlined or only being staffed by one domestic violence officer. The Manual of Guidance recommends 2 officers, one male and one female, as the minimum number of staff needed to effectively run a domestic violence unit (Manual of Guidance, 1993, p33) . Some of the county’s DVUs are staffed by one male officer and the officers themselves see a problem in this. The streamlining means that the amount of time officers can now spend with women is limited, and there is a feeling that the quality of service they provide has suffered:

“I don’t have the in-depth time anymore to go and speak to people and take histories from them like I used to, which is frustrating”

Officers expressed a number of other frustrations they had in working with domestic violence cases. One problem they had was finding immediate help from other services for women. This was particularly a problem when referring to counselling services, social services and housing:

“ Waiting lists, that’s the problem”

Officers also had difficulties finding temporary accommodation for women who wanted to leave their partner,

“ The hardest thing we deal with is somewhere to go. It’s the top of the list of reasons why women stay and put up with dv”

Some expressed frustrations with women who dropped charges against the perpetrator:

“ You can do an awful lot of work for somebody, you can see that quite a horrendous crime has been committed and then on the eleventh hour, or even earlier, they pull out”

The poor attitudes of many members of the county's force towards domestic violence are reflected in some of the DVU officers' feelings that their work was not seen by many as 'proper police work'. Many felt that the police service did not value the work they were doing:

“ I feel undervalued by the job. We get all sorts of jokey nicknames like you're in marriage guidance or Social Services or that we're not doing real police work”

This poor attitude was reflected in the interviews with uniformed staff.

Officers in the domestic violence units also felt that the service they offered would improve if they had better lines of communication within the forces,

“ We work very much as a team on our own...I think it could be improved by a better understanding by the management teams, so they know exactly what we do”

Uniformed police

Many officers are still giving conflicting messages about the positive arrest policy. This is very much interlinked with the attitudes they hold, and sometimes a tendency to sympathise with the perpetrator:

“ It's very difficult when you attend an incident, to decide on the best course of action, to some extent regarded by a police policy..You are frequently torn between an emotional decision as to who might be in the right and who might be in the wrong and in some cases you might feel that the alleged victim was actually in the wrong...regardless of whether there is an offence to deal with”

“ If they have been assaulted and we're able to identify the offender at or near the scene, we've got immediate protection covered. There's all the follow up advice which is available to them. It lets the offender know that their behaviour is unacceptable, particularly in the case where the victim is saying, 'I don't want him arrested' and we're saying, 'we've got no choice'”

Sometimes officers interpret their policy on the basis of their own ideas about severity:

“ It depends how serious the offence is. There's the option of arresting the offender there and then, which according to the police guidelines is if an

assault has taken place and an allegation has been made about the assault, in theory we would arrest the offender every time. But that doesn't always happen, because if you deal with a situation where you attend a domestic and technically there might have been an assault, there might have been some pushing and shoving, and a lot of shouting, so technically speaking there might have been a common assault, and the aggrieved person might make a complaint about it but there is not an awful lot that can be done in that situation, and there are different ways that we deal with it. If it's a straight forward assault of reasonable seriousness then there's no problem, the offender would definitely be arrested and be dealt with"

" I find it very difficult and a bit heavy handed to go in there and start arresting people..it might just be an argument that's got a bit out of hand and a bit of pushing and shoving but there hasn't been any real violence"

From the interviews and surveys it seems that most police officers in Surrey are providing victims of domestic violence with information on resources available to them at the scene of the crime. Some are apparently doing this because they do not view many areas of intervention in domestic violence as 'proper' police work:

"It's our job to deal with the criminal side of things. And it should be the other agencies' jobs to deal with the other side of things, you know, the social side of things"

At the very least victims are given a leaflet or card, informing them of the services available to them at the domestic violence unit:

" I've got a leaflet which I carry with me on every occasion when I go to a domestic violence incident, I will always leave the leaflet with the victim, it's got the contact number of the domestic violence unit and it explains a little more about our policy, what help is available, what they can do, and what they should do about it"

" Probably in near enough every domestic situation, you discuss the options open to the person"

" I'd discuss her options as to whether she wants to stay where she is ...talk about the options of women's refuges or places she can go to. Also talk about the possibilities of a court injunction and also talk about ways the police can be involved if a woman is genuinely frightened"

Frustrations with prosecuting cases

Most officers interviewed said they would encourage women to prosecute the perpetrator:

“ We try to encourage them to press charges. We will explain as fully as we can what it involves, the fact that it is likely to go to court, the fact that they will be required to give evidence”

However their eagerness to do so may be affected by their frustrations with women who dropped allegations in the past:

“A frustration on a fairly regular basis is that once we have calmed the situation ..and have detected an offence we will speak to the victim and see if we can encourage the victim to allow us to take action on their behalf. Some wives and girlfriends aren't prepared at that stage to make an allegation, a formal allegation, and we then have to release the abuser, explaining that without an allegation we can't hold them for any longer...But one of the biggest frustrations is we start proceedings and two or three days later, the victims decide they are not prepared to go to court and they want to withdraw. Despite trying to explain to them how more vulnerable that will make them in the future, many of them insist that they're not prepared to go through with it”

“ In the heat of the moment it's 'Yes, I want to go all the way to court', so we will go through the motions of arresting people, taking witness statements, interviewing, putting together files, only to find on the morning of the court case the partner will turn around and say, 'No, I want to drop it all'. You can appreciate why they might do that but it is still very frustrating when you have put a lot of time and effort into something”

Not all officers however felt that personal attitudes and views about domestic violence would have an effect the way they dealt with cases:

“ There's always the sort of flippant attitude that ' It's another domestic to deal with' and, you know, 'They're a pain in the backside', that is just the flippant attitude. When you are actually dealing with a case it's different. You might have that overall attitude towards domestics, but when you're dealing with them you are treating them like any other case”

Women's experiences of the police in Surrey

The police may be the very last agency which victims of domestic violence will turn to. Some women will never approach the police because of insecure immigration status, fear of a racist response or fear of reprisals from the perpetrator and sometimes his family or community, (Mama, 1989). Women may not want their partners, the father of their children, to have a criminal record or to lose their employment because this would have repercussions for them as well. Although the police can play a major role by giving perpetrators the clear message that domestic violence is a crime which

will not be tolerated, individual women may find it hard to see any ‘benefits’ to be gained from an involvement with the police.

“ I didn’t think the police would be very helpful...I couldn’t talk to anybody really because I didn’t think that anyone would believe me”

Perpetrators had tried to maintain control by threatening women interviewed with reprisals should they approach the police:

“ He used to tell me if you ever call the police it will get worse, a lot worse”

“ I didn’t have any faith in the police. I thought , he’ll be charged, he’ll get bail, and he’d get out and quite possibly kill me out of sheer anger, if I got the police involved. I was too frightened I thought that would provoke him, and I thought they wouldn’t effectively deal with the situation”

“ I wouldn’t go to the police because I thought I wouldn’t be treated with any sympathy”

“ I didn’t tell the police because he said if I ever got the police, that he’d get out the next day and he would, like do it worse”

Previous research has indicated that attitudes and treatment from the police will deter women from contacting them for help with domestic violence. Jan Pahl found that 71% of women contacting the police were dissatisfied with the police response (Pahl ,1985). Many women in our sample who had approached the police for help, expressed varying levels of dissatisfaction. Overall, 23% of the women who sought help or advice from an agency approached the police. However, 48% of them were dissatisfied with the police response. Levels of dissatisfaction declined since the setting up of DVUs but nonetheless remain unacceptably high.

Some women felt that the police had not taken them seriously:

“ When I used to phone them (police) up, I used to find that the people that I was talking to on the telephone, although they weren’t there, they were my lifeline, and they were there completely and totally and utterly for me, and then it always seemed to me that once anybody arrived at the house it was no big deal”

*“ The police wouldn’t do anything because there were not any bruises, they just said there was nothing that they could do..I just lived in fear. ...they didn’t want to know to start off with. But it was when I started to get proof like letters and taping the phone calls that they finally started to do something”.
(That took a month)*

A number of women were made to feel that they were wasting police time and were expected to resolve the problem themselves:

“ They’d say it’s between you two, you should sort it out. That was the attitude I got. I felt I was wasting police time”

“ It was like I was just being a pain, to keep ringing them up, that’s the impression I got.....and this policeman came back and he said, ‘Has he got any justifiable reason for doing this?’ And I thought, and I looked at my partner, and then the policeman said it to my partner, he put his hand over my mouth, this policeman put his hand over my mouth, and he said to me, ‘ I wasn’t asking you, I was talking to your partner’”

“ My face was twice the size, my eyes practically closed, and I thought they (the police) have just left me. I was horrified that they could walk out and leave us in a room together. I was stunned at the time”

Clearly, the three women above encountered police officers who had not followed the Manual’s guidance. Some of the women interviewed felt that they had not been given adequate information on sources of support from other agencies:

“ No, her only advice was to lock the front door and lock him out, so that he’d cause a scene and then they could come back and get him. But I was too scared even to do that, I didn’t want to take that risk”

Or had not been given adequate protection from further violence, especially after separation:

“ The police were useless I’m afraid. They used to come to the house and he’d be smashing hell out of the house. They left him smashing up all of the stuff, and the policeman would say, ‘ Have you finished now?’ and he’d say, ‘ Yes’. The policeman would take him home. And I thought I don’t believe this, injunction and all. But because he hadn’t murdered me..... ”

“ He was shouting and ranting and raving in the street...he grabbed hold of my hair, he hit me around the head, in front of everybody. And a policeman and police woman walked past. I thought it would stop then. He hit me to prove a point, and they (the police) came over. She took me to one side and asked if I wanted them to take him in. I said, ‘ How long will it be for, and will you let him back out again, because I haven’t got anywhere else to go.’ The police woman said that he would possibly be held over to the morning. I thought what is the point, I haven’t got anywhere to go, and she said, ‘ Well, fair enough’, and that was left at that. And I was just left there with him”

A number of women who eventually did not press charges were told by the police not to contact them again:

“ The CID person phoned up my parents and went berserk....He said, 'The next time he batters you don't expect us to do anything about it. Don't even come to the police we won't help you again. This will be on record now' ...and this sort of thing”

“ The last case, when the CID policeman was dealing with the case, he kept stressing that no matter what I must not talk to my ex partner, and it was almost as if he just wanted to get the case won, he wasn't interested in us, we were just statistics on a piece of paper and if I talked to him he ran the risk of losing the case, whereas I thought he was doing it for me originally. But when he came around and asked if I'd seen him, I said, 'Well, you know', and he got really annoyed with me. I started to think well this is meant to be for my well-being, not for yours”

“ I remember one time, right at the beginning when it first started, they were saying to me press charges, press charges against him, and I didn't want to do it, and it was almost as if because I didn't want to do it, they were saying, well you're not prepared to help yourself, although they never actually said that, that was the impression I got”

The Manual of Guidance clearly states that police officers should not make a woman feel that she is wasting their time if she withdraws allegations. It goes on to say that this response, whether implied or expressed, may put the victim off contacting the police in the future and:

“ could be really serious possibly with fatal consequences”
(Domestic Violence Manual of Guidance, 1993, p10)

Some women had been discouraged from taking action by the police. Some women reported being asked several times by the police if they wished them to arrest or to prosecute the man. This acted as a deterrent to further action:

“ A policeman said to me that when the case comes to court, I won't want to go through with it. He said that it will be in a few months time when I will want to forget about it, and that I'd find the court situation upsetting”

This is in breach of 6.1 of the police manual of guidance on domestic violence which quite clearly states:

“The fact that the assault took place within the domestic environment will neither mitigate nor minimise the circumstances. Officers must act to enforce the law. An officer should never seek to dissuade the victim from bringing a prosecution”

(Domestic Violence Manual of Guidance, 1993, p12)

Women's views: Domestic violence officers

Most women were very satisfied with the help they received from the domestic violence officers:

“ The dv officer was impartial, she was calm, and sensible. I was crying because I was in complete shock as to what was happened...She was great and told me about all my options.”

“ I've been in touch with the domestic violence unit a lot There was a time when I was worried that he had found me. They were very sympathetic”

Women were also satisfied with the speed with which they acted:

“ I contacted the domestic violence unit because I required refuge space, and she was brilliant. I told her that it probably sounds trivial, and she told me that a woman should not have to suffer any sort of abuse and within an hour they had got me a place in Surrey”

Women valued the escort service the dv officers provided:

“ I was still very frightened of him. The dvu gave me an escort to the house to collect my belongings. I was terrified but they helped me dramatically”

and the advocacy work they provided with other agencies:

“ The Dv officer was brilliant, she came to the housing department with me, and was very forceful”

Women also reported appreciating the safety advice that was provided by domestic violence officers in the county,

“ The domestic violence unit have been really good.Surrey Women's Aid suggested that I should phone them after I moved to this house, just to inform them that I'd moved to this area and this was my situation, and that there might be trouble, and who to contact if there is trouble. And she actually came around to check that the house was secure and told me I should keep the deadlocks on and informed me of all the safety measures”

Only two problems emerged from the in-depth interviews with women. Firstly women felt uncomfortable speaking to a male dv officer,

“ I was a bit suprised that they put a man in that position”

Secondly, a number of women were dissatisfied because their case had not been followed up by the domestic violence unit:

“ He came around about 11.00 o’clock at night, knocked on the door and got me out of bed, and started attacking me verbally, and my eldest came down the stairs trying to come in-between us. I just went to pieces and phoned the police. They said they’d come out that night, and I waited here with a friend, and I was really worried he’d come back, because he drove around a few times. They said that they were in the area, and they would come around that night. Nobody did. They rang me back three times to say that emergencies had come up and they couldn’t come to see me. But I really wanted to tell them about it, and explain that I was concerned that he would come back, and I felt that there was no protection there for me at all. And they never followed it up. In the end they said the domestic violence unit would come around, a and nobody did. I spoke to them on the phone, and he said it’s over now, but it was really frightening and I wanted to know how to protect myself”

Clearly, some of the women interviewed had poor experiences of police intervention although others found the police very supportive and professional in their actions, particularly officers in DVUs. Within the county individual officers and the police in general have made great efforts to respond sympathetically and effectively to domestic violence and to support inter-agency developments. It is good that the police have completed an evaluation of their response to domestic violence in the county because the findings from this research suggest that the key concerns about police attitudes, no-criming and failure to intervene effectively have not yet been addressed by many officers working in the county.

Victim Support

Introduction

Victim Support is a national organisation which offers support, advice and practical help to victims of crimes through a network of trained volunteers. Victims of crime are referred to Victim Support schemes by the police, but also through self referrals and other agencies. Policy on domestic violence differs as referral is not automatic and the victim's wishes must be explored.

Initially, the Victim Support service had little interest in providing a service for domestic violence. Recently, however, Victim Support has expanded their knowledge of and involvement in work with domestic violence. Victim Support as a national service have been known to promote inter-agency work, (Victim Support, 1992), and to work in support rather than in competition with Women's Aid refuges. However local Victim Support Schemes lack awareness of work and publications produced by the National Office.

The help which Victim Support is able to offer includes: information and advice, personal support, help with criminal justice issues such as police procedure, the criminal court process and criminal injuries compensation, referral to other agencies for specialist help on other matters, and specialist help with particular crimes such as rape and criminal assault.

There are eight victim support schemes in the County. We asked all eight centres to complete the Agency Questionnaire sending two questionnaires to each individual scheme. We received 8, (50%) completed questionnaires, from seven centres. The discussion in this chapter is based upon the findings of these returns.

Discussion

Eight percent of women who had experienced domestic violence and filled in questionnaires in the women's survey approached Victim Support for help. Thirty six percent of women who used Victim Support were unhappy with the service they received. From the police interviews, it appears that some officers are referring women to Victim Support rather than/ or in preference to the county's (more experienced) women's refuges, often without asking women to make their own decision about which service they consider most appropriate to their needs. It would be helpful if the county's Victim Support Schemes, women's refuges and the police clarified referral policies for victims of domestic violence with a view of working together co-operating and sharing skills available.

All seven centres stated that they have domestic violence referrals to their scheme. One said that they frequently receive referrals, and the other occasionally receive domestic violence referrals to their branch. In fact in the last year the branches worked with on average 30 (range 3-100) domestic violence victims.

Six out of the seven schemes said that they offer support to women experiencing domestic violence. The scheme that was unable to offer this support referred cases to other organisations in the county.

The schemes provided: support for the women, (57%), referral to other statutory and non statutory services, (86%), listen, (71%), information on domestic violence, (14%), transport, (14%). All offered women the benefit of their court support scheme and accompanied women to court if they so wished.

Four out of the seven schemes offered some type of follow-up work for women after referring them to another agency. This varied across schemes but included: ongoing one-to-one support and following up agencies responses on behalf of the women. However, in the majority of cases follow-up work was primarily conducted via telephone contact with the woman.

There is no one policy for domestic violence be used across the county. All seven schemes record cases of domestic violence, in a referral register and case notes. Six of the seven schemes said that they regularly display information materials on domestic violence. However there was no policy for materials displayed and these differed from scheme to scheme. The minority displayed their local domestic violence unit leaflet, home office leaflet, and the Safer Surrey Directory on Domestic Violence

Five out of the eight Victim Support volunteers had received some training on domestic violence, two from their own organisation. Others had training via attendance of workshops and seminars. Four volunteers wanted further training on domestic violence. The other four were undecided and felt that this would depend on a number of issues. Types of training requested by Victim Support Volunteers included: All aspects of domestic violence, resources available for women escaping domestic violence, domestic violence and the law, and domestic violence and housing. Given the low levels of training Victim Support had if compared to refuge workers it is worrying that volunteers felt able to take on this area of work. Poor training and lack of experience may well have contributed to the dissatisfaction of women who had contact with Victim Support. Other possible reasons for dissatisfaction were lack of awareness of women's needs for female Victim Support workers, especially if sexual violence is also involved.

Four of the seven schemes surveyed felt that they would like to offer more support for women experiencing domestic violence. When asked what would enable them to achieve this the following three main suggestions were made: more training on domestic violence, a fact sheet for professional on domestic violence and more resources.

