



Report of the Task Force on

Violence against

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Women





# Report of the Task Force on Violence Against Women

**April 1997**

**Oifig an Tánaiste**  
**Office of the Tánaiste**

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# FOREWORD

Women are entitled to live in safety. Above all, they are entitled to live in safety in their own homes. Violence against women, however, is a serious and widespread problem in our society.

It is over twenty years since the first women's refuge was set up in Ireland, and the first Rape Crisis Centre founded. Today there is a network of refuges and Rape Crisis Centres around the country. Major changes have been made in the laws on rape, and the 1996 Domestic Violence Act was a legal milestone.



Services, however, have developed in a piecemeal and relatively haphazard way rather than as a co-ordinated strategy. There are gaps in services which must be filled. The separate services offered to women who want to escape a violent relationship by different public and voluntary bodies need to be welded into a coherent set of supports.

The Task Force's aim is to ensure women experiencing violence can have real options, that when they disclose what is happening they are listened to and believed, that public services are in a position to offer practical help and an assurance of safety. Women and children who have lived with violence need counselling and support to find the inner strength to rebuild their lives.

In order to empower women who have lived with violence to break their silence, we want to ensure accurate advice and information is readily available, so women know the options open to them, and can make informed choices. There must be effective responses from the criminal justice system - responses which reinforce the message that an attack on a woman by her partner is as serious a crime as an attack by a stranger.

The Task Force has set out a process where service needs, service provision and service standards can be regularly reviewed and addressed. It identifies a chain of responsibility for making things happen. Public services in the community must have agreed practices and written procedures on violence against women, offering women a safe and accepting environment in which to disclose abuse, and a gateway to specialist advice, information and practical help.

Working with women and children only addresses one side of the problem. Programmes for violent men that confront violent behaviour must be developed and expanded. A society where women are not regarded as equals, or which sees violence as a legitimate way of resolving conflict, is one where violence to women can flourish. Work with young people has an important role to play in preventing violence and abuse in a new generation.

This Report sends a powerful signal from the Government. It says loud and clear that our society unambiguously condemns and abhors violence against women; that victims of violence must be treated with

dignity and respect; that an adequate network of services must be in place to meet their needs; and that those who perpetrate such violence can draw no comfort or tolerance from our society.

Finally, I would like to thank the members of the Task Force, all the individuals and organisations who contributed to our work, and the Secretariat at the Office of the Tánaiste, particularly our Secretary, Mary Austin.

**Eithne Fitzgerald T.D.**

Minister of State at the Office of the Tánaiste

Chairperson of the Task Force

*April 1997*

# ACKNOWLEDGEMENTS

A number of important Irish reports were prepared in the last three years on the subject of violence against women. The Task Force examined all these reports and would like in particular to mention three which had a considerable bearing on its work - the *Policy Document for Women's Refuges* (1994) from the Federation of Refuges, *Making the Links* (1995) by Women's Aid and the *Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children* (1996) by the National Women's Council.

The Task Force's work was also greatly assisted by the contributions made by the 130 people who attended a seminar and workshops held in the Killiney Court Hotel, County Dublin, on November 26th, 1996. The recommendations from the workshops were an important input into the Task Force's work. The Task Force would like to thank all those who attended the seminar and in particular the speakers - Olive Braiden, Dublin Rape Crisis Centre; Colm O'Connor, Director, Cork Domestic Violence Project; Monica Mc Williams, University of Ulster and member of the Northern Ireland Regional Forum on Domestic Violence; and Prof. Rebecca Dobash, University of Manchester; and also Seminar Rapporteur, Carmel Duggan, Work Research Co-operative. A report of the day's proceedings, together with a list of participants, is set out in Appendix 1.

An excellent Conference on Violence against Women was organised by the Rotunda Hospital, Women's Aid, Irish Association of Social Workers and Centrecare in the Pillar Room of the Rotunda on 6th and 7th February 1997.

Research commissioned from Kelleher and Associates provided an excellent background paper for the Task Force through summarising a large body of international research and findings on violence against women and on intervention programmes for abusive men.

The Task Force chairperson, together with members of the Secretariat, visited community projects in Letterfrack, Finglas, Ballyboden, and Inchicore; women's refuges in Navan and in Cork City; Cork and Dublin Rape Crisis Centres and the Sonas Housing Initiative in Killester. Meetings were held with Margaret Costello, President, Federation of Refuges; Anthony Cotter of the Probation and Welfare Service; MOVE; Evelyn Glynn, Tuam Resource Centre; Siobhin O'Halloran, West Clare Community Development Group and Anne O'Loughlin, President of the Irish Association of Social Workers.

Written submissions were received from Coolock Community Law Centre, Letterfrack Women's Group, County Galway; Family Resource Centre, St. Michael's Estate, Inchicore, Dublin 8; University Women of Europe; the National Rehabilitation Board, and from a number of individuals.

Finally, the Task Force would also like to thank the many bodies and individuals in both the public and voluntary sectors who assisted the work of the Task Force with submissions, information, and statistics,

including Dr. Art O'Connor, Gerry Kenny, Paul Murphy, Kieran McGrath, Anne O'Neill, Mary Durack, Maeve O'Brien Kelly, Imelda Keogh, Róisín Connolly, Mary McGuane and Brigid Clarke.

All of these visits, meetings, submissions, information and seminars were invaluable to the Task Force in drawing up this Report.

# Membership of the Task Force on Violence Against Women

## *Office of the Tánaiste*

- |                           |                           |
|---------------------------|---------------------------|
| 1. Eithne Fitzgerald T.D. | Minister of State [Chair] |
| 2. Julie O'Neill          | Office of the Tánaiste    |
| 3. Seamus Feely           | Office of the Tánaiste    |

## *Individual Experts/Practitioners*

- |  |  |
|--|--|
| 4. Mary Higgins  | Initiative on Homelessness, Dublin Corporation                   |
| 5. Monica O'Connor   | Women's Aid  |
| 6. Noreen Byrne/Grace O'Malley   | National Women's Council   |
| 7. Dr. Harry Ferguson  | Department of Applied Social Studies,<br>University College Cork |
| 8. Mary Crilly   | Cork Rape Crisis Centre  |
| 9. Eugene Davy   | Solicitor - Family Law   |
| 10. Fr. Padraig Greene   | Family Life Centre, Boyle, Co. Roscommon                         |
| 11. Louise Graham  | St. Catherine's Community Services Centre, Carlow                |
| 12. Dr. Fidelma Savage/Dr. Claire McNicholas<br>Dr. Mary Sheehan/Dr. Emma Nelson | General Practitioners  |

## *Government Departments/State Agencies*

- |                      |  |
|----------------------|--|
| 13. Richard Fennessy | Department of Justice  |
| 14. Ruby Morrow      | Department of Education  |
| 15. Liam Walsh       | Department of Social Welfare   |
| 16. Michael Gleeson  | Department of Equality & Law Reform  |
| 17. Ann McGuinness   | Department of the Environment  |
| 18. Frances Spillane | Department of Health   |
| 19. Michael Murray   | Superintendent, Garda Síochána   |
| 20. Patrick Donnelly | Health Board [Child Care Development Officer,<br>North-Eastern Health Board] |



# Terms of Reference

The Government asked the Task Force to develop a co-ordinated response and strategy on the problem of mental, physical and sexual violence against women - *with a particular focus on domestic violence*. In particular the Task Force should:

- ◆ examine existing services and supports (emergency, interim and long term) for women who have been subjected to violence;
- ◆ examine legislation dealing with the victims and perpetrators of domestic violence;
- ◆ make recommendations on how legislation, services and supports could be improved and made more effective;
- ◆ examine the causes of violence against women (including, if necessary, initiating research);
- ◆ make recommendations for a comprehensive preventative strategy;
- ◆ examine rehabilitation programmes for perpetrators of such crimes.

The Task Force was requested to have regard to public expenditure constraints in making proposals and recommendations.





# Executive Summary

## *Background*

Responsibility for services in relation to violence against women is divided between a number of different Government Departments. Successive studies and reports such as the Federation of Refuges Policy Document on Womens Refuges, the Women's Aid study "Making the Links", and the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence against Women and Children (a Working Party of the National Women's Council whose work was funded by the Department of Justice), have underlined the importance of welding the separate response of the different public agencies into a coherent national strategy.

Violence against women, in particular domestic violence, emerged as a major issue in the consultation process on the Department of Health's Policy Document on Women's Health. This followed on from the national survey in 1995 on domestic violence conducted for "Making the Links" which indicated the widespread incidence of violence against women, and its prevalence in all social classes and regions.

Against this background, the Government in October 1996 set up the Task Force on Violence Against Women chaired by Minister of State, Eithne Fitzgerald, T.D., and asked the Office of the Tánaiste to co-ordinate its work. The membership of the Task Force was drawn from the relevant Government Departments and public agencies, including Garda, health board and local authority representation, as well as experts from the voluntary sector.

## *Focus of Report*

The main focus of the report is on domestic violence, as most attacks on women are in this category. This violence is a recurring problem, not once-off attacks, and it leaves its scars on children growing up in violent homes as well as on the women.

Several public and voluntary agencies are addressing separate aspects of the problem e.g. refuges provide emergency accommodation; the health boards fund refuges and provide services to children at risk; the Gardaí have a pro-arrest policy in cases of domestic attack; the criminal and civil justice system apply sanctions to offenders ; housing authorities provide accommodation to those who have to leave home. These different players in the public and voluntary sectors could work much more effectively if they co-ordinated their efforts and welded their separate responses into a coherent and coordinated approach.

In this context, the report puts forward comprehensive proposals for the development of co-ordinated and coherent services for women who have experienced, or have been threatened with, violence. In addition, proposals are also put forward for the development of:-

- ◆ intervention programmes for perpetrators of violence; and
- ◆ preventative strategies to address the root causes of the problem.

### *Chapter 2 Developing a National Strategy*

The Task Force calls for the development of a National Strategy based on two fundamental principles -

- ◆ a total acceptance that violence against women is wrong, it is a criminal offence and there is neither an acceptable nor tolerable level of violence;
- ◆ neither society nor the judicial system should ever regard violence inflicted on a woman by a man she knows as less serious than violence inflicted by a stranger;

#### *National Strategy - Key Elements*

Seven key elements in developing a comprehensive national strategy are identified:-

- ◆ the development of a comprehensive range of services for women and children which offer a safe and friendly environment in which abuse can be disclosed and tackled;
- ◆ ensuring the ready availability of accurate advice and information so that women who have experienced, or who have been threatened with, violence know the options open to them and are empowered to make informed choices;
- ◆ the adoption by service providers in the community, voluntary and statutory sectors of agreed policies, principles of good practice, written procedures, and training programmes;
- ◆ taking the needs of marginalised women always into account in the implementation of policy and practice;
- ◆ the establishment of mechanisms to enable service providers to work together to provide a gateway to specialist advice, information and practical help;
- ◆ the provision of consistent and effective responses by the judicial system that recognise the seriousness of attacks against women, promote women's confidence in the system, and make perpetrators accountable for their violent behaviour;
- ◆ putting preventative strategies in place, including the development intervention programmes for offenders and public education programmes, which challenge both the root causes of violence against women and the climate in which it can be tolerated, trivialised or even encouraged.

### *Chapter 3 Domestic Violence - Extent and Nature*

#### *Nature*

Domestic violence refers to the use of physical or emotional force or threat of physical force including sexual violence, in close adult relationships. In the majority of incidences of violence or sexual assault against women, the attacker is known to the woman and is likely to have or have had an intimate relationship with her. Such violence occurs in all social classes and is equally prevalent in both rural and urban Ireland.

### ***Extent***

The existence and extent of violence against women was, until recent times, largely hidden within Irish society. In recent years however, the prevalence of violence has come more into the open. In 1995, Women's Aid commissioned the Economic and Social Research Institute to conduct a national survey on violence against women. The results of the survey were published in its report 'Making the Links'<sup>1</sup>. The survey showed that:-

- ◆ 7% of women had been abused in the previous year by a partner or an ex-partner;
- ◆ 18% of women had been abused at some stage of their lives;
- ◆ 10% had experienced physical violence. One third of these reported violence during pregnancy, and over a third reported attempts to strangle and choke them;
- ◆ multiple forms of abuse were common.

The prevalence of violence against women is also borne out by calls to various agencies:-

- ◆ 8,000 calls a year to Women's Aid;
- ◆ 6,000 calls in 1996 to the Garda Domestic Violence and Sexual Assault Unit;
- ◆ 2,000 barring orders granted; 4,500 applied for [August 1994 - July 1995];
- ◆ 860 arrests and 506 convictions in relation to domestic violence in 1996;
- ◆ 6,100 calls to Dublin Rape Crisis Centre in 1995 [1996 statistics not yet available].

### ***Barriers to Women in Dealing With Violence***

The Task Force points out that women face a variety of psychological and physical barriers in trying to deal with violence in relationships. Many women also feel that existing services are incapable of responding to their needs. They feel that the legal and court systems minimise the seriousness of crimes committed against women, fail to dispense justice and make women feel at fault for what has happened.

The Task Force concluded that it is clear from the statistics available that the problem of violence against women, in particular domestic violence, is widespread and requires an effective response both in terms of service provision and preventative strategies. To determine future policy and service development there is also a need to compile more accurate and comprehensive statistics on the nature and extent of the problem.

## ***Chapter 4 Seeking Help - The Options***

Violence in a close adult relationship is not a once-off occurrence - it is a process. Responses, therefore, cannot be once-off but must be a continuous process of support and assistance, tailored to the needs of the woman at any point in time. Services for women and their children need to offer immediate safety from violent attack, practical advice and support to live free from violence and harassment, together with aftercare support and counselling.

Women suffering from, or threatened with, violence and abuse need both emotional and practical supports. In this context, the Task Force explored how, and to whom, a woman may disclose violence and identified the range of supports that she may need. In particular, the need to provide readily accessible information and advice, and a woman centered approach to service delivery is stressed. This will help to

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<sup>1</sup>A random sample of 1,483 women was selected for the survey. A total of 679 [46%] questionnaires were returned.

ensure that women can disclose violence, know the options open to them and make informed choices about their own future and that of their children.

### ***Recommendations***

- ◆ The current service operated by Women's Aid should become the NATIONAL FREEPHONE HELPLINE, operated on a 24 hour basis, 7 days a week, by trained staff, with guaranteed multi-annual funding. The help line should develop a computerised Bed Bureau in conjunction with the National Federation of Refuges and other homeless services;
- ◆ Appropriate "one stop" centres providing information and advice on the options and services available to women and children experiencing violence should be identified in each local area;
- ◆ Information regarding the National Help line should be advertised throughout the country through the national and local press, and by posters displayed in public places such as Garda Stations, Hospitals, GP Surgeries, Community Welfare Offices, Legal Aid Centres, Health Centres, Post Offices, Supermarkets, etc.

### ***Chapter 5 Personal Safety and the Role of the Garda Síochána***

The Garda Síochána are often the first point of contact for women in crisis situations. The Task Force believes that the response of individual Gardaí is central to an effective strategy to deal with domestic violence. The Force has a written policy on Domestic Violence Intervention, which is published as an appendix to this report. The Garda pro-arrest policy is very important as it sends strong messages to both the abuser and the victim.

The statistics available suggest that the Garda policy may not be implemented in a consistent manner in all Garda districts. In this context, the Task Force calls for an Assistant Commissioner to be given responsibility for ensuring consistency in the implementation of policy in all Garda districts and that Gardaí are given appropriate training to enable them to effectively fulfill their role in this area.

### ***Recommendations***

#### ***Priority recommendations***

- ◆ The implementation of Garda policy in relation to domestic violence, rape and sexual assault needs to be monitored to ensure consistency in implementation between individual Gardaí and between various Garda Districts; responsibility for implementing policy should be assigned to a named Assistant Commissioner at central level and named Superintendents at district level;
- ◆ Garda Domestic Violence and Sexual Assault Investigation Units should be established in major urban areas outside Dublin, in particular, Cork, Limerick, Galway and Waterford. In all other areas, there should be a sufficient number of gardaí, accessible through the garda station networks throughout the country, who have been trained and given the expertise to deal with domestic violence, rape and sexual assault cases;
- ◆ The Gardaí should develop strong interagency links with other statutory and voluntary/community bodies dealing with violence against women in the local area;

- ◆ Each Garda station should have information packs available which detail local statutory and voluntary services to which women experiencing violence can be referred; information on intervention programmes for violent men should also be included.

#### *Other recommendations*

Other recommendations are made on a number of issues including the remanding of alleged offenders in custody pending court appearance, the role of female gardaí and the collection and publication of statistics.

### *Chapter 6 Legal Issues*

The legal and judicial systems play a very important role in ensuring that victims of violence are protected to the fullest extent possible, and that offenders receive appropriate sanctions and intervention. In this context, the Task Force believes it is particularly important that violence against women is always viewed and treated as a serious crime irrespective of whether the perpetrator is a stranger or a person known to the victim.

#### *Recommendations*

##### *Priority Recommendations*

- ◆ appropriate mechanisms should be put in place to enable the operation of the Domestic Violence Act, 1996 to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence;
- ◆ a proposal put forward by the Coolock Community Law Centre for a legal advice service for women experiencing violence to be operated in tandem with a refuge should be implemented in Coolock, in association with the local refuge, on a pilot basis and monitored as to its effectiveness;
- ◆ the setting up of regional family courts, as recommended by the Law Reform Commission should be initiated.

##### *Other Recommendations*

A number of other recommendations are made in relation to the Domestic Violence Act, the appointment and training of the judiciary, and the operation of the Courts.

### *Chapter 7 Accommodation and the Role of Refuges*

When dealing with violence the Task Force strongly advocates that women and children should be facilitated to remain in their home, or existing accommodation, whenever it is safe and practical for them to do so. The reality is however that there will be cases where this option will not be practical and a woman will be forced to seek immediate accommodation elsewhere. Crisis accommodation can be provided in a number of different ways - family/friends, hostels/shelters, private bed and breakfast and refuges. Where a woman must seek accommodation outside her circle of family and friends, the Task Force believes that refuges, properly managed and with the capacity to provide a range of supports, offer the best option at the crisis stage.

### ***Refuges***

There is a need to increase the present level of refuge accommodation and to put the financing and funding of such accommodation on a more sound footing. The Task Force believes that the best way to develop refuges is through a partnership between the voluntary sector and the Health Boards with clear contractual obligations between both parties. The Health Boards should be responsible for grant aiding current costs as at present. The Department of the Environment also has a role in meeting capital costs of refuges under its Capital Assistance Scheme. The Task Force also highlights the importance of ensuring that refuges are sensitive to, and equipped to deal with, the needs of minority and marginalised groups in society.

### ***Transitional and Permanent Housing***

The availability of second stage housing is extremely important both in terms of progressing victims back to a normal life and for easing the demand on refuge accommodation. In this regard the report recommends that transitional housing for families should be developed in parallel with refuge spaces and be funded through the Department of the Environment.

### ***Recommendations***

#### ***Priority Recommendations***

- ◆ Refuge accommodation should conform with minimum specified standards and provide a range of support services, including counselling for both women and children;
- ◆ Outreach services should be developed both for women who have left refuge accommodation and those who cannot, or do not wish to, go to a refuge;
- ◆ The priority areas for development of new refuges should be Dublin West, South Leinster/ South Midlands, West Connaught, and the North East;
- ◆ Core funding of refuges should be provided, but conditional on specified criteria being met in relation to the range and quality of services provided.

#### ***Other Recommendations***

There are a number of other recommendations in relation to multi-annual budgeting, standards of services and accommodation, access to schools for children living temporarily in refuges, the provision of medical and social services to women and children in refuges, the use of bed and breakfast accommodation, and the capital and current costs of providing transitional housing.

### ***Chapter 8 Health and Social Services***

The Task Force highlights the roles various health and social services can play in identifying the existence of domestic violence, encouraging disclosure, and providing services and support. Research has shown however that there is a large discrepancy between the numbers of women with symptoms related to living in abusive relationships who avail of health care services and the low rate of detection and intervention by medical staff. The tendency therefore is to treat the symptoms of the problem rather than its root causes. In this context, the Task Force has made a number of recommendations particularly relating to the need to train staff not alone to deal with the symptoms of violence, but also to detect and intervene appropriately in such cases. It also recommends that written protocols on domestic violence be adopted by hospitals and other medical services.

## ***Recommendations***

### ***Priority Recommendations***

- ◆ In a hospital setting, places should be available in an observation ward where women suspected of being victims of domestic violence can be accommodated overnight. Such a procedure would give women time and space to consider their options, rather than immediately returning to a violent environment following medical treatment;
- ◆ Health Service providers should adopt written protocols and procedures in relation to domestic violence and rape. These policies should be backed up by appropriate training for front-line staff;
- ◆ Posts of Medical Social Worker should be an accepted part of the cadre of staff in the Accident and Emergency Departments of all large hospitals;
- ◆ Access to accredited counselling services should be provided for women and children who have experienced domestic violence. The funding and provision of this service should form part of the development of regional service plans;
- ◆ Community based health services should have sufficient information available to them to act as a gateway for specialist services on violence against women.

### ***Other Recommendations***

There are a number of other recommendations in relation to training, medical procedures in sexual assault cases, the maintenance of proper records and the role of the social work service.

## ***Chapter 9 Rape and Sexual Assault***

Evidence suggests that only a small number of rape cases are ever reported to the Gardaí and an even smaller number lead to criminal proceedings. Given the nature of rape and sexual assault cases, it is inherently difficult to encourage women to come forward. When they do, their experience of the criminal justice system is difficult and often traumatic. This situation is not helped by the general perception that sentencing in rape cases is sometimes both inconsistent and lenient.