Probation

Introduction

The work of the Surrey Probation Service involves work with prisoners, young offenders, sex offenders and, through the court welfare service, safeguarding the welfare of children on divorce or separation. Domestic violence becomes a probation concern in a number of ways: (1) if an offender is charged with an offence against his partner a probation officer might have to write a pre-sentence report; (2) if an offender is undergoing supervision or serving a prison sentence, there may be joint work with the partner; (3) women offenders with a known history of domestic violence may be offered support, assistance, referral and advice; (4) the Family Court Welfare service may interview separated or divorcing parents, mediate between them or/and prepare a report for court on arrangements for the children.

Policy

In 1992 the Association of Chief Officers of Probation (ACOP) issued guidance on domestic violence for probation officers and court welfare officers, (ACOP,1992). These guidelines are currently being updated . A number of probation services, such as South Yorkshire, have produced more detailed guidance for their officers. As yet, Surrey probation service does not have practice guidelines on domestic violence. The probation services' responsibilities to victims is clearly one area with direct relevance to domestic violence policy. There was an overwhelming feeling amongst probation officers, (91.6%) surveyed that clear policy and practice guidelines would enable them to deliver a more effective service. This issue is currently being addressed and somebody has been given the role of developing these guidelines for the Surrey Probation Service. Work on this will commence in March 1996, and it is hoped that these guidelines will be circulated to probation officers by September 1996.

Monitoring

There is currently no monitoring or data collection on domestic violence in the Surrey Probation Service. However, monitoring may well be a recommendation made in the practice guidelines. Surrey has been one of the two trial services for setting up CRAMs. This is a computerised system for recording and monitoring case work . Surrey is currently the most advanced service in the the use of this computerised system. The system has not been adapted for monitoring domestic violence cases, but there is definitely the potential to do so. If the Surrey probation service were to monitor cases via this system, they would need to monitor domestic violence in general work with perpetrators, victims and offenders and in court welfare work.

Display of Publicity Materials

Only just over half of the probation officers surveyed said that they display publicity materials on domestic violence. Only one officer displayed Surrey Women's Aid

leaflet, one displayed the local domestic violence leaflet, and one the Safer Surrey Partnership directory of services.

It is recommended that all centres should always display this literature and all probation officers who took part in the survey said they would be willing to do so.

Services offered to women

Two thirds (66.7%) of the probation officers surveyed stated that they could provide services for women affected by domestic violence. The extent of these services varied from probation officer to probation officer. Types of help mentioned by probation officers included: referral advocate (33.3%), support (22%) providing information or advice (16.6%), listening (11.1%) and counselling (5.5%).

Only just over half (54.5%) of the probation officers surveyed said that they conduct follow-up work with women experiencing domestic violence. The types of follow-up work varied across the county. These included ongoing support for the woman, referring the woman to other key agencies, phone contact, assessment, preparing for case conferences, and following up the housing department.

The majority (77.8%) of probation officers in Surrey stated that they would like to offer more support for women when dealing with cases of domestic violence. When asked what would enable them to provide extra help and support, the overwhelming majority (64.2%) mentioned inter-agency training on domestic violence. Other resources that would improve services included: a domestic violence fact sheet on welfare rights and resources available, publicity materials for women, improved inter-agency liaison, improvements in referral procedures and extra resources.

Programmes for perpetrators

The Surrey Probation Service have expressed interest in but have not developed any perpetrator programmes. Perpetrator groups are part of the ten priorities identified for development in 1996. These services, if developed, should have a re-education rather than an anger management focus as research suggests that success depends strongly upon the type of project set up (Edelson & Tolman, 1992; Tift, 1993). They should also build upon the expertise of established programmes such as the Change project in Scotland or the Domestic Violence Intervention Project, in Hammersmith and Fulham. Any perpetrator programme developed in the county should compliment current services protecting women and should not undermine or divert resources from this work.

Ellen Pence, coordinator of the Duluth Domestic Abuse Intervention Project, the most established and probably most highly regarded inter-agency project in the world, has put forward a success rate of 30% for the Duluth perpetrator scheme, (Morley, 1993). Evidence on the effectivity of UK projects is not currently available although the Home Office have undertaken a review and the Hammersmith and Fulham scheme are being evaluated by the North London University's Child Abuse Study Unit. Feelings about perpetrator groups tend to be intense because of the appeal of the prevention and re-education ideals and because of the shortage of evidence that these programmes actually work. Many fear that perpetrator groups could put women at risk of further violence if they are used purely as a diversion from custody, criminal law intervention, especially in Surrey where adequate support and emergency protection for victims is so poor. We recommend that a seminar should be organised in the county to look at the experiences of other established perpetrator programmes and to review the research evidence before steps are taken to set up groups in the county.

Court Welfare Work and Domestic Violence

There are indications that an increasingly high proportion of court welfare work involves work with victims of domestic violence (Hester & Radford, 1996). The court welfare service has also become increasingly concerned about this matter and many units and individual welfare officers have taken steps to ensure that victims are not put at further risk of violence as a result of contact with and intervention from a court welfare officer. The introduction of National Standards for court welfare work have clarified welfare officers' responsibilities regards setting up joint meetings with clients, mediation and the preparation of welfare reports

We did not survey court welfare officers working in the county because two other research projects had/were already considering some of the relevant issues. A study of domestic violence and child contact had previously discussed with women their experiences of the court welfare service in the county (Hester & Radford, 1992). This was only a pilot study and was completed before the implementation of Children Act . However, the study suggested a very high level of dissatisfaction with the involvement of welfare officers among women who had experienced domestic violence. A larger nationwide survey of court welfare work and voluntary sector mediation and domestic violence is being conducted jointly by the Roehampton Institute and Bristol University. The results of this work will not be available until 1997. The earlier study of domestic violence and child access and subsequent research on child contact conducted elsewhere highlighted a number of key points that Surrey's court welfare services should consider, in particular:

1. Whether or not court welfare officers are able to adequately identify women who have safety concerns as a result of domestic violence. If court welfare officers do

- not always know if there has been a history of domestic violence, should a method of screening for domestic violence be developed?
2. Are clients actually asked if they have experienced domestic violence? Is it safe for women to disclose concerns resulting from domestic violence?
 3. To what extent do Surrey court welfare officers act to give support to the principal that mediation is inappropriate where there has been domestic violence?
 4. What measures are taken to ensure the safety of clients (and staff) on court welfare or court premises?
 5. Is the safety of mothers adequately considered when contact is set up with fathers who have been perpetrators of domestic violence?
 6. Is the impact which domestic violence has upon children adequately considered when contact is arranged?
 7. What happens if contact is arranged and violence from the perpetrator flares up again? How effective is the response of the court welfare service in safeguarding the welfare of children in these circumstances? Is there any scope to review and monitor the outcome of contact arrangements where there has been domestic violence?
 8. Are there adequate facilities in the county to establish safe contact for children where there has been domestic violence and/or child abuse?

Training

The Surrey Probation service do not currently provide specific training on domestic violence. The majority of probation officers surveyed felt that their knowledge base on key areas of domestic violence was weak. The areas where probation officers felt particularly unable to offer comprehensive information and advice to women, was in the area of resources and services available to women experiencing domestic violence, and housing policy and domestic violence. Ninety one percent of officers surveyed did not feel confident in either of the above areas. Other areas of weakness where probation officers reported feeling particularly unprepared included: domestic violence and the law, (63%), domestic violence and the police, (54%), women's refuge services, (54.5%), benefits, (72.7%) and the Children's Act, (45.4%).

It is not surprising that the majority of probation officers did not feel knowledgeable in most key areas of domestic violence, as only very few reported having any training in this area. Only 27.8% stated that they had received any training on domestic violence. The training received varied in quality and for the majority meant going to conferences or seminars on the subject

Most probation officers, (72.2%) when asked stated that they would like too receive in depth training in this area. Areas of training requested by probation officers included: effects of domestic violence, resources and services available to women, domestic violence and the law, screening for domestic violence, working with women, working with perpetrators of domestic violence and inter-agency liaison.

Solicitors

Introduction

Solicitors have generally been a highly valued source of support for women experiencing domestic violence (Binney, Harkell & Nixon, 1988). Thirty percent of the women who completed questionnaires in the women's survey and said they had experienced domestic violence had approached solicitors for help or advice. Eighty three percent of the women were satisfied with the work of solicitors they had approached. However, whilst women are generally quite happy about the personal service given by solicitors, concerns have been raised about the availability, accessibility and costs of legal services and the degree of support given by solicitors to the development of inter-agency work.

Services Offered

The work of solicitors in connection with domestic violence is as complex as the law itself. On the whole however, solicitors will work with women experiencing domestic violence to:

- obtain or enforce some form of personal protection or to protect a right to occupation of the home, generally using domestic violence injunctions;
- arrange a separation or divorce, including arrangements for property, occupation of the home, residence and contact for children;
- help resolve disputes over child contact, residence or paternity;
- obtain compensation or damages for harm caused.

Solicitors also commonly work with violence perpetrators in any of the above areas and to defend them from charges of assault.

At present, the law governing divorce, domestic violence injunctions and occupation rights to the former home is under review and likely to change. The legislation may bring victims of domestic violence new problems as well as new solutions. The ability to take up legal services is forever dwindling because of cuts in the availability of Legal Aid. Women not eligible for Legal Aid face fees of between £500 to £1000 for injunctions. Currently, these are too expensive for women who are in paid work and who earn average wages. Poor understanding of legal services available was a major finding from the women's questionnaire survey. There clearly is a need in the county to look at ways of improving services for women, especially for those who do not qualify for Legal Aid.

Of the solicitors surveyed, 84.6% said that they frequently worked with women experiencing domestic violence. The majority of their referrals came from the police and the Citizen's Advice Bureaux. Solicitors who completed the Agency Questionnaire listed the following services they provided for women experiencing domestic violence : injunctions (54%), legal advice (54%), referral work (38%), divorce proceedings (31%) and emotional support (8%).

Most felt that they carried out a sympathetic assessment to establish the needs of their client. The service provided depended very much on issues arising from the violence. The needs of a client might be different in a divorce case, in disputes concerning children or in a case concerning the tenancy of a council house.

Sixty two percent of solicitors said that they had regular contact with other organisations to obtain more specialised information. The organisations they were most likely to contact were the DSS, housing departments, refuges and social services.

Solicitors most often referred women to : the police, general practitioners, DSS and housing departments. Follow-up work after referral was carried out by 46.2% of those solicitors who participated in the survey. The extent and type of follow-up work varied very much from solicitor to solicitor. However, some of the most frequently mentioned types of follow-up work included: following up housing departments on behalf of the client, further legal advice, on-going case management, phone contact with the client, following up the DSS and ongoing family work.

Solicitors who completed the Agency Questionnaire were asked to indicate whether or not they would like to offer more support to women experiencing domestic violence. Sixty two percent stated that they would like to develop this service. When asked what would enable them to improve this service a number of key themes emerged: quicker support in getting court orders, improvements in legal aid, improvements in referrals and inter-agency work, more time to offer more legal advice and more inter-agency training.

Display of Publicity Materials

Just under half (46.2%) of the solicitors surveyed said that they display information materials on domestic violence in their waiting areas. Materials displayed included: the local domestic violence unit leaflet, the Home Office leaflet and poster, and a number of local leaflets. Solicitors across the county should be encouraged to display all promotional materials produced by the county, to encourage an inter-agency response. Many domestic violence forum members feel that it would also be useful to have a booklet which clearly sets out options for victims of domestic violence and their children. This would clearly be of value to agencies and the general public. The Surrey Wide Network have approached the Safer Surrey Partnership for help to produce a booklet similar to that produced by the Nottinghamshire Inter-Agency project. When the new legislation on domestic violence and divorce is in force/agreed, there will be a great need to make use of the knowledge of local solicitors and barristers to draft an up to date and accessible booklet of this kind.

Training

Just over two thirds of the solicitors who completed the Agency Questionnaire said that they had received some training on domestic violence. This is not surprising given the high level of work they had in this area and the commitment of the Law Society to provide education. Types of training included: workshops, lectures, wide

reading on the subject and seminars organised by their local domestic violence fora. For the majority the training was via legal seminars with very few involved in inter-agency training.

There was a varied response amongst solicitors surveyed as to their need for future inter-agency training on domestic violence. Thirty nine percent said they would definitely like to receive future training. A further 46% said that they were unsure, it would depend on a number of key issues such as who provided the training, the length and content of the training. Areas where solicitors in the county expressed the most interest for further training included: domestic violence and the law, working with women experiencing domestic violence, the needs of ethnic minority women, resources available to women, services provided by women's refuges.

Injunctions and women's experiences

Under current legislation there are a number of means whereby women can gain emergency personal protection from the perpetrator. Most frequently, women will apply for:

- non-molestation, re-entry or exclusion orders (injunctions) under the Domestic Violence and Matrimonial Proceedings Act, 1976
- personal protection and /or exclusion orders under the Domestic Proceedings and Magistrates' Court Act 1978, only if married
- orders to support a right to occupation of the matrimonial home under the Matrimonial Homes Act 1983 (ouster orders).

Orders are available to protect the applicant and her children.

Many difficulties and inconsistencies with injunctions have been identified which there is no room nor need to review here beyond a brief mentioning of some of the key themes,(Victim Support, 1992; Law Commission, 1992). Currently domestic violence injunctions give limited protection to victims who no longer live with the perpetrator of violence. Research by the WAFE shows that ouster/exclusion orders are difficult to obtain and that there are problems with enforcement. Orders are commonly limited to three months so that women may need to return to court repeatedly to renew or enforce them (Barron, 1990). Different provisions are made for cohabitantes and married women.

Women interviewed reported experiencing a number of problems in gaining assistance from solicitors in obtaining or enforcing injunctions. A major problem was getting any action for threats of violence, harassment or mental cruelty which fell short of a physical assault:

“ I tried to get an injunction but they couldn't actually do that unless he actually hit me, and he knew that, his solicitor had obviously advised him on that, but the mental cruelty was really bad”

“ The solicitor kept saying to me, because he hadn’t done anything there was nothing he could do. All I kept getting was wait till he touches you, if he bruises you then we can get an injunction against him ”

Although some women found that injunctions were effective an overwhelming number of women who were interviewed reported problems. The problems mentioned support the general concerns about injunctions which have been raised in the reports mentioned previously, ie that there are difficulties with the duration of an injunction , problems in enforcement and getting legal aid and sometimes unhelpful responses from solicitors:

“ There must have been three injunctions. Some of them only ran for a short period of time. Some of them had the power of arrest some didn’t. As it happened none of them worked anyway, it didn’t make any difference. I mean the bottom line is if he didn’t stab you...and I remember standing in the house at one point with the piece of paper in my hand and looking at the piece of paper, and looking at him, (perpetrator) and thinking how is this going to help anybody. It is not feasible that a piece of paper is going to stop some raging lunatic, because if they’re angry enough it doesn’t matter what’s going to happen ”

“ It was hell in the court because I wasn’t told what was going on, they just tore me to pieces. His solicitor had been well prepared. And when it was all over and the judge said I had to go back to the house, the solicitor just said, ‘OK that was fine’. I had to make my own way from the courts, and he’d made threats even before I’d gone into court. He wasn’t allowed to use violence or threaten violence towards me or the child, pester, harass or molest myself or the child, or enter the main bedroom. It had no effect. My words to the police officer who eventually came out that night was how is this piece of paper going to protect me? It takes a few seconds for somebody to hurt you, how is a piece of paper going to protect you? ”

The above statements reinforce the need for close inter-agency liaison between those agencies working with women when an injunction is being sought, particularly between the police, Women’s Aid refuges and solicitors.

Conclusions

- **The Civil and Criminal Law Task Group should produce an information sheet for women on injunctions and legal remedies against domestic violence. This fact sheet should then be distributed widely across the county.**
- **Solicitors and other professionals working in family or criminal law should be well informed about local resources for victims of domestic violence and should know where and when it is appropriate to refer women to other agencies for support and advice.**
- **There should be increased liaison between the police and local refuges. Police officers dealing with cases of domestic violence should provide all women asking for help for domestic violence with information on services provided by refuges.**
- **Solicitors, probation officers, police officers, mediators, judges, magistrates and court welfare officers and other personnel involved in family and criminal cases should have training on domestic violence.**
- **Women should not be pressurised into pressing charges, and made to feel bad if they decide to drop charges against the perpetrator.**
- **Surrey police should set up systems to regularly monitor the implementation of domestic violence policy in their domestic violence units.**
- **A more active approach to arrest should be taken for domestic violence offenders.**
- **Arrest rates should be monitored.**
- **The Task Group should request information from the Crown Prosecution Service on the processing of domestic violence cases in the county.**
- **A member of the local fora, Task Group or refuges should be invited to shadow a member of the Crown Prosecution service for a short period of time to bring an improved understanding of this work and the perspectives of agencies working with victims.**
- **Resources should be found to ensure the safety of victims in court. The Task Group should consider safety on premises and make recommendations for improvements.**
- **Victim Support volunteers should be aware of Victim Support's national office publications on domestic violence.**
- **Only female volunteers from Victim Support should work with victims of**

domestic violence.

- **Victim Support volunteers who work with victims of domestic violence should develop close working relationships with the women's refuges.**
- **Victim Support volunteers should be adequately trained in work with victims of domestic violence.**
- **The Probation Service should produce Practice Guidelines for probation and court welfare officers. These should draw upon the knowledge and expertise of ACOP working parties on domestic violence.**
- **The Probation Service should improve its monitoring and case recording of domestic violence by adapting CRAMS for this specific purpose.**
- **Probation work with offenders should not collude with a perpetrator's efforts to deny responsibility for his actions and blame the victim of his crimes.**
- **Probation work with domestic violence perpetrators should require a commitment to ensure the safety of victims and their children.**
- **The Probation Service should designate an officer with responsibility for developing policy and practice on domestic violence in the county.**
- **Any future involvement of Probation Officers in perpetrator groups should not result in the 'down criming' of domestic violence cases.**
- **A screening policy to enable court welfare officers and mediators to identify domestic violence cases should be developed in the county.**
- **Steps should be taken to enable the police and probation service to work more closely together to ensure that the law is adequately enforced in cases of domestic violence.**
- **Mediation should not take place if there has been domestic violence, unless the victim's safety can be ensured and her participation can be regarded as truly 'voluntary'.**
- **Legal advice should be more readily available for women who do not qualify for Legal Aid. We recommend that the Task Group considers options for creating a free legal service for victims of domestic violence to enable them to apply for injunctions and other legal remedies at minimum cost.**
- **The Task Force should consider the government's Victims' Charter and produce a charter covering the rights of domestic violence victims.**

Chapter 5

Refuges

Introduction

There are only two refuges in the whole of Surrey, Surrey Women's Aid (affiliated to the national network of refuges, the Women's Aid Federation England, hereafter referred to as WAFE) and Reigate and Bansteads Women's Aid. Surrey Women's Aid developed from the Guildford Women's Aid group which was set up 18 years ago. Reigate and Banstead Women's Aid was founded 11 years ago. The services that both refuges are able to offer have expanded over the years. However the number of bed spaces available is still small. The county as a whole has only 10 refuge spaces for women and 24 for children. The Select Committee Report on Violence in the Family in 1977 recommended that one refuge place should be made available per 10,000 population as a minimum standard. The county is therefore short of at least 90 refuge places.

Both refuges have volunteer management committees. Reigate and Banstead has four paid staff: a full time manager, two full time workers, and a part time play leader. Surrey Women's Aid has three part time paid staff members, of whom two are refuge workers, and the third is a refuge worker with specific responsibility for children. Both the refuges also have committed volunteers who help with fund-raising and the everyday work of the organisation.

The discussion in this chapter draws upon findings from : the Agency Questionnaire, the annual reports of both refuges, interviews with refuge staff, the in-depth interviews with women who had experienced domestic violence and a telephone survey of refuges outside the Surrey area. A telephone survey was conducted to gauge the numbers of women forced to move into refuges outside of the area because of the lack of resources in the county. Seventy nine refuges in England were asked to provide data on the number of women they had accommodated from the Surrey County Council within the last year. Forty refuges were able to provide us with this information.

Referral

A number of different agencies refer women to the two refuges in Surrey. Women are mostly put into contact with the refuges via: the National WAFE helpline, the London Women's Aid Helpline, the social services departments, police departments, or directly by telephoning the Surrey Women's Aid helpline. Women generally prefer to contact their local refuge, only moving to another refuge if there is no accommodation available, or if there is a major safety risk in staying in the area. Many of the women interviewed felt strongly that moving outside of the county for refuge space or going into local bed and breakfast accommodation were not satisfactory alternatives. Bed

and Breakfast accommodation is not safe. Women who had experienced this form of temporary accommodation felt isolated and without support during a period of time when they felt most vulnerable. A number of the women who moved into refuges outside of the county found it difficult to cope without the support of their family and informal networks. They also had the additional problems of uprooting their children and getting them into new schools,

“ I felt so far away, I’d lived in Surrey for 30 years and I didn’t really want to move away”

A number of women said that they had not been told about the refuge facilities in the county when they approached other agencies for advice. They felt that if they had found out about local refuges and the services they offer they could have escaped the violence earlier. Clearly, important crime prevention and child protection opportunities are being missed because front line workers in some key agencies either lack the knowledge of refuge facilities or they are reluctant to make use of them. It is important that all key agencies who come into contact with women who have experienced domestic violence give women information on the services provided by refuges in the county. Women should be permitted to make their own decisions as to whether or not they want to use a local refuge. Key agencies should also help women to find accommodation if they decide to approach a refuge outside of the county.

Since the implementation of community care policy, Surrey Women’s Aid had noted a rise in the referral of women to the refuge with known mental health, drug and alcohol abuse problems. Women in the refuge have done their best to give support and care but it is unreasonable to expect them to take on responsibility for making up for a shortfall in the county’s community care resources. There is a desperate need for safe accommodation in the county for victims of domestic violence with mental health, drug and alcohol problems. Community care resources should be made available to give women with mental health problems adequate specialist care. If these cannot be provided because of a shortage of funds for community care in the county the Strategic Policy Group (see recommendations chapter) and the Surrey Care Trust should consider alternative ways of finding resources or funding the refuge groups to offer specialist provision in partnership with established mental health organisations such as Mind. Expecting the refuges to cope with women who have mental health, drug or alcohol problems places undue stress upon refuge residents and their children and can cause more disruption. It is important that agencies who refer women with known mental health or drug or alcohol abuse problems discuss the options for providing safe accommodation carefully with refuge staff.

Poor Availability of Refuge Space.

Both the refuges produce annual reports which give, in different forms, information on the number of families accommodated or seeking advice each year. It would be beneficial if the two refuges produced comparable data on their service provision. There is scope for greater cooperation between the two refuges in producing

information for their annual reports and for public documents such as the Community Care Plan or the WAFE annual report.

The demand for refuge space in the County far outstrips the supply. In 1994/5 Reigate and Banstead Women’s Aid had 249 requests for refuge space and Surrey Women’s Aid had 142 requests for refuge space. During the same period Reigate and Banstead provided accommodation for 66 women and Surrey Women’s Aid provided accommodation for 69 women (see **Figure 1**) .

Figure 1

	Requests to Stay	Number of women Accommodated
Reigate and Banstead W.A	249	66 (27%)
Surrey W.A	142	69 (49%)

Many women have to go to refuges outside of the county, or face the risk of accommodation in Bed and Breakfast hotels. During 1994/5, Reigate and Banstead Women’s Aid could not provide accommodation for 73% of the Surrey women who approached them. Surrey Women’s Aid could not provide accommodation for 51% of the women living in the county who approached them. Assuming a comparable rate of accommodation and length of stay for the 73% of Reigate and Banstead women and the 51% of Surrey area women not offered refuge, these figures alone indicate a need for an additional 27 refuge spaces in the county.

Length of Stay

As temporary accommodation, the refuges have slightly different policies on length of stay. Surrey Women’s Aid aim to accommodate women for up to three months whilst Reigate and Banstead offers accommodation for up to six months, although only a small proportion of women (2%) stay for longer than three months. Both the refuges are aiming to accommodate women for a maximum period of three months as recommended by WAFE. This three month time period was adopted by WAFE as the legally defined period of ‘temporary accommodation’. WAFE recommended that women and children who had been victims of domestic violence should not be expected to wait long periods in refuges or temporary accommodation hence they have aimed to secure permanent accommodation for women within the three month period if possible. Regretably in Surrey, it takes an average of two to three years for women to be permanently rehoused after domestic violence. This means that women are leaving the refuges after 3-6 months to go into further temporary accommodation where there are no safety provisions. In these situations there is a greater need for the refuges to provide outreach work. There are currently no ‘second stage’, i.e. longer term housing provisions for women leaving domestic violence in the county. Ideally these should be developed for women leaving the refuges who still have to secure permanent housing after the three month period.

Services offered by the refuges in Surrey

Refuges aim to provide a range of services, emotional and practical, for women and children in a crisis situation and in the longer term. Refuge work includes: putting women in contact with other agencies when appropriate, giving legal and welfare rights advice, outreach support, taking on advocacy work, giving practical help, emotional support, help with children, telephone advice, referral to other refuges and arranging activities and outings. An important part of refuge work includes listening to women, enabling them to make their own decisions and creating a safe, mutually supportive environment in which to do this.

Refuges are unique in their efforts to give support to women and children after separation, helping them to re-build their lives, health, self-respect and independence. Through outreach work refuge staff can continue to give advice and practical help to women after leaving the refuge. Reigate and Banstead Women's Aid have set up a support group for women who have left the refuge. Both refuges have recently started to provide counselling for a small number of women. In 1994-5, Reigate and Banstead had 12 calls for advice and 55 contacts with women who had left the refuge. Surrey Women's Aid runs a telephone help-line so that, with the help of unpaid volunteer staff, the group can be contacted 24 hours a day via a bleep system. During 1994-5, Surrey Women's Aid dealt with 440 calls for advice, support and outreach work. (This figure of 440 includes telephone support and advice for women and professionals, and outreach work with women who have left the refuge as well as with women who have stayed in the matrimonial home.)

Outreach work carried out by the Surrey Women's Aid refuge group 1994-5 was, like refuge work very varied, but it included: taking women to the refuge or organising refuge space outside the county, supporting women on visits to solicitors, courts, housing departments and other agencies, taking children for contact visits with their fathers and giving a range of ongoing support to women who have left the refuge, from babysitting to benefits advice. In Surrey Women's Aid outreach work is mainly covered by two unpaid volunteer workers with some help from the paid refuge staff. Because domestic violence can leave women isolated and lacking community support, outreach work from the refuge can be invaluable. Surrey Women's Aid aim to develop this area of their work and recently obtained funding from the National Lotteries Charities Board to finance a full-time, paid outreach worker to work with women and children across the county.

Reigate and Banstead Women's Aid also provide outreach for some women who have left the refuge. Refuge staff may visit women resettled in new accommodation but outreach work is limited at the moment due to a lack of resources. Like Surrey Women's Aid the refuge would like to develop its outreach work. The refuge does not offer a helpline for women at present although telephone help and advice is given to staff who call from other voluntary or statutory agencies. Over the last six months

the refuge staff have been running a local 'help shop' for women experiencing domestic violence. The two refuge groups could work more closely together to mutually support one another in developing the outreach, advice and telephone line services.

Although both the refuges will offer support to all women and children, there are no special refuge provisions in the county for black and ethnic minority women. Refuge services have not been accessible to victims of domestic violence who do not speak or read English so Asian women in particular may never find out about the local refuges. There is a great need to make refuge services available to all women regardless of race or ethnicity. The expertise and experiences of established Asian women's groups such as Southall Black Sisters should be sought before developing these resources.

Both the refuges employ children's workers to organise child care activities and facilities for creative play and to cater for the needs of children who have lived through domestic violence. This work is essential as the move to a refuge for children can be particularly distressing. They will have not only lost their fathers but may have also lost contact with their relatives, friends and schools. Child care work in WAFE affiliated refuges has developed impressively in the past 3 to 4 years as the national organisation has employed a specialist worker with responsibility for developing services for children in refuges across the country. A children's charter which sets out the basic principles and levels of provision which refuges will aim to offer children has been adopted. WAFE have set up training for children's workers and secured funds to pay for research into children's needs and to set up projects for children. This focus upon the specific needs of children in refuges is apparent in the work which children's refuge workers now take on. In addition to the usual children's activities, the child care worker in Surrey Women's Aid provides advocacy work for children who have contact with social services, schools and other agencies.

For many years both refuges have worked with a range of local and national agencies and are thus experienced practitioners of inter-agency working methods. Refuge workers currently attend the local domestic violence fora and are represented on the steering group for the inter-agency project on domestic violence. They have routinely given presentations to local voluntary and statutory organisations, and have worked with other agencies when networking, fund-raising and training.

Training

The refuges have played a vital role in the training of other key agencies in the county but this training is usually provided on an unpaid, goodwill and ad-hoc basis. The expertise of the refuges should be utilised to the full, but not exploited, when training programmes are adopted by the county.

All the refuge workers have had training from WAFE for work with victims of domestic violence. This training has also been supplemented by making use of specialist seminars and workshops in selected areas. Refuge workers felt that they

needed further training on specific areas relating to domestic violence, especially on the law (57%) and working with children (57%) but also on alcohol and drugs, group skills, housing policy and long term care.

Women's Views on the County's Refuges.

The women who took part in the survey were very satisfied with the help they had received from both refuges in the county. Many women said that contact with the refuge had played a vital part in the process of leaving and recovering from domestic violence. Women found the self help and mutual support aspects of refuge life particularly important. Finding out that other women had been through similar experiences had a beneficial effect upon women's feelings and self respect. Women described how this experience of sharing and giving support made them realise that they were not alone:

“ They were fantastic. It's because they understand what you are going through, and you have got everyone else, everyone around you has been through it”

This was an important function of the refuge as many women said they had felt feeling isolated and lonely for years before contacting the refuge, despite having approached numerous agencies beforehand.

“ Because you feel that you are the only one, you feel very isolated and so alone. But being in the refuge, there was this general feeling of empathy, and it was very supportive from that point of view”

One of the basic principles refuges have tried to support is the idea that women can help each other to grow strong. Many women who had used the refuges in Surrey described how empowering the giving and receiving of mutual support had been:

“ There was this other woman staying who was brilliant. We both sat up to the wee hours of the morning and we were both a great help to one another, she was very supportive and very helpful and I was with her swell”

Women said this support from other women had made them feel strong, more independent and more able to cope.

“ I got the most help from the refuge. I think the refuge gave me the confidence to ask for help, and actually saying I don't understand this, or I need this. Whereas before I'd sort of like...I'd rather curl up and die than ask services for anything”

The emotional support and listening provided by the staff in the refuges was another invaluable form of help.

“ If you wanted to talk they’d listen, if you didn’t want to talk they’d just leave you alone”

“ They are concerned about us here, and you can feel that. They are concerned about you mentally and how you are coping and how you are dealing with things”

The practical help and advice provided by refuge staff was also highly rated by women interviewed. Women felt that the staff were both efficient and helpful in the guidance they gave, particularly with welfare rights advice and passing on information on other services available.

“ They do so much for you, they take you to housing, they sort out the forms”
“ They were just always there, and they had everything, they had all the forms that you needed, they had everything. No matter how busy they were you could always talk to them”

Women saw refuge workers’ advocacy work as being a crucial service:

“ The refuge worker came with me to the original meeting with the DSS, and she was really helpful, you know, like really pushing”

Future work for the refuges

In the near future, Surrey Women’s Aid hope to develop the following projects to improve the services available for women and children in the county::

- A counselling and support programme for women who have had contact with the refuge, (ie including women who have not lived in the refuge). The programme is to include individual counselling and group work, tailored to the specific needs of the women. A pilot counselling scheme has been set up to look at the value and costs of this service.
- Setting up and managing an additional two larger refuges in the county. Negotiations are currently underway with two housing associations.

Reigate and Banstead’s Women’s Aid aim to develop the following services:

- A secure financial basis for the refuge through applications for further grants and subsidies.
- Support services for children. These proposed services will include child advocacy work and counselling for children and running a regular children’s support meeting.
- A new move on (second stage) house or flat.

- More after school activities for children in the refuge. This will require funding to increase the child worker's hours.
- Better outreach and advice services. The refuge would like to develop an advice and support drop-in service in their locality, and to provide more outreach work . They initially aim to find funds to provide outreach services for all women during the first six week period after leaving the refuge. This work would be carried out by paid staff, volunteers and women who have left the refuge.
- More counselling services. The group are currently offering two sessions of counselling a week to women living in the refuge. A trained counsellor is currently volunteering her services for these sessions, and the refuge are paying for her supervision costs. The two sessions offered are not meeting the demand from women for this service.

Conclusion

Surrey Women's Aid and Reigate and Banstead's Women's Aid are the key agencies working against domestic violence in the county. The demand for places in both refuges is an indicator of the important service they provide. The number of refuge spaces in the county is inadequate and too many women are forced to move to refuges outside the county, or to risk going into insecure local temporary accommodation.

Both refuges would like to develop the services they currently provide. To achieve this goal both will need additional funding. Outreach work, advice and counselling for women and children are important services which are currently very poorly resourced.

To make the most of the services and expertise which the refuges can provide, we make the following recommendations:

- **A Refuges and Housing Task Group should be set up to look at ways of improving the services available for women and children in need of safe accommodation, advice and practical help.**
- **The proposed Strategic Policy Group, Inter-Agency Fora and current refuges should look as a matter of urgency at ways of improving the availability of refuge spaces in the county to at least the Select Committee's level. A further 90 refuge spaces are needed.**
- **Refuges should be accessible to black and ethnic minority women. There is clearly a need for a black and Asian women's refuge in Surrey. Expert advice on safety matters and accessibility should be sought from established and highly respected groups such as Southall Black Sisters.**

- **Second stage housing should be provided in the county so that women who still have no permanent accommodation on leaving the refuge are not forced into unsafe or insecure conditions.**
- **Safe accommodation for women with mental health, drug or alcohol abuse problems should be developed by the refuges working in partnership with organisations such as Mind.**
- **The two refuges should work more closely together to share and improve their resources.**
- **A proportion of the implementation funds from the Inter-Agency research project should be used to improve the two refuges' advice lines to enable them, working together, to offer a telephone line for the county, staffed between 6am to 1 am seven days a week. (More recommendations on the advice line are contained in the final chapter).**
- **The refuges should be allowed to continue to play a major role in inter-agency fora and policy making in the county.**
- **The expertise of the refuges in training should be used to the full by statutory and voluntary agencies but refuge and volunteer workers should not be exploited.**
- **The two refuges should try to produce comparable information and statistics on the services which they provide.**
- **All refuges, current and future, should provide an outreach service.**
- **Surrey Women's Aid should consider the possibility of sharing the new mobile outreach worker with the Reigate and Banstead group.**
- **Refuges should cater for the needs of children and employ children's workers for this purpose.**
- **Child advocacy work could be developed further and shared between the current refuge groups.**
- **All key agencies need to be aware of and to provide information on the services offered by refuges.**
- **The refuges should be supported in their development of counselling and advice services .**
- **The Safer Surrey Partnership should support the refuges in the local publicity of their services.**

Chapter 6

Housing and Homelessness

Introduction

The decision to leave a partner is seldom made lightly. Where there has been domestic violence a woman may try a number of options for solving the problem herself before taking the decision to leave. Research shows that the decision to leave or to stay in an abusive relationship is strongly influenced by concerns about the needs of the children (Pahl,1985). At least 1 out of every 3 women who do leave however are subjected to continued violence and harassment after separation and this is most often linked to the father's contact with children (Binney, Harkell & Nixon, 1988; Hester & Radford, 1996). Separation is made more difficult by factors such as the lack of financial security, poor job opportunities, insecure immigration status, social isolation, low self esteem and lack of social support networks.

Many women are unable to turn to family and friends for help with accommodation when leaving because of the risk of the ex-partner's pursuit and continued violence, to themselves and to their families. Enabling women to find safe accommodation quickly on separation is thus a crucially important factor in preventing further crimes.