The recommendations of the Task Force are designed primarily to encourage more women to report cases of sexual violence to the Gardaí. In this context, the issues addressed by the Task Force include the need to liaise with victims during the period before and during the prosecution of alleged offenders; the conditions for granting leave to cross-examine regarding a complainant's past sexual history; and Garda policy on the treatment of victims of rape, sexual assault and other sexual offences.

## ***Recommendations***

### ***Priority recommendations***

- ◆ the Garda Síochána should develop and publicise clear policy and practice with regard to the treatment of victims of rape, sexual assault and other sexual offences;
- ◆ once a decision is made to prosecute in a rape/sexual assault case, the task of liaising with the victim should be assigned to the investigating Gardaí. Victims should also have regular consultations with counsel both before and throughout the trial, and should be given a copy of their statement to the Gardaí and any victim impact report, as a matter of course;



- ◆ leave to cross examine a complainant regarding her previous sexual history should only be granted where it is proven to the court that the evidence is substantially relevant to the facts at issue, as envisaged in the Criminal Law (Rape) Act, 1981, as amended; the law and practice in relation to this area should be reviewed so as to ensure that the strict legal criteria, as laid down in the 1981 Act, are being adhered to.

#### *Other recommendations*

There are a number of other recommendations in relation to training of Gardaí, the notification of victims about the release of an offender, separate legal representation, the availability of information, and victim impact reports.

### *Chapter 10 Intervention Programmes for Men*

The Task Force examined intervention programmes for violent men and outlined the principles that should underpin such programmes. Examples of initiatives within Ireland are briefly outlined. The Task Force expresses caution about the outcomes of programmes in relation to their rehabilitative effects and the risks of giving a false sense of security which could put women's safety in jeopardy. For this reason, it is recommended that such programmes be linked to judicial sanctions and other support services for women. Research into the effectiveness of intervention programmes with sex offenders is needed, including evaluation of the clinical impact of programmes and their impact on re-offending rates.

#### *Recommendations*

##### *Priority Recommendations*

- ◆ the protection, safety and security of women and children should be the paramount consideration in developing programmes;
- ◆ intervention programmes for offenders should be adequately resourced and should be available in areas where support services for women and children are already in place; the development and funding of such programmes should be the responsibility of the Department of Justice;
- ◆ existing intervention programmes with men should be subject to on-going monitoring, evaluation and review so that their effectiveness as a response to domestic violence can be gauged;
- ◆ the judiciary should have the option of referring perpetrators for assessment as regards suitability for intervention programmes in both criminal and civil cases but such programmes should never be used as an alternative to criminal or civil sanctions.

#### *Other Recommendations*

There are a number of other recommendations regarding the need for co-ordination between agencies, the role of the judicial system, post release supervision of offenders, and the expansion of the number of treatment places available in Arbour Hill.

### *Chapter 11 Making it Happen*

Services which work with abused women and their families must work together and share information both to maximise the effective use of current resources and to ensure that the best possible service is provided. The Task Force concluded that the adoption of clear written policies in all agencies, the imple-



mentation of good practice guidelines, and the provision of effective training for personnel are essential prerequisites for the delivery of an effective service. In addition, statutory and voluntary/community bodies must co-operate and co-ordinate their services.

The Task Force proposes that a partnership approach should be developed at three levels - community, regional and national. An important part of the planning process is to ensure that all existing services, whether in the public, community or voluntary sectors, are harnessed, co-ordinated and utilised to their full potential. Services should be developed and brought up to the standards envisaged in this Report over the next five years.

### ***Recommendations***

- ◆ The establishment of Local Networks with a community based approach to the provision of services, including interagency co-ordination of services and sharing of information at a local level; - as a first step in this process one local network should be piloted in each Health Board area before the end of 1997;
- ◆ Regional Planning Committees, which would have strategic focus, should be established in each Health Board Region, and include members from all relevant organisations in the public, community and voluntary sectors;
- ◆ A National Steering Committee should be established with membership drawn from all relevant sectors to advise on policy development and priorities. It should be chaired by a Minister of State with designated responsibility for the development of policies in this area.

### ***Chapter 12 Preventative Strategies***

Finally, it is recommended that the proposed National Steering Committee should give priority to the development of a preventative strategy. The strategy should be aimed at both highlighting services for women and at eliminating any ambivalence or tolerance that exists in society in relation to all forms of violence against women, whether the violence occurs in the home or elsewhere. An effective preventative strategy should help to reduce both the incidence of violence and the demand for services in the longer term. There are two key components to a strategy aimed at preventing violence against women:-

- ◆ A long-term strategy aimed at changing society's attitudes and values and the structures which facilitate gender inequality; and
- ◆ An improved service response, and a public awareness campaign aimed both at the prevention of violence and stopping its recurrence.

The education system and community initiatives should be developed to raise awareness, prevent and stop the recurrence of violence. It is also pointed out that in launching public campaigns against violence against women, an infrastructure of support services should be first available to respond to women and children who disclose violence as a result of the campaign.

### ***Recommendations***

#### ***Priority Recommendations***

- ◆ A publicly funded public awareness campaign, including TV/radio/poster, should be developed by the National Steering Committee;

- ◆ Information leaflets, postcards and other material giving local information, should be displayed in places such as supermarkets, public health clinics, doctors' surgeries, churches, community centres, social welfare offices, post offices, sporting clubs e.g. GAA, soccer, rugby, golf clubs;
- ◆ Special focus programmes in the education area should be introduced to provide young people with the knowledge, skills and attitudes necessary to prevent violence against women in future generations.

### *Other Recommendations*

A number of other recommendations are made in relation to the training of teachers, gender proofing of education materials and methods, and parenting and family support programmes.

### *Monitoring and Training*

Issues around both monitoring and training are referred to in a number of chapters throughout the text. These issues are key elements in developing quality services and policies. Training is essential for all service providers to enable them to understand the dynamics of violence, and to equip them with the skills and knowledge to respond appropriately in individual cases.

### *Training*

The Task Force believes that through training people will be able to work better together and thereby enhance the quality of available services. Multidisciplinary training is of particular relevance in that:-

- ◆ it facilitates the development of a common language and understanding around the issue;
- ◆ it can clarify the respective roles of service deliverers;
- ◆ it provides coherency between the various guidelines and protocols in individual agencies.

The delivery of training must cater for the different needs of personnel working in this area e.g. professional staff, volunteer staff, etc. and reflect their respective roles and levels of responsibility. The key principles underpinning training programmes should include the following:-

- ◆ training should form an integral part of the planning process of all agencies;
- ◆ all training of professionals within the statutory and voluntary sectors should include models on non-discriminatory practice, and specifically deal with the issues of racism, disability and sexual orientation;
- ◆ training should reflect the differing needs of individuals;
- ◆ specific training models should be developed in partnership with relevant service deliverers;
- ◆ training programmes should reflect current good practices, research findings and changes in legislation; and
- ◆ include routine evaluation of their relevance and effectiveness.

### *Monitoring*

References are also made throughout the Report to the importance of putting monitoring and evaluation systems in place. These systems are important from the perspectives of determining both service needs, in terms of their nature, quality and appropriateness, and policy development.

*Among the recommendations made by the Task Force in this regard are:-*

- ◆ the Gardaí should publish statistics which outline the number of calls received in relation to violence against women, the action taken and the reasons for not pursuing charges. Statistics for each district should be published annually in the Garda Annual Report;
- ◆ appropriate mechanisms should be put in place to enable the operation of the Domestic Violence Act, 1996 to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence;
- ◆ refuges should maintain records on both refuge occupancy rates and the numbers of women and children they were unable to accommodate at any point in time;
- ◆ proper records of people both suspected of being victims of domestic violence, and those who actually disclose such violence, should be maintained by all service providers in the health and social services sector.

*Chapter 13 Conclusions and Priorities*

The Task Force considers that there is a clear and immediate need to develop and improve services and supports for women, as well as intervention programmes for men. It is important, therefore, that the proposed changes are introduced on a planned and phased basis and that clear priorities are established. The planning of the development of services is best achieved at a regional level and this should be the first function of the proposed Regional Planning Committees

*Funding - Priorities*

Pending completion of the planning process, the Task Force has identified a number of priority areas for development including:-

- ◆ the provision of operating costs for refuges and seed funding for new refuges;
- ◆ the extension of the National Help line, operated by Women's Aid, to a twenty-four hour, 7 day a week, comprehensive service;
- ◆ in-service training of service providers including nurses, gardaí, refuge workers, counsellors, G.P.s, personnel in Accident & Emergency departments of hospitals, etc.;
- ◆ the provision of community based supports;
- ◆ the development and evaluation of intervention programmes for men;
- ◆ access to accredited counselling services;
- ◆ the publication of information packs and leaflets;
- ◆ the provision of core funding for the Coolock Legal Aid Centre pilot project; and
- ◆ the piloting of one local network in each Health Board region before the end of 1997.



# INTRODUCTION

## *Background*

- 1.1 Responsibility for services in relation to violence against women is divided between a number of different Government Departments. Successive studies and reports such as the Federation of Refuges Policy Document on Womens Refuges, the Women's Aid study "Making the Links", and the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children (a Working Party of the National Women's Council whose work was funded by the Department of Justice), have underlined the importance of welding the separate response of the different public agencies into a coherent national strategy.
- 1.2 Violence against women, in particular domestic violence, emerged as a major issue in the consultation process on the Department of Health's Policy Document on Women's Health. This followed on from the national survey in 1995 on domestic violence conducted for "Making the Links" which indicated the widespread incidence of violence against women, and its prevalence in all social classes and regions.
- 1.3 Against this background, the Government, in October 1996, set up the Task Force on Violence Against Women chaired by Minister of State, Eithne Fitzgerald, T.D., and asked the Office of the Tánaiste to co-ordinate its work. The membership of the Task Force was drawn from the relevant Government Departments and public agencies, including Garda, health board and local authority representation, as well as experts from the voluntary sector.
- 1.4 The Task Force was given the task to develop a co-ordinated response to, and strategy on, mental, physical and sexual violence against women with a particular focus on domestic violence. [The full terms of reference are published at the beginning of this Report.]

## *Services for Women*

- 1.5 Many of the services offered to women who have suffered abuse were pioneered and developed by Women's Aid, the Federation of Refuges, Rape Crisis Centres and other voluntary organisations and the Task Force acknowledges the debt owed to such bodies. Such services include:-
  - ◆ the provision of safe accommodation;
  - ◆ counselling and support for victims of violence, rape and sexual assault;
  - ◆ legal help and advice.

In addition, the Task Force recognises the advances made in recent years in the protection and services offered to women and children by statutory bodies - for example:-

- ◆ the establishment by the Garda Síochána in 1993 of a Domestic Violence and Sexual Assault Investigation Unit, and the introduction by them, in 1994, of a Policy on Domestic Violence Intervention;
- ◆ the introduction of the Child Care Act, 1991;
- ◆ the introduction of the Domestic Violence Act, 1996;
- ◆ the responsibility of Local Authorities towards the accommodation of the homeless;
- ◆ the continuing development by Health Boards of policies, procedures and services in the field of women's health;
- ◆ the rapid and nationwide expansion of the Legal Aid Board.

1.6 Despite these improvements however, services have developed in a piecemeal and relatively haphazard way rather than as a co-ordinated strategy. In this report, the Task Force has put forward proposals for the development of:-

- ◆ the separate services offered by health boards, local authorities, the justice system and the voluntary and community sector, to women in abusive relationships or who have suffered violent assaults;
- ◆ mechanisms to weld these separate services into a coherent and co-ordinated response;
- ◆ intervention programmes for perpetrators of violence; and
- ◆ a preventative strategy to address the root causes of the problem.

# A NATIONAL STRATEGY ON VIOLENCE AGAINST WOMEN

## *Developing a National Strategy*

- 2.1 Most violent attacks on women are not perpetrated by strangers but by men who are known to them. A feature of these attacks is their recurrent nature - they are rarely once-off. The main focus of this Report is, therefore, on addressing the problem of violence against women in close adult relationships - and in particular domestic violence.
- 2.2 Society is only now beginning to come to terms with today's problem of violence against women, and with the long suppressed issue of violence against women and children in our past. As services for women subjected to violence developed, and changes were made to the law, the prevalence of this particular problem has come more into the open. It is now clear that the scale of the problem in Ireland is very much in line with international experience; it is serious and widespread.
- 2.3 The increased recognition of the problem has led to demands for the development of a co-ordinated and coherent strategy both to address the needs of victims and to seriously tackle its root causes.
- 2.4 In addition, through working with victims and abusers, it is possible to identify the dynamics of such violence. Violence against women within relationships is part of a pattern of control, where the man exercises power and control over his partner through actual or threatened physical violence, and/or emotional abuse.

## *National Strategy - Basic Principles*

- 2.5 The Task Force considers that the development of any national strategy must be founded on two basic principles:-
  - ◆ a total acceptance that violence against women is wrong, that it is a criminal offence and that there is no acceptable or tolerable level of violence;
  - ◆ neither society nor the judicial system should ever regard violence inflicted on a woman by a man she knows as being less serious than violence inflicted by a stranger.

### *National Strategy - Objectives*

2.6 The objectives of a national strategy are twofold:-

- ◆ to meet the needs of women who have experienced, or who have been threatened with, violence; and
- ◆ to eliminate the incidence of violence as far as it is feasible to do so.

2.7 The first element of the strategy has as its overriding concern the personal safety of women. This can best be achieved by ensuring that women who are living with violence have practical options to move to a life free from such violence.

2.8 The second element of the strategy is prevention. This includes:

- ◆ a range of treatment programmes for violent men which challenge their violent behaviour and address its root causes;
- ◆ educational and other initiatives aimed at preventing the emergence of violence and abuse towards women in the next generation; and
- ◆ the promotion of an equality of respect between men and women in our society.

The aim of such strategies is the creation of a climate where violence and abuse against women are treated with abhorrence and where perpetrators draw no support from society at large.

### *National Strategy - Key Elements*

2.9 The Task Force proposes that the key elements of a national strategy should be as follows:-

- ◆ the development of a comprehensive range of services for women and children which offer a safe and friendly environment in which abuse can be disclosed and tackled;
- ◆ ensuring the ready availability of accurate advice and information so that women who have experienced, or who have been threatened with, violence know the options open to them and are empowered to make informed choices;
- ◆ the adoption by service providers in the community, voluntary and statutory sectors of agreed policies, principles of good practice, written procedures and training programmes;
- ◆ taking the needs of women from marginalised groups into account at all times in the implementation of all policy and practice;
- ◆ the establishment of mechanisms to enable service providers to work together to provide a gateway to specialist advice, information and practical help. Agencies dealing with different aspects of the issue need to share information and plan together to meet needs at local, regional and national levels. This is essential if women and children throughout the country are to be provided with a network of coherent and quality services.
- ◆ the provision of consistent and effective responses by the judicial system that recognise the seriousness of attacks against women, promote women's confidence in the system, and make perpetrators accountable for their violent behaviour;



- ◆ putting preventative strategies in place, including developing intervention programmes for offenders and public education programmes, which challenge both the root causes of violence against women and the climate in which it can be tolerated, trivialised or even encouraged.

**2.10 This Report sets out details of the practical steps that need to be taken to give effect to this strategy.**



## 3

# DOMESTIC VIOLENCE EXTENT AND NATURE

### *Domestic Violence*

- 3.1 In accordance with its terms of reference the Task Force was asked to have a particular focus on domestic violence when drawing up its Report. Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term ‘domestic violence’ goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.
- 3.2 Domestic violence occurs in all social classes and is equally prevalent in both rural and urban Ireland. In the vast majority of cases where violence occurs among persons who are known to one another, research has shown that women are injured and men perpetrate the assault.<sup>1</sup> In the majority of incidences of violence against women, including that of sexual assault, the attacker is not a stranger but is known to the victim and is likely to have, or have had, an intimate relationship with the woman. Whether it be sexual assault, rape, physical assault or emotional abuse, women are at greater risk from husbands, boyfriends, male relatives and acquaintances than from strangers. Violent attacks of this nature are rarely once-off occurrences, but are likely to be persistent and frequent with the objective of instilling fear in victims.

### *Extent - Ireland*

- 3.3 The 1995 report, “*Making the Links*”, (op. cit.) commissioned by Women’s Aid,<sup>2</sup> incorporated a national random survey administered by the Economic and Social Research Institute. Of the women who responded to the questionnaire:-
- ◆ 7% said they had been abused in the last year by a partner or ex-partner;
  - ◆ 18% had been subjected to violence at some time by a current or former partner;

<sup>1</sup>90 - 95% of the victims of domestic assaults are women. (Dobash & Dobash, “Women, Violence and Social Change”(1992) [cited in Kelleher and Associates (1996)].

<sup>2</sup>See Chapter 1, par. 1.1

- ◆ 10% had experienced actual physical violence and one third of these reported violence during pregnancy;
- ◆ 4% had experienced sexual violence.

- 3.4 The findings of this research are very much in line with international trends.
- 3.5 One of the most important studies on the prevalence of violence against women was carried out in Canada<sup>3</sup> in 1993 involving a random sample of 12,300 women over the age of 18 years. Results indicated that 25% of Canadian women had experienced violence by a current or past partner.
- 3.6 Local studies in the UK have indicated levels of domestic violence against women at between 10% and 30%<sup>4</sup>. More than 25% of women living in a North Belfast community had experienced domestic violence<sup>5</sup>.
- 3.7 One indication of the scale of the problem within Ireland is the demands placed on existing services:-
- ◆ 8,000 calls to Women's Aid help line [1996];
  - ◆ 6,100 calls to the Dublin Rape Crisis Centre help line [1995] ;
  - ◆ 6,000 calls to the Garda Domestic Violence and Sexual Assault Unit in Dublin [1996] ;
  - ◆ 2,000 barring orders granted; 4,500 applied for [August 1994 - July 1995];
  - ◆ 860 arrests and 506 convictions relating to domestic violence [1996].
- 3.8 The scale of the problem is, however, likely to be far greater than statistics on service demand show, particularly when one considers that no statistics can take account of those living in silence. International surveys indicate that only between 10% and 15% of women experiencing violence actually report assaults to the police.

### *Nature of Domestic Violence*

- 3.9 Domestic violence is a process - not a once-off event. It often involves women being subjected to multiple forms of abuse.
- 3.10 Research conducted for "*Making the Links*" [op.cit.] showed that women who experience violence tend to be subjected to multiple forms of violence - for instance, a large proportion of women subjected to mental cruelty were also subjected to actual physical violence; and a large proportion of women subjected to sexual violence, including rape, were also subjected to other forms of physical violence.

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<sup>3</sup>Canadian Centre for Justice Statistics, Violence Against Women Survey (1993) [cited in Kelleher and Associates (1996)].

<sup>4</sup>In a study involving 535 women randomly selected from the Post Office address file in North London, Mooney (1993) [cited in Kelleher and Associates (1996)] found that 30 per cent of women had been subjected to actual physical violence which involved attempted strangulation, being punched, slapped, kicked, head-butted and hit with a weapon. Dobash (1979)[cited in Kelleher and Associates (1996)] estimated that between 10 per cent and 25 per cent of women in Britain experience violence.

<sup>5</sup>Ardayne Women's Research Project, (1992). [cited in Policy Document for Women's Refuges (1994)].

- 3.11 Of women who had experienced physical violence, 71% reported that the violence resulted in physical injury - broken bones, head injuries and loss of consciousness. Women also told of the terror and humiliation of sexual violence.
- 3.12 Pregnancy can be a time of high risk for women in that violence may begin, or escalate, during this period. In the findings of *"Making the Links"*, 34% of those who had experienced physical violence suffered assaults while pregnant. A survey in Northern Ireland<sup>6</sup> indicated that between 15% - 17% of women were assaulted during pregnancy. Such assaults have resulted in foetal fractures/deaths, pre-term labour and premature births, prolapsed wombs, ruptures of the uterus, placental separation, etc.
- 3.13 Women themselves say that emotional abuse, or the *threat* of violence, can be more frightening than actual physical violence. Verbally abusive and undermining statements are common forms of mental abuse, while sexually abusive language is also used to undermine the personal integrity of women. Disclosing such types of emotional abuse can be particularly problematic for women because, in the absence of physical evidence of abuse, the psychological impact of emotional abuse may not be readily comprehended by society at large or service providers.
- 3.14 Evidence also suggests that women and children are often at particular physical risk immediately following separation or having gone through a legal process<sup>7</sup>. In this context, it is important that all service providers are particularly aware of the need to offer protection and support to women and children in such circumstances.

### ***Murder***

- 3.15 At its most extreme, violence may exact the cost of human life<sup>8</sup>. International evidence suggests that a large percentage of female murders are perpetrated by persons known to the victims. In the United States in 1994, for example, the male perpetrator was known to the woman in 90% of female homicide cases and in 70% of these cases the man was a husband or former partner. In the UK in 1992, 45% of female murder victims were killed by their current or former male partners. In Northern Ireland between 1990 and 1994, almost 50% of all murders of women were carried out by persons known to the victim.

### ***Mental Health Effects***

- 3.16 Among the mental health effects of domestic violence and abuse reported in *"Making the Links"* [op. cit.] were loss of confidence, depression, problems with sleep, increased isolation and increased use of medication and alcohol. Women's contact with the Health Services is discussed in more detail in Chapter 8 of the Report.

### ***Effects on Children***

- 3.17 Children are also the victims of domestic violence - even in situations where they themselves are not directly being physically abused. The negative effects on children of witnessing, or over-

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<sup>6</sup>McWilliams, M.; McKiernan, J. (1993); *Bringing it out in the Open - Domestic Violence in Northern Ireland*.

<sup>7</sup>In Canada in 1994, 26% of women killed by their husbands were separated or divorced at the time of the incident.