Housing Options on Separation or Divorce

Women's options for housing following a relationship breakdown include:

1. Using the courts to secure temporary or long term occupation rights to the former matrimonial home . This may involve applying for an injunction under the domestic violence legislation to (temporarily) exclude a former partner from the home. Longer term occupation rights can also be secured, more often for women caring for children, during divorce proceedings. (The provisions for obtaining and enforcing injunctions and occupation orders are currently under review and likely to change with the Family Law Bill).
2. Moving in with family or friends (see Chapter 2). This is seldom a viable long term option .
3. Finding temporary accommodation in a refuge, hostel or bed and breakfast hotel (see Chapter 5).
4. Renting accommodation in the private rental sector. If the woman has a low income or is claiming social security benefits, she may qualify for housing benefit.

5. Obtaining temporary or permanent accommodation from a housing authority or housing association, often as a 'homeless person' in 'priority need' as defined by the Housing Act 1985 Part III.

6. Buying her own home, usually with a mortgage and using a share of any resources left from the sale of the matrimonial home. This is increasingly difficult in areas like Surrey where some home buyers have found themselves in positions of negative equity.

The discussion in this chapter is limited to local housing authorities' responsibilities to help women who leave home because of domestic violence. In the chapter we draw upon the findings from the Agency Questionnaire and in-depth interviews with 24 women. The questionnaire was sent to 19 housing officers in 10 housing departments. Questionnaires were received from 8 (50%) housing officers from 7 (70%) of the county's housing departments. Because of time constraints we were not able to approach housing associations for information on domestic violence matters.

Housing Need, Domestic Violence and Local Authorities

Homelessness applications are the main area of work which housing authorities undertake in relation to domestic violence. A local authority's responsibilities towards homeless persons are set out in Part III of the Housing Act 1985 and the Code of Guidance which accompanies it. To secure access to permanent accommodation from a local authority the applicant must be :

a. Homeless or threatened with homelessness; The definition of homelessness includes having some accommodation but not being able to make use of it because this will result in violence (S58). Under the Department of Environment's Code of Guidance, housing officers should respond sympathetically to situations where violence has not yet occurred but where women feel it will. Women are also classified as homeless if they have fled to a refuge.

b. In priority need for accommodation - i.e. she must have children, be pregnant or vulnerable as a result of old age, youth, ill health or infirmity, or she must have lost accommodation as a result of fire, flood or similar emergency (S59(1)). The Code of Guidance suggests that women who suffer domestic violence should be regarded as being "vulnerable" and therefore in priority need. If an authority has reason to believe that an applicant is homeless and in priority need for accommodation, it is obliged to secure temporary accommodation and to conduct further enquiries. If the applicant does not have priority need - mostly single, childless people - then an authority is required only to offer advice which will help that person to find accommodation.

c. The applicant should not be 'intentionally homeless' - if the person is homeless as a result of an action or omission which resulted in the loss of accommodation then s/he will be regarded as being intentionally homeless. Common examples of 'intentional homelessness' include failure to pay rent, or giving up secure

accommodation without good reason and without finding an alternative source . Here there are problems for women who have left as a result of domestic violence because of rent arrears in joint tenancies which often accumulate when the partner controls the family finances but fails to pay the rent. Women also experience problems if they are harassed by the partner after separation and as a result of fear, feel forced to leave secure accommodation. The law allows local authorities considerable discretion in the interpretation of their responsibilities and it is difficult to challenge a decision which is made. If a person is found to be ‘intentionally homeless’ a local authority is required to offer temporary accommodation only and to give them advice in securing accommodation for themselves.

d. The applicant may be expected to have a local connection with the authority to which s/he applies. This means having lived in the area, having family or employment in the area.

Whether or not an authority will be able to secure accommodation for homeless people depends upon the local housing conditions. Homelessness is a growing problem in many areas of the UK whilst the available stock of local authority managed accommodation has declined. Finding adequate housing in a high cost housing area on relationship breakdown is particularly difficult.

The constraints resulting from this acute resource problem in the county of Surrey were a major concern of housing officers who completed the Agency Questionnaire. Nonetheless, one third of the departments surveyed said they would like to see improvements in current homelessness policy regards domestic violence. Respondents especially wanted to have policies which : recognised mental cruelty within the definition of domestic violence, placed more emphasis on inter-agency practice and gave better support to women presenting as homeless in a department.

Domestic Violence Awareness - Identifying, Recording and Monitoring.

All housing departments keep some records of applications made by victims of domestic violence under the homelessness provisions. Figure 1 shows the data for all the boroughs which was submitted for inclusion in the 1995/6 Community Care Plan. The data was collected retrospectively by housing officers looking back through department records. Figure 1 shows that in Surrey during 1993-4, 101 households were recorded as having made applications as homeless persons because of domestic violence. This retrospective data does not give a very reliable picture of housing need and is quite likely to under-represent the true number of applications from families who are homeless because of domestic violence. Whether or not domestic violence is recorded as the main reason for homelessness will depend upon:

1. A front-line worker’s perception and awareness of domestic violence.
2. Whether or not the applicant feels able to disclose domestic violence. It may be difficult for a woman to talk about abuse to male housing officers, particularly if the abuse included sexual violence.

3 Whether or not the applicant is regarded as being homeless, those who are not will not be included within the figures. Research shows that applicants who fear violence or who leave their partners, return and leave again are less likely to be regarded as being genuinely homeless (Hague & Malos, 1994).

4. Whether or not the applicant sought temporary accommodation from family, friends or elsewhere before turning to the housing authority. Depending on the particular circumstances, a reason other than domestic violence may be recorded as the primary cause of homelessness.

Figure 1

	Number of households made homeless due to the violent breakdown of a relationship with a partner	Households placed by local authority in temporary accommodation at the end of the quarter	Household for whom the authority accepted responsibility to secure permanent accommodation: found to be homeless (or threatened with homelessness within 28 days) and in priority need due to domestic violence
	Total 1993/94	Total 1993/4	Total 1993/4
Elmbridge	2	1	1
Epsom & Ewell	6	0	1
Guildford	24	1	10
Mole Valley	3	0	1
Reigate and Banstead	14	3	4
Runnymede	6	0	1
Spelthorne	10	0	0
Surrey Heath	8	1	0
Tandridge	12	0	3
Waverley	9	0	0
Woking	7	1	0
Total	101	7	21

Of the 101 households in the county who were recorded as homeless as a result of domestic violence in all housing departments across the county, the highest proportion were in Guildford (24%), Reigate and Banstead (14%) and Tandridge (12%). Much smaller numbers of cases were recorded in Runnymede (6%), Epsom and Ewell (6%), Mole Valley (3%) and Elmbridge (2%).

Differences across the county in the numbers of households recorded as being homeless because of domestic violence cannot solely be attributed to differences in population in the boroughs. These differences must also reflect differences in interpretation of the Housing Act and the Code of Guidance, differences in working practices and levels of awareness amongst front-line staff.

The figures also show differences across the county in the proportion of households who are secured permanent housing by housing authorities. During this period only 21% of the total number of recorded cases of homelessness resulting from domestic violence were permanently rehoused. Relatively, more applicants were offered permanent accommodation in Guildford (42%), Mole Valley (33%), Reigate & Banstead (29%) and Tandridge (25%). During the same period no applicants who were homeless because of domestic violence were permanently rehoused in Spelthorne, Surrey Heath, Waverley and Woking.

These differences in recording and re-housing figures support the variations in practice and policy interpretation reported by interviewees. However, the numbers of cases are small so it is not possible to use the figures to draw firm conclusions. The data would be more useful if the reasons **for not** offering permanent accommodation were recorded. Were offers not made because: the applicant returned home; found somewhere else to live; obtained a tenancy transfer; there was no longer any danger of violence (partner was in prison, had gone away etc.) ? Further research is needed to monitor the recording, processing and outcome of applications from households made homeless by domestic violence. In particular, it is important to explore:

- a. whether or not variations in recording across the borough are due to a reluctance in some areas of housing officers to accept applications from victims of domestic violence as 'genuine' homelessness cases;
- b. whether or not some housing authorities rely upon domestic violence legislation in order to 'solve' a homelessness problem;
- c. whether or not the variations in offering accommodation result from differences in referral rates to other agencies, such as refuges or housing associations;
- d. whether or not the low proportion of housing offers made are the result of 'reconciliations' between applicants and former partner. A lack of concern among housing officers for the safety of applicants during long periods of temporary accommodation would increase the likelihood that the perpetrator will find her whereabouts and force her to return.

Resources

Taking into account the high proportion of home owners in the county, it is likely that solicitors play a greater part in helping women to organise accommodation than housing authorities. The questionnaire survey found that only 15% of the women who had been victims of domestic violence approached housing departments for help or advice whereas a third (30%) contacted a solicitor. Women who did approach their housing departments however reported very high levels of dissatisfaction, 53% said that they were unhelpful (see Chapter 2). The lack of resources available for homeless families must play a major part in creating this dissatisfaction. Housing officers and interviewees alike felt frustrated by the general lack of resources available for homeless families in the county:

“ I’m living in private rented accommodation, which is all that they could offer at the time, and I’ve got to move out. All the council can offer me at the moment is a place in a hostel. I’ve been living here for a year and a half, I’ve got my furniture, I’ve just bought a washing machine, I am settled here , both the kids are going to school now, and now I’ve got to move and go to a hostel. There’s nowhere for us to go. There’s no private renting anywhere, there’s nothing, there’s no council houses”

“ My interview at the housing was very good. They try to be helpful but they can’t , they just have so little housing, and so many people on their list. They try to be helpful and sympathetic but they can’t do anything”

Many women who had applied to their housing authorities as homeless reported having to wait in temporary accommodation for two to three years before being re-housed permanently. This has an adverse impact upon a family’s safety, health and well being . Privately rented accommodation tends to be expensive and is scarce. Women with children are often not wanted as tenants.

“ If you applied to somebody for accommodation, nobody wanted you with children. I did find one place. He wanted a months rent deposit, and social security took their time with things. He was understanding, a lot of people weren’t”

Finding a way to create a small pool of accommodation across the county would help housing authorities to overcome some of the resource difficulties. Some housing authorities in the UK have included harassment clauses within tenancy agreements in order to evict violent or racist tenants from local authority or housing association property. This could speed up the re-housing process for victims of domestic violence leaving joint tenancies.

Policy Variation.

The homelessness legislation allows housing officers to employ considerable discretion when making decisions which affect homeless people. This can lead to territorial inequities in the allocation of resources. We have concerns about policies regards homelessness and domestic violence in the following areas:

a. Who defines domestic violence as ‘violence’ and the degree of proof or documentary evidence required by housing authorities.

“ They phoned the governor in the prison, they contacted the police who wrote a fabulous letter. They say to you they have to find the evidence, we can’t just rehouse you just like that.”

Women interviewed reported experiencing aggressive questioning by housing officers and undergoing detailed questioning about the violence. Many women felt that it took a long time to prove that they were a ‘legitimate case’:

“As I got to know the housing officer she became nicer to me. It took a long time to build that sort of confidence with them...a sort of genuine case”

Further information was given by telephone by five housing authorities on policy interpretation.

Three units said that proof of violence was routinely required, generally in the form of hospital, medical or police records. One unit said that all cases were assessed individually on merit and on how ‘realistic’ the account of violence given by the woman was. The fifth unit said that it was usually easy to tell if the woman had given a genuine account of events because she would accept any offer of accommodation made. Two authorities said that younger women would be assessed more rigorously and expected to provide more rigorous proof of domestic violence before being accepted as homeless.

Many women interviewed reported difficulties providing evidence or proof of violence which included police and medical records because so few incidents are reported to these agencies. Women who did not inform doctors or accident and emergency departments about their injuries, or did not divulge the exact cause of their injuries had particular problems in proving the ‘genuineness’ of their need for accommodation. Some housing officers said they would give the applicant the ‘benefit of the doubt’ in these situations. Others clearly, from reports given by interviewees, would not.

b. The recognition of single or childless women as vulnerable and in priority need. Four of the authorities who gave additional information said that single women would be treated as vulnerable if they had been victims of domestic violence. One officer felt that indeed single women were easier to accommodate because it was easier to find a small flat than a house. The fifth authority said that single women would be ‘assessed’ and most went back to the abuser anyway.

c. An over-reliance upon injunctions for protection rather than re-housing or allowing a family to move away.

Under the present law, injunctions are difficult to enforce and thus give women little protection from further violence. It can be difficult to get any effective action against partners excluded from the former home who repeatedly break an injunction order (see J. Barren (1989) *Not Worth The Paper?* Bristol : Women’s Aid Federation). Some housing authorities however rely too heavily upon injunctions as solutions to housing problems. Only two of the housing authorities who gave further information on policy interpretation said that they definitely would offer safe accommodation to a woman even if she had an injunction in force.

d. Definitions of ‘intentional homelessness’, especially where there have been rent arrears.

Policies here seem to vary considerably, some housing officers said that arrears were not taken into account if there had been domestic violence, others said they would have to look at the case individually especially if there was no proof of violence whilst the arrears accrued. Some officers said that when housed, the woman would have to carry responsibility for half of the debt and agree to pay this off by instalment.

There needs to be further research into policy variation and better monitoring of the outcome of applications made by families made homeless by domestic violence. The way housing departments processed applications varied widely. Some women reported being very satisfied with the service provided:

“ He’s very sympathetic towards domestic violence, so he was very good..He didn’t make me feel uncomfortable at all. He took plenty of time with us, he didn’t want to rush us and he was prepared to answer my questions. He was excellent”

However other women complained about the intrusive and insensitive questioning conducted by homelessness officers. Women did not feel that the officer believed them, or treated them with respect when asking for help. Some women felt that the officers had a poor attitude to domestic violence, and this clearly affected the way they dealt with their case,

“ we are not going to deal with these sort of cast offs. And he used a phrase to that effect. I remember thinking there is no need to be that rude, and not saying anything, feeling completely intimidated”

A recurring theme from the in-depth interviews with women was the view that they would not have been successful if they had not had active support from staff working from the non statutory sector, or legal professionals working on their behalf

“ The domestic violence officer was brilliant. She came with me....and she was forceful, and it did go through eventually. They were quite hostile. They don’t really want to help you, and I was aware that was pushing them to deal with this”

“ I think the fact that the police were involved and pushed them..otherwise they would have been completely anti, and not very sympathetic to the fact that it was a domestic violence case”

“ I asked the housing department if they could find me another temporary place or a council house. They kept saying no you will have to wait. They weren’t sympathetic at all. I think they thought I was trying to say it to get a place quicker. They didn’t really want to know at all until the people from the refuge talked to them and explained the situation. Even the police went to the council and spoke to them”

The need for such advocacy work places an additional strain on refuges, the non statutory services and the police. Applicants without the benefit of an advocate receive a lower standard of service. Of particular concern is the poor provision made for applicants who need translation facilities, especially for Asian women in the county.

Awareness and Publicity.

None of the housing authorities sampled stated that their borough provided training on domestic violence. Any training received by housing officers was largely ad hoc and varied in quality. Training was particularly poor for work with ethnic minority applicants. The lack of training and awareness was apparent from the poor levels of satisfaction reported by women interviewed.

The knowledge base on key areas of domestic violence amongst housing departments indicated by responses to the Agency Questionnaire similarly showed varying levels of understanding. The area where housing officers indicated the highest level of understanding was in the law and domestic violence (75%). Smaller proportions indicated understanding in the following areas: the Children's Act, (63%), services provided by women's refuges (37.5%), benefits (37.5%) and other services that can be provided for women who have experienced domestic violence (37.5%). The lack of awareness of services provided by refuges in this group is worrying, as all housing officers when dealing with cases of domestic violence should be informing women of this service when appropriate.

Only a small proportion of housing officers surveyed (12.5%) stated that they would definitely wish to have more training on domestic violence. A further 87.5% were unsure about undertaking future training in this area. It is therefore important to establish what factors would encourage housing officers to fully participate in any future inter-agency training initiatives on domestic violence. Those interested in future training stated that they would like specific training on screening for domestic violence, (33.3%) and domestic violence and the law (50%).

Seventy five percent of the departments who filled in the Agency Questionnaire displayed publicity materials on domestic violence. The leaflet most frequently displayed by departments was the local domestic violence leaflet. Thirty eight percent displayed this leaflet. However there was no consistent policy for materials displayed and these varied widely across the housing departments in the county. Types of literature displayed include: Surrey Women's Aid leaflet, the new Home Office leaflet, Safer Surrey Directory of resources for women experiencing domestic violence, Women's Aid Federation leaflet, women's information leaflet. The departments not displaying publicity materials on domestic violence, stated that they would be willing to do so in the future.

Inter-Agency Working

Inter-agency working was apparent from the Agency Questionnaire responses as all housing departments who completed this said they frequently referred cases of domestic violence on to other key agencies. The agencies/ organisations they reported most frequently referring to were solicitors (86%), the police (50%), CAB (38%) and the DSS (40%). However, it appears that a high proportion of this inter-agency working is of the 'referring-on and forgetting' type. Only 37.5% of those surveyed said they would conduct follow up work after they had referred a women to another organisation. Types of follow-up work included: advocacy work, general monitoring

of the case, phone contact, checking to see if the woman has attended appointments and consultation with the domestic violence unit.

The majority (62%) of housing departments surveyed wanted to offer more help and support to women experiencing domestic violence. When asked what would enable them to offer more support, they gave the following suggestions: an increase in staffing levels, more resources, a co-ordinator for domestic violence and improvements in the referral system.

Safety in Accommodation.

Safety after separation is a major worry for many women who leave violent partners. Here housing authorities could work very effectively with other agencies, especially the police, Women's Aid and Victim Support, to make better provisions for safety after separation. Current provisions are inadequate as shown by the high number of address changes women had to undergo to eventually find secure accommodation. Many of the women interviewed had to frequently change addresses after separation:

“ I had fourteen addresses in two years ”

Although moving house may be the only solution in some circumstances, better security provisions in the accommodation at the start may be an effective deterrent against further crime as well as a better use of scarce resources. There is scope to increase the alarm provisions pioneered by the police and Inter-Agency forum in the Reigate area to other parts of the county. The need to offer secure accommodation, away from the ex-partner's residence and that of his family, should be a priority when making allocations to victims of domestic violence. Women who refuse to accept accommodation which they feel is not safe should not be penalised or seen to be unreasonable. An offer of unsafe accommodation is clearly not a reasonable offer to make.

Women interviewed found temporary accommodation in bed and breakfast unsatisfactory because of the lack of support and the lack of security in many of these properties. Women in bed and breakfast are often at great risk of further violence (see Chapter 5). Private rented accommodation was said to be preferable. However, women reported problems related to the insecurities of private tenancy agreements. This is especially so since short hold tenancies have been introduced many tenancies only offer a brief period of six months.

Conclusions and recommendations

There are currently inconsistencies in approach, across the housing departments in the county. This is largely due to varying interpretation of housing law, lack of training on domestic violence, varying levels of housing stock, and no council procedures on domestic violence. Without addressing the above issues these inconsistencies will

continue, and women approaching housing departments will receive varying responses. The need to provide safe accommodation for victims of domestic violence should be placed high on the agenda for housing policy in all the county's local authorities.

We recommend that:

- **The Housing Authorities and Housing Associations in the County develop a shared pool of resources to accommodate temporarily and permanently single people and families who become homeless as a result of domestic violence.**
- **A housing and refuge task group should be set up to look at the availability and allocation of temporary and permanent accommodation for victims of domestic violence. The task group should work closely with the Strategic Policy group and the county's domestic violence fora.**
- **The task group should draw up guidelines for recording cases of domestic violence**
- **To bring more consistent practice across the county, a procedures manual on domestic violence should be developed by the Housing Task group. This manual should be adopted by all boroughs across the county.**
- **The task group should establish systems which could effectively monitor the housing departments interpretation of the Housing Act and the Codes of Guidance. This system should be set up in all housing departments across the county.**
- **Task group should set up a policy for materials displayed in all housing departments. Suggested publicity materials include: Surrey Women's Aid leaflet, Home Office literature on domestic violence, local domestic violence unit's leaflet, the Surrey wide Networks literature, and the Safer Surrey Partnerships leaflet.**
- **The Task Group should produce an information leaflet on domestic violence and housing. This should be displayed in housing departments across the county. Resources should be available for ethnic minority families.**
- **All housing officers should receive training on domestic violence. Training should look at all aspects of domestic violence but particular reference should be made to screening for domestic violence, work with ethnic minority families, resources available to abused women and services provided by the refuge.**
- **If there has been domestic violence, women applicants to housing authorities should be given the opportunity to be interviewed by a female housing officer.**

- **Translation services should be improved. Female interpreters, other than family members or neighbours, should be used.**
- **Provisions should be made for the safety of victims of domestic violence in temporary and permanent accommodation, whether rented or privately owned. Inter-agency work with the police, Women's Aid and Victim Support could be improved to achieve this objective**
- **Offers of accommodation which are unsafe are not reasonable offers. Women should not be penalised for refusing to accept accommodation which they feel is unsafe.**
- **Local authorities and housing associations should consider the possibility of building harassment and violence clauses into tenancy agreements.**

Chapter 7

Health Care Professions

Introduction

Health care professionals are often the first person a women experiencing domestic violence approaches for advice. Women in Surrey are more likely to approach primary health carers in connection with domestic violence matters than any other service. Thirty one percent of the women who reported experiencing domestic violence in the questionnaire survey said that they had approached their general practitioner for help and advice. Indeed, the general practitioner was the first point of contact for the majority of women. One fifth of women approached their general practitioner first. Health care professionals' casework concentrates on symptomatology and medical treatment, often without much reference to or awareness of the cause of a health problem. As a result, many cases of domestic violence go unnoticed in the health sector. Domestic violence may also not come to the attention of health care professionals because of : lack of time resulting from the pressure of work, a poor awareness of domestic violence and the client's reticence to disclose the cause of injury or deterioration in health. It is imperative that policy and practice guidelines are developed for professionals working within the primary health care setting so that the medical profession can intervene effectively to help stop domestic violence.

A detailed study of primary health care and domestic violence is currently being conducted by Emma Cross, a PhD student at the Roehampton Institute. The research, which also focuses upon the Surrey area, will be completed in December 1997 and published results will be available thereafter. For the purposes of this report, we have identified the key themes which we feel require immediate attention and which will benefit the development of inter-agency work in the county. The discussion in this chapter draws upon the results from the Agency Questionnaire, the questionnaire survey of 484 women in Surrey and in depth interviews with 24 domestic violence survivors. The Agency Questionnaire was sent to 93 health care professionals, including health visitors, midwives, general practitioners, community psychiatric nurses and staff in accident and emergency departments. Thirty nine (42%) health care professionals completed and returned the questionnaire.

Policy and practice

The women interviewed reported wide variations in the quality of the response of health care professionals across the county. A Home Office Research report on domestic violence pointed out the need for the medical profession to develop codes of practice on domestic violence (Lorna Smith, 1990). Some health authorities are now doing this but there are currently no practice guidelines on domestic violence for the medical profession in Surrey.

The majority of health care professionals (60%) who completed the Agency Questionnaire felt that practice guidelines on domestic violence would improve their service delivery. Community psychiatric nurses and midwives were particularly keen to have guidance but general practitioners showed little enthusiasm. The majority (57%) of health care professionals who said that they wanted to see the development of practice guidelines felt that this would be best achieved via the formation of a specialised multi agency task group.

Awareness, Monitoring and Incidence

Primary health care teams, community psychiatric nurses and Accident and Emergency departments in Surrey do not currently have a standardised system for monitoring the incidence of domestic violence amongst clients given treatment. Around half (54%) of the health care professionals who completed questionnaires said that they do record some cases of domestic violence in the confidential case notes belonging to particular patients but there is no monitoring of the overall numbers of clients requiring treatment for the effects of domestic violence.

Forty six per cent of health care professionals who completed the Agency Questionnaire were able to provide a figure for the number of cases of domestic violence they believed they had seen in the previous twelve months (see Figure 1).

Figure 1

Mean number cases seen by individual health professionals over the last 12 months

Health Professional	Mean no. of domestic violence cases per worker seen in last 12 months
Accident and Emergency Staff	28.5
Health Visitor	4.3
Midwife	2.5
General Practitioner	2.3
Community Psychiatric Nurse	2
All health professionals	9

These figures suggest that Accident and Emergency staff, on average, see 2 to 3 victims of domestic violence each month whereas community psychiatric nurses work with only 2 cases per year. There are however a number of reasons why these figures will underestimate the incidence of domestic violence amongst patients on health carer's caseloads. Many cases of domestic violence are never known because health care professionals do not ask about the cause of injuries or symptoms or they do not make it safe for a victim to disclose experiences of violence or abuse, (McWilliams & . McKiernan, 1993). Professionals may not ask about injuries or symptoms which they suspect may be the result of domestic violence because they do not know how to ask or because they fear opening up a floodgate of needs which they do not feel able to

cope with. Women who may have experienced a range of abuse - physical, sexual and psychological - may not find it easy to talk about this to general practitioners, hospital doctors or nurses, especially if they are men. Women need to have greater access to female medical staff in Accident and Emergency units and through well woman clinics in general practitioner's surgeries. Some Accident and Emergency units also have access to a medical social worker who may be able to give advice to victims of domestic violence. Adequate training is needed for medical social workers on talking to women about abuse .

Thirty percent of women who completed questionnaires and said they had experienced domestic violence approached their general practitioner for help or advice. The in-depth interviews with women showed worries about confidentiality stopped many women seeking help from talking to health care professionals. Many women feared that if they confided in their general practitioner, the information would eventually get back to their partner. Most couples and sometimes extended families, were members of the same practice,

“ I didn't tell the GP about the abuse, I said I had pressures in work and things like that. I felt because it was their family doctor , so I thought that anything I said to them would go back to them , even though I know they are not supposed to pass anything on. I was just so paranoid whoever I spoke to would go to him.”

Another major reason why women did not talk to health care professionals about the violence was the belief that they would not provide them with the support and advice they needed. Women feared that they may lose custody of their children if they mentioned the abuse,

“ I didn't really discuss it with the health visitor. I was a bit worried about health visitors to be honest. I really thought if I told the health visitor, that she would get in touch with social services and I'd lose my children”

This problem is compounded by medical practitioners' tendency to de-gender domestic violence and view it as a problem of dysfunctional families. The focus of attention inevitably becomes the child's relationship with 'problem parents' and a vital opportunity to provide support for the mother is lost.

Some women felt that their general practitioner would not believe them or would not understand:

“I didn't tell the general practitioner earlier because I didn't think anyone would believe me. I just thought that although the GP has known me for 30 years, I still thought that everyone will take his side”

Women also felt that general practitioners would not be able to do anything apart from prescribing anti-depressants or sleeping tablets:

“ I really didn't think a doctor could help me. I didn't see how a doctor could help me in that way apart from giving tablets”

One problem women found in approaching health visitors was the fact that many did not really have the opportunity to develop a relationship with their health visitor. Many did not see the same health visitor more than once:

“ I never really saw the same one twice”

As reported in the women's chapter a high proportion of women experienced domestic violence during pregnancy. However, many women felt unable to talk to their midwife about domestic violence because they felt that the midwife was solely interested in their or their baby's physical health and not their whole well being.

“ The midwife just said you're on your own and that was it really, just sort of checked the baby and that was it really”

Other women said that it was impossible to talk about violence because their partner always came with them whenever they had a doctor's appointment:

“ If I had any doctors appointments about anything he always used to take me in case I said anything to anyone...so I couldn't really say to anyone this is going on”

“ He used to sit outside when the doctors were examining me. Or he'd explain what happened. It didn't matter what I said, he'd say oh no, this is how it happened, she was being silly and things like that. Even if I tried to say anything, he'd like stand there and look at me and I'd think well if I say anything I'm in deep trouble, what's the point of making things worse”

The perpetrator going with the partner to appointments was a problem for most of the women interviewed.

In some situations the perpetrator and medical staff colluded in covering up or justifying the violence:

“ He lied to the hospital staff. I used to protest, it's very difficult when you're doped up to the eyeballs with all the crap they fill you with. I got to the point when I just gave up I suppose, I couldn't see the point in trying to convince them...He would say I didn't care for our son , and I was no good as a wife. It always came across to me that they were in collusion with each other”

This meant that women did not get appropriate help beyond treatment for the immediate injuries resulting from violence. It is important that a safe environment is created for victims of domestic violence so that they are able to disclose experiences of abuse. This cannot happen if the perpetrator of violence is allowed to accompany his victim when medical attention is given.

Information and publicity

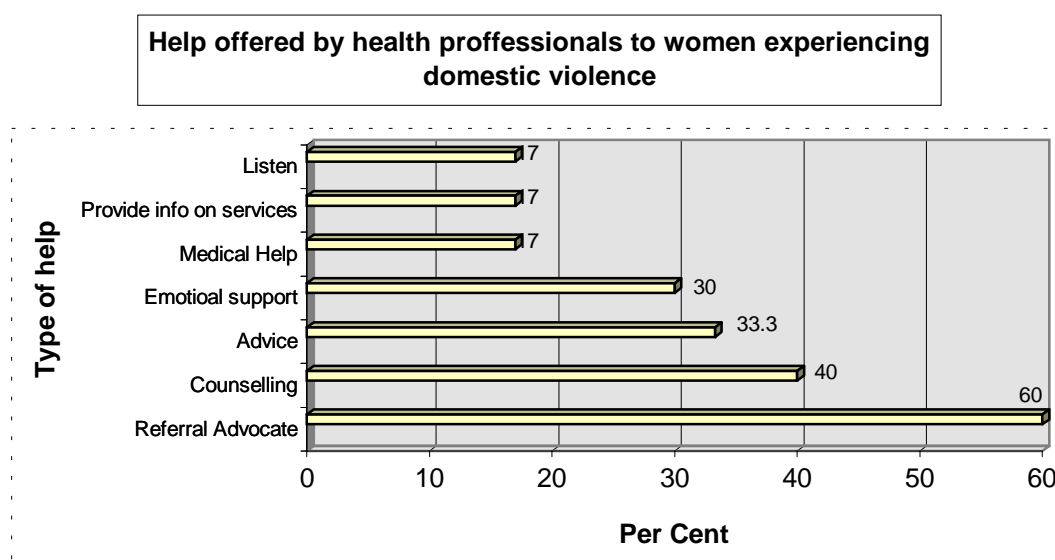
As the primary health care setting is the first statutory organisation many women will approach for help or advice, it is important that publicity materials on domestic violence are clearly displayed in all waiting areas. These materials should also be available in private consultation rooms so that women are able to pick up literature without drawing attention to themselves.

Thirty eight per cent of health care professionals who completed the Agency Questionnaire said that they currently displayed this public information. However, most only displayed general information on local services that are available to women, rather than specific literature on domestic violence. Only 5% made Women's Aid leaflets available and only 13% made the local domestic violence unit leaflet available in surgeries and waiting areas. Better information on solutions to domestic violence could be made available in the 'bounty packs' given to women during pregnancy.

How health care professionals view their responsibilities regards domestic violence

Figure 2 shows the services health care professionals felt they could provide for women experiencing domestic violence. The majority (60%) saw their main task to be referral on to another agency. Other services health carers felt they could provide included: counselling (40%), advice (33.3%), emotional support (30%), medical help (7%), providing information on other services available (7%) and listening (7%).

Figure 2



It is clear from these responses that health care professionals saw victims of domestic violence as needing straightforward 'medical help' relatively infrequently. This finding supports the need for greater inter-agency collaboration. At present, as Chapter

3 shows, the medical profession's involvement in the county's inter-agency initiatives has been minimal.

Over two thirds (69%) of the health care professionals said that they would like to offer more support to women experiencing domestic violence. There was however varied commitment between the different professions, with a higher proportion of community psychiatric nurses (80%) and health visitors (83%), wanting to offer more support to women. General Practitioners showed reluctance to increase their work with victims of domestic violence and felt the least able to offer more support for this client group. Many general practitioners confronted with a patient's experience of domestic violence will refer 'down' within the health care team, passing responsibility on to health visitors or community psychiatric nurses.

The professionals who wished to offer more support were asked what would enable them to improve service delivery. The majority (60%) said that training on domestic violence would enable them to improve their services. Other factors mentioned included: a fact sheet for health professionals working with domestic violence (32%), an increase in resources (20%), the development of practice guidelines (8%), leaflets on domestic violence (8%) and improving inter-agency liaison (4%).

'Take some Prozac'...women's experiences of the medical profession

In the questionnaire survey, the majority of women who approached their general practitioners or health visitors for help or advice as a result of domestic violence felt satisfied with the response they received. However 19% of women (i.e almost 1 in 5) reported having an unhelpful response and many of the women interviewed had very poor experiences of the medical profession's involvement. Although it is clear that many medical practitioners in the county provide very good services for victims of domestic violence, the poor service given by the remaining 1 out of 5 is very worrying.

Women who told their general practitioners about domestic violence felt that their needs had not been adequately met. The women who completed questionnaires felt that they had wanted: emotional support (29%), someone to listen to their problems (29%), medical help (21%), psychological help (14%), help to leave the abuser (7%), understanding (7%) and protection (7%). The majority (79%) of women who approached their general practitioners wanted other types of medical assistance, not just treatment for their symptoms. However many of the women we interviewed were only offered tranquillisers or sleeping tablets. They felt that they had not been given enough time to talk to their general practitioners and had not been given any information on the services available to them.

"I've seen a GP here and their immediate reaction was take some Prozac. I sort of said I can't cope at the moment with the situation with the court and the children, and I feel that I'm ready to crack up, and she just wrote me a prescription"

“ All the doctor gave me was sleeping tablets, but he never really gave me advice”.

Anti-depressants, tranquillisers and sleeping tablets may provide immediate relief to many women although they might do more good at stopping violence if prescribed to perpetrators rather than victims. These drugs can be habit forming. They may hinder women in making important decisions and consequently put their lives at risk. Many of the women interviewed were prescribed tranquillisers or sleeping tablets without the doctor establishing the underlying cause. Most felt they had not been given the opportunity or time to talk to their doctor or to explore other options for tackling the problem.

“ There were no questions asked about what the problem was, why I couldn't sleep, or anything like that”

“ I'd say unfortunately that they saw symptoms of problems arising from domestic violence, and they didn't move at all in any direction”

Community Psychiatric nurses seem to be either under-used or over-stretched in this respect as few of the women had visits or follow up support from community psychiatric nurses once tranquilisers or anti-depressants had been prescribed. Either general practitioners are not referring women to community psychiatric nurses or community psychiatric nurses are not following up referrals made.

Drugs may treat the symptoms of depression, anxiety and suicidal tendencies in the short term but women interviewed felt that drug therapies, if necessary at all, should be supplemented by other forms of treatment. They felt that tranquillisers should be viewed as part of the treatment offered by general practitioners rather than the only approach. Many felt that access to a counselling service or support group would have helped them to regain self esteem and confidence.

“ All the drugs do is suppress the feelings, it's like a drink you know, it just blocks it out for a little while, and that's not what I need, I need to get it all out and deal with it”

“ I remember going to the doctor and spilling everything to her. I went there a few times but I felt like she was saying, 'What is it this time? What's happened?', not a genuine kind of talk to me whatever, it's just, 'Right OK well, I'll write you another prescription and then you'll be on your way' sort of thing”

“ I felt that I had my three or five minutes, and that was all the time he had, so he wasn't really able to discuss anything really, it was just keep taking the tablets”

“ I went to the GP to get some more tablets, but I also wanted to carry on counselling but they didn't have a counselling service at the GPs, and he said

it was very difficult to get any sort of free counselling. So he didn't really help"

There is little hope for improving inter-agency methods of working if primary health care teams are unable to work collaboratively with all of their own practice members. Of course, General Practitioners are very busy and the cutbacks in the National Health Service are placing the medical profession under further pressure. Many doctors now have only a five minute consultation period with each patient. This consultation time leaves very little time to deal with anything besides the main symptom that has been described by the patient. However, if women do not receive accurate advice and appropriate referral in a supportive environment when they first ask for help they will find it extremely difficult to help themselves. They are more likely as a result to return to the doctor's surgery, thereby increasing his/her workload in the longer term.