<sup>8</sup>In 1996 in Ireland, 18 women were murdered, 12 in their own homes.

hearing violence, are similar to the symptoms experienced by children who themselves have been abused - for example: poor school performance, sleeping problems, and the children becoming fearful and withdrawn. Research has also pointed to the link between the physical and emotional abuse of children and the abuse of women - with some of the most severe cases of child abuse involving the co-existence of partner/wife abuse<sup>9</sup>.

### *The Cost*

- 3.18 In addition to the personal cost of violence to individual women and their children, society as a whole bears immense social and financial costs<sup>10</sup>. Picking up the pieces in terms of supporting women and children who are dealing with the aftermath of violence is substantial - preventing it happening in the first place is more effective and efficient in every respect.

### *Barriers to Women in Dealing With Violent Situations*

- 3.19 Women face a variety of psychological and physical barriers in trying to deal with violence in relationships. Women may hope that things will change and that the abuse will end. Some fear that they will be unable to survive on their own. Some believe that they and/or the children will be hurt or killed if they leave. Some lack economic resources. Some fear that, as a result of seeking help for themselves, they run the risk of having their children taken away from them.
- 3.20 Nowhere to go, and having either no access, or limited access, to the economic resources of the household, are two of the most frequent reasons put forward by women as stopping them from leaving violent partners. Other important considerations in this context are the upset they may cause to children and a hope that their partners will change. Fear of revenge figures prominently as a reason not to report incidents of domestic violence to the police. Feelings of embarrassment also hinder women in seeking help from available sources - coupled, in many cases, with a feeling that it would do no good to seek such help in any event.
- 3.21 The particular living circumstances of a family can also make it very difficult for a woman to remain in her home and seek to have her violent partner removed - for example, when living on a family farm, or in a combined home and business premises, living with a partner's family, or living in a close-knit network of the partner's family. In circumstances like these, confronting the violent relationship is a difficult step to take, and many women can be effectively trapped.
- 3.22 The feeling of many women that services are incapable of responding to their needs is of major concern to the Task Force. Many women feel that the legal and court systems minimise the seriousness of crimes committed against women, fail to dispense justice and make women feel at fault for what has happened to them. Health Board social service agencies can be perceived as being primarily concerned with the welfare of children resulting in women fearing that their children will be removed from them if they seek assistance in respect of their own situation. These issues of lack of confidence in available services and the judicial system will be addressed in later chapters.

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<sup>9</sup>Mid Western Health Board Study: domestic violence present in nearly 33% of all children at risk cases; suspicion, or evidence, in 75% of cases that their mothers experienced physical violence (Ferguson, H. 1996) [cited in Kelleher and Associates (1996)].

<sup>10</sup>Dobash and Dobash (1996) quote recent estimates from the World Bank which indicate that violence against women accounts for one out of five years of life lost to women of reproductive age and in New Zealand the overall annual cost of violence against women in the home is equal to the entire budget of the social services.

***Isolation - Emotional and Physical***

- 3.23 The effects of violence can be all the more traumatic for women living in geographically isolated areas, women living in poverty, women with physical or mental disabilities, women from different cultures, and traveller women. The cumulative effects of living in poverty, isolation, and poor environmental conditions in themselves damage women's health. When these difficulties are combined with physical, mental and emotional abuse, the effects are enormous.
- 3.24 Women who had experienced violence spoke directly to members of the Task Force about the sense of isolation when their options to leave are extremely limited, about the experience of local communities supporting violent partners rather than the women who have been abused, and about the real danger of a woman being stigmatised within the community if she finds the courage to speak out. This sense of isolation is particularly experienced by women living in rural areas where sources of support may be few and services not readily accessible.

***Conclusions***

- 3.25 Violence against women takes many forms, is not a class based problem, and is not confined to either rural or urban areas. Women are most at risk from violence and abuse from "known" men in their own homes. It is clear from the limited statistics available that the problem is widespread and requires an effective response both in terms of service provision and preventative strategies.
- 3.26 Strategies must have a particular focus on lifting the veil that hides many incidences of violence by eliminating, or at least lowering, the barriers that many women face in dealing with violent situations.
- 3.27 The Task Force considers it essential that, in developing policies and services, women are presented with a range of coherent options and supports that will enable them to eradicate violence from their lives.
- 3.28 The Task Force recognises that abused women and their children can be further isolated by discrimination on the grounds of age, sexual orientation, race, ethnicity and disability. The Task Force **recommends** that in the implementation of all policy and practice the needs of women from marginalised groups be taken into account at all times.
- 3.29 The costs associated with dealing with the fallout from violence are enormous, both in human and financial terms, and emphasise the need to develop a broadly based preventative strategy side by side with addressing the immediate needs of today's victims.
- 3.30 In terms of future policy and service development there is also a clear need to develop more accurate and comprehensive statistics on the true nature and extent of the problem, both at a general level and in the context of marginalised groups. These issues will be considered in more detail later in the Report.





# SEEKING HELP - THE OPTIONS

## *Introduction*

- 4.1 Women suffering from violence and abuse need both emotional and practical supports in order to enable them to disclose the violence, seek intervention, regain control of their own lives, and make choices about their future. This Chapter explores how, and to whom, a woman may disclose violence, and identifies the range of supports that she may need to access. It examines the role of accessible information and advice services in ensuring that the woman can identify her options and access the supports needed. Details of specific support services for women experiencing violence and how they need to be enhanced and developed are discussed in more detail in later chapters. This Chapter deals primarily with women confronting violence in a close adult relationship.

## *Confronting Violence*

- 4.2 The nature and extent of violence against women in close adult relationships was outlined in the previous chapter, Chapter 3. Women who experience violence in an intimate relationship usually experience it as a pattern that emerges over time. In these circumstances the woman can experience a cumulative loss of confidence and self-esteem. While a crisis situation is generally associated in people's minds with a real and present danger to life and limb, a crisis situation can also arise where a woman is not able to function independently or socially through the cumulative effect on her mental and physical health of relentless psychological, physical and/or sexual abuse.
- 4.3 Women therefore need to be actively encouraged to seek immediate help as soon as violent behaviour becomes apparent. In particular, it is important that they understand that violence is not acceptable or normal, that they are not alone, that they are not responsible for another person's violent behaviour, that they have no reason to be ashamed, and that services are available to them. Through empowering women to become pro-active, particularly when violence first surfaces, crisis situations may be avoided, or at the very least greatly reduced.

## *Disclosure*

- 4.4 Individual circumstances will greatly influence if, when, and to whom a woman will disclose circumstances of physical and/or emotional abuse - fear, violence, stigma can all be factors in a woman's decision not to disclose her situation.

- 4.5 The limited research available would also indicate that very often women will only disclose physical abuse after repeated assaults. The Women's Aid Federation in Britain estimate that, in general, a woman has been assaulted 35 times before she comes forward to the police with a domestic violence complaint. In her keynote speech to the "Seminar on Women's Refuges"<sup>11</sup>, Monica McWilliams, Senior Lecturer, Department of Social Policy, University of Ulster, stated that *"Of all crimes, violence against women has a huge recidivist/recurrence rate. It is reckoned that, on average, it takes 11 incidences of violence before women approach an outside agency, organisation, or person for help"*.
- 4.6 The National Survey administered by the Economic and Social Research Institute for the Report of *"Making the Links"*<sup>12</sup> posed the questions: had the women ever been subjected to any form of violence and, if yes, the person to whom the violence was reported. Of the total respondents to the question, 101 [18%] indicated that they had been subjected to violence. Table 4.1 sets out who these women told about their situation.

TABLE 4.1 WHO ABUSED WOMEN TELL	
Friend	50%
Relative	37%
Doctor	29%
Garda	20%
Solicitor	16%
Priest/Religious Minister	16%
Courts	12%
Casualty Unit	4%
Social Services	3%
Women's Refuge	2%
Other	5%

*Note: Respondents indicated multiple reporting*

- 4.7 It is clear from the statistics in Table 4.1 that a woman experiencing violence may turn to any of a wide range of individuals and agencies for help and may disclose to more than one of them.
- 4.8 It is striking how many women turned to a relative or friend and, in these circumstances, it is vital that the person chosen is able to find out, both speedily and easily, what information and services are available at a local level. If the person approached works in a statutory, professional, voluntary or community organisation, it is important that he or she has the skill and sensitivity to encourage the woman to reveal her story and must be able to provide her with a gateway to the full range of services available. In all cases, particularly as first attempts at disclosure may be hesitant and tentative, the person with whom a woman makes the first contact should listen sympathetically and must know, or be able to find out, what appropriate services are available.
- 4.9 While living within a violent relationship carries huge risks for women in terms of their physical and mental well being, the potential additional risk, both to the woman's own safety and that of

<sup>11</sup>Dublin Castle, 26th/27th May, 1994, organised by the Federation of Irish Refuges and hosted by the Department of Social Welfare.

<sup>12</sup>A random sample of 1,483 women was selected for the survey. A total of 679 [46%] questionnaires were returned.

her children, of disclosing the existence of abuse cannot be understated or minimised. In encouraging women to disclose violence, therefore, it is essential that this is not done in a vacuum. The information and supports must be in place to enable her to follow through on that disclosure. This has implications, *inter alia*, for the way in which statutory, voluntary and community agencies work together and for the principles of good practice adopted by those agencies. These issues are dealt with in Chapter 11: *Making It Happen - Working Together*.

### **Range of Supports Needed**

4.10 The range of supports any one individual woman will require will vary and may include:-

- ◆ personal safety;
- ◆ access to accurate and sympathetic advice and information;
- ◆ access to medical care;
- ◆ counselling and support for herself and her children;
- ◆ the option of staying in her own home, which may involve a safety order, a barring order or, eventually, a legal separation or divorce;
- ◆ where it is not possible or safe for her to stay at home - access to accommodation in the short and longer-term;
- ◆ her partner to be encouraged to take responsibility for his actions;
- ◆ financial support;
- ◆ access to training and employment so that she can become financially independent.

Combinations of these supports can be broadly considered in terms of responses to *emerging signs of violence*, situations of *immediate crisis*, or requirements for *support in the longer-term*.

4.11 In situations of **emerging** domestic violence the woman may be able to stay in her place of residence while attempting to address the problem. She may choose from a number of alternative actions, for example:-

- ◆ seek help and advice through appropriate channels - e.g. helplines, legal aid, etc.;
- ◆ actively seek her husband/partner to take responsibility for, and control over, his actions so that their relationship may continue;
- ◆ seek a safety/protection/barring order under the Domestic Violence Act, 1996;
- ◆ initiate separation or divorce proceedings;
- ◆ seek prosecution through the Criminal Justice System;
- ◆ seek medical help and counselling for herself.

4.12 In a **crisis** situation, a woman's immediate options to secure her personal safety may be limited to calling the Garda Síochána and/or leaving her own home where she is being threatened. In these circumstances a woman may: - call the Garda Síochána, seek medical care, find a temporary place of refuge, or seek help from a family member or a friend. Where there is a family home, the aim must be to facilitate her to return to her own home as soon as it is safe and practical for her to do so. In some circumstances the risk to the woman of returning to her home may be too great and alternative accommodation may ultimately be needed on a long-term basis.

4.13 Once the immediate crisis is resolved, the woman will need **ongoing support** to enable her to move towards emotional and economic independence. Such supports may include access to

appropriate counselling services, income support, housing support, access to training, education, employment services and child care.

- 4.14 It is important to be aware that some women feel so dis-empowered and violated by the experience of violence that they may feel unable to address the problem or confide in family and friends. It is of particular importance therefore that individuals and agencies recognise the woman's need for emotional support and back-up and that it may be a very slow process before she is in a position to deal decisively with the situation. Women should not be pressurised into taking any action that they are uncomfortable with, or when they are not ready to do so - rather they should be encouraged and supported to address the situation at their own pace.
- 4.15 The Task Force strongly endorses the woman's right to remain, in safety, in her own home wherever this is feasible. The earlier the problem of violence is identified the more likely this is to be possible.

### Information

- 4.16 Information and advice is central to enabling women to overcome violence. Once a woman makes the first move to disclosure, or her situation comes to light through other means, she needs easily accessible information about the options open to her. Once she has decided on her preferred course of action, a range of services should then be triggered.
- 4.17 The Task Force considers that there should be a three pronged approach to providing women who are being subjected to violence with the necessary sources of advice, information and support:-
- ◆ national help lines;
  - ◆ local advice and information centres; and
  - ◆ information leaflets targeted at individuals experiencing violence and information packs for agencies they may come in contact with.

### Helplines

- 4.18 A telephone call is often a woman's first step in seeking help and to meet this need **Women's Aid National Freephone Helpline**<sup>13</sup> was set up in 1992 and operates from 10 a.m. to 10 p.m., 6 days a week.

From its establishment in 1992 to 31 December, 1996, a total of 34,000 calls had been made to the helpline (8,000 in 1996).

The helpline aims to

- ◆ provide a national freephone service which is confidential, anonymous, non-judgmental and free;
- ◆ support women to make informed decisions about their lives;
- ◆ provide accurate and up to date legal, housing and financial information for women, outlining their rights, entitlements and options;

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<sup>13</sup> Freephone 1800 341900

- ◆ find emergency refuge or alternative accommodation for women and children;
- ◆ gather statistics to educate both the general public and policy makers about the needs of battered women and their children; and
- ◆ educate and train women who have been abused to become volunteers to help other women.

4.19 The Dublin Rape Crisis Centre Freephone Helpline<sup>14</sup> was set up in 1979. It operates for 24 hours a day, seven days a week. In 1995, a total of 6,100 calls were made to the Helpline. The Helpline aims to: -

- ◆ provide a listening service to victims of rape/sexual assault and to their families and friends;
- ◆ provide support for disclosure and validation;
- ◆ provide information on the legal, medical and social services available;
- ◆ collect statistics to inform research, social change, legal and attitudinal change;
- ◆ facilitate referral on to suitable services;
- ◆ provide a nationally accessible service in response to demand; and
- ◆ provide an anonymous service in acknowledgement of the difficulty of disclosing sexual violence.

4.20 The Task Force recognises the valuable work being done by local helplines attached to local services. Most refuges and local rape crisis centres offer a locally based telephone counselling service. The Samaritans helpline is also an important resource for women living with abuse.

4.21 The level of calls to the Women's Aid National Helpline and the Dublin Rape Crisis Centre Helpline alone indicates the importance of these services to abused women in offering a first step towards terminating a violent relationship.

4.22 The Task Force considered carefully whether a single national helpline or a series of regional helplines would be the better way to ensure women could access advice and information by phone. It concluded that a national helpline networked into locally based services would be the better model, and easiest to publicise widely. The Task Force **recommends**, therefore, that the current service operated by Women's Aid become the NATIONAL FREEPHONE HELPLINE, operated on a 24 hour basis, 7 days a week, by trained staff, with guaranteed multi-annual funding. The service must offer comprehensive advice to women on options open to her and available services, including contact personnel, in the woman's own area.

4.23 The Helpline should also operate a centralised computerised Bed Bureau, in conjunction with both the National Federation of Refuges and organisations helping the homeless, so that a caller can be told where she can access the nearest available emergency accommodation.

4.24 In order that the helpline work efficiently and effectively, it is important that up to date information is provided by the relevant service providers. In this context, the provision of such information may form part of service agreements as discussed in Chapter 7 in the context of refuge development.

4.25 Given its specialist target groups, and the specialist counselling needs required, the Task Force advocates that the Dublin Rape Crisis Helpline should continue to operate independently from the National Helpline - but with the facility of referring clients between the services as appropriate.

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<sup>14</sup> Freephone 1800 778888

### *Local Advice and Information Centres*

- 4.26 Most women coping with domestic violence, or its aftermath, are living in their own homes, and their friends and family are those most frequently told about the situation. In the Task Force's view these factors alone underline the importance of an effective community based response to the problem of violence against women.
- 4.27 Women who are experiencing domestic violence are sometimes not ready to go to a refuge or seek formal support. What they need initially is someone they can trust, who is available to them, who listens to them and, most importantly, believes them. Women need someone to give them information and practical advice on the options open to them and help them access the services available on a confidential basis.
- 4.28 Many women are involved informally in their own community in women's education and development issues and thus may be in a position to provide important links to services for women who are experiencing violence. Such services are often linked with a locally based Community Development Project, Women's Group or Family Resource Centre offering, for example, access to education/development opportunities, welfare advice, as well as information on the legal system and other services in their area.
- 4.29 The Task Force considers that where such facilities exist, they should be harnessed in full in that often, by simply offering women the opportunity of visiting centres or participation in a group activity, a woman may feel empowered to disclose violence and seek support.
- 4.30 Community-based projects can help galvanise local support behind women who are experiencing violence and thereby encourage women to come forward and address the issue at an earlier stage. The Task Force identified a number of models of community based responses to women experiencing violence, including the Finglas Contact, St. Helena's Resource Centre, Finglas South, Dublin 11, the Family Resource Centre, St. Michael's Estate, Inchicore, Dublin 8 and the Family Life Centre, Boyle, Co. Roscommon. [Appendix 2]

### *One Stop Shops*

- 4.31 The Task Force strongly endorses the role of community development projects in providing advice and information to women experiencing violence. The Task Force considers that community development centres have the potential to provide a "one stop" contact point regarding the availability of relevant services for women in their area. In order to deliver such a facility, projects would need to be able to make links with the other services in the area, and have at least one member of staff suitably trained to handle issues relating to violence. This issue of inter agency co-operation and co-ordination is addressed in more detail in Chapter 11: *Making it Happen - Working Together*.
- 4.32 In the absence of community development centres, family resource centres etc., "one stop" points for advice and information on the services available for women and children subjected to violence should be linked into a suitable existing service within the area, such as Citizen's Information Centres or Health Centres. The Task Force therefore **recommends** that appropriate centres be identified in each local area and should be developed through the interagency local planning mechanism outlined in Chapter 11.

### ***Information Packs at Local Level***

- 4.33 It is important that individuals experiencing violence, their friends and relatives, and workers in statutory, voluntary and community agencies can access simple, user-friendly information on available services.
- 4.34 The Task Force therefore **recommends** that information regarding the National Helpline be advertised throughout the country through the national and local press, and by posters displayed in public places such as Garda Stations, Hospitals, GP Surgeries, Community Welfare Offices, Legal Aid Centres, Health Centres, Citizen's Information Centres, Post Offices, Supermarkets, and other frequently used community contact points or places where women may gather.
- 4.35 In addition, information packs should be available at local level detailing Helpline numbers, services available and local contact numbers. Each agency should be familiar with, and have details of, other relevant services available in a community. Leaflets and cards containing relevant local information and contact numbers should be available for distribution.

### ***Conclusion***

- 4.36 Violence against women in a close adult relationship is not an event - it is a process. Responses therefore cannot be once off but must be a continuous process of support and assistance, tailored to the needs of the woman at any point in time. In summary, services for the woman and her children need to offer immediate safety from violent attack, practical advice and support to live apart from, and free from harassment by, a violent partner, together with access, if required, to aftercare support and counselling.
- 4.37 Information about help and options, together with a woman centred approach to the delivery of services, are key factors in both empowering women and sending a strong signal of condemnation to violent men. The following Chapters of the Report address the different services on a individual basis as well as putting forward proposals for inter agency co-operation.

### ***RECOMMENDATIONS***

- ◆ The current service operated by Women's Aid should become the NATIONAL FREEPHONE HELPLINE, operated on a 24 hour basis, 7 days a week, by trained staff, with guaranteed multi-annual funding. The help line should develop a computerised Bed Bureau in conjunction with the National Federation of Refugees and other homeless services.
- ◆ Appropriate "one stop" centres providing information and advice on the options and services available to women and children experiencing violence should be identified in each local area.
- ◆ Information regarding the National Helpline should be advertised throughout the country through the national and local press, and by posters displayed in public places such as Garda Stations, Hospitals, GP Surgeries, Community Welfare Offices, Legal Aid Centres, Health Centres, Citizen's Information Centres, Post Offices, Supermarkets, and other frequently used community contact points or places where women may gather. Information on local services should also be available.





# PERSONAL SAFETY AND THE ROLE OF THE GARDA SÍOCHÁNA

## *Introduction*

- 5.1 The Garda Síochána are the first point of contact for many women in crisis situations. They are also the only State Agency with a written policy on violence against women. Given their law enforcement role, the individual response of Gardaí is central to an effective strategy to deal with domestic violence.

## *Policy on Domestic Violence Intervention*

- 5.2 A Garda Síochána Policy on Domestic Violence Intervention was introduced in April, 1994. This policy document, which was updated in March 1997, sets out a pro-arrest policy, stating that where powers of arrest exist they should be used. It also outlines procedures which Gardaí should follow in proceeding with cases of domestic violence, stating that domestic violence should be treated like any other crime. The policy document states that the primary role of the Gardaí should be one of protection through law enforcement<sup>15</sup>. Other provisions of the policy include:

- ◆ If a safety/barring/interim barring/protection order is in existence, the Gardaí will always arrest where there is reasonable cause for believing that the order has been contravened;
- ◆ On receipt of a complaint of domestic violence, the investigating officer should deal with the matter promptly, and on the basis that the s/he is dealing with a crime and that life and property may well be at risk;
- ◆ Station bail should not be granted to the accused as the likelihood of intimidation to the injured party is extremely high;

<sup>15</sup>Longer-term issues such as counselling, reconciliation, etc. are matters to be addressed by the woman herself in conjunction with other services.

- ◆ The victim should be provided with information on the civil remedies available. Such advice should include addresses of the Family Law Court and/or District Court Clerk. The investigating member of the Gardaí should inform the victim fully of the procedures to be followed in applying for a safety/protection/barring order;
  - ◆ The investigating Garda should make the victim aware of the relevant services in the area, both statutory and voluntary, which may be of assistance;
  - ◆ The investigating Garda should give the victim his/her name in writing, the name of the station and telephone number (call card). The Garda should call back to the victim at least once in the following month to provide further information on any developments in the investigation, and in cases where there is on-going investigation, to reassure the woman;
  - ◆ Investigating Gardaí should, where necessary, keep in mind their powers under the Child Care Act, 1991 in relation to an immediate risk to the safety of the children. Where a Garda suspects a risk to children, the appropriate Health Board should be notified without delay.
- 5.3 A copy of the Garda Síochána Policy on Domestic Violence Intervention is attached as Appendix 3.