Training

Medical training in Britain offers nothing on domestic violence. Not surprisingly, only 5% of health care professionals who completed the Agency Questionnaire had undertaken any domestic violence training. The results from the Agency Questionnaire suggest that current levels of awareness amongst health professionals across the county is much lower than in other statutory and non statutory organisations. When asked to rate their knowledge on specific areas of domestic violence on the Agency Questionnaire, only a minority of health professionals felt confident in any of the identified knowledge areas. The area where health professionals reported feeling the most confident was with the Children's Act. Forty eight per cent of health professionals were confident working with this act, most probably because more have had training in an inter-agency approach to child protection. Much smaller proportions of health professionals felt confident about giving advice in the following areas: domestic violence and the law (7%), domestic violence and the police (13%), domestic violence and housing policy (7%), resources available to women experiencing domestic violence (14%), benefits (14%), and women's refuges (7%).

Fifty six percent of health care professionals felt they needed basic training on domestic violence and a further 28% wanted more than this. Forty four percent wanted training on the services and resources available for women who have experienced domestic violence, 36% wanted general training on all aspects of domestic violence, 24% wanted training on methods of screening for domestic violence, 20% wanted training for work with women, 12% wanted training on the law and 20% training in counselling skills.

Conclusions and recommendations

Domestic violence is a very important health care issue. It has an adverse effect upon the health and well being of many women in the county and worldwide. With appropriate intervention much of the resulting ill health could be prevented. Approximately 1 in 3 women who are victims of domestic violence will approach the medical profession for help. One fifth will not be given appropriate treatment. Some

may even have treatment which compounds the problem. In Surrey women are still primarily getting treatment for presenting injuries, or they are being prescribed tranquillisers for mental health problems which are never adequately investigated. A more detailed report on health, the medical profession and domestic violence will be available towards the end of 1997. On the basis of our more limited study we make the following recommendations:

- **Policy and practice guideline for health professionals working with domestic violence should be produced. This would best be achieved by setting up a multi disciplinary task group.**
- **General practitioners should consider other options for intervention besides the prescription of tranquilisers or anti-depressants to victims of domestic violence.**
- **A conference on health, the medical profession and domestic violence should be organised in 1997 or thereafter to raise awareness amongst practitioners and to initiate further inter-agency developments.**
- **All health professionals in Surrey should receive inter-agency training on all aspects domestic violence. Further training on screening for domestic violence in the health setting should be implemented by the health authority.**
- **Publicity materials should be displayed both in public waiting areas and private consultation rooms.**
- **A fact sheet on domestic violence with summary information should be devised by the above task groups and should be widely distributed to all health professionals in the county.**
- **Publicity materials on domestic violence should be included in the pregnancy packs given to women during ante-natal care.**
- **Standardised monitoring procedures should be implemented across the health authorities.**
- **A satellite counselling service for women experiencing domestic violence should be piloted in an identified health district in the county.**
- **The proposed Task Group should explore options for obtaining resources to enable general practitioners with special interests in developing primary health care and inter-agency work on domestic violence to pay for a limited amount of locum cover.**

Chapter 8

Social Services

Introduction

The Social Services department provide services to children and their families as well as adult and elderly people. As part of their statutory responsibility they have a duty to investigate allegations of child abuse and monitor the safety of children suffering from significant harm as well as accommodating children who can no longer be cared for by their own family. Under the Children Act 1989 they have a responsibility to promote the welfare of children in need and work in co-operation and partnership with parents

Assessment and case management is the responsibility of the locality teams in Surrey Social Services. These teams are located in 24 locality social services centres, five social services teams based in health settings, an emergency duty team, an alcohol and drug service and a resettlement team.

Social workers have important tasks to fulfill in supporting and enabling the development of inter-agency methods of working to protect children from the effects of violence between parents. There are many reasons why women and children who have experienced or witnessed domestic violence may not approach the social services for advice. Children may not feel able to tell a social worker about domestic violence because of the fear that their parents might 'get into trouble'. Fears that social workers may question their ability to care for the children will inevitably be a concern for mothers. Only 11% of women who participated in the questionnaire survey approached the social services for advice, although the incidence of violence amongst clients on social workers' case loads is likely to be relatively high. Domestic violence to women is still viewed as a low priority by many social work teams. One reason commonly given for this is that social workers have a statutory responsibility to protect children but they do not have similar responsibilities to protect adults from violence unless they have other needs as a result of disability or of being elderly. Section 17 of the Children Act however requires local authority social service departments to provide services for children in need. Clearly, if the needs of children who have lived through domestic violence are considered, then social services departments have a responsibility to ensure that services are available to cater for the needs of families affected by domestic violence. Progress towards implementation of S17 of the Children Act has been slow in Surrey, as in other local authority districts. As the Children Act Report 1993 shows 'some authorities are still finding it difficult to move from a reactive social policing role to a proactive partnership role with families'.

Children may be profoundly affected by violence between their parents and indeed often suffer 'significant harm' as a result. Research in Canada, the USA and lately in the UK has found that children may also be abused by a violent partner, indeed some have argued that the 'battering male is a typical child abuser' (Stark & Flitcraft, 1988). According to Childline counsellors Carole Epstein and Gill Keep, there are on average 130 children each month who call Childline to talk about domestic violence. The overwhelming concern is violence to their mothers from male partners (110 out of 126 cases analysed) but 38% of the children had themselves been physically abused by the mother's partner (Epstein & Keep, 1995). Children frequently witness the abuse of their mothers and may suffer from neglect and social isolation because of the father's desire to rule the home and control essential resources such as money and food, (Mullender & Morley, 1994). Like adults, children will vary in their abilities to survive the experience of living in a violent family. Surviving domestic violence will depend upon a number of factors including : the degree, nature and longevity of the abuse; the child's role in this as witness, ally or protector to one of the parents or siblings; the child's own physical and psychological resources; her/his relationship with a primary carer (usually the mother) and the support given to her/him by others in the community.

Child protection, investigation and or care proceedings, may not always be appropriate solutions to the needs of children affected by domestic violence. Care proceedings might not be what a child wants. Most want the violence to stop. Support for the mother can be a very effective child protection strategy and here social services could play a vital role either by giving appropriate support to women or to refuge workers working with mothers and children. To date, research into the social services' responses to domestic violence suggests that social workers commonly either evade responsibility, by referring on domestic violence cases to another agency as quickly as possible, or they exert the control rather than the care side of social work by pointing out their powers to take children away from mothers and put them into care (McWilliams & McKiernan, 1993). Although the research found some examples of constructive work with mothers and children, on the whole both the agency survey and the women's questionnaires and interviews confirmed these findings from previous studies.

Social workers have important skills which they could use when working with cases of domestic violence, but they do not have clear policy nor practice guidelines to assist them in the delivery of these skills. Practice in Surrey thus varies in relation to an individual's level of personal commitment and awareness of the issues. Good practice which exists is therefore limited to certain individuals. There is no broader commitment from social services as a whole to deliver a quality service for women and children affected by domestic violence.

Clearly the organisation and delivery of care within the social services is highly complex. In this chapter of the report we only provide information on the current level of service provision on domestic violence as identified in the Agency Questionnaire, the experiences of our interviewees when they asked for help from these services and gaps in services identified by both service providers and service users. The Agency

Questionnaire was sent out to 25 social service teams including locality teams, health based teams and family teams. Seventeen (68%) were completed and returned.

Policy on Domestic Violence

Recognising the clear child welfare issues involved, a number of local authority Social Service departments with commitments to multi-agency methods of working have recently started to review their methods of working with cases which involve domestic violence. Nottinghamshire's Social Services were among the first to develop practice guidelines on domestic violence for social work staff. These guidelines include: dealing with violent partners, how to refer women to refuges, dealing with disputes between the partners over parental responsibility, types of advice and assistance that women need. The guidelines ensure that service provision for families affected by domestic violence is more effective, less dependent upon individual responses and, thus, less prone to the 'luck of the draw'.

Surrey Social Services do not currently have written policy and procedures for domestic violence but there is growing support amongst social work teams to develop and implement these in the county and this has been taken up by the -ACPC. Sixty three percent of social workers who completed the Agency Questionnaire felt that written policy and practice guidelines would help them in their work with abused women. No definition nor clear agreement exists in social services as to what domestic violence is, as to who has the expertise to define and assess it nor as to how it affects families. The identification of domestic violence draws heavily upon social workers' 'common sense' beliefs and these may not always fit well with the needs and experiences of victims. Because domestic violence has traditionally been a 'hidden crime', beliefs may be heavily influenced by common prejudice.

Monitoring and evaluation of domestic violence

No information is currently available on the proportion of social work clients in Surrey who are affected by domestic violence. Many groups have recommended that social service departments adopt clear statistical methods for recording and monitoring incidences of domestic violence. Surrey Social Services has recently developed a new computerised information system. This system monitors client details from the point of making a referral to the purchasing of a care package and a review. A specific category has been set up for the register to help social services monitor the incidence of domestic violence. However data input depends upon social workers to processing every case of domestic violence that comes to their attention. It is clear from the questionnaire returns that this is currently not being done. Many social workers are unaware that there exists a specific category for recording domestic violence cases. Furthermore, if domestic violence is one aspect and there are other social work matters raised in a case, these other factors are more likely to be recorded and monitored.

Information Materials on Domestic Violence

Social workers are an important source of information and advice. It has been widely recommended that social service departments, display posters and other materials advertising services available to women who have experienced domestic violence and materials publicising the fact that domestic violence is not acceptable. They should also have leaflets on welfare rights, housing, and legal advice for domestic violence.

Only 35% of the centres who filled in the Agency Questionnaire were currently displaying materials or leaflets on domestic violence in their centres. Only three centres displayed Women's Aid leaflets, and two displayed information on their domestic violence unit.

Services

All social workers expressed levels of concern about domestic violence, and wanted to provide constructive help for victims and their families. However, for social workers working directly with children and families, child protection dominates their work. There is no legal duty for social workers to intervene to protect women from domestic violence. The lack of statutory responsibility combined with an increased pressure on resources, means that many teams feel that they can only offer advice (24%), information (18%) or act as a referral agency with other services (65%). As with other agencies discussed in the report, this lack of a clear duty or commitment to intervene means that women (and children) in need are merely 'referred on'. Apart from reinforcing a victim's feelings that nobody can help, the quality of service provision will as a result often be poor. Referring on, especially without follow up, may mean that a. the next agency similarly fails to intervene and again refers on; b. the next agency undermines the initial efforts made.

To provide useful advice and information and to effectively refer on to appropriate specialist agencies, social workers require a thorough knowledge base. Domestic violence is a complex problem and those affected usually require support from a number of different agencies. Effective intervention requires some knowledge of the resources available from these agencies including : legal provisions, services offered by women's refuges, housing and welfare rights and other specialised services . However, responses on the Agency Questionnaire indicate that social workers are not confident of their understanding of these key areas when they are approached for help by women. Social workers were least knowledgeable about the benefits available to women who had experienced domestic violence. Eighty eight percent of social workers did not feel too knowledgeable about this area. Other areas where social workers did not feel up to date with specific information on domestic violence included: knowledge of other services available to women experiencing domestic violence (65%), the law (59%), housing policy (59%), police services (47%), and refuge services (41%). Clearly there is a need for social workers to be furnished with

adequate information on legal provisions and available resources if they are to give worthwhile advice, ensure the safety of women and children and refer on appropriately.

The three services that social workers reported referring women to most often were women's refuges (88%), the police (82%) and the housing department (71%). Less frequently social workers said they referred women on to a general practitioner (59%), health visitor (53%), solicitor (53%), CAB (51%) or a family mediator (29%).

Over half (59%) carried out some follow-up work once they had referred women on to other organisations. The degree of follow up work however varied from social worker to social worker, and was largely dependant on the resources available to them, their perception of need, and the woman's wishes. Types of follow up care social workers offered women included: ongoing support and help for the women, family work or work with children affected by the abuse. The quality and degree of follow-up care varied considerably from one case to another.

Women interviewed who had received no follow-up support from social workers felt very dissatisfied with the service they had received. A number of the women interviewed had no further contact with a social worker after they had been referred to a refuge or hostel. Women were particularly critical of the efforts made by the Emergency Duty Team. Many said they would have liked more support from the social services and, at the very least, a follow up interview.

“ They knew my situation and they haven't contacted me, they haven't done anything since.. They should be there for you.”

Only just under a quarter of social workers (24%) who filled in the Agency Questionnaire felt that they could offer women a supportive environment to encourage them to 'open up'. It is important that social workers are able to respond appropriately and gain trust from women who approach them for help. Closer working relationships with refuge workers would help social workers to gain trust and understanding.

About a third of the social workers who completed the Agency Questionnaire said they could offer more extensive support to victims of domestic violence. Thirty five percent said that they could offer some form of counselling and 35% again said that they could offer women the opportunity to join a number of therapeutic groups. Higher proportions of social workers working in adult teams such as mental health believed that they could offer these services to women. Interestingly, none of the women who had been victims of domestic violence mentioned having received this form of support from social services.

The majority of social workers wanted to offer more support to victims of domestic violence. Sixty five percent felt that their department could offer more help. The highest proportion (82%) felt that an increase in resources would be needed to allow them to develop work in this field. Extra resources were needed to give social workers more time, increased staffing and funding. Inter-agency methods of working have

scope, in the long run, to save both time and resources because efforts made are less likely to be duplicated or undone by another agency.

Social workers also felt that services could be improved through better agency liaison, improvements in the referral system, developing more publicity materials on domestic violence, creating a specialist service for domestic violence and increased targeting of this group amongst general working priorities.

Training

Fifty five percent of social workers surveyed said that specialist training in domestic violence would enable them to offer more support to women. Just over a third (35%) had received some training on domestic violence but what they had received was rather limited. Most had just been to a talk or a seminar on domestic violence where the focus seems to have been mainly awareness. Only 12% had received training on screening for domestic violence and effective working practices.

There was however great interest in taking up future training. The majority (59%) wanted domestic violence training and only 6% felt they had no need for this. Areas which were identified as being particular priorities were: all aspects of domestic violence (44%), the effects of domestic violence (one third), working with women and domestic violence (12%). Other areas mentioned by social workers included: services available to abused women, specialist counselling skills for domestic violence, screening for domestic violence, working with children affected by domestic violence and working with ethnic minority women.

How women feel about approaching social service

A number of women interviewed did not approach social services for help because they thought social workers would simply not understand or would give inappropriate advice:

“ I’m not sure about the social services, it depends, I think if you get a good social worker and you have a good relationship with them, then that would be wonderful, but I think they are so busy that you probably wouldn’t get a good one or whatever, so I’d like to stay at arms length from the social services if possible”

“ Social services strike me as being the sort of people, that tell you what you should be doing, you know, you should be doing this and you should be doing that”

The power which local authority social services departments have to recommend that children be removed from their parents by the courts acts as a strong deterrent against women confiding in them. Many women said they had not contacted social services for this very reason. Whilst the current climate of social work practice discourages the over ready removal of children from their natural parents, the threat and fear of this power for women was very real.

“ The first thing I think of when I think of social services is taking the children away from me, so I wouldn’t even consider it”

“ No I wouldn’t have got in touch with social services because I was frightened. I’d heard about people having their children taken away from them”

Ironically, trends since the Children’s Act 1989 have moved more towards social workers and other child welfare professionals trying to preserve relationships between parents and children following divorce, separation or taking a child into care. Preserving a child’s contact with an abusive partner creates dire problems for victims of domestic violence because of the strong possibility that contact with the child will be used by the father as a route to further abuse the mother. Continued contact between a child and violent father may be of questionable value if the child fears the father or has been used as a route to abuse the mother.

“ The trouble with social workers is that some of them like to keep the family together, and they’d like the children to have contact with the father, it doesn’t matter how bad they are.”

It is important that a child’s right to safety is not overridden by a father’s right to maintain contact.

Despite their fears women do contact Social Services for practical help and advice. Some of the women interviewed were very satisfied with the speed and sensitivity with which social workers had responded to their requests for help.

“ They were very good and very helpful and interested and everything. It was very well handled”

Others however had less favourable experiences. They felt that their problems had not been understood or that they should not have approached social services at all:

“ I didn’t know what he was going on about, and I didn’t find it of any help really”

“ I can actually remember going there because of what was going on and coming away feeling that I had gone to the wrong place”

One woman described how social services had dealt with her over a period of two days. During this time nobody paid her a visit, all contact was made via the telephone. The woman was advised to make her own way to bed and breakfast with two children for the first night and then to make her own way to the refuge the next day. She had left home in an emergency situation without any belongings and was given no help or advice in obtaining essential items. The social worker acted as an accommodation broker by organising hostel space and there was no follow-up contact at all:

“ I was taken out of a really violent situation, put into a bed and breakfast, left there for the night, had a couple of phone calls the next day, expected to make my own way, expected to find my own way from one side of town to the other, with two small children, very little money, and no clothes, and no nappies....I think that somebody from social services should have come to the bed and breakfast taken me to the refuge”

Conclusion

Women who have experienced domestic violence have many fears about approaching social services for help. Social Services have no statutory duty to provide help for women experiencing domestic violence and rarely recognise children of abused women as being in need. However, many women still approach Surrey Social Services, or are referred to Surrey Social Services for help as a result of domestic violence. Even though there is evidence of some social workers' very good working practices, the overall weight of findings from the research show that Surrey Social Services need to look carefully at the following matters:

- **Improving the identification and monitoring of domestic violence across all client groups;**
- **Developing clear and realistic policy and practice guidelines on domestic violence.**
- **Improving (inter-agency training) on domestic violence for all social workers . This should cover both awareness and practice issues.**
- **Developing and monitoring appropriate referral procedures for domestic violence cases, including procedures for follow up work after referral. These should include specific recommendations that social workers who respond to emergency calls and refer women to other agencies ensure that: women and children are safe from immediate danger; women and children obtain any medical help needed; they are given help with transport, by ordering taxis etc if appropriate; calls are followed up.**

- **Informing the client population and service users about social work responsibilities for securing protection for victims of domestic violence and their families. This would also involve creating some public information leaflets, displayed in social work centres.**
- **Encouraging more participation from social workers in developing inter-agency methods of intervention. Especially ensuring that the views of children affected by domestic violence are represented on domestic violence fora.**
- **Undoing harm to children by recognising the needs of children who have lived through domestic violence, particularly responding to the impact which violence has upon the health and welfare of children.**
- **Fostering effective and mutually beneficial methods of working with local women's refuges.**

Chapter 9

Other Agencies

Citizen's Advice Bureau

One of the principal aims of the Citizen's Advice service is to ensure that individuals do not suffer through a lack of knowledge of their rights and the responsibilities of other services available to them, or through an inability to express their needs effectively. The advice given by CABs is free and confidential.

All Citizen's Advice Bureaux will provide advice to women experiencing domestic violence on a range of issues such as legal rights, the benefits system, residence or contact for children, divorce proceedings and housing rights.

Many give clients access to free legal advice sessions with local volunteer solicitors and some will take on advocacy work, particularly with benefits and tribunal appeals. CABs are mostly staffed by trained and dedicated volunteers. The majority are women.

We surveyed 13 CAB centres across the county and asked 26 workers from these centres to complete the agency questionnaire. Nine (75%) centres returned at least one questionnaire. We received 12 (46%) in total from CAB workers.

All of the CAB offices who responded said that they give advice to help women who are experiencing domestic violence. The majority (66.7%) said that they frequently worked with women experiencing domestic violence, and the others (33.3%) said that they occasionally work with women experiencing domestic violence.

The type and extent of help offered to women varied from centre to centre. However the main types of help offered by CAB workers included: general advice (58%), inter-agency referral (58%) support for women (42%), and listening service (42%). Other types of services mentioned included: providing specific legal advice, providing information on specialised agencies, and one person mentioned that they always try to establish the children's safety.

Some of the women interviewed found it difficult to approach the CAB for help and advice, and ironically made the suggestion that the county should consider developing women's advice and help centres. Women stated that this would encourage other women experiencing abuse to seek help at an earlier stage:

“ There needs to be some high profile, fairly accessible place where you can go to get specific information. If there was such a centre it sort of legitimises your problem. Otherwise, if you go to the CAB, you can go there for anything,

and you feel a bit ashamed of yourself. I think it would just make everything easier”

Clearly, the CABs have not been perceived by women as offering a confidential, sympathetic and knowledgeable service. The reasons for this deserve further investigation.

None of the 13 CABs in the county have a specific policy on domestic violence. All stated that they record cases of domestic violence. However these are documented in case notes and are therefore difficult to access. All centres stated that they regularly display publicity materials on domestic violence in their waiting areas. However, there was no comprehensive strategy for this and the variety and types of materials varied drastically across the county. Only 2 centres displayed their local domestic violence unit’s leaflet, 2 displayed the Home Office leaflet on domestic violence. Only one centre displayed a Women’s Aid leaflet.

A small proportion (33.3%) of staff surveyed had received some training on domestic violence, but none of these had received comprehensive training in the field. However, only a quarter of those surveyed felt that they definitely needed training specifically on domestic violence. A further 75% were undecided as to whether or not they wanted further training and felt that this depended on a number of issues. Areas of interest in training included: all aspects of domestic violence, domestic violence and the law, and methods of working with women who have experienced domestic violence.

The majority (67%) of centres surveyed stated that they would like to offer more services for women who have experienced domestic violence. When asked what would enable them to improve their service delivery in this field the following recommendations were made by respondents: training, improving inter-agency liaison, improvement of resources, specialised staff, more ethnic minority staff, information materials, and the ability to provide more comprehensive follow-up care.

Relate

Relate is a voluntary organisation which provides a service for marital and couple counselling. The organisation’s objectives include the mobilisation of the clients’ own resources so that they can take action to restore or end their relationships, or to counter behaviour of abusing partners. We surveyed six Relate branches in the county, sending 2 questionnaires to each branch. We received 5 (42%) questionnaires from four of the branches approached.

All the centres who responded said that they work with clients experiencing domestic violence. They all seemed to offer help to women. The types of help available included: counselling, referral to other organisations, couple counselling, advice, and information on specialised services available. None of the branches said that they would conduct follow-up work after referring women to other services. Two branches

felt that they would like to offer more support to women experiencing domestic violence. Both stated that they would like to have specialised domestic violence workers in their branch. This need could usefully be explored further by the organisation

There is no one specific policy on domestic violence in operation across the county. None of the branches mentioned the Relate policy recommendation that the service does not provide a therapeutic response or direct intervention to chronic or severe violence, but works instead with partners who experience the “isolated violent episode”, (Home Office, 1995). None of the branches recorded figures on domestic violence. Three branches displayed publicity materials on domestic violence.

The current training programme for Relate counsellors lasts two years. The certificate for couple counselling is acquired after three years. However training does not specifically focus on domestic violence . In fact only one counsellor had received any training on domestic violence. There was a distinct reluctance amongst respondents for future training in this field.

Chapter 10

Recommendations

The government's recent Inter-Agency Circular on domestic violence urges an approach which is 'well informed'. Surrey County Council has shown a very clear commitment to developing effective methods of inter-agency working by funding the Roehampton Institute/Surrey County Council research project. This aimed to look at ways of creating an inter-agency response which would : protect victims from violence, provide services which help victims to overcome and survive its effects and to work towards the prevention of this crime in the future. The research into domestic violence in Surrey is the most extensive and comprehensive study undertaken by any local authority in the UK. In this final chapter we summarise our recommendations for future developments and the priorities which we feel should be considered when decisions are made about the use of the project's implementation funds.

1 Agreement on Basic Principles and Objectives

Domestic violence forums have developed within the county without any clear agreements or discussions about general principles and basic objectives. In part, this is because individuals who have become involved in inter-agency initiatives are deeply committed to securing the safety of women and children so this primary objective had been unspoken and taken for granted. However, bringing individuals together into inter-agency forums will not necessarily result in improved services and there are dangers that, given the composition of these groups, the needs of service providers, rather than the needs of victims/survivors and their children, will take precedence.

1.1 We recommend that the following basic principles be adopted to guide inter-agency work across the county:

- **domestic violence is a serious crime** – any intervention must respond accordingly, bring perpetrators to justice and recognise the adverse effects which domestic violence has upon the health and well being of a great number of women and children;
- **protection is the first priority** – intervention should primarily to ensure the safety of victims, to protect them from further violence and respond to their needs and the needs of their children, both in the short term crisis situation and in the longer term through after-care;
- **intervention will be comprehensive and co-ordinated;**
- **efforts will be made to improve resources and deliver quality services;**
- **the ultimate goals will be crime reduction and crime prevention.**

- The development of **efficient, accountable and democratically administered services** through improved public accountability, user group participation and monitoring of outcomes.

2 The Development of a Strategic Policy

- 2.1 We propose that a Strategic Policy Group should be established to develop and implement a comprehensive programme of action against domestic violence in the county, drawing upon the findings of the research, and in consultation with the local forums.
- 2.2 This group may well include some members from the current steering group. However, the overall membership should include executive officers from the county's key agencies and policy and decision making groups. We recommend that the Strategic Policy Group should be small in size, but should include the Chief Constable of the Surrey Police, the Director of Social Services, the Chief Probation Officer, Heads of Housing, a Chief Executive/director from the Health Service, the Surrey Care Trust, representatives from the refuges and the chair of the Surrey Wide Network.
- 2.3 The Strategic Policy Group would need to meet two to three times a year.
- 2.4 We recommend that the proposal to set up a Strategic Policy Group is put forward to the County Council by a key agency, such as Social Services.
- 2.5 One agency, such as the Surrey Care Trust, should become the county's lead agency with responsibility for setting up and co-ordinating the Strategic Policy group. This proposal has been discussed at length in the Inter-Agency project's steering group and across the county within the domestic violence forums.
- 2.6 The Strategic Policy Group should aim initially to produce an intervention plan for the county which specifies tasks to be achieved within the first year and the longer term.
- 2.7 The intervention plan should set out target dates for improving resources, monitoring, improved communication between agencies, developing practice guidelines and action plans for statutory and non-statutory services, inter-agency training and public education.
- 2.8 A draft Strategic Policy document should be made available to and invite views from the general public.
- 2.9 Effective lines of communication should be established between local domestic violence forums, relevant professionals, Task Groups and the Strategic Policy Group.

3 Task Groups

- 3.1 To facilitate the work of the Strategic Policy Group, countywide Task Groups should be immediately set up to develop policy and practice in key areas.

- 3.2 The responsibilities of these groups would vary in relation to the need for improved service provision within the particular agencies involved, However, in general, task groups would initially have the following responsibilities: improving information sharing, case tracking and monitoring across the services involved; acting as consultants to agencies such as probation, social services, housing, health services etc who draft practice guidelines on domestic violence; developing closer working relationships between groups involved to improve inter-agency intervention strategies; monitoring of policy and making recommendations for change; changing practice within key professional organisations involved. Helping to implement the Strategic Policy.
- 3.3 Task groups should initially be set up to work on practice issues and improving inter-agency intervention in the following areas of service provision : **a civil and criminal justice group** (to cover policing, civil law, probation, perpetrator issues); **a social services and health group; a refuges and housing group; a training, public awareness and education group.**
- 3.4 The Inter-Agency Project Steering Committee should take on responsibility to set up Task Groups, drawing upon the local knowledge of the domestic violence forums.
- 3.5 Individuals with relevant expertise should be recruited/invited to join the Task Groups.
- 3.6 Task Groups will be small in size.
- 3.7 All Task Groups should ensure adequate consultation over proposed initiatives with domestic violence survivors, refuge or domestic violence outreach workers.
- 3.8 Task Groups should make particular efforts to improve services for ethnic minorities. It is important that there is adequate consultation with women from ethnic minority groups. It may be necessary for Task Groups to consult with well established and experienced black women's groups such as Southall Black Sisters to gain information on domestic violence matters.
- 3.9 Task Groups should identify clear priorities for their work.
- 3.10 Task Groups should make their plans to improve intervention available for discussion with the Strategic Policy Group and within the local domestic violence forums.
- 3.11 A clear timetable should be drawn up for Task Group activities.
- 3.12 There should be a yearly written report on outcomes.
- 3.13 Task Groups will not duplicate the activities of the local domestic violence fora.
- 3.14 The local domestic violence fora should continue to have responsibility for and to take the initiative on developing local resources to tackle domestic violence.
- 3.15 The local domestic violence fora should also draft clearly timetabled action plans and produce annual reports on achievements.

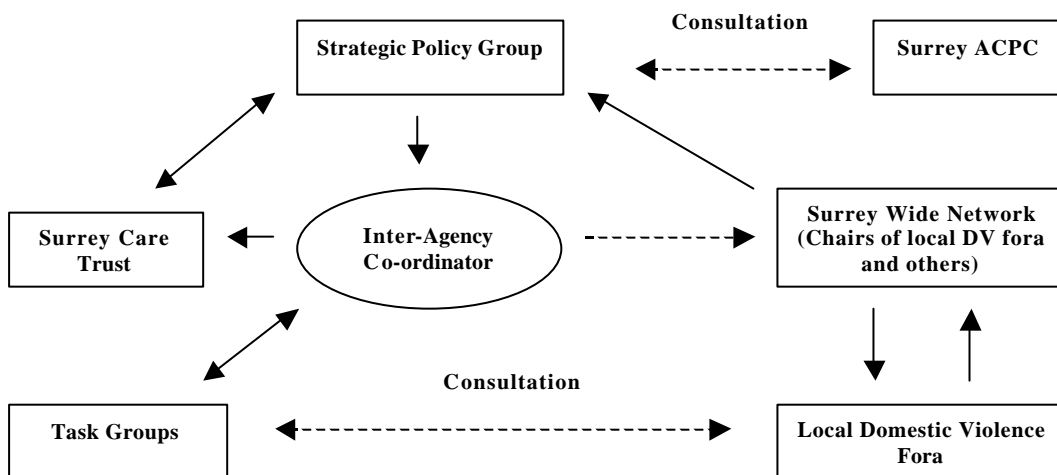
- 3.16 Some agencies are poorly represented on the domestic violence fora. Efforts should be made to improve attendance/representation of : domestic violence survivors; ethnic minority women; the health care sector; education; social services; court welfare officers; children’s representatives.
- 3.17 The Surrey Wide Network, (Domestic Violence Forums Chairs group) presently works effectively to co-ordinate local forums. The group should continue to meet regularly to co-ordinate the activities of the local forums.
- 3.18 The main functions of the Surrey Wide Network will be : co-ordination, networking between the forums, task groups and other agencies, disseminating information at the local level, facilitating discussion and consultation on Strategic Policy and between Task Groups and local forums.
- 3.19 Because of its independence from agency and party politics, the Surrey Wide Network has a vital role to play in monitoring the activities of individuals and agencies involved in policy making or service delivery, including the Strategic Policy Group and Task Groups.
- 3.20 There is scope to broaden the membership of the Surrey Wide Network. Some members of the Inter-Agency Project Steering Group could make useful contributions to the work of the Surrey Wide Network.

4 Co-ordinating County Wide Developments

- 4.1 An inter-agency co-ordinator should be appointed to aid communication and help with the further development of inter-agency work across the county.
- 4.2 This post should be full time and should commence as soon as possible.
- 4.3 The vacancy should be advertised in the national press.
- 4.4 The person recruited should have extensive knowledge of domestic violence and either substantial experience of inter-agency work or substantial work experience with a Women’s Aid refuge.
- 4.5 The Inter-Agency Co-ordinator should have the following responsibilities: -liaising with forums, Task Groups, Strategic Policy Group and voluntary and statutory agencies; -developing and utilising expertise in these groups; -monitoring national and local policies and making policy recommendations; -developing essential information resources in the county; -disseminating information, improving communication and knowledge about domestic violence by producing a bi-monthly newsletter/information sheet; -maintaining contact and communication with other Inter-Agency projects especially, joining any national network which may develop in the future; -securing funds for specific initiatives.
- 4.6 These are broad responsibilities but they do not include ‘servicing’ nor giving secretarial support to the local domestic violence fora or the Task Groups. We recommend that the fora and Task Groups manage these activities for themselves.

- 4.7 We recommend that, unless funds can be immediately secured from another source to finance this post, some of the money from the Inter-Agency project's implementation fund should be used to cover the costs of employing the Co-ordinator for an initial period of 12 months in the first instance.
- 4.8 During this period the Co-ordinator should make applications for other sources of funding to finance the post thereafter.
- 4.9 Some of the resources acquired by the Inter-Agency research project should pass on to the Co-ordinator, subject to negotiations with the Roehampton Institute and Surrey Social Services.
- 4.10 We recommend that the co-ordinator's post be located in and managed by the Surrey Care Trust.

Figure 1 shows the proposed new organisational structure which will be established to manage Inter-Agency intervention across the county.



The Inter agency co-ordinator's key roles include:

Aiding communication; developing and utilising expertise in groups, monitoring policies, disseminating information; securing funds for specific initiatives and developing new projects.

5 Immediate and Longer Term Priorities for Action

Inevitably outcomes will be constrained by the resources which are made available and the relative importance which politicians attach to the widespread abuse of women and children within the home. The current level of resources within the County available to essential services giving protection to women and children are woefully inadequate. It will take some time to bring this current level of resourcing up to a workable standard. The funds set aside by the County Council to implement findings from the Inter-Agency research project will not bring an immediate solution to the problem of Domestic Violence in Surrey. Wisely used they could however pump prime a development strategy. Whilst improving essential services, such as refuge provisions and housing resources, will require long term commitment to secure substantial funding, there are also some changes which could be made to dramatically improve intervention with relatively minimal funding.

Immediate Priorities

In addition to the above recommendations to develop a Strategic Policy, reform the organisational structure of inter-agency work and employ a Co-ordinator, we make the following recommendations for action during 1996-7:

- 5.1 A management group will be needed to deal with funded projects arising from the report recommendations. A group of people from the steering group have already volunteered to take on responsibility to recruit management committee members to deal with projects supported by the implementation fund.
- 5.2 One of the major suggestions made by women who participated in the survey and interviews was the need for local support, advice and counselling services. Although advice and support services are currently being offered by some organisations in the county, this service is variable. In particular women felt a need for an improved advice line service in the county. We recommend that implementation funds be used to improve the two refuges' advice lines to enable them, working together, to offer a telephone line for the county staffed between 6am and 1am, seven days a week. It is essential that the line has late night cover to be accessible to women living in the most dangerous 'hostage' situations, who may be unable to approach the police.
- 5.3 One publicly available number should be shared by the refuge advice line, with a switchover facility enabling the two current groups to share the call out duties.
- 5.4 Financial resources should be available to the refuges to pay for the necessary equipment, rental costs and call charges and to enable them to pay staff and (existing trained) volunteers for 'on call' and 'call out' duties.
- 5.5 The groups should agree to keep some records on the calls received to the line. At a minimum, these should note the number of calls received, the nature of the enquiry and any action taken.
- 5.6 The groups should agree upon a code of practice for staff who work on the line. In particular this should cover – issues of confidentiality, dealing with the disclosure of abuse, particularly sexual violence, safety measures for callers and staff who attend call outs, working with callers who have special needs/addiction problems and child protection, dealing with telephone harassment. Persons who break the code of practice should not continue to staff the line.
- 5.7 A report on the service should be produced after the first twelve months of operation.
- 5.8 There should be improved monitoring of domestic violence across the statutory agencies – police, housing, social services, probation.
- 5.9 Efforts should be made to raise the levels of knowledge and awareness of domestic violence among professionals and advisors working in key agencies. The Safer Surrey Partnership Directory should be updated and improved. The resource booklet for victims and professionals proposed by the Surrey Wide Network should be

completed and made available as soon as possible. The Safer Surrey Partnership should make funds available to finance these.

- 5.10 Drafts of the revised directory and resource booklet should be sent to the forums other key agencies for comment.
- 5.11 We recommend that editorial control of these publications be passed to elected members of the Surrey Wide Network.
- 5.12 The Strategic Policy Group should make inter-agency training for front-line workers in statutory and voluntary agencies a priority. In the first year we recommend that a training package should be developed for the county and training of an agreed target number of professionals should be achieved.
- 5.13 If no other options for funding are available, a fund of up to £3,000 should be allocated from the implementation funds for training in 1996/7.
- 5.14 The training project should be managed by the management committee set up by the Inter-Agency Project's Steering Group.
- 5.15 We recommend that the level of refuge places available to victims of domestic violence in the county should be increased up to the level recommended by the Select Committee on Violence in Marriage of 1 family place per 10,000 population. We estimate that this would involve an increase of at least 90 refuge places in the county.
- 5.16 The Strategic Policy Group and Refuge and Housing Task Group should investigate sources of funding to improve refuge provision in the county.
- 5.17 Management structures set up for new refuges should make use of the expertise of the county's current women's refuge groups, possibly using their existing management groups for managing new refuges which open. The independence of the two established refuge groups should be preserved.
- 5.18 We recommend that the Housing Authorities and Housing Associations in the County develop a shared pool of permanent housing resources for single people and families who become homeless as a result of domestic violence.