#### *Domestic Violence and Sexual Assault Investigation Unit*

- 5.4 In March 1993, a special unit, the Domestic Violence and Sexual Assault Investigation Unit, was set up to oversee all cases of domestic violence and sexual assault in the Dublin Metropolitan Area. In 1996, 6,000 calls were made to the Unit. In January 1997, the Investigation Unit was placed under the responsibility of the National Bureau of Criminal Investigation giving it a countrywide brief.
- 5.5 The objectives of the Unit are :
- ◆ To overview all cases of domestic violence and sexual violence/assault and to assist where necessary in the investigation of the more complex cases;
  - ◆ To improve methods of investigation by training, advice and assistance;
  - ◆ To liaise with statutory and non -statutory bodies and organisations which have a brief for sexual assault and domestic violence; and
  - ◆ To make arrangements to perform its duties in tandem with Community Relations Section and Juvenile Liaison Officer personnel; and
  - ◆ To draft a protocol on the role of the Garda Síochána in such cases.
- 5.6 Domestic violence calls are usually received by phone. When Garda assistance is requested, details of the calls are recorded. These details include the name of the Officer despatched to deal with the call, the time of arrival at the scene of the call, and the time of departure. Other details recorded include whether or not children were present, whether or not a barring order/protection order was in existence, and the action taken by the Gardaí. If an arrest is not made, Gardaí are required to record the reasons for not arresting. It is usual to despatch two Gardaí in the patrol car to the scene of a domestic dispute. Details regarding all cases are sent to the Domestic Violence and Sexual Assault Investigation Unit on a monthly basis.

- 5.7 The Task Force **recommends** that Domestic Violence and Sexual Assault Investigation Units, similar to that which currently operates in the Dublin Metropolitan area, should be established in other major urban areas, in particular Cork, Limerick, Galway and Waterford. These units would serve a similar purpose to the Dublin unit in that they would oversee cases of domestic violence and sexual assault in their areas and provide assistance, where necessary, in complex investigations. In all other areas, there should be a sufficient number of gardaí, accessible through the garda station networks throughout the county, who have been trained and given the expertise to deal with domestic violence, rape and sexual assault cases.

#### *Domestic Violence Arrests*

- 5.8 It will be noted from Table 5.1 below that the number of reported incidents of domestic violence increased by almost 18% in the period 1994 to 1996. In the same period, however, the number of persons charged increased by almost 21% and the number of persons convicted rose by almost 30%. Figures on domestic violence incidents prior to 1994 are not available as they were not recorded as a separate category.

<b>Table 5.1</b>					
<b>Garda Síochána Annual Reports</b>	<b>Incidents</b>	<b>Persons Injured</b>	<b>Arrests</b>	<b>Persons Charged</b>	<b>Persons Convicted</b>
1994	3,951	750	765	600	392
1995	3,956	861	850	527	455
1996	4,645	923	860	725	506

#### *Garda Powers under the Domestic Violence Act, 1996*

- 5.9 Under the Domestic Violence Act, 1996, Gardaí have the power to arrest any person who contravenes a barring order, interim barring order, safety order or protection order. In addition, the Act provides that where a member of the Garda Síochána has reasonable cause for believing that a person is committing, or has committed, (a) an assault occasioning actual bodily harm, or (b) an offence under section 20 of the Offences against the Person Act, 1861, that member may, subject to certain conditions, arrest that person. For the purpose of effecting an arrest under the 1996 Act, the Gardaí are empowered to enter, if needs be by force, any place where the member, with reasonable cause, suspects the person to be.

#### *Pro-arrest Policy*

- 5.10 At the first point of intervention, Gardaí are faced with a decision whether or not to arrest the alleged perpetrator. These are sensitive situations where many factors have to be considered, not least the wishes of the victim. Research by Sherman and Berk (1984)<sup>16</sup> indicates that arrested abusers showed significantly less subsequent violent behaviour than those who were not arrested. This study was replicated by Berk and Newton (1985)<sup>17</sup> which concluded that the deterrent effect for high propensity offenders is very dramatic and in these cases the arrest deters new incidents. The conclusion drawn from this study was that police should make arrests unless there are good reasons not to do so.

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<sup>16</sup>Sherman, L. and Berk, R. "The Specific Deterrent Effects of Arrest for Domestic Assault", American Sociological Review, 49, 1984: 261-272 [cited in Kelleher and Associates (1996)].

<sup>17</sup>Berk, R. and Newton, P. "Does Arrest Really Deter Wife Battery", American Sociological Review, 50, 1985: 253-262 [cited in "Making the Links" (1995)]

- 5.11 A mandatory arrest policy, however, has its limitations as it does not always help victims, or protect citizens, when the victim does not want to press charges. It has been argued that mandatory arrest may, in fact, aggravate the situation, increasing family stress and the risk of further violence.
- 5.12 Rather than *mandatory* arrest, a *pro-arrest* policy is now favoured which encourages arrest but does not mandate it. This allows the wishes of the victim to be taken into consideration and the Task Force **endorses** this approach which is part of the Garda policy statement. A pro-arrest policy is crucial on two fronts - it conveys to the abuser that violence is unacceptable and it communicates to the victim that she does not have to put up with the abuse.

### *Integrated Criminal Justice Response*

- 5.13 To be effective, a pro-arrest policy must be part of an integrated criminal justice response involving policy, prosecution and sentencing. If the criminal justice system fails to punish the perpetrator, or applies totally inadequate sanctions, the risk to the victim of reprisals from an angry partner could increase. The Task Force considers that a pro-arrest policy must operate in tandem with adequate judicial sanctions which clearly convey to the abuser that violence against women is a serious crime and is punishable accordingly. Legal Issues and Intervention Programmes for Men are considered in more detail in Chapters 6 and 10 respectively.

### *Consistent Application of Policy*

- 5.14 From the evidence available, there appears to be an uneven application of policy in relation to arrest and prosecution in different Garda districts around the country. For example, with regard to incidents of domestic violence reported to Gardaí in 1996, out of a total of 83 reported incidents in Laois/Offaly, there were 39 arrests and 39 convictions. In Longford/Westmeath, out of a total of 234 reported incidents, there were only 23 arrests and 26 persons charged. Details of incidents, arrests, persons charged, injured and convicted for each Garda District are attached as Appendix 4.
- 5.15 While the Task Force accepts that there may be valid reasons in individual cases for not prosecuting, they consider that every effort must be made to ensure consistency in implementation of policy between individual Gardaí and between various Garda Districts and, in particular, that perpetrators are prosecuted.
- 5.16 Implementation of the Garda Síochána's Policy on Domestic Violence Intervention is the specific responsibility of a Superintendent in each Garda District. Given the importance of overall consistency, the Task Force considers it important that action is taken, at central level, to ensure that there are no differences in the application of the policy in different garda districts, and that women do not, simply by their geographical location, experience differing levels of garda response.
- 5.17 The Task Force therefore **recommends** that:
- ◆ the Superintendents with responsibility for putting the domestic violence policy into effect should report to a named Assistant Commissioner with responsibility for overseeing the consistent implementation of the present policy and for its further development. Such reports should include measures taken to implement and oversee the policy at local level; training given at local station level; liaison arrangements in place with others providing ser-

vices to abused women in the locality; statistics on calls, arrests and cases brought, with reasons why any individual case has not been pursued; and

- ◆ the list of Superintendents who have been assigned responsibility for this issue be made available to the Regional Planning Committees (being proposed by the Task Force in Chapter 11) and to the service providers in the community.

### *Remanding the Offender in Custody*

- 5.18 The Task Force also considers that in all cases of risk, the Gardaí should endeavour to remand the offender in custody until the first available court appearance so that a judge can issue conditions of bail which clearly offer protection to the victim (e.g. he must find alternative accommodation until after the court case).

### *Training*

- 5.19 Given that they may be the first point of contact for many women in crisis situations, the training individual Gardaí receive is very important if an effective intervention policy is to be put in place. The Task Force considers that training is best provided by experts in this area and should cover issues such as understanding the dynamics of domestic violence, rape and sexual assault and the skills needed to deal with such cases.
- 5.20 While domestic violence is now part of induction training for Gardaí, and is provided for in a special module, the Task Force considers that Gardaí also need to participate in regular and ongoing in-service training on the overall issue of violence against women. This training should include an input by agencies who provide supports for women who have been subjected to domestic violence, rape and sexual assault.
- 5.21 As part of training, it is important to emphasise how difficult women may find it to disclose and report abuse, and the very real pressures on a woman, including fears for her personal safety, which can lead her to drop charges. It is also important to understand that the response by the Gardaí to an incident of domestic violence is of value in itself. It sends a signal to the man concerned, even if the case is not followed through. The fact that a call is made and logged may, in itself, be important later for future civil legal proceedings.

### *The Role of Female Gardaí*

- 5.22 While the number of women entering the Garda Síochána has risen sharply in the last 20 years, women still only constitute 8% of the total force<sup>18</sup>. The involvement of female Gardaí in dealing with cases of domestic violence should be actively encouraged, where practicable, as this may help women to feel more comfortable and understood. This would be similar to what currently happens in rape and sexual assault cases.

### *Monitoring*

- 5.23 The Task Force considers that there is a need for more information on the involvement of Gardaí in domestic violence, rape and sexual assault cases. In this context, the Task Force recommends

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<sup>18</sup> Actual number: 864.

that the Gardaí should publish statistics which outline the number of calls received, the action taken and the reasons for not pursuing charges. Statistics for each district should be published annually in the Garda Annual Report.

- 5.24 In the context of rape and sexual assault cases, the Task Force notes that the Office of the Director of Public Prosecutions (DPP) will publish a Report in 1997 covering the year 1996. The Report will provide information on the approximately 6,800 files received in the Office during 1996 and on the prosecutions that went for trial before the Circuit, Special, Central Criminal Courts and the Court of Criminal Appeals throughout the year. It will categorise the crimes in respect of which prosecutions arise for consideration e.g. homicide, sexual offences, robberies, burglaries and general assaults. In the case of District Court prosecutions, the Director intends to initiate procedures which will ensure that he is informed of the outcome of such proceedings. While there can be legal and constitutional reasons for the DPP withdrawing or not initiating a case, the Report will use hypothetical examples, where appropriate, to illustrate policy and practice in this area.

#### *Link to Other Agencies*

- 5.25 Chapter 11 of the Report looks at the need for statutory and community/voluntary bodies to co-operate and co-ordinate their services and responses so that each agency or voluntary body will know about, and be able to advise, on the most appropriate package of supports in each case. It also outlines how a community based response should be developed to facilitate disclosure and linked to other local services.
- 5.26 It is considered particularly important, in the context of their 24 hour, law enforcement role, that the Gardaí develop strong interagency links with other statutory and voluntary/community bodies dealing with violence against women. They should be actively involved in the Local, Regional and National Steering Committees proposed in Chapter 11.
- 5.27 Equally important is the Garda's ability to provide the victim with information on the civil remedies available and how to apply for them (e.g. a protection/barring order), and on the relevant services in her area, both statutory and voluntary, which may be of help to her. In this context, the Task Force **recommends** that each Garda station should have information packs available which detail local services to which women from the area can be referred. These packs should also include information on intervention programmes for violent men.

#### *Conclusions*

- 5.28 The response of the Gardaí is crucial to putting in place an effective policy to deal with domestic violence. The Garda pro-arrest policy is very important as it sends strong messages to both the abuser and the victim. The Task Force's recommendations are designed to further enhance the effectiveness of the Gardaí in dealing with domestic violence cases.
- 5.29 There are a number of issues involving the role of the Garda Síochána which arise in relation to rape and sexual assault cases. These are dealt with in detail in Chapter 9.

## **RECOMMENDATIONS**

### ***Priority Recommendations***

- ◆ The implementation of Garda policy in relation to domestic violence, rape and sexual assault needs to be monitored to ensure consistency in implementation between individual Gardaí and between various Garda Districts; responsibility for implementing policy should be assigned to a named Assistant Commissioner and Superintendents;
- ◆ Garda Domestic Violence and Sexual Assault Investigation Units should be established in major urban areas outside Dublin, in particular, Cork, Limerick, Galway and Waterford. In all other areas, there should be a sufficient number of Gardaí, accessible through the garda station networks throughout the county, who have been trained and given the expertise to deal with domestic violence, rape and sexual assault cases;
- ◆ The Gardaí should develop strong interagency links with other statutory and voluntary/community bodies dealing with violence against women in the local area; and
- ◆ Each Garda station should have information packs available which detail local statutory and voluntary services to which women experiencing violence can be referred; information on intervention programmes for violent men should also be included.

### ***Other recommendations***

- ◆ In all cases of risk, where an arrest has been made, the Gardaí should endeavour to remand the offender in custody at least until the first available court appearance so that a judge can issue conditions of bail which clearly offer protection to the victim (e.g. he must find alternative accommodation until the court case);
- ◆ Gardaí should be provided with initial and ongoing training on domestic violence, rape and sexual assault and its psychological effects on women and children. This training is best provided by experts in these areas and should cover issues such as understanding the dynamics of violence against women and the skills needed to deal with such cases;
- ◆ The involvement of female Gardaí in cases of domestic violence should be actively encouraged, where practicable; and
- ◆ The Gardaí should publish statistics which outline the number of calls received, the action taken and the reasons for not pursuing charges. Statistics for each district should be published annually in the Garda Annual Report.





## LEGAL ISSUES

### *Introduction*

- 6.1 The legal and judicial systems have a very important role in ensuring that victims of violence are protected to the fullest extent possible, and that offenders receive appropriate sanctions and interventions. This chapter looks at the legal options available to women experiencing domestic violence. The operation of the courts and judicial systems are also examined in terms of the role they play in dealing with victims of violence.
- 6.2 A number of the recommendations listed have been drawn from the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children, which was published in October 1996 and also from the Reports of the Courts Commission, published in April and July 1996.

### *Civil Remedies*

- 6.3 For most victims of domestic violence, civil legal processes represent the most effective, accessible and frequently used remedies.
- 6.4 The **Domestic Violence Act, 1996**, introduced major changes in the legal remedies for domestic violence. Under this Act, which came into effect on *27th March 1996*, there are two main types of remedies available :
- ◆ **safety order** - this order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the order prohibits the violent person from watching or being in the vicinity of the home;
  - ◆ **barring order** - this order requires the violent person to leave the family home.
- 6.5 While a person is waiting for the court to decide on an application for a safety/barring order, the court can grant an immediate order called a **protection order**. This has the same effect as a safety order and is intended to last until the court decides on the case. In exceptional circumstances, the court can grant an interim barring order which is an immediate order requiring the violent person to leave the family home, pending the hearing of an application for a barring order.
- 6.6 A person can apply for protection under the new law if they come within one of the following categories:

- ◆ *married couples* - a married person can apply for a barring or safety order against his/her spouse;
  - ◆ *co-habiting couples* - where a couple are living together, one partner can apply for protection against violence by the other partner. The protection available depends on how long they have been living together and on who owns the family home. If they have been living together for an aggregate period of 6 months during the past year, they can apply for a safety order. If they have been living together for an aggregate period of 6 months during the past nine months, they can get a barring order, unless the violent partner has greater ownership rights to the home;
  - ◆ *parents* - a parent can apply for a barring or safety order against their own child if the child is over 18. The ownership restrictions referred to above apply here also;
  - ◆ *others living together* - a person can apply for protection against violence by someone over 18 years who lives with them, if the Court is satisfied that the relationship is not primarily based on a contract. For example, two relatives living together could be covered. A person coming under this heading may apply for a safety order but will not qualify for a barring order.
- 6.7 The legislation gives health boards new powers to intervene to protect the persons listed above and their children from violence. Section 6 of the Act, which came into force on *1 January 1997*, empowers health boards to apply for orders for which a person could apply on his or her own behalf but is deterred, through fear or trauma, from doing so. The consent of the victim is not a prerequisite, although he or she has to be consulted.
- 6.8 The District Court has the power to grant a safety order for a period of up to five years and a barring order up to three years. The grounds for a safety order are similar to those for a barring order - the court may make such an order where the safety or welfare of the applicant or dependent person requires it. These orders are renewable and if broken, the Gardaí can arrest and charge that person.
- 6.9 Penalties for breach of orders under the Act have been increased. Under the 1996 Act, a £1,500 fine and/or twelve months imprisonment can be imposed by the District Court - compared to £200 fine and/or six months imprisonment under earlier legislation.
- 6.10 The following tables (Table 6.1 and 6.1a) give details of the number of applications in respect of the various orders received and granted in Provincial Courts and the Dublin Metropolitan District in the period April to July 1996:

**Table 6.1**

**DOMESTIC VIOLENCE ACT - PROVINCIAL COURTS**

	APRIL TO JULY 1996 APPLICATIONS RECEIVED				APRIL TO JULY 1996 APPLICATIONS GRANTED			
Applicant	Safety Order	Protection Order	Barring Order	Interim Barring Order	Safety Order	Protection Order	Barring Order	Interim Barring Order
Spouse	237	668	832	83	105	638	365	93
Common Law								
Wife/husband	62	135	131	16	25	128	48	16
Parent	32	56	84	19	11	53	39	17
Other	7	4	1	—	7	4	2	—
<b>TOTAL</b>	<b>338</b>	<b>863</b>	<b>1048</b>	<b>118</b>	<b>148</b>	<b>823</b>	<b>454</b>	<b>126</b>

**Table 6.1a**

**DUBLIN METROPOLITAN DISTRICT**

	APRIL TO JULY 1996 APPLICATIONS RECEIVED				APRIL TO JULY 1996 APPLICATIONS GRANTED			
Applicant	Safety Order	Protection Order	Barring Order	Interim Barring Order	Safety Order	Protection Order	Barring Order	Interim Barring Order
Spouse	194	596	623	—	18	564	94	} 42
Common Law								
Wife/husband	72	135	160	—	8	125	16	
Parent	31	61	67	—	4	56	3	
Other	10	5	—	—	2	4	—	
All Categories								
<b>TOTAL</b>	<b>307</b>	<b>797</b>	<b>850</b>	<b>—</b>	<b>32</b>	<b>749</b>	<b>113</b>	<b>42</b>

**NOTE:** Applications received equals applications lodged in the Court Offices between April - July 1996 - The majority of these applications would not have been heard by July

***Further Legislative Changes***

- 6.11 The 1996 Act is undoubtedly a very significant step forward in affording protection to victims of domestic violence. Given that the legislation has only been operating for a relatively short period of time, the Task Force feels that it is too early to draw any firm conclusions as to its effectiveness. The Task Force wishes to highlight, however, some areas where it is felt that the legislation might be improved.
- 6.12 There is no remedy in the District Court for couples who have a child in common. The only protection open in such cases is to apply for an injunction in the Circuit Court or High Court. Where a violent unmarried father, exercising his rights of access, harasses or terrorises the mother of the child, the legislation does not provide any remedy under the Act. In this context, the Task Force notes Section 10 of the Non Fatal Offences Against The Person Bill, which includes a proposal to create a new offence of harassment, aimed principally at men who harass women by “stalking” them. The Task Force welcomes this provision which makes “stalking” a criminal

offence, but also **considers** that it should be open to a woman to apply for a civil remedy, similar to a barring/safety order, against a man with whom she has had a child in common.

- 6.13 The Task Force notes that the property restrictions and the requirement for a period of living together in the case of co-habitees, as provided for in the Act, have also given rise to some concern. A barring order cannot be sought by a person whose legal interest in the communal property is less than that of the violent partner. A co-habitee must have lived with the respondent for at least 6 months before qualifying for a barring order, though the Task Force accepts that the six month period is an aggregate period rather than a continuous period. In addition, lesbian and gay couples cannot seek a barring order under the Act, though they may seek a safety order. This could be viewed as violating guarantees of equality before the law and equal protection of the law if lesbian/gay couples are treated differently.
- 6.14 The Task Force **recommends** that appropriate mechanisms be put in place to enable the operation of the Domestic Violence Act, 1996, to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence. While some of the issues raised in the preceding paragraph may have constitutional implications, the Task Force **recommends** that they be examined in the context of this review.

### *Criminal Process*

- 6.15 Essentially, any intentional or reckless act of physical violence by one person on another amounts to an assault. In cases where the assault or injury caused is more serious, charges of assault occasioning actual bodily harm, or assault occasioning grievous bodily harm, may be brought. In certain cases, a charge of attempted murder or a charge of murder or manslaughter may be appropriate. Prosecutions may be brought privately, or by the Gardaí and the DPP. While domestic violence is a criminal offence, a relatively small number of cases go to prosecution - the 1996 Garda Síochána Annual Report shows that of the 4,645 arrests made in that year in cases involving domestic violence, only 506 people or 11% were convicted.
- 6.16 The general response to domestic violence is for the victim to apply through the family courts for barring or safety orders under civil law. Research has shown however, that the threat of criminal justice intervention does tend to influence men's behaviour in terms of re-offending. The Task Force feels strongly that domestic violence should always be viewed as a serious crime and should be prosecuted.
- 6.17 The Task Force acknowledges that because of the nature of the crime and the relationships involved, each case needs to be assessed on its own merits and that prosecution is not always possible or appropriate. Where serious violence has occurred, where weapons of any sort have been used, or when the abuser has re-offended, the Task Force believes that criminal prosecution should, as a general rule, be pursued by the Gardaí. It is recognised however that the wishes of the victim must always be taken into account.

### *Other Legislation*

- 6.18 Other legislation/legislative proposals relevant to the area of domestic violence which merit specific mention are:

### **Criminal Law Bill, 1996**

Section 4 of the Criminal Law Bill, 1996 provides for a power of arrest without warrant in relation to an offence punishable by 5 years imprisonment or more. This will mean that a power of arrest without warrant will apply to the offence of assault causing actual bodily harm no matter where it is committed.

### **Non-Fatal Offences Against the Person Bill, 1997**

This provides a new offence of harassment aimed at 'stalking' which will incur a maximum penalty of 5 years and will also empower the court, in addition to imposing a penalty, to order the 'stalker' not to communicate in any way with the victim for such period as may be specified by the court, or not to approach within a specified distance of the victim's residence or place of employment.

- 6.19 The Task Force also notes the provisions of the **Housing (Miscellaneous Provisions) Bill, 1996** which provides for excluding orders in the case of persons involved in anti-social behavior associated with drug abuse. A local authority tenant may apply to the District Court for an excluding order to exclude a person from the house who is engaged in anti-social behavior. A local authority will have power to seek an excluding order where, after consultation with the tenant and the local health board, they believe that the tenant would be intimidated from applying themselves. While the normal remedy for women in the household who suffer violence as a result of drug abuse would be under the Domestic Violence Act, 1996, the excluding order procedure under the Housing Bill might also be a relevant option in some cases.

### ***Operation of the Courts & the Judiciary***

- 6.20 The *District Court* is the most commonly used forum for applications for barring orders. If the applicant is unable to afford legal representation she or he may apply for legal aid under the Civil Legal Aid Scheme. Applicants are usually advised to apply without legal aid for a protection order and to issue summons for a barring order. The Civil Legal Aid Act, 1995 requires that applications must be made to the lowest court which has the power to grant the remedy sought. The procedure in the District Court is simple and does not involve paper work. Many applicants do not apply for legal aid as it is easy to process the application and it is common in the District Court to appear without legal representation. The District Court's power is limited in that it can only grant barring orders for a maximum period of three years and safety orders for a maximum period of five years.
- 6.21 The *Circuit Court* has power to grant a barring order or a safety order that can last indefinitely or for any specified period of time. At any time after the order is made, either party can seek to discharge it. It is up to the person seeking to discharge or end the order to show that his/her behaviour no longer constitutes a threat to the safety and welfare of the spouse and/or children. As the Circuit Court is not limited to granting orders for a specific period of time, there is considerable advantage to the victims applying for a barring order in the Circuit Court rather than in the District Court.
- 6.22 Women who have been abused often find the ordeal of court hearings very traumatic. In most areas in Ireland there are no purpose built courts to deal with family law cases. In some places there is either no special time, or insufficient time, set aside for family law hearings. This can

mean that women are often forced to wait outside Courts where a range of other cases are being heard, and where there are no facilities such as consultation and waiting rooms. It can also mean that women are forced to wait in full view, and sometimes within earshot, of the abuser.

### *Legal Aid*

- 6.23 Under the Scheme for Civil Legal Aid and Advice, the services of solicitors and, where necessary, barristers are made available to persons of modest means at little cost.
- 6.24 Legal aid and advice services are provided, in the main, by solicitors in the full time employment of the Civil Legal Aid Board at Law Centres established by the Board. The number of persons receiving legal aid more than doubled between 1992 and 1995 (7,306 as compared to 3,420). In the same period the number of applicants provided with both legal advice and representation in court also more than doubled - from 1,854 to 4,060. The vast majority of cases dealt with were in the family law area - over 95% of court cases and approx. 90% of legal advice cases. Persons who apply for representation in domestic violence cases are given priority.
- 6.25 Applicants for legal services outside Dublin in domestic violence cases are dealt with immediately before the District Courts. In Dublin, while such cases are also priority, it has not always been possible to arrange appointments as quickly as the Board would wish. With a view to improving the speed of response in the Dublin area, the Board has been operating a private practitioner project since 1993 to complement the service available from the Board's Law Centres. If a Law Centre is unable to provide a prompt service to an applicant for representation in a family violence case, the person is referred to the Private Practitioner Centre. This ensures that all such persons have their applications processed without delay.
- 6.26 While the Board has made significant progress in reducing waiting times in recent years, additional resources will be required to sustain the improvements in the Board's capacity to consider applications for legal aid within a reasonable time. Ongoing legislative reforms add substantially to the Board's workload and will inevitably impact on its ability to further reduce waiting times within existing resources.

### *Financial Eligibility for Legal Aid*

- 6.27 The present eligibility limit is £7,350 per annum disposable income. Disposable income is the income that remains after various deductions have been made in respect of dependants, rent/mortgage, income tax, social insurance etc. A person whose disposable income does not exceed £5,060 p.a. is required to pay a contribution of £4 for legal advice and £23 for legal aid. Where the disposable income exceeds £5,060 p.a., a person is required to pay a larger contribution up to a maximum of £595.

### *Proposal from Coolock Community Law Centre*

- 6.28 The Task Force considered a proposal put forward by the Coolock Community Law Centre to provide a legal advice service for women experiencing violence in tandem with the local refuge and **recommends** that the project should be implemented on a pilot basis and monitored as to its effectiveness. [Full details of the proposal are set out in Appendix 5]

### Giving Evidence

- 6.29 Part III of the Criminal Evidence Act, 1992 provides that witnesses in criminal cases can give evidence through video link. At present, this happens with child witnesses under 17 years of age. Evidence through video link can also be allowed in other cases (to a victim of any age) with the court's permission.
- 6.30 A victim of domestic violence can often be terrified to give evidence in court, given that her abuser is present. In such circumstances, women often find it very difficult to talk about their intimate relationship with their husband/partner and, as a result, the full facts regarding the abuse are often not told in court. Where a refuge worker accompanies the woman, she is not allowed to give evidence on her behalf. The Task Force accepts that a barring order or a safety order can only be granted on first hand evidence, not on the basis of hearsay evidence. Given that many women experience psychological difficulties in giving evidence in court in the presence of their abuser, the Task Force **recommends** that the possibility of allowing women to give evidence through a video link in *civil cases* involving domestic violence be explored.
- 6.31 The Task Force notes the provisions of Section 47 of the Family Law Act, 1995 which empowers the courts to seek social reports in family law proceedings. There is provision under the legislation for obtaining such reports from the probation and welfare service and health board personnel. The Act provides, however, that such reports may also be obtained from any other person. In this context, the Task Force **recommends** that this provision should be used to make reports from refuges available to the courts as expert reports, and as guidance in drawing out the witness.

### Court Accompaniment

- 6.32 A recent survey<sup>19</sup> on abused women in a rural area found that having someone to support them while they were going through the legal process was very important. The Task Force considers that the availability of court accompaniment for victims of domestic violence could be of significant practical assistance as it would :
- ◆ prepare the woman before she goes to court on a practical level by explaining court procedures etc.;
  - ◆ provide emotional support before, after and on the day of the court proceedings;
  - ◆ help clarify legal terminology for the woman, and help her to understand the decision of the court;
  - ◆ help the woman to decide on possible follow-up proceedings/options; and
  - ◆ help the woman to decide on safety measures regarding herself and her children.
- 6.33 The person accompanying the woman should be able to give support to her as she goes through the court process, which can often be traumatic. He or she should also be able to help the woman to decide on appropriate follow-up options. The Task Force notes that such a facility is already

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<sup>19</sup> The Family Life Centre, Boyle, Co Roscommon - Survey of Abused Women in a Rural Area.



provided by all Rape Crisis Centres for their clients and facilitated by the Dublin Rape Crisis Centre when cases are heard in Dublin.

- 6.34 The Task Force **recommends** that court accompaniment should be provided either as part of the outreach services of refuges, or through local community based services for women experiencing violence. It should be accessible both to clients of refuges and to other women who are going through the courts process. The appropriate location for such a support should be decided by the Regional Planning Committees referred to in Chapter 11. The core funding for the designated refuges and/or community based services should cover the cost of providing court accompaniment to clients of refuges and outreach clients.

### *Judicial Appointments*

- 6.35 The Task Force notes that the number of women entering the legal profession has been rising steadily. Judicial appointments however do not reflect this increasing trend and the justice system in Ireland continues, by and large, to be heavily male dominated. Evidence suggests that many women coming in contact with the system for the first time find it unsympathetic and stressful as they feel that those involved - gardaí, lawyers and judiciary - lack understanding of the essential nature of the crimes of which they are victims. They often feel that they, themselves, are on trial. In this context, the Task Force considers that the criteria for appointing Judges should include suitability for dealing with family law cases. The Task Force also considers that Presidents of Courts should have regard to such suitability when assigning judges to particular courts. They also consider that the Government should continue its efforts to achieve a greater gender balance amongst the judiciary.
- 6.36 With regard to the training and education of the judiciary, the Task Force considers that specialist training should be provided for all those involved in the judicial process, including the judiciary themselves, to raise their awareness and understanding of the complex issues involved in domestic violence cases. The Task Force notes that the Court and Courts Officers Act, 1995 provides that the Minister for Justice may, with the consent of the Minister for Finance, provide funds for the training and education of Judges. The Act also provides that persons wishing to be considered for judicial appointment must give their agreement, if appointed to judicial office, to undertake such courses as may be required by the Chief Justice or President of the Court to which the person is appointed.
- 6.37 The Task Force welcomes the decision to establish a Judicial Studies Institute which has been set up to oversee judicial training. The Task Force believes that the Institute has the potential to be of considerable influence on the judicial process, particularly in family law cases, and looks forward to its development.

### *Courts System*

- 6.38 While additional judicial appointments have eased the problems of delays to some extent, personnel numbers are not the sole problem. The management and infrastructure of the Courts system also constitute part of the problem. The Working Group on a Courts Commission found that the diversity of bodies involved — each with little administrative power, with no centralised unifying body, inadequate systems of communication, and dual lines of responsibility — cannot meet the needs of a modern court system and creates confusion.



- 6.39 In this context, the Task Force fully endorses the views of the Courts Commission which recommended the speedy establishment of a modern administrative structure to manage the Courts system.
- 6.40 The Task Force **recommends** that regional family courts should be established, as recommended by the Law Reform Commission. The Commission proposed that they should have a unified family law jurisdiction; be located in approximately eight to ten regional centres; be presided over by specially nominated Circuit Court judges; operate in the context of a range of support and family services. The Task Force considers that these courts must be accessible both financially and geographically, otherwise they will prove to be ineffective.
- 6.41 Many people coming in contact with the courts system for the first time also find the court buildings and court structure intimidating. There is a pressing need to provide members of the public with more information on all aspects of the Courts. In this context, the Task Force welcomes the new, staffed Information Desk in the Four Courts which was opened in November 1996. The Task Force also welcomes the new Court Information Booklets which were launched in November 1996. They are the first in a series of Court Information Booklets to be provided to the public and are designed to assist young witnesses and their parents in attending court. The Task Force **recommends** that information points or leaflet stands be located in all courts for members of the public.
- 6.42 The Task Force also **recommends** that courts dealing with domestic violence cases should have basic facilities such as consultation rooms and telephones. Separate and secure waiting room facilities should also be provided for the use of the victim and her family. The Task Force feels it is important that courts are designed to ensure that the victim is not forced to be beside, near or opposite the accused. Facilities for the victim to give evidence from behind a screen should be available at the court's discretion.

### *Situations of High Risk*

- 6.43 In situations of high risk, the Task Force feels strongly that provision must always be made for immediate remedies to guarantee the safety of the victim.
- 6.44 As stated earlier in Chapter 3, evidence suggests that women and children are often at particular risk immediately following separation or having gone through a legal process. Consequently, it is important that all service providers are particularly aware of the need to offer protection and support to women and children in such circumstances.

### *Delays*

- 6.45 The Task Force acknowledges that the situation with regard to delays in hearing family law cases has improved substantially in recent years. The Task Force feels it is very important that delays in dealing with family law cases are eliminated as far as possible.

### *In Camera Rulings*

- 6.46 The purpose of the In Camera rule was to ensure that the privacy of litigants was safeguarded by holding all cases of family law in closed courts. While well-meaning, the downside of this poli-

cy is to make the practice of family law both invisible and unaccountable — neither of which is in the long-term interests of the victim.

- 6.47 In their 1985 Report, the Joint Committee on Marriage Breakdown underlined the importance of public scrutiny acting as a check on arbitrary decision-making. It found that “... *publicity is the natural enemy of arbitrariness and injustice in a legal system. Our courts while hearing family cases, have operated without this salutary check. When decisions are made in private, members of the general public can often misunderstand what takes place in court. This can diminish confidence in the fairness of the administration of justice in this area of law*”.
- 6.48 The Task Force **recommends** that consideration should be given to the careful relaxation of the In Camera rule with a view to ensuring greater accountability while preserving confidentiality.

### **Sentencing Policies**

- 6.49 While accepting that sentencing policies is exclusively a judicial function, the Task Force feels strongly that there is a need to ensure consistency in sentencing offenders. If the Gardaí use powers to bring charges against violent men but the judiciary fail to punish the perpetrator or apply totally inadequate penalties, this only serves to deter women from reporting cases, makes the efforts of Gardaí ineffective and sends the wrong signals to both offenders and potential offenders alike. Women who have been in violent relationships need to feel that they are being taken seriously. Lenient and inconsistent sentencing, especially in rape and sexual assault cases, trivialises the experience of the victim and conveys to society that it does not offer women protection from violent crimes.
- 6.50 The Task Force **recommends** that judges should have the option to direct that offenders be assessed for suitability to participate in intervention programmes. This should be as part of a sanction, but not as an alternative to the imprisonment options currently available. The primary aim of intervention programmes should be to protect the victim by addressing the violent behaviour of abusers and making them more accountable. Intervention programmes for violent men are specifically dealt with in detail in Chapter 10.
- 6.51 The Task Force also considers that the lapse of time in prosecuting cases should not be taken into account in determining the appropriate sentence that should be applied. Current society norms and values should be reflected in the penalty rather than those that applied at the time the offence was committed.

### **Court Clerks**

- 6.52 Due to the special nature of family law business, District Court Clerks have traditionally assisted persons applying to the Court on procedures in family law matters. The Task Force considers that District Court Clerks provide a valuable service in the area of family law and that they should be trained to fulfil this important role.

### **Probation & Welfare Service**

- 6.53 The Probation and Welfare Service provides a nationwide service to the courts. Its main task is to provide reports which assist the courts in deciding if community based supervision is appropriate. The Service is involved in various types of supervision programmes for offenders and it

functions in prisons and places of detention as well as being involved in a number of innovative projects and community initiatives with the purpose of reducing criminality. The Family Law Act, 1995, and the Family Law (Divorce) Act, 1996 give the Service a statutory role in relation to family law work. The Service has, however, been unable to undertake this new work to date because of other demands.

- 6.54 The Task Force notes that in separation and custody cases, where the father of the children is abusive and violent, the Courts frequently recommend supervised access. It is essential that this supervision is provided by a trained professional who is aware of the potential dangers to the woman and children. The Task Force considers that this should be done by the Probation and Welfare Service, who have been found to be supportive, objective and professional in their approach, by women in abusive situations.
- 6.55 The Task Force considers that the question of staffing resources within the Probation and Welfare Service should be addressed by the Department of Justice as a matter of priority. The Task Force also considers that the District Court should have access to Probation and Welfare reports in coming to its decisions in family law cases.

### *Judicial Separation/Divorce*

- 6.56 The Judicial Separation and Family Law Reform Act, 1989 permits the Court to grant a Decree of Judicial Separation in circumstances where a couple's marriage has broken down. The various reliefs available under the 1989 Act have been extended by the Family Law Act, 1995. The main procedural advantage in obtaining a Decree of Judicial Separation is that all contentious issues relating to the breakdown of the marriage (such as maintenance, custody, matrimonial assets, pensions, possession of the family home, sale of the family home etc.) can be brought together in one application. Usually the Separation Application is an umbrella hearing under which all relevant disputes arising from the break-up of a marriage are ventilated and resolved.
- 6.57 Under the Family Law (Divorce) Act 1996 (which came into effect on *27th February 1997*) it is open to a spouse to have his or her marriage dissolved by way of Decree of Divorce provided both parties have been living apart from one another for a period of at least four years during the five years prior to instituting the relevant proceedings. As is the case with Judicial Separation, when a Decree of Divorce is being sought, the Court can determine the various contentious issues between spouses arising from the breakdown of their marriage. Given that the parties must have been living apart from one another for at least four years, it is envisaged that most couples seeking a divorce will already have resolved most of the contentious issues by means of a Separation Agreement or Judicial Separation before applying for a Decree of Divorce. Notwithstanding that all issues may have been previously resolved, however, it is still open to the parties or to the Court, to re-open these issues in the context of an Application for Divorce.

### *Conclusions*

- 6.58 The main concern of the Task Force in relation to legal issues is that violent offenders receive appropriate sanctions and intervention, and that victims of violence are protected to the fullest extent possible. Many of the recommendations of the Task Force are designed to make the courts and judicial process more accessible and less traumatic for women in violent situations.

## **RECOMMENDATIONS**

### ***Priority Recommendations***

- ◆ appropriate mechanisms should be put in place to enable the operation of the Domestic Violence Act, 1996 to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence;
- ◆ the proposal put forward by the Coolock Community Law Centre for a legal advice service for women experiencing violence, to be operated in tandem with the local refuge should be implemented in Coolock on a pilot basis and monitored as to its effectiveness; and
- ◆ the setting up of regional family courts, as recommended by the Law Reform Commission should be initiated.

### ***Other Recommendations***

#### ***Legislation***

- ◆ the provisions of the Domestic Violence Act, 1996 should be extended to cover situations where couples have a child in common but do not live together; and
- ◆ the provision in the Act that a person must have lived with the respondent for at least six months before qualifying for a barring order should be reviewed, subject to any constitutional considerations.

#### ***Judiciary***

- ◆ criteria for appointment as a Judge should include suitability for dealing with family law cases. Presidents of Courts should also take this suitability into account when assigning judges to particular courts;
- ◆ the Government should continue its efforts to achieve a greater gender balance amongst the judiciary; and
- ◆ specialist training should be provided by specialist external trainers for all those involved in the judicial process, including the judiciary themselves, to raise their awareness and understanding of the complex issues involved in domestic violence, rape, sexual assault and sexual abuse cases.

#### ***Operation of the Courts***

- ◆ Courts dealing with domestic violence cases should have basic facilities such as consultation rooms, telephones and toilets; separate and secure waiting room facilities should be provided for the use of the victim and her family; Courts should be designed to ensure that the victim is not forced to be beside, near, or opposite the accused; facilities for the victim to give evidence from behind a screen should be available at the court's discretion;
- ◆ delays in dealing with family law cases should be eliminated as far as possible;
- ◆ information desks should be established in courts where members of the public can access information on all aspects of the justice system;

- ◆ there should be consistency in sentencing policies; judges should have options to recommend that offenders be assessed for suitability to participate in intervention programmes, as part of a sanction but not as an alternative to the imprisonment options currently available;
- ◆ the lapse of time in prosecuting cases should not be taken into account in determining the appropriate penalty that should be applied; current society norms and values should be reflected in the penalty rather than those that applied at the time the offence was committed;
- ◆ in situations of high risk, provision must always be made for immediate remedies to guarantee the safety of the victim;
- ◆ consideration should be given to the careful relaxation of the In Camera rule with a view to ensuring greater accountability while preserving confidentiality;
- ◆ the option of allowing women in domestic violence cases to give evidence through a video link should be explored; and
- ◆ the provisions of the Family Law Act, 1995 should be used in relation to reports from refuges so that they could be available to the courts as expert reports (for women based in refuges) and guidance in drawing out the witness.

#### *Legal Aid*

- ◆ waiting times for the Civil Legal Aid Board should be kept under review and, where necessary, additional resources should be made available to ensure that delays are kept to a minimum.

#### *Court Accompaniment*

- ◆ court accompaniment should be available as part of the services provided by refuges or through local community based services for women experiencing violence.

#### *Probation and Welfare Service*

- ◆ in relation to the Probation and Welfare Service, the question of staffing resources should be addressed by the Department of Justice as a matter of priority; the District Court should have access to Probation and Welfare reports in coming to its decisions in family law cases.



# ACCOMMODATION AND THE ROLE OF REFUGES

## *Introduction*

- 7.1 As outlined in earlier chapters, the Task Force advocates that women and children should be facilitated to remain in their home, or existing accommodation, where it is safe and practical for them to do so. It is the perpetrators of violence who should be obliged to leave the home and take responsibility for their behaviour.
- 7.2 The reality is however that there will be many cases where this option will not be practical - particularly in circumstances where the violence has become so severe that the woman is in real fear for her physical safety. In such situations a woman will be forced to leave her existing accommodation and find a safe alternative place to stay. The options open to women in such crisis situations will vary according to individual circumstances including access to personal resources or the type of crisis accommodation available. Crisis accommodation can be provided in a number of different ways - family/friends, hostels/shelters, private bed and breakfast, and refuges.
- 7.3 Where a woman must seek accommodation outside her circle of family and friends, the Task Force believes that properly managed refuges with the capacity to provide a range of supports, offer the best option at the crisis stage. Refuges have therefore an important part to play in the overall framework of services that should be available to women and children who are faced with violence in relationships.

## *Role of Refuges*

- 7.4 In Ireland, as elsewhere, refuges provide an immediate safe haven offering help and support for women and children who have been the victims of domestic violence. The Task Force recognises the work done over the past 25 years by Women's Aid, the Federation of Refuges, and other voluntary organisations in developing refuge services and providing help and shelter to women and children. The philosophy underlying the development of refuges is the provision of a mutually supportive and caring environment that empowers women to make informed, independent choices for both their own future and that of their children.

7.5 The aims of refuges must be to:-

- ◆ offer safe accommodation that complies with specified standards;
- ◆ offer support and advice to any woman who requires it;
- ◆ encourage each woman to determine her own future;
- ◆ recognise and care for the emotional needs of children; and
- ◆ provide a comprehensive, client centred, back-up service.

7.6 The core role of a refuge is to provide emergency accommodation for women who have been subjected to violence. The accommodation offered should provide a comfortable physical environment in an atmosphere which promotes dignity and empowerment. To achieve this there needs to be specified standards of accommodation and comprehensive backup and support services for women and children, including information, advice, court accompaniment, medical and health services etc.

7.7 The Task Force notes that the women's refuge in Rathmines, Dublin 6, run by the Eastern Health Board, has a specific General Practitioner assigned to it. The accredited GP runs a surgery twice a week, is available to treat women and children on admittance, if required, and will also testify in Court about a woman's injuries. In addition all residents of the refuge are covered by a general "in house" Medical Card, and the Public Health Nurse attends the refuge once a month to examine all children under 6 years of age. The Task Force **recommends** that similar arrangements be put in place by Health Boards covering all refuges in their areas. The assignment of GP's to refuges would not, of course, impinge on the rights of women residing in refuges to attend a GP of their choice.

7.8 In addition, concern has been expressed to the Task Force about a certain ambiguity as to the role and responsibility of Social Workers in respect of women and children temporarily residing in refuges. In this context, the Task Force **recommends** that the responsibilities of Social Workers be clarified by the appropriate statutory bodies and that such clarification be conveyed to all refuge management committees.

7.9 The Task Force specifically **recommends** that all refuges be in a position to make counselling available to women and children - either directly within the refuge or on a referral basis. Counsellors should be specially trained to deal with the dynamics of abusive relationships, and to be mindful of the potential risks for women who have been abused if undertaking couple counselling. Referrals should only be made to recognised and accredited counselling agencies that specialise in dealing with abusive relationships. In particular, fully trained child care workers should be available to refuges as required.

7.10 Emphasis must also be placed on the educational and safety needs of children accommodated in refuges. The Task Force **recommends** that if a mother wishes her children to remain in the school they were attending prior to moving to the refuge, and where this is a realistic option, every effort should be made by statutory bodies to facilitate her in this regard, including, where feasible, the provision of school transport. Where such an option is not possible, the Department of Education should ensure that the children can attend schools in the vicinity of the refuge throughout the period the family is resident there. In addition, it is **recommended** that local Gardaí cooperate with refuges in ensuring the safety of children when travelling to and from school in situations where a genuine fear of intimidation or abduction exists.



### *Refuges - Length of Stay*

- 7.11 Given the emergency nature of refuge accommodation it should be viewed as a short to medium term facility. The Task Force, however, does not consider that it would be feasible for length of stay to be defined. It is important that women are accommodated until such time as it is safe for them to return to the family home, move onto second stage housing, or to a new home, whichever is appropriate in individual circumstances.
- 7.12 It is important, however, that women and children are provided with the supports and options which facilitate progress out of the refuge in the short to medium term. This not alone benefits the women and children in terms of regaining control of their lives, but also ensures that refuge accommodation is generally available to facilitate immediate situations of crisis, thus minimising the risk of other women and children having to be refused shelter.

### *Outreach Services/Ongoing Supports*

- 7.13 It is important that as many services as possible accessible through refuges are available to **all** women who require them, regardless, of whether or not they wish to avail of refuge accommodation. The Task Force considers that ongoing support services for vulnerable women and children are essential. In these circumstances, it is **recommended** that a system of outreach services be developed which facilitate women who cannot, or do not wish to, go to a refuge, and for women who have left refuge accommodation.

### *Refuges - Management and Staffing*

- 7.14 In providing the range of services outlined above, the Task Force **recommends** that all refuges should have a core of full time staff, including night staff. The staffing of refuges could form part of the Service Agreements discussed under *Development of Refuges* and *Service Agreements* at paragraphs 7.16 - 7.20 below.
- 7.15 As the best arbiter of any service are its customers, it is important that their perspective is brought to bear on the management of refuges. The Task Force **recommends** that refuges should actively encourage women who have experienced violence to participate in the management of the refuge through representation on the management committees.

### *Development of Refuges*

- 7.16 Inadequate funding and the lack of a clear national policy has hampered the development of refuges. At present, many refuges have no core funding and are dependent on payments of annual once-off grants and fundraising. While the refuge in Rathmines, Dublin 6, is run directly by the Eastern Health Board, most refuges are run by voluntary organisations with government support being channelled primarily through the Health Boards. There is, however, an unequal distribution of public funds throughout the country, reflecting the many demands on the Health budget and differing priorities within Health Board regions.
- 7.17 The Department of Health, through the Health Boards, has traditionally supported, both financially and otherwise, the provision of refuges. Reflecting the broad role of health in the community, Health Boards have now also been given additional responsibilities under Section 6 of the Domestic Violence Act, 1996 to intervene to protect dependant spouses and children from violence.

- 7.18 In the circumstances the Task Force **recommends** that primary responsibility for the planning and development of refuges should rest with the Health Boards through the Department of Health. This task should be undertaken in consultation with the Department of the Environment which provides a source of capital funding under its Capital Assistance Scheme to voluntary groups providing refuges. The core running costs of refuges should be met from the Department of Health vote and administered through the Health Boards.

#### *Service Agreements*

- 7.19 The Task Force **recommends** that the present arrangements whereby most refuges are provided and run on a contractual basis between Health Boards and the community and voluntary sectors should continue.
- 7.20 In drawing up proposals for refuges it is extremely important that funding should not alone cover capital costs but include estimated ongoing future core costs of providing a quality service. The provision of funding should be conditional on groups meeting specified criteria in relation to access and the range and quality of services. This proviso will entail service agreements being drawn up between Health Boards and individual refuges based on needs analysis and service planning.

#### *Multi-Annual Budgeting*

- 7.21 It is noted that currently, under Section 65 of the Health Act, 1954 funding is restricted to year on year funding. While in practice many organisations can expect to receive on-going funding, nevertheless the Task Force **recommends** that this statutory limitation be re-examined to allow the introduction of multi-annual budgeting that facilitates more accurate costings, long-term planning and service development.

#### *Demands for Places*

- 7.22 There are currently 13 refuges operating in Ireland. The majority of refuges are run by voluntary groups. A number of refuges are also in the planning stage - e.g. Castlebar, Monaghan.
- 7.23 All refuges in Ireland have, at times, more women seeking space than they can accommodate. There has been no systematic data collection on the demand for refuge space and this lack of reliable data on levels of demand make it extremely difficult to quantify precisely refuge space requirements<sup>20</sup>. Available statistics on the incidence of violence in Ireland, as outlined in Chapter 3, would testify however to the need for additional refuge places.
- 7.24 In the future, it is important that a systematic approach is put in place to compile adequate records of occupancy and unmet demands on refuges. The need for space at any one time will be influenced both by the level of demand for space from women leaving home, and the length of stay. The Task Force **recommends** that refuges introduce a standard recording and monitoring system of the demand for refuge accommodation and services.
- 7.25 In assessing the demands for refuges in the future it is important that the following factors are taken into account:-

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<sup>20</sup> Occupancy "snapshot" on 26th February, 1997 of 10 refuges is detailed in Appendix 6.

- ◆ Better support systems and services should enable more women to be aware of their options and have the confidence to use these options in dealing with violence. This may have the effect of increasing the demand for refuge places;
- ◆ More effective protection and barring order procedures, and earlier intervention in cases of violence, may make it more likely that it is the man rather than the woman who leaves home;
- ◆ The minimisation of delays in the Court system and effective application of the law would also help to ensure that women can return to their home as soon as they are ready and that it is safe for them to do so; and
- ◆ The increased availability of second stage housing, as proposed later in this chapter, will also have a significant bearing on the throughput of families through refuges.

### *Access to Refuges*

- 7.26 The Task Force acknowledges that abused women from minorities of any kind can face particular difficulties in gaining access to safety and services, which can be compounded by discrimination. Violence and abuse of women occurs in every group in society, among the young and the elderly, among traveller and settled women, among women with disabilities, among migrant women and women from ethnic minorities, among lesbian women, prostitutes, and women suffering from AIDS/HIV. Discrimination can create further barriers in giving women options and support to leaving violent partners. Refuges and other services should be aware of, and sensitive to, issues faced by particular groups of women and ensure that they do not face further isolation or discrimination. Core training and good practice guidelines should address issues around non-discriminatory practices.
- 7.27 The question of access also arises in the context of geographical location of refuges. At present, women from rural areas who are geographically isolated, with possibly no phone and no access to transport, would have extreme difficulty in getting to a refuge. Similar difficulties can be experienced by women with disabilities. In this context, the Task Force believes that services discussed in earlier chapters, such as the development of outreach services, the provision of information, and the provision of help lines, can go some way towards overcoming this isolation.
- 7.28 In addition, the Task Force considers that the issues of geographic isolation and disability should be specifically addressed within the local and community frameworks being proposed in Chapter 11, with a view to devising emergency transportation for women who feel compelled to leave their home.
- 7.29 The need to ensure that the specific requirements of minority groups such as traveller women, women with disabilities, and women from other countries/cultures etc., are fully understood and respected by all agencies can best be achieved by ensuring that personnel in this area are given the training to enable them to welcome and meet the needs of women from different backgrounds and cultures.
- 7.30 The Task Force also **recommends** that the present practice of some refuges of only taking children up to a specified age should be discontinued and every effort made to keep the entire family unit together.

### ***Funding of Refuges***

- 7.31 The capital cost of providing refuges through the voluntary sector is met largely, but not exclusively, with support under the Department of the Environment's Capital Assistance Scheme<sup>21</sup>. The running costs are met by the Health Boards. The level of financial support provided by the Health Boards represents approximately 90% of total expenditure on such services, with refuges having to rely on various fund raising activities for the balance.
- 7.32 While £1.7 million was provided through the Health Boards to refuges in 1996, there is no separate subhead in the Department of Health Budget for services to women who have been abused. The Task Force **recommends** that, with effect from 1998, a separate subhead be introduced under the Department of Health's Vote which segregates such expenditure.
- 7.33 The funding of refuges should be put on a more streamlined footing with a clear distinction drawn between (i) capital and current funding and (ii) between the role of the voluntary sector which is the key provider of refuges, the Department of Health which has overall responsibility for the development of refuges and current funding, and the Department of the Environment which has responsibility for capital funding where refuges are provided by the voluntary sector.
- 7.34 In this context the Task Force **recommends** that proposals for refuges should cover capital costs and estimated ongoing future costs of providing a quality service, including aftercare. Funding should be by way of grants from the respective Departments towards capital and current expenditure.

### ***Priority Areas for Development***

- 7.35 While the development of refuges will be largely informed by demographic trends, the Task Force **recommends** that any woman who has to leave home should have access to a refuge and associated support services either in her own county or in an adjacent county.
- 7.36 The Task Force **recommends** a three pronged approach to the development of refuge services:-

◆ ***a gradual build up of refuge accommodation on a phased basis;***

Given the geographical location of the existing and planned refuge provision, the Task Force considers that the priority areas for development are refuges for the regions of:-

Dublin West<sup>22</sup>

South Leinster/ South Midlands.

Western Connaught\*

North East Region\*

*\*The Task Force is aware of plans to develop refuges in both Monaghan and Castlebar*

◆ ***building up and improving the support services offered by refuges; and***

◆ ***the provision of suitable training for personnel involved in refuge work.***

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<sup>21</sup>Outlined in more detail - pars 7.45-7.46

<sup>22</sup>As recommended in the Aoibhneas Women's Refuge Report; 1992.

Accredited training should be provided for all staff especially in counselling skills and in understanding the dynamics of violence against women.

- 7.37 The size of refuges will vary relative to population in particular areas. It is **recommended** however that refuge space consist of self-contained units as far as possible so that a family group can be accommodated together. It is also **recommended** as a general rule that refuges should comprise no more than four to six family units.

#### ***Model of Good Practice for Refuges /Support Services***

- 7.38 The underlying approach to refuge work and management should be based on an understanding that any woman suffering from violence has the right to enter a refuge and be treated as a person with dignity, her rights respected and her stated needs met with a view to enabling her to leave the refuge to take her place as an independent and self-reliant member of society. Refuges should in particular:-

- ◆ Provide safety
  - respond quickly to immediate needs;
  - ensure separation from the abuser;
  - give the privacy necessary for disclosure;
  - treat each case in confidence;
- ◆ Respect the ability of women to make their own decisions allowing for
  - difficulties inherent in decision making; and
  - effects of depression and abuse on decision making;
- ◆ Be non-judgmental, non discriminatory and consistent in their approach and
- ◆ Keep in touch with victims after they leave the refuge.

- 7.39 The Task Force **recommends** that models of good practice form an integral part of service agreement contracts between Health Boards and refuges [see pars. 7.19 - 7.20].

#### ***Bed and Breakfast and Hostel Accommodation***

- 7.40 If there is no place available for a woman or a family group in a refuge, the homeless service can arrange to accommodate them in a hostel or a Bed and Breakfast. When a refuge space becomes available, she may transfer as soon as a vacancy arises. The Task Force considers that accommodation-only services like hostels and B and Bs are an inadequate response to complex family needs, and women and children fleeing a violent situation need more than just a roof and a bed. The Task Force would also point out the high unit cost of funding the placing of families in B and Bs, and considers an integrated refuge service offering family support is more cost-effective.
- 7.41 The Task Force is of the strong opinion that resources expended on these forms of accommodation could be more effectively utilised in the provision of refuge services and accommodation.
- 7.42 It is recognised, however, that bed and breakfast/hostel accommodation provides emergency accommodation when there is no other alternative available - particularly at times of peak

demands (e.g. Christmas, major sporting events etc.). The absence, however, of support and advice in bed and breakfast/hostel settings may increase the likelihood of a woman returning to a violent partner. Where it is necessary to use such accommodation on an emergency basis, the Task Force **recommends** that refuges and other relevant service providers proactively offer support and advice to women and children in such emergency accommodation.

### *Transitional Housing*

- 7.43 As stated earlier, where a woman leaves her home the Task Force believes that the most desirable long term accommodation outcome should be for her to return to her family home as soon as it is safe and practical to do so. Where this outcome is not possible or practicable, and where women do not have the resources to acquire alternative permanent accommodation for themselves, then the options of private rented accommodation, transitional housing and public housing can be considered.
- 7.44 Transitional housing fills a dual role. Firstly, it provides temporary accommodation to women who have not yet resolved their permanent housing needs and secondly it provides a form of sheltered housing for women who may not be ready to decide on their long-term future. The availability of second stage housing is extremely important therefore in terms of progression for victims to a normal life as well as easing the demand on refuge accommodation.

### *Funding by the Department of the Environment*

- 7.45 Voluntary groups wishing to develop proposals for refuges and secondary/transitional housing can avail of two social housing schemes operated through the Department of the Environment - the **Capital Assistance Scheme** and the **Rental Subsidy Scheme**. The Capital Assistance Scheme is designed to provide accommodation for those not in a position to provide for themselves; the Rental Subsidy Scheme is designed to provide longer term accommodation for families. Both schemes are aimed primarily at approved local authority housing applicants.
- 7.46 The **Capital Assistance Scheme** has been used to fund the provision of refuges, e.g. Cuanlee in Cork. The Task Force **recommends** that this scheme should continue to be used to fund the capital costs of developing self contained refuges.
- 7.47 The Task Force also **recommends** that transitional housing for families be developed in parallel with refuge spaces. This type of accommodation can be provided either through the purchase of suitable houses or the provision of purpose built accommodation through the voluntary sector under the Rental Subsidy Scheme.
- 7.48 As the provision of transitional housing is not simply a matter of bricks and mortar but also encompasses ongoing welfare, the Task Force **recommends** that a defined scheme of funding should be developed by the Department of the Environment in the form of a Special Needs Management Allowance for the providers of transitional accommodation for women and their children. A new budget line should be provided within the vote of the Department of the Environment indicating both the capital and current costs of the provision of transitional housing.

### ***Permanent Housing***

- 7.49 Local Authorities have responsibility for the provision of housing for households who are unable to provide accommodation from their own resources, including the victims of family violence. The provision of local authority housing is financed under the Public Capital Programme through the Department of the Environment.
- 7.50 Local Authorities may regard persons who are unable to occupy, or remain in occupation of, otherwise suitable accommodation due to violence as being homeless for the purposes of the Housing Act, 1988. Victims of violence can have their need for housing assessed under the Act and may be provided with adequate and suitable housing, subject to the authority having housing available for letting.

### ***Local Authority Housing***

- 7.51 The Task Force **recommends** that Local Authorities should make special provision in their scheme of lettings for women made homeless through violence.

### ***Conclusions***

- 7.52 Refuges are a very important part of the necessary support framework and infrastructure required by women who are endeavouring to deal with violence in their lives. In the first instance, refuges provide crisis accommodation for women who have been forced out of their own home. Equally important, however, is the need for all refuges to provide, directly or indirectly, a range of services that will enable women to bring the cycle of violence in their lives to an end. The provision of refuges must be planned in a co-ordinated and streamlined way to ensure that a minimum level of space is available throughout the country. The Task Force considers that this can best be achieved through a partnership between the voluntary sector and the State with clear responsibility assigned to individual Departments.

## ***RECOMMENDATIONS***

### ***Priority Recommendations***

- ◆ Refuge accommodation should conform with minimum specified standards and a range of support services, including counselling for both women and children, developed within refuges and/or on a referral basis to other appropriate individuals and agencies;
- ◆ A system of outreach services be developed both for women who have left refuge accommodation and those who cannot, or do not wish to, go to a refuge;
- ◆ The priority areas for development of new refuges should be Dublin West, South Leinster/ South Midlands, West Connaught, the North East; and
- ◆ Funding of refuges to be conditional on specified criteria being met in relation to the range and quality of services provided or offered, access, and the adoption of agreed policies and models of good practice including anti-discriminatory policies.



### *Other Recommendations*

#### *Development and Funding*

- ◆ Primary responsibility for refuge development should rest with Health Boards through contractual arrangements with the Community and Voluntary Sector;
- ◆ There should be a gradual build up of refuge accommodation with the long-term objective being that any woman who has to leave home as a result of violence has access to a refuge either in her own county or in an adjacent county;
- ◆ Refuges should maintain records on both refuge occupancy rates and the numbers of women and children they are unable to accommodate at any point in time. Statistical data can therefore be utilised in determining the level of refuge space requirements;
- ◆ Proposals for refuges should cover capital costs and estimated ongoing future costs of providing a quality service, including aftercare;
- ◆ Section 65 of the Health Act, 1994, should be re-examined with a view to being amended to allow for the introduction of multi-annual budgeting to facilitate long-term planning and the development of services;
- ◆ The Department of the Environment should continue to support the voluntary sector by providing capital funding for refuges, subject to availability, under the Capital Assistance Scheme; and
- ◆ With effect from 1998, a separate subhead detailing expenditure on services for women who have suffered domestic violence should be included in the Vote of the Department of Health.

#### *Standards and Services*

- ◆ All refuges should have core full time staff, including night staff, and have reasonable conditions of employment;
- ◆ New refuges should, as far as possible, consist of self contained family units up to maximum of 4 to 6 family units;
- ◆ Accredited training should be provided for all refuge staff especially in counselling skills and in understanding the dynamics of violence against women;
- ◆ The standard and range of services available in existing refuges should be upgraded on a gradual basis as resources become available;
- ◆ Refuges and other services should be aware of, and sensitive to, issues faced by particular groups of women, such as rural women, travellers, women with disabilities, women who are elderly, lesbian, prostitutes, migrant women or who have HIV/AIDS, and ensure that they do not face further isolation or discrimination;
- ◆ Every effort should be made to keep family units together and, consequently, the practice of some refuges taking children only up to a certain age should be discontinued;



- ◆ If it is the wish of their mother, every effort should be made by statutory bodies to assist children temporarily accommodated in refuges to remain in the school they were attending prior to moving to the refuge, including, where feasible, the provision of school transport. Where such an option is not possible, the Department of Education should ensure that the children can attend schools in the vicinity of the refuge throughout the period the family is resident there;
- ◆ The Garda Síochána and refuges should develop close working relationships to ensure the safety of children attending school from refuges;
- ◆ Women availing of refuge services should be actively encouraged to be represented on the Management Committees in refuges;
- ◆ Health Boards should arrange for all refuges within their areas to be assigned a General Practitioner, to be visited by a Public Health Nurse, and to be covered by a special designated Medical Card; and
- ◆ The responsibilities of Social Workers in respect of women and children residing in refuges need to be clarified by the appropriate statutory bodies with protocols and best practices being clearly established.

#### *Non Refuge Accommodation*

- ◆ Hostels/Bed & Breakfast should only be used as crisis accommodation as an absolute last resort, and in those instances refuges and other agencies should provide advice and support to the women and children placed in such accommodation;
- ◆ Transitional housing should be developed by the Voluntary Sector in parallel with Refuges. A defined scheme of funding in the form of a Special Needs Management Allowance for the providers of supported interim/transitional accommodation for women and their children should be provided through the Department of the Environment;
- ◆ A new budget line within the vote of the Department of the Environment indicating both the capital and current costs of the provision of transitional housing should be considered; and
- ◆ Local Authorities should give special consideration to women who are victims of violence, in the provision of their scheme of letting priorities.



# HEALTH AND SOCIAL SERVICES

## *Introduction*

- 8.1 This chapter considers the role various health and social services can play in identifying the existence of domestic violence, encouraging disclosure, and providing services and support. The chapter is therefore closely aligned to Chapter 11 of the Report which discusses the establishment of local planning frameworks linking all services.

## *Department of Health and Regional Health Boards*

- 8.2 The Department of Health has overall responsibility for the services provided by the Health Boards throughout the country.
- 8.3 In 1993, the Second Commission on the Status of Women recommended that the Department should respond to the concern that women's health needs were not always met by the health services, by publishing a policy document on women's health and engaging in extensive consultation with women prior to preparing a plan for women's health. This recommendation was accepted by the Department of Health and the subsequent consultation process led to violence against women being raised as a serious health problem. In the published strategy "***A Plan for Women's Health 1997 -1999***", "***Women and Violence***" is one of the twelve key issues addressed.
- 8.4 The Department of Health has stated its commitment to playing a full role in relation to the co-ordination of Government Policy and in encouraging a co-ordinated response within the health and personal social services to women who are victims of violence. The Health Boards will continue to develop support services for victims of violence and provide counselling and specialist investigation and treatment services for victims of rape and sexual abuse.

## *Women and the Health Services*

- 8.5 Women suffering from domestic violence may have contact with health services through ***Hospitals, General Practitioners*** and the ***Mental Health Services***. Research has documented the discrepancy between the large numbers of women who come to health care services with symptoms related to living in abusive relationships and the low rate of detection and intervention by medical staff<sup>23</sup>.

<sup>23</sup>Warshaw, Carole, "Limitations of the Medical Model in the Care of Battered Women", in *Violence Against Women: The Bloody Footprints*, Sage Publications 1993 [cited in Kelleher and Associates (1996)].

- 8.6 Against this background, the importance of giving health professionals, both in hospital settings and in general practice, the skills and training to increase their awareness and understanding of the dynamics of domestic violence, and to develop procedures for handling such cases in the most effective way, cannot be understated. Following the Kilkenny Incest Case the recommendations of the tribunal included that *“Protocols should be developed for use by general practitioners, hospitals and other health care staff for dealing with cases of domestic violence presenting for treatment or care. These protocols should include arrangements for the notification of such cases to the Gardaí and subsequent co-operation and liaison between healthcare and Garda personnel”*.

### **Hospital System**

- 8.7 A large proportion of domestic violence victims enter the hospital system through Hospital Accident and Emergency Units [A & E] which, by their very nature, tend to deal with very large volumes of people. Many women present to A & E Departments with severe injuries, however the fact that such injuries resulted from domestic abuse may not be recognised. Difficulties in identifying domestic violence cases are hampered by frequent staff turnover, storage of patient files off unit, and, in circumstances where patients may have access to more than one A & E Department, the absence of a systematised cross checking facility for medical histories.
- 8.8 Pilot projects from abroad suggest that training programmes, and the introduction of procedures and protocols relating to identifying and managing cases of assault in A & E Departments, have significant effects on the identification and response to abused women<sup>24</sup>.
- 8.9 In 1993, St. James’s Hospital and Women’s Aid, Dublin, with the support of the Eastern Health Board and A.I.B., initiated a Pilot Project which focused on training programmes for personnel, and the introduction of procedures and protocols for identifying and managing cases of assault on women in the Accident and Emergency Unit. Initial training programmes have also been introduced in the A & E Departments of Beaumont Hospital, St. Vincent’s, the Meath, and Holles Street and the Rotunda Maternity Hospitals. **Guidelines for Accident and Emergency Staff in Hospitals on the Identification and Management of Violent Assaults on Women** are presently being developed by Women’s Aid.
- 8.10 Training of hospital based staff in sympathetic and appropriate methods of determining the existence of domestic violence can facilitate the disclosure of violence by women. This procedure could be assisted by the availability of Medical Social Workers [MSW] within the A & E Departments of major general hospitals who would be in a position to advise women on their options and the range of services available to them. Beaumont Hospital in Dublin has 1 full time Medical Social Worker attached to the A & E Department and cases involving domestic violence account for approximately 33% of the MSW’s caseload<sup>25</sup>. In extreme cases, it might be possible for hospitals to place a woman under observation for a 24 hour period in order to secure her immediate safety and to afford her an opportunity to disclose her situation and seek information and advice. The Task Force appreciates the resource implications of providing such facilities, particularly the provision of Medical Social Workers, but would strongly **recommend** that the designation of such posts be considered as an integral part of staffing the A & E Departments of major general hospitals.

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<sup>24</sup> “Making the Links”, page 89

<sup>25</sup> “Making the Links”, page 91

### **General Practitioners**

- 8.11 Studies in the USA have shown that women who are victims of violence are more likely to attend their family doctor than a psychiatrist, the police or a lawyer. The Irish National Survey of Violence Against Women “Making the Links” showed that 29% (the highest number after family and friends) of those women who had ever been subjected to domestic violence disclosed to their doctor. An Area Based Survey, which formed part of this Survey and was carried out in doctors’ surgeries, found that 36% had experienced violence within an intimate relationship<sup>26</sup>.
- 8.12 For the same reasons as apply to A & E Departments, concern has been expressed by women that there is a tendency for **General Practitioners** to treat and prescribe for symptoms, whether physical or emotional, and not investigate the cause.
- 8.13 It behoves professionals to become more proactive in this area. Policies need to be formulated to encourage routine enquiries by GP’s about the possible existence of domestic violence. In-service training, focusing on the recognition of symptoms of possible abuse and sympathetic and appropriate intervention, needs to be developed.
- 8.14 As stated earlier, lack of complete diagnosis and onward referral has serious consequences for women’s overall health and well being in that it, indirectly, leads to a continuation of the violence and a deterioration in women’s health. Given that many women living in abusive relationships attend their GPs, the important role GPs can play in helping women is vital.

### **Mental Health Services**

- 8.15 Generally, women have a higher rate of contact with **mental health services** than men - and their experience of mental health is different to that of men.
- 8.16 As with other medical fields it is important that the treatment of symptoms does not cloud confrontation of the circumstances which have caused particular symptoms to develop. Depression, for example, may have an underlying biological cause, but equally depression may be due to low self esteem, social problems, domestic violence etc. Similarly, alcohol abuse amongst some women may be as a direct result of being subjected to mental, physical or sexual violence. It has been contended, for example, that up to 64% of hospitalised female psychiatric patients have histories of being physically abused as adults<sup>27</sup>.
- 8.17 Concern has also been expressed that women are disadvantaged under current mental legislation in relation to involuntary detention for treatment in psychiatric hospitals. As highlighted in the Department of Health’s Discussion Document on Developing a Policy for Women’s Health<sup>28</sup> it has been suggested that husbands may initiate detention procedures not so much because their wives need psychiatric care but because of matrimonial disputes. Notwithstanding the existence of legal and procedural requirements covering involuntary detention, it must be recognised that the **threat** of involuntary committal to a psychiatric unit will itself instil fear in many women - a fear which can be exacerbated if they have children and face the dual threat of incarceration and losing their children.

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<sup>26</sup>McWilliams and McKiernan (1993) report that over half of the women in their research in Northern Ireland sought help from General Practitioners

<sup>27</sup>Warshaw (1993)

<sup>28</sup>Page 71

- 8.18 The Task Force welcomes the recent approval by Government of new mental health legislation which will provide greater safeguards for involuntary patients as required by the UN Convention on Human Rights. Specific provision is being made in the Mental Health Bill (which is currently being drafted) to protect spouses in cases of marital disharmony.

### *Counselling*

- 8.19 Living with abuse can lead to depression, low self-esteem, and other psychological effects for both women and their children. It is important that women have access to counselling and personal support to help rebuild their confidence in themselves, to heal the hurt, and to give them the strength to make a new life. Participation in general self-development programmes and survivors' support groups can be of great benefit to women. In addition, access to individual counselling is often required.
- 8.20 If a woman is not able to cope, her ability to rebuild a new life for herself, to escape from violence, to avoid future abusive relationships, and to build a secure home for her family is undermined. It makes sense, therefore, to invest in counselling for personal recovery.
- 8.21 Children are damaged by violence in the home and can be at risk of becoming excessively withdrawn or excessively aggressive. There is a risk that troubled children grow up troubled adults, and families need to be able to access appropriate counselling for their children.
- 8.22 Counselling referrals should only be made, for the woman and/or her children, to recognised and accredited counselling agencies that specialise in dealing with abusive relationships. It is now recognised by researchers that engaging women in models of therapeutic intervention with her violent partner may endanger the woman's well being. [See also Chapter 10 of Report concerning intervention programmes for violent men].
- 8.23 The Task Force **recommends** that access to accredited counselling services be provided to women and children who have experienced domestic violence, and that the funding and provision of this service would form part of the development of regional service plans by Health Boards (see Chapter 11).
- 8.24 It is important also that counselling services for women and children are integrated into the broad range of child care and family support services so that individual cases are not dealt with in isolation. It is important, for example, that work being done on behalf of women who are victims of violence is closely integrated with work that may be happening in the areas of child protection, mental health, family therapy, etc.

### *Community Based Services*

- 8.25 Health Boards support a range of community and family based services. These services should have sufficient information available to them on the dynamics of violence against women and the services available to be able to act as a gateway for specialist services. For instance, the Public Health Nurse or Community Welfare Officer could well be the first person to whom an abused woman discloses her problems and they need to be adequately equipped to respond to the issue.

### ***Social Workers***

- 8.26 While to some extent the role of the social work services has become associated primarily with child protection, social workers are concerned with a wide range of functions. The Task Force would be anxious that the fears some women may have about the role of social workers should be allayed. It is appreciated that one of the great fears abused women have, and one of the frequent and effective threats used by their partners, is that their children will be taken away from them because of an inability to cope. Women can therefore be reluctant to approach the social work services or, in situations when social workers do become involved, women may talk down, or minimise, the level of violence and risk to themselves.
- 8.27 Violence against women damages children, even where they are not also the direct targets of physical and verbal violence. Many of the children concerned will come to the attention of social workers, often without the cause of the referral being linked to problems of violence to the mother. It is important that the social work service send a strong public signal to abused women that the best way to protect the children is to support the mother to parent the children in an atmosphere free from violence. Childcare social work services should be viewed in terms of the positive role they have to play in intervening in relation to family violence, together with the strong role they have in family support.
- 8.28 The Task Force **recommends** that Health Boards consider the possibility of developing this role by integrating services in local planning, training and awareness programmes with social workers themselves, together with broadening the scope of social work intervention, both with acute hospitals and at community care level.

### ***Sexual Assault Unit/Forensics***

- 8.29 There is only one specialised Sexual Assault Treatment Unit in Ireland located in the Rotunda Hospital, Dublin. The Unit provides facilities for the effective collection and processing of forensic evidence and a structured environment for the examination and treatment of victims of sexual assault and rape. The Unit also runs a training course for medical personnel in procedures to follow after an alleged sexual assault.
- 8.30 The Rotunda's Sexual Assault Unit is designed primarily to meet the needs of the population within the functional area of the Eastern Health Board but is, of course, available to all. It is more usual, however, for victims of sexual assault and rape outside the EHB Region to access local general hospital services for medical examination and treatment. The question arises, therefore, as to whether a need exists for the establishment of additional specialised units throughout the country. In this context, the Task Force **recommends** that this issue be specifically examined by the Department of Health.
- 8.31 Specialist facilities for the treatment of child and adolescent victims of rape and sexual assault are located in the Children's Hospital, Temple Street, Dublin; Our Lady's Hospital for Sick Children, Crumlin [Eastern Health Board]; St. Finbarr's Hospital, Cork [Southern Health Board] and Ardkeen Hospital, Waterford [South Eastern Health Board]. Assessment services in other Health Board areas are provided on a community basis.
- 8.32 Concern has been expressed that the timely and efficient collection of forensic evidence can be hampered because of insufficient numbers of General Practitioners with the requisite training

and a lack of available staff in hospitals at particular times who are fully trained in the necessary procedures.

- 8.33 Given the nature of the crimes of rape and sexual assault, the trauma experienced by the victim, and the importance the role of forensics has to play if the case is brought before the criminal courts, the Task Force **recommends** that systems be established to ensure that all necessary medical procedures are carried out in a timely, expert and sympathetic manner. A possible option would be for the establishment of area rotas covering the whole country of suitably trained GP's, preferably female, to perform such examinations.

### *Monitoring and Statistics*

- 8.34 It is particularly important that health and social services maintain proper records and statistics of cases both when women present to them with suspected symptoms of abuse and when they actually disclose abuse. This type of information is not alone vital in situations where women may wish to pursue legal redress, but will also be important in helping establish the nature and extent of such violence [as discussed in Chapter 3] and facilitate the co-ordination of needs and service provision as discussed later in Chapter 11.

### *Conclusions*

- 8.35 The Task Force highlights the role various health and social services can play in identifying the existence of domestic violence, encouraging disclosure, and providing services and support. In this context, the Task Force has made a number of recommendations, particularly in relation to the need to train staff not alone to deal with the symptoms of violence, but also to detect and intervene appropriately in such cases. It also recommends that written protocols on domestic violence be adopted by hospitals and other medical services.

## *RECOMMENDATIONS*

### *Priority Recommendations*

- ◆ Health service providers including general and psychiatric hospitals should adopt written protocols and procedures in relation to domestic violence and rape. These protocols to be aimed at the identification and disclosure of non-accidental injury and referral to specialist advice and help. These policies should be backed up by appropriate training for front-line staff;
- ◆ In a hospital setting, places should be available in an observation ward where women suspected of being victims of domestic violence can be accommodated overnight. This would give women time and space to consider their options rather than immediately returning to a violent environment following medical treatment;
- ◆ A Medical Social Worker should be an integral part of staffing the Accident and Emergency Departments of major general hospitals;
- ◆ Access to accredited counselling services should be provided for women and children who have experienced domestic violence. The funding and provision of this service should form part of the development of regional service plans by Health Boards (see Chapter 11); and



- ◆ Community based health services should have sufficient information available to act as a gateway for specialist services on violence against women.

***Other Recommendations***

- ◆ Resources should be devoted to developing appropriate training programmes, including modules for use in normal mainstream training, for all health professionals on the dynamics of violence against women. On going training is of particular importance in hospital settings in the context of high staff turnover;
- ◆ Systems should be established to ensure that in cases of rape and sexual assault all necessary medical procedures are carried out in a timely, expert and sympathetic manner;
- ◆ The need for additional sexual assault units in the country should be examined by the Department of Health;
- ◆ Proper records of people suspected of being victims of domestic violence, and those who actually disclose such violence, should be maintained by all service providers within the Health and Social Services sector;
- ◆ The social work service should send a strong signal to abused women that the best way to protect children is to support the mother to parent the children in an atmosphere free from violence;
- ◆ Health Boards should consider developing the role of the social worker by integrating services in local planning, training and awareness programmes with social workers themselves, and broadening the scope of social work intervention.



# RAPE AND SEXUAL ASSAULT

## *Introduction*

- 9.1 Evidence suggests that only a small number of rape cases are ever reported to the Gardaí, and an even smaller number lead to criminal proceedings. Garda figures show that, in 1994, the proportion of cases reported to them which resulted in convictions was approximately 19%. For many women, their experience of the criminal justice system in such cases is difficult, often traumatic, and this situation is not helped by the general perception that sentencing in rape cases is both inconsistent and lenient. This chapter looks at existing legislation and procedures regarding rape and sexual assault and analyses their effectiveness in dealing with victims of these crimes.

## *Legislation*

- 9.2 **Rape** is defined in the Criminal Law (Rape) Act 1981, as amended by the Criminal Law (Rape) (Amendment) Act, 1990, as sexual intercourse with a woman who at the time of the intercourse does not consent to it and at that time the man knows that the woman does not consent, or is reckless as to whether she does or does not consent. In the event of a man believing that a woman was consenting to sexual intercourse, the jury must have regard to the “presence or absence of reasonable grounds for such a belief”.
- 9.3 The 1990 Act introduced a new offence known as ‘Rape under Section 4’. This means a sexual assault that includes: (a) penetration (however slightly) of the anus or mouth by the penis, or (b) penetration (however slightly) of the vagina by any object held or manipulated by another person.
- 9.4 **Aggravated Sexual Assault** - Sections 2 and 3 of the Criminal Law (Rape) (Amendment) Act, 1990 provides for the offences of Aggravated Sexual Assault and Sexual Assault - both offences may apply to either men or women.
- 9.5 Aggravated sexual assault means a sexual attack involving serious violence or the threat of serious violence, or that causes injury, humiliation or degradation of a grave nature. While sexual assault is not defined in the Act, it involves, in practice, a sexual attack with a less serious level of violence.
- 9.6 As with rape, consent must be absent for an attack to constitute a sexual assault. It is a matter for the Director of Public Prosecutions (DPP) to decide whether a person is charged with sexual

assault or with rape. Where doubt exists, the DPP may decide to charge the accused only with sexual assault. In cases of violent assault, but where no penetration took place, the accused may now be charged with aggravated sexual assault.

### **Consent**

- 9.7 The issue of consent is central to proving the crime of rape. Consent is not defined in the 1981 Act but the Law Reform Commission proposed the following definition - *“consent means consent freely and voluntarily given and, without in any way affecting or limiting the meaning otherwise attributable to these words, a consent is not freely given if it is obtained by force, threat, intimidation, deception or fraudulent means. A failure to offer resistance to a sexual assault does not constitute consent to a sexual assault”*.
- 9.8 It is worth noting that Section 9 of the 1990 Act provides that failure or omission by a person to offer resistance does not, in itself, constitute consent. Most people who are subjected to an attack will be strongly inclined to offer resistance but may find themselves so overcome with fear that they are unable to resist, or realise that it may be unwise to do so given the strength or aggressiveness of the attacker. In such circumstances, failure to offer resistance is clearly not to be equated with consent<sup>29</sup>.
- 9.9 It is left to the jury to decide on the question of consent in individual cases. The 1981 Act stipulates that the evidence must show that the man knew that the woman was not consenting to sexual intercourse or that he was reckless as to whether the woman was consenting or not. In cases where a jury find that the man honestly believed that the woman was consenting to the sexual intercourse, he must be acquitted.
- 9.10 Under the 1990 Act, spouses are no longer exempt from charges of rape or sexual assault.

### **Court Jurisdiction and Punishment**

- 9.11 The 1990 Act determined that rape, rape under Section 4 (of the 1990 Act) and aggravated sexual assault must be tried in the Central Criminal Court. This Court is located in Dublin and judges who preside over such cases are judges of the High Court.
- 9.12 Rape is a felony punishable by penal servitude for life. Rape under Section 4 and Aggravated Sexual Assault are felonies, punishable by life imprisonment. Sexual Assault is also a felony, punishable by a maximum term of five years imprisonment.

### **Past Sexual History**

- 9.13 Section 3 of the 1981 Act, as amended by Section 13 of the 1990 Act, provides that no evidence relating to any sexual experience (other than that to which the charge relates) of a complainant with any person may be adduced in sexual assault offence trials unless the judge permits such evidence. Under subsection (2) of Section 3, the judge shall not permit such evidence except where the defence makes an application in the absence of the jury. The subsection also provides that the judge shall only give such evidence in certain narrow circumstances.

<sup>29</sup> O'Malley, T. "Sexual Offences - Law, Policy and Punishment" (1996)

- 9.14 At present, nothing is known about the extent and circumstances under which judges in practice grant permission for the woman's past sexual history to be introduced. Complainants report that questioning about their previous sexual history is invariably hostile and they describe counsels' cross-examination as offensive, aggressive and degrading. Often, the complainant feels that she is on trial. While such evidence is only admissible at the discretion of the judge, the experience of Rape Crisis Centres would suggest that such discretion is not generally withheld.
- 9.15 The Task Force notes that there is **no** absolute rule prohibiting the use of evidence of the defendant's previous behaviour, either in criminal cases in general or in sexual offence cases in particular. It is not the practice to admit such evidence on account of its unduly prejudicial nature. The prosecution is not entitled to produce evidence showing the accused has been guilty of previous crimes for the purpose simply of leading a jury to conclude that he is, from what they know of his general character or conduct, a person likely to have committed the offence for which they are trying him. The rule governing evidence of previous behaviour of the accused, if offered, as tending to show that a particular act was done, provides that such evidence -
- ◆ must be relevant;
  - ◆ must go beyond merely tending to show that the accused has a bad disposition or character; and
  - ◆ must still be excluded if its prejudicial effect outweighs its probative value.
- 9.16 The Task Force considers that similar considerations should govern the admissibility of evidence relating to the past sexual history of the complainant. As far as the Task Force is aware, the only other common law jurisdiction which seems to go further is Western Australia, which provides that evidence of the complainant's prior sexual experiences is not admissible without leave of the court; such leave is not granted unless the court is satisfied that:-
- ◆ the evidence is substantially relevant to the facts in issue, and
  - ◆ its probative value outweighs any distress or embarrassment suffered by the complainant as a result of its admission.
- 9.17 The Task Force considers that when the complainant is giving evidence, she should not be cross-examined as to her past sexual history unless it is proven to the court that the evidence is substantially relevant to the facts at issue, as envisaged by the 1981 and 1990 Acts. Applying this rule should prevent the defence from embarking on "fishing expeditions" where answers to questions are concerned and from attempting general smear tactics, which attack the character of the complainant on matters which are of no relevance to the issues before the court. The Task Force also **recommends** that the law and practice in relation to this area be reviewed so as to ensure that the strict legal criteria, as laid down in the 1981 Act, as amended, is being adhered to.

### ***Corroboration***

- 9.18 Prior to the coming into operation of Section 7 of the Criminal Law (Rape) (Amendment) Act, 1990, there was a requirement that the jury be given a warning about the dangers of convicting on the uncorroborated evidence of a complainant alone in sexual offence cases. Section 7 provides that, where a person is charged with an offence of a sexual nature, the judge decides whether the jury ought to be given such a warning. That change in the law followed a recom-

mentation by the Law Reform Commission in its 1988 Report on rape, that the warning should no longer be mandatory. The Law Reform Commission also recommended that it should be left to the discretion of the trial judge whether the warning should be given or not, and the terms in which it should be couched.

- 9.19 The Task Force considers that there are no grounds for considering witnesses in cases of sexual violence to be any more or less reliable than in any other case, and that there is no need for any special rule to apply to judicial comment. In any event, the judge is entitled to comment on the weight of evidence in any case before him/her, provided s/he makes it clear that his/her comments are only comments and can be entirely disregarded by the jury if they choose. In the circumstances, the Task Force considers that all rules of law or practice relating to the judge's charge to the jury as to the assessment of uncorroborated evidence of complainants in sex offence cases should be abolished and the cases left to be dealt with in the ordinary manner.

#### *Can More Cases be Successfully Prosecuted?*

- 9.20 There are inherent difficulties in the nature of the crime of rape in encouraging more women to come forward to report cases, and to pursue a case through the courts. While further improvements both in the prosecution of sexual offences and in the conduct of rape trials may increase the number of women who come forward and report the offence, and follow through to trial, there are very strong inhibiting factors which will continue to operate, whatever changes may happen.
- 9.21 Various studies have consistently revealed that the overwhelming majority of rapes and sexual assaults have been committed by someone the woman knows. Cases reported to the Dublin Rape Crisis Centre in 1995 suggest that up to 75% of attackers are known to the woman concerned. The social and family pressures not to report rape to the Gardaí are clearly much more intense where there has been a relationship between the woman and her attacker, or where the attacker is part of the family circle, than where the assault has been committed by a stranger or someone of brief acquaintance.
- 9.22 A change in social attitudes, however, which tackles the myths about rape and which end victim-blaming, could have a positive effect in encouraging more women to report the crime.
- 9.23 Unlike many other crimes, rape is a crime which rarely has witnesses or objective evidence that a crime has occurred. Even where it is accepted that sex has taken place, the proof that it is a crime depends on establishing beyond reasonable doubt that there was no consent. Intrinsicly, these are cases where it is one person's word against another's, which are always the most difficult to prove. In our adversarial system of justice, the nature of the defence in rape trials most frequently seeks to discredit the woman's character and testimony to the point where she feels she is on trial.
- 9.24 Women who do pursue a case, report that re-living the experience through the trial, and intense and hostile cross examination, is like being raped all over again. It is understandable that women, in the interests of their own recovery from the experience of rape, would choose not to put themselves through that ordeal.
- 9.25 The Task Force's recommendations are designed to attempt to reduce the trauma for victims. Given the nature of the crime, and defendant's constitutional right to a fair trial, it is difficult to

see how the trauma of a trial or its adversarial character could ever be substantially eliminated. In these circumstances women may continue to be deterred against reporting rape and proceeding to trial.

### *Problems with Existing Law and Procedures*

- 9.26 As outlined above, research has shown that women do not report cases of rape and sexual assault for fear of the way that their case is likely to be handled by the Gardaí and Courts. They fear, for example, being disbelieved; humiliated and embarrassed by inappropriate questioning; re-victimised/traumatised by Gardaí and the courts handling the case; and lack confidence in the willingness or ability of the Gardaí to take appropriate action. While there have been real improvements in the response of the Gardaí in recent years, the majority of women who are raped still do not report it, despite the support and encouragement received from the Rape Crisis Centres.
- 9.27 Generally the member of the Gardaí to whom the initial report of rape is made will not be the member in charge of the investigation. Such investigations are invariably undertaken by a team experienced in crime investigation. Having obtained all the evidence available, advice is then sought from the DPP concerning the bringing of charges against the suspect. While it is accepted that investigations must be conducted in a thorough manner, it is of vital importance to the victim that the response of the Gardaí be one of support, understanding and reassurance. Liaison should be maintained with the victim concerning the progress of the investigation. The Task Force accepts that some Gardaí do liaise with the victim and it considers that this should be standard practice.
- 9.28 From a victim's point of view, she may feel that there is no guarantee her complaint will be properly dealt with and that all relevant evidence relating to the alleged offence will be gathered. Once the victim has made her statement to the Gardaí, the victim often has difficulty in ascertaining whether the case is going to proceed. In some cases, she is not advised of a trial date; that the accused has agreed to plead guilty; is not given any advice as to what to expect in court; and is sometimes not given copies of her statement before the hearing. She has almost no opportunity to meet the solicitor or the barrister for the prosecution - for most complainants, their only contact with the prosecution is a hurried discussion shortly before the start of the trial.
- 9.29 In this context, the Task Force **recommends** that the Gardaí should be given the task of liaising with the alleged victim. The complainant would be given the name of the Garda who will be investigating the case and s/he should be available to her, at reasonable times, to advise her as to the progress in the case. She should be kept fully informed of (i) the appropriate information contained in the book of evidence, (ii) the reasons for any delays in progressing the case and (iii) should have the opportunity to be present in court, even in cases where the accused proposes to plead guilty. She should be given a copy of the statement she made to the Gardaí as a matter of standard procedure/practice and of any victim impact report. The complainant should also be facilitated to have consultations with prosecution counsel both before and throughout the trial - such consultations should cover the nature and procedural arrangements for the proceedings.

### *Separate Legal Representation for Victims*

- 9.30 The question of separate legal representation for rape victims has been addressed on a number of occasions in recent years. Most recently the arguments for and against the issue were spelled out

in the report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children. The Task Force considers that the arguments put forward in support of separate legal representation for rape victims in that report are compelling but recognise that regard must also be had to the practical and constitutional implications in implementing the proposal. As has already been pointed out, the primary focus of the Task Force is on the issue of domestic violence and, therefore, it did not have the expertise available to it to come to any definitive conclusion on this matter. In the circumstances, the Task Force **recommends** that this matter, which is of such importance to victims of rape, should be addressed by the Department of Justice in the forthcoming Discussion Paper on Sexual Offences. It is understood that the Department hopes to publish the Paper in the near future.

### *Sentencing Policy*

- 9.31 The Task Force considers that custodial sentences should be applied in all cases of rape. Only in cases of a wholly exceptional nature should non-custodial options be considered. It is also considered that sentencing policy should, in appropriate cases, include the option of a period of post-release supervision by the Probation and Welfare Service.
- 9.32 The Task Force **recommends** that it should be also practice in all cases that victims of domestic violence, rape and sexual assaults are notified by the prisons or gardaí that the unescorted release of an offender is anticipated or has taken place.

### *Delayed Complaint*

- 9.33 In some rape/sexual assault cases, a woman may not make a complaint for a number of months after the incident taking place. In circumstances where the issue of any delay that may have occurred is raised, the Task Force considers that it should be compulsory for the judge, in appropriate cases, to warn the jury that there may be valid reasons as to why she did not complain immediately following the incident.

### *Victim Impact Reports*

- 9.34 For the purpose of determining sentencing in sex offence cases, the onus is on the judge to request Victim Impact Reports. The quality and content of such reports can vary depending on, for example, whether the complainant is receiving professional counselling or other services. The complainant can give oral evidence in relation to the impact of the offence. Such reports cannot be extracted, however, in circumstances where witnesses are unwilling or unco-operative.
- 9.35 On the whole, the Task Force considers that the introduction of Victim Impact Reports has been a positive development. The Task Force **recommends** that Victim Impact Reports be requested for trials (as happens at present) and for appeals, and that a list of suitably qualified professionals should be available to the court in cases where the victim is not attending a professional therapist. In cases where the victim disagrees with the content of the Report, this should be brought to the attention of the judge.

### *Rape Crisis Centres*

- 9.36 Rape Crisis Centres provide a range of counselling and therapy, both individual and group, for women and men who are victims of rape, sexual assault and child sexual abuse. Services avail-



able can vary in different Centres. There are 15 Rape Crisis Centres located around the country - see Appendix 7. Services provided by each centre focus predominantly on counselling both by telephone and on a face to face basis to victims of recent or past rape, sexual assault and to victims of child sex abuse.

- 9.37 The Dublin Rape Crisis Centre provides a 24 hour crisis telephone service for victims of rape and sexual abuse. In 1995, a total of 6,100 calls were made to the Centre's 24 hour Crisis Line - 2,273 (37%) were repeat callers and 83% of all calls were from women.
- 9.38 Training for companies in the management of preventing sexual harassment within the workplace is provided. It also has a comprehensive training and education service which runs courses for professionals who come in contact with victims of sexual violence in their work.
- 9.39 Special counselling centres for victims of rape and sexual abuse have also been established by the Eastern Health Board in Blanchardstown, Clondalkin, Clontarf, Coolock and Tallaght.
- 9.40 In 1991, the Government decided that funding for Rape Crisis Centres be channelled through the Health Boards. In 1996, this funding amounted to £907,000. The Department of Health discussion document 'Developing a Policy for Women's Health' states, "*the funding of these centres has been made as secure as the budgetary cycle of Government finances permits.*"

### ***Counselling and Other Support Services***

- 9.41 The Task Force considers that counselling and other support services should be made readily available to women throughout the country who have recently, or at some time in the past, been the victims of rape and sexual assault. The services available and the personnel operating within the services should be aware of the specific cultural and other needs of marginalised groups.

### ***Conclusions***

- 9.42 As outlined at the beginning of this chapter, the number of rape cases reported to the Gardaí is relatively small as, given the nature of rape and sexual assault cases, it is inherently difficult to encourage women to come forward. Often when women do come forward, they feel like they are on trial. The recommendations of the Task Force are designed to encourage more women to report cases of sexual violence to the Gardaí. The principal recommendations relate to liaising with the victim, conditions for granting of leave to cross-examine regarding a complainant's past sexual history and Garda policy on the treatment of victims of rape, sexual assault and other sexual offences.

## ***RECOMMENDATIONS***

### ***Priority recommendations***

- ◆ the Garda Síochána should develop and publicise clear policy and practice with regard to the treatment of victims of rape, sexual assault and other sexual offences;
- ◆ once a decision is made to prosecute in a rape/sexual assault case, the task of liaising with the victim should be assigned to the investigating Gardaí. Victims should also have regular consultations

with counsel before and throughout the trial and should be given a copy of their statement made to the Gardaí and of any Victim Impact Report, as a matter of course; and

- ◆ leave to cross examine a complainant regarding her previous sexual history should only be granted where it is proven to the court that the evidence is substantially relevant to the facts at issue, as envisaged in the 1981 Act, as amended; the law and practice in relation to this area should be reviewed so as to ensure that the strict legal criteria, as laid down in the 1981 Act, as amended, are being adhered to.

#### *Other recommendations*

- ◆ expert training should be provided on a national basis to Gardaí on the initial aspects of handling cases of rape, sexual assault and other sexual offences;
- ◆ it should be practice in all cases that victims of domestic violence, rape and sexual assaults are notified by the prisons or Gardaí that the unescorted release of an offender is anticipated or has taken place;
- ◆ in cases of a delayed complaint, where this is raised as an issue, it should be compulsory for the judge in appropriate cases, to warn the jury that there may be valid reasons as to why she did not complain immediately following the incident;
- ◆ custodial sentences should be applied in all cases of rape. Only in cases of a wholly exceptional nature should non-custodial options be considered. Sentencing policy should include, in appropriate cases, the option of a period of post-release supervision by the Probation and Welfare Service;
- ◆ all rules of law or practice relating to the judge's charge to the jury as to the assessment of uncorroborated evidence of complainants in all cases of sexual assault should be abolished and the cases should be dealt with in the ordinary manner;
- ◆ information regarding counselling and support services should be made readily available to all rape and sexual assault victims;
- ◆ Victim Impact Reports should be requested for both trials and appeals and a list of suitably qualified professionals should be available to the court in cases where the victim is not attending a professional therapist; where a victim disagrees with the content of the Report, this should be made known to the judge; and
- ◆ the question of separate legal representation for rape victims should be addressed by the Department of Justice in the forthcoming Discussion Paper on Sexual Offences.

In their Report published in October 1996, the Working Group on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children, made over 30 recommendations with regard to rape and sexual assault. These are listed as Appendix 8 of this Report. This Task Force welcomes the fact that these recommendations are being actively considered by the Department of Justice at present and that a Discussion Paper on Sexual Offences is being prepared. This Paper will provide an appropriate backdrop to a further review of the adequacy of the law on sexual offences against women.

# INTERVENTION PROGRAMMES FOR VIOLENT MEN

## *Introduction*

- 10.1 This chapter looks at intervention programmes for violent men, the principles of “best practice” that should underlie such work and the effectiveness of intervention programmes for “batterers” in dealing with domestic violence. While men who batter their partners are known to include sexual violence in their abuse, specific issues surrounding intervention with sex offenders are dealt with separately.

## *Background Context and the Rationale for Intervention Programmes for Violent Men*

- 10.2 Traditionally attempts to intervene in domestic violence focused on abused women and their children. In recent years, however, there has been a shift to include a focus on the man who has perpetrated the abuse: “the batterer”. A shift of perspective in thinking has begun to take place around both the problem and intervention which includes putting the violent man at the core. Devoting time, energy and resources to work with violent men should not however be seen as undercutting the development of services and a sensitive response to abused women and their children. On-going service development and the advancement of expertise in relation to genuinely woman-centred policies and practices must remain a major priority. It is victims/survivors of violence who are primarily entitled to a service - be it safe haven in a refuge, counselling, material and other supports. At its most basic, however, real safety for women and children needs to include the violent man being made responsible for his violence, accountable for change and to engage him in the kinds of work which will stop him from violating his current partner or those in future relationships (Ferguson and Synott, 1995)<sup>30</sup>.
- 10.3 Too often traditional approaches focusing in a limited way on abused women have been caught up in the “why does she stay” mode. A focus on batterers helps to shift the debate onto the proper ethical and practical level which asks “why does he abuse?”. It forces us to consider *how* violent men abuse and the strategies of ‘coercive control’ they adopt which are so devastatingly effective in entrapping the woman and her children, and preventing them from finding real safety. Reaching such an understanding of the batterer is, in turn, crucial to designing adequate sys-

<sup>30</sup>Ferguson, H. and Synott, P. “Intervention into Domestic Violence in Ireland: Developing Policy and Practice with Men who Batter”, in *Administration*. 43.3. Autumn 1995.

tems of response to violent men and intervention programmes which can truly promote the safety and well-being of abused women.

- 10.4 Over the past two decades, in response to the demand for more effective initiatives to respond to the issue of domestic violence, new policies have been adopted which focus on pro-active forms of intervention and prosecution. As part of these interventions, 'treatment' programmes for men have been introduced. These have been particularly prevalent in the United States and Canada. Theoretical perspectives, research evidence and clinical experience have developed in a manner that suggests that the terminology of 'treatment' is problematic, with its implications of sickness and cure. Far from being 'mad' or 'bad' in some simple pathological sense, men who batter should be regarded as strategic actors for whom violence is a way of exerting control and getting what they want. Batterers make decisions to be violent within a cultural context which sends out ambiguous messages about men, violence and gender relations.
- 10.5 Against this background, what are best referred to as 'intervention programmes' seek to get batterers to take full responsibility for their violence and *re-educate* them to form non-abusive intimate relationships (Dobash and Dobash, 1996). Crucially, this has to involve more than attempting to help the men to manage anger and control their tempers. Programmes which focus primarily on such aims are inherently flawed. Effective intervention with batterers has to insist on making them accountable for their actions - as far as possible through sanctions and the criminal justice system - and go to the heart of the men's belief systems, changing their (invariably sexist) assumptions about women, power and intimate relations.

### *Effectiveness of Treatment Programmes*

- 10.6 Research suggests (Dobash and Dobash, 1996) that the results to date from intervention programmes which are designed along these lines are more encouraging than other forms of intervention (non-custodial community interventions, fines, straightforward probation, for instance). Results cannot be generalised as men are screened prior to taking part in such programmes. The long-term impact of well designed programmes is simply not known. What can be said is that it is safer to think in terms of the 'outcomes' of intervention as opposed to assessing whether men are in some sense 'cured'. Outcomes must always be measured in terms of the broad definition of violence within the notion of coercive control. The interpretation of results depends on how "effectiveness" of interventions with violent men is defined. Many studies consider ending physical abuse as the primary criterion for assessing effectiveness, while other studies take into consideration threats of violence, safety and psychological and controlling behaviour. Some studies use court records when judging effectiveness; others interview men and, in some cases, the female partners of men participating in programmes are interviewed. Variations can also occur between men's perceptions of how they have changed as a result of participating on treatment programmes and the reality as experienced by women. Results should therefore be treated with a certain degree of caution.
- 10.7 A number of studies have been done on the effectiveness of treatment programmes in the U.S., Canada and also in the UK. One study (Rosenfeld, 1992)<sup>31</sup> found that men who complete treatment programmes have only slightly lower recidivism rates than men who do not attend

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<sup>31</sup>Rosenfeld, B. D. "Court Ordered Treatment of Spouse Abuse", Clinical Psychology Review, 12, 1992 [cited in Kelleher and Associates (1996).]

treatment programmes. Gendreau and Ross (1979, 1987)<sup>32</sup> who reviewed outcomes of 100 programmes in the US and Canada which used a cognitive behavioural approach to offenders, are more optimistic about the effectiveness of interventions. They concluded that programmes for offenders can reduce re-offending by between 30 and 80 per cent. They also identify the elements of successful programmes - these are programmes which are structured, intensive and challenging, assist participants to develop cognitive skills and to understand the impact of their offending behaviour on others.

- 10.8 Recent evidence from Britain (Dobash and Dobash, 1996) supports the Gendreau and Ross findings. Two treatment programmes currently operating in the UK - CHANGE which began in 1989, and Lothian Domestic Violence Probation Project (LDVPP) which began in Edinburgh in 1990 - were evaluated. Both are community based programmes designed to re-educate men who have been found guilty of violence against their female partner. Men attend weekly sessions as a condition of their probation order. The overall aims of the two programmes are broadly similar - to deliver re-education programmes for men who have been violent to their partners; to encourage collaborative inter-agency practice on domestic violence; to offer training and consultancy to other professionals working in the area; and through publications, to raise generally the profile of the issue of domestic violence. Both programmes challenge offending behaviour and associated attitudes and assist men to develop more positive ways of dealing with conflict. They are primarily based on a group work approach and focus on challenging violence and reflecting on ways of stopping it. The programmes take place once a week over a 6/7 month period. Emphasis is placed on confronting violent behaviour and on the use of cognitive-behavioural principles to change both the behaviour and the thinking of men who use violence. Information is provided to women on the men's behaviour and the programme provides support to women through group meetings for women.
- 10.9 The evaluation undertaken by Dobash *et al* (1996) focused on whether or not the violent behaviour of participants who attend men's programmes is more likely to be reduced than offenders who are subjected to other forms of criminal justice sanctions, such as arrest and prosecution. Results indicate that men in the programmes are more successful in reducing their violence and intimidating behaviour than men who have been either arrested or prosecuted. A significant proportion of offenders who participated in the men's programme reduced their violence and associated controlling behaviour. Their women partners reported significant improvements in the quality of their lives and their relationships with men.
- 10.10 Three months after completing the programme, 62% of men who had been arrested or prosecuted had perpetrated at least one violent incident compared to only 30% on the programme. No woman in the programme group experienced frequent violence, whereas 16% of women whose partners were arrested or prosecuted said they experienced five or more incidents of violence. A year after the interview, 37% of women whose partners were arrested or prosecuted and 7% of women in the programme group indicated they had suffered frequent violence.
- 10.11 In the opinion of Dobash and Dobash, perpetrators of violence can be classified into three groups - those who will never change, those who will modify their behaviour under supervision and threat of sanction, and those who become self-regulating. While some men who enter pro-

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<sup>32</sup>Gendreau, P. and Ross, R. R. "Effective Correctional Treatment: Bibliotherapy for Cynics", *Crime and Delinquency*, 25, 1979: 463-489. Gendreau, P. and Ross, R. R. "Revivification or Rehabilitation: Evidence from the 1980s," *Justice Quarterly*, 4, 1987: 348-407. [cited in Kelleher and Associates (1996)]

grammes may be brought relatively quickly to a point where they stop being *physically* violent, stopping them continuing to abuse in the variety of other ways, sexually, emotionally, use of isolation, control of money and so on, is much more difficult (Edleson and Tolman, 1992). Debate surrounds just how far it is possible to ever again trust a man who has been known to batter. Jukes (1993), for instance, suggests that on the basis of his experience, batterers can *never* be properly trusted again. While intervention can probably help *some* men to become non-violent in a total sense, a healthy scepticism should always surround the short, and especially the long-term prospects, for real change. The testimony of the men's partners and their sense of on-going safety appears crucial in gaining an accurate picture of how far he has changed.

### *Treatment Programmes in Ireland*

- 10.12 In Ireland, the Cork Domestic Violence Project and Men Overcoming Violence (MOVE) are two voluntary organisations providing intervention programmes for men who batter.

#### *Cork Domestic Violence Project*

- 10.13 The Cork Domestic Violence Project was established in 1993, under the auspices of the Cork and Ross Diocese, when it became clear that a large number of the cases of their counselling service involved male domestic violence. It is a 20 week programme, with a 10 week induction programme. Since its establishment, over 80 men have completed the programme. Referrals come from counsellors in the centre, doctors, social workers, solicitors, Gardaí, the courts and self referrals. The project is based on the Duluth Project for men (in Minnesota in the U.S.) and places a strong emphasis on inter-agency co-ordination to ensure that violent men remain accountable for their behaviour and to maximise protection for women.
- 10.14 The primary goal of the programme is the protection, rehabilitation and empowerment of women and children. The rehabilitation of the man is a secondary goal to this. It is held that if the rehabilitation of the man supersedes the protection of his partner or children, the programme begins a process of collusion with belief systems and behaviour that contribute to the perpetuation of violence against women. The programme is based on the analysis that violence against women occurs