Action for The Longer Term

- 5.19 Women who participated in the research felt there was a need for more counselling support and 'after-care' for victims and their children. We recommend that resources are found to provide these services making use of the knowledge and expertise of the women's refuges which exist in the county.
- 5.20 We recommend that all refuges in the county, current and future, should offer an outreach service.
- 5.21 An outreach worker for black and Asian women should be employed.

- 5.22 Outreach workers should be adequately trained, preferably by the Women's Aid Federation England.
- 5.23 We recommend that all refuges should cater for the needs of children and employ children's workers for this purpose.
- 5.24 To protect children and mothers from abuse and harassment through contact visits with the father, specialist facilities for safe and supervised contact should be created. More contact centres are needed in the county.
- 5.25 The Agency Questionnaire showed a great demand for training and further discussion from health care professionals. We recommend that a conference on the medical response to domestic violence be organised in 1997.
- 5.26 We recommend that a public awareness initiative, modelled on the Zero Tolerance Campaign, should be organised in the County. This should not be contemplated, however, until there are some improvements in the current resources and the abilities of agencies to cope effectively with domestic violence issues.
- 5.27 We recommend that a thorough evaluation of services making use of implementation funds should be made at the end of 1997.
- 5.28 We recommend that re-education groups for perpetrators of domestic violence should not divert resources away from the primary need to ensure the safety of victims. Groups should not be set up without a thorough inquiry into measures made to ensure the safety of victims.
- 5.29 We recommend that a seminar on perpetrators' groups should be organised in 1997 to explore the value of re-education projects in crime prevention. The seminar should include consideration of the Duluth project.
- 5.30 We recommend that the women's refuges are represented on the management committees of any future perpetrator groups established in the county.
- 5.31 Perpetrator groups should not become a 'soft option' for the sentencing of violent men.

Specific Recommendations

6 Ethnic Minority Women

- 6.1 Publicity materials on domestic violence and local services should be made available in all languages spoken in the county in 1996/7.
- 6.2 These information materials should not only be translations of current English versions. New leaflets should be developed reflecting the differing needs of women from diverse cultures.

- 6.3 Female interpreters (other than family members or neighbours) should be used where there has been domestic violence. Efforts should be made by particular agencies to recruit more interpreters.
- 6.4 Statutory and non-statutory agencies should receive training on the needs of ethnic minority women experiencing domestic violence in the county.
- 6.5 The training should include a section on raising awareness of the services currently available to women and children from ethnic minority communities.
- 6.6 Provisions should be made to provide support to individual workers working with ethnic minority women experiencing domestic violence.
- 6.7 The black and Asian women's advice/support worker recommended above should be filled by an ethnic minority woman not resident in the county.
- 6.8 The post should be attached to one of the refuge groups in the county.

7 Social Services

In 3.3 to 3.13 we recommend that a social services and health task group should be established for the county. Recommendations 6.1 to 6.6 are also relevant to social services.

- 7.1 Social services management should set up a working party with the remit of developing policy and practice guidelines for Surrey Social Services.
- 7.2 A training initiative should be implemented across social services departments in the county. The training package should include the following key areas: definitions and attitudes, resources available (including domestic violence and the law and refuge facilities), screening for domestic violence, counselling skills and domestic violence, referral procedures, working with children affected by domestic violence and working with ethnic minority women. There should be a commitment to participate also in inter-agency training.
- 7.3 Social services should improve the current monitoring procedures for domestic violence.
- 7.4 Duty workers should be given clear guidelines as to how to use the 'domestic violence' recording category.
- 7.5 When working with women who have experienced domestic violence, all social workers should be able to provide women with information on their possible options. Full information should be made available on all local resources and sources of help.
- 7.6 Where appropriate women should be given practical assistance if they are referred on to another agency, whether statutory or non-statutory. The victim's safety and the safety of any children should be ensured.

- 7.7 Procedures for follow-up work after referral should be established and implemented for all social work staff.
- 7.8 All publicity materials on domestic violence that are produced by the county should be displayed in waiting rooms and receptions. Information should particularly be available to clients regards: refuges (using the refuge leaflets), local domestic violence units materials, home office publications on domestic violence, Surrey Wide Networks publications, and the Safer Surrey Directory on Domestic Violence.
- 7.9 A public information leaflet should be produced setting out social workers' responsibilities in domestic violence cases.
- 7.10 Workers from the local refuges should be invited to make regular presentations to social work teams.
- 7.11 The needs of women experiencing domestic violence should be included in development work with adult mental health services across the county, with more emphasis being placed on the services that can be made available to this client group.
- 7.12 Social services should make a commitment to having named representatives on all the local domestic violence fora. Identified members should regularly feed back information to their social work team.
- 7.13 Women experiencing domestic violence should always be given the option to be interviewed by a female social worker.
- 7.14 Surrey Social Services should identify two professionals: one with the specific remit of co-ordinating and monitoring social services delivery for women affected by domestic violence, and the other with the remit for co-ordinating services for children affected by domestic violence. Both should attend the social services and health sector task group.

8 Refuges

It has already been recommended in 5.15 that the Strategic Policy Group consider ways in which to increase refuge provision for the county up to the level set out by the Select Committee on Violence in Marriage. In 5.2 we recommended that a telephone help-line be funded. Other recommendations already made affecting refuges are in 3.3 to 3.13 and 6.1 to 6.6.

- 8.1 Surrey County Council should commit itself to securing the future of both refuges in the county.
- 8.2 Provisions for second stage housing in the county should be increased.

- 8.3 The reasons women gave for their satisfaction with the services provided by the refuges should be noted, and wherever possible these services should be developed in other temporary accommodation projects for women adopted by the council.
- 8.4 Both refuges should be supported in any future plans to develop and pilot counselling services for women who have experienced abuse.
- 8.5 Pilot counselling programmes should include both individual and group work.
- 8.6 Counselling programmes should be made available to residents, ex-residents and women who receive outreach support but have never been resident.
- 8.7 Refuges in the county should take steps to develop closer working relationships among themselves to share the skills and resources which they have.
- 8.8 Provision should be made to offer safe crisis accommodation for women with special needs, mental health or addiction problems. Refuges should not be expected to offer services to women and children with special needs without appropriate support from social and health care services.

9 Housing

In recommendations 3.3 to 3.13 we suggested that a housing and refuge task group should be set up in the county. This group should be responsible to the strategic policy group and the domestic violence fora. In 5.18 we recommended that a shared pool of permanent housing resources be made available to the county by housing associations and housing authorities. Other recommendations for housing can be found in 5.15 to 5.17, 6.1 to 6.6, 8.2 and 8.8.

- 9.1 “Move on” offers to both local refuges should be seen by housing departments as a matter of priority. This is important so that refuges can provide full crisis provision. This is crucial in Surrey due to the small number of refuge spaces in the county. All women from local refuges who want a local offer of accommodation should be seriously considered. This is common practice in other areas of Britain.
- 9.2 Women approaching the housing departments across the county for help with domestic violence should be given the opportunity to be interviewed by a female housing officer.
- 9.3 Provisions should be made for the safety of victims of domestic violence in permanent accommodation, whether privately owned or rented.
- 9.4 Women rehoused in council or housing association accommodation should be offered safe accommodation.
- 9.5 Offers of accommodation which are unsafe are not reasonable offers. Women should not be penalised for refusing to accept an offer of accommodation which they feel is unsafe.
- 9.6 Local authorities and housing associations should install security devices in accommodation used or offered to women tenants who have/are experiencing

domestic violence. Security options should be carefully explored with the prospective tenant, with access to guidance from women's refuges if required.

- 9.7 Women only emergency accommodation for the homeless should be developed across the county.
- 9.8 Women and children fleeing domestic violence should be accommodated in Bed & Breakfast accommodation as a last resort only. Adequate safety provisions should be made in these circumstances.
- 9.9 A training programme should be developed for front-line workers and their line managers for all housing departments across the county. Training should include general awareness of issues relating to domestic violence, resources available to women, the procedure manual, specialist interviewing skills for women experiencing domestic violence and the county policy on domestic violence developed by the strategic policy group.
- 9.10 The option of referral to the refuge should at least be mentioned to all women who present as homeless because of domestic violence.
- 9.11 Homeless persons officers should inform ethnic minority women of the resources available at specialist refuges outside of the county.
- 9.12 Housing departments should have access to female interpreters.
- 9.13 The Housing and Refuge task group should set up guidelines for recording cases of domestic violence in local authority housing departments and housing associations. Data should include applications made by victims of domestic violence, whether further enquiries were made and the outcome of the application.
- 9.14 Data on housing should also be monitored by the Housing and Refuge Task Group and by the domestic violence forums.
- 9.15 Materials on domestic violence should be displayed in housing departments.
- 9.16 The task group should design a leaflet on women, domestic violence and housing. This should be readily available in housing departments across the county.
- 9.17 Provisions for childless and single women who have experienced domestic violence should be increased.
- 9.18 'Local connections' should not be required for women and children made homeless because of domestic violence.
- 9.19 Local authorities and housing associations should consider the possibility of building in harassment and violence clauses into tenancy agreements as a means of enabling some victims of domestic violence to stay in their homes and to ease the transfer process if it is necessary for a family to move away.

10 Legal services and law enforcement.

Family law provisions covering injunctions and occupation rights to the matrimonial home are currently under review by the government. There is an opportunity here to vastly improve the enforcement of domestic violence injunctions and to extend the scope of injunctions to cover the needs of women who leave violent partners yet continue to suffer harassment. We made recommendations for legal services in the county previously in paragraphs 3.3 to 3.13 and 6.1 to 6.6. In addition, we conclude that the following measures be taken to improve the law's response:

- 10.1 The Family Civil and Criminal Law Task Group should produce an information sheet for women on injunctions and legal remedies against domestic violence. This fact sheet should then be distributed widely across the county.
- 10.2 Solicitors and other professionals working in family civil or criminal law should be well informed about local resources for victims of domestic violence and should know where and when it is appropriate to refer women to other agencies for support and advice.
- 10.3 There should be increased liaison between the police and local refuges. Police officers dealing with cases of domestic violence should provide all women asking for help for domestic violence with information on services provided by refuges
- 10.4 Solicitors, barristers, probation officers, police officers, mediators, judges, magistrates and court welfare officers and other personnel involved in family civil and criminal cases should have training on domestic violence.
- 10.5 Women should not be pressurised into pressing charges, and made to feel bad if they decide to drop charges against the perpetrator.
- 10.6 Surrey Police should set up systems to regularly monitor the implementation of domestic violence policy in their domestic violence units.
- 10.7 A more active approach to arrest should be taken for domestic violence offenders.
- 10.8 Arrest rates should be monitored.
- 10.9 The Task Group should request information from the Crown Prosecution Service in the processing of domestic violence cases in the county.
- 10.10 A member of the local forums task group or refuges should be invited to shadow a member of the Crown Prosecution Services for a short period of time to bring an improved understanding of this work and the perspectives of agencies working with victims.
- 10.11 Resources should be found to ensure the safety of victims in court. The Task Group should consider safety on premises and make recommendations for improvements.
- 10.12 Victim Support volunteers should be aware of Victim Support's national office publications on domestic violence.

- 10.13 Only female volunteers from Victim Support should work with victims of domestic violence.
- 10.14 Victim Support volunteers who work with victims of domestic violence should develop close working relationships with the women's refuges.
- 10.15 Victim Support volunteers should be adequately trained in work with victims of domestic violence.
- 10.16 The Probation Service should produce Practice Guidelines for probation and court welfare officers. These should draw upon the knowledge and expertise of ACOP working parties on domestic violence.
- 10.17 The Probation Service should improve its monitoring and case recording of domestic violence by adapting CRAMS for this specific purpose.
- 10.18 Crime Prevention strategies in the county should give due weight to the serious and widespread nature of domestic violence as a crime.
- 10.19 Probation work with offenders should not collude with a perpetrator's efforts to deny responsibility for his actions and blame the victim of his crimes.
- 10.20 Probation work with domestic violence perpetrators should require a commitment to ensure the safety of victims and their children.
- 10.21 The Probation Service should designate an officer with responsibility for developing policy and practice on domestic violence in the county.
- 10.22 Any future involvement of Probation Officers in perpetrator groups should not result in the 'down criming' of domestic violence cases.
- 10.23 A screening policy to enable court welfare officers and mediators to identify domestic violence cases should be developed in the county.
- 10.24 Steps should be taken to enable the police and probation services to work more closely together to ensure that the law is adequately enforced in cases of domestic violence.
- 10.25 Mediators and court welfare officers should have due regard for the principle of 'voluntarism' in mediation. Mediation should not take place if there has been domestic violence, unless the victim's safety can be ensured and her participation can be regarded truly as 'voluntary'.
- 10.26 Legal advice should be more readily available for women who do not qualify for Legal Aid. We recommend that the Task Group considers options for creating a free legal service for victims of domestic violence to enable them to apply for injunctions and other legal remedies at minimum cost.

11 The Health Care Professions

In paragraphs 3.3 to 5.25 we made recommendations for immediate and longer term action which will directly affect the health care professions. In addition we make the following recommendations on the basis of the Inter-Agency research (further recommendations will follow as a result of Emma Cross's work):

- 11.1 The Task Group should establish a simple monitoring system so that information on incidence of domestic violence can be collected by the health board. This information should be fed back to the strategic policy group on an annual basis. Initially it would be useful to monitor use of Accident and Emergency departments.
- 11.2 The health board should consider developing a fact sheet for all health professionals working in Surrey. This fact pack should include key information on help and assistance that can be provided in the health sector, resources available for women in the county, legislation, symptoms of abuse, effective screening, procedures for referral etc.
- 11.3 GPs and Primary Health Care Teams should be made aware of resources for victims of domestic violence in the county.
- 11.4 The recommended counselling service for victims of domestic violence should create links with primary health care teams so that women in need of counselling can be referred.
- 11.5 The Task Group should explore options for obtaining resources to enable GPs with special interests in developing primary health care and inter-agency work on domestic violence to pay for a limited amount of locum cover.
- 11.6 GPs should not prescribe tranquillisers as a solution to domestic violence.
- 11.7 The link between pregnancy and domestic violence should be acknowledged. Information on sources of advice and support for women who suffer domestic violence should be included in ante-natal packs given to pregnant mothers.
- 11.8 Emma Cross's research into primary practice work and domestic violence, which is due for completion in 1998, should be considered by the NHS Executive in Surrey and further implementation recommendations should be taken up by the proposed health and social services task group.

12 Non Statutory Services

- 12.1 Voluntary organisations such as the Samaritans have provided invaluable support to local refuge groups over the years. The mutual benefit of further co-operation in crisis and after care work should be explored.
- 12.2 Relate's policy and practice regards domestic violence cases should be clarified and understood by the general public.
- 12.3 Churches and religious institutions need to consider methods of working with victims of domestic violence.

- 12.4 Schools and the youth services should aim to offer preventative education to children and young people. This should provide children and young people with knowledge of sources of help and give them the clear message that interpersonal violence is unacceptable. Methods of finding resources to develop a public education initiative for children and young people should be considered.
- 12.5 Public education projects should not re-invent the wheel. Efforts should be made to draw upon the expertise of projects such as the London Ontario Project, or the Kidscape Project.

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Appendix A

Figure 1

<u>Recruitment site</u>	<u>Total</u>	<u>Percentage</u>
Epsom indoor market	60	12.4%
Guildford indoor shopping centre	49	10.1%
Woking Indoor shopping centre	42	8.7%
Woking Market	37	7.6%
Camberley Indoor Shopping Centre	44	9.1%
Staines Indoor Shopping Centre	44	9.1%
Caterham Shopping Centre	51	10.5%
Cranleigh Market	54	11.2%
Redhill Indoor Shopping Centre	65	13.4%
Addlestone Safeway Car Park	15	3.1%
Ashford	23	4.8%
Total	484	100%

Figure 2

<u>Demographic profile of sample (n=484)</u>		
<u>Age</u>	<u>Total</u>	<u>Percentage</u>
18-25 yrs	74	16 %
26-35 yrs	143	30%
36-55 yrs	203	43 %
56-65 yrs	34	7%
Over 65 yrs	20	4%
Total	n=474	(10 missing cases)
<u>Marital Status</u>	<u>Total</u>	<u>Percentage</u>
Married	281	60%
Divorced	37	9%
Cohabiting	46	10%
Separated	14	3%
Single	70	14%
Widowed	21	4%
Total	n= 469	(15 missing cases)

<u>Work Status</u>	<u>Total</u>	<u>Percentage</u>
Paid (full time)	124	27%
Paid (part time)	115	25%
Self employed	20	4%
Unpaid (full time)	116	25%
Unpaid (part time)	29	6%
unemployed	8	2%
Student	25	5%
Retired	26	6%
Total	<u>n=463</u> (21 missing cases)	

<u>Ethnic Origin</u>	<u>Total</u>	<u>Percentage</u>
White (British)	416	89 %
White (other)	21	4%
Irish	6	1%
Asian	22	5%
Black	5	1%
Total	<u>n=470</u> (14 missing cases)	

Appendix B

3. Since the age of 18, has any man you know done any of the following to you ?

Instructions

Please provide an answer for all categories (a-m), ticking the appropriate box

	<u>Never</u>	<u>Once</u>	<u>Several Times</u>	<u>Frequently</u>
<u>a</u> Attacked with a weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>b</u> Threatened you with Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>c</u> Punched/shoved you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>d</u> Hit you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>e</u> Threatened you with a knife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>e</u> Beat you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>g</u> Forced you to have sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>h</u> Threatened to kill you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>l</u> Ridiculed your deepest beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>l</u> Dominated you e.g. restricted money or demanded you dress differently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>k</u> Threatened or used violence against your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>l</u> Stopped you seeing friends, & pursuing outside interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>m</u> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>(please specify)</i>				
.....				
.....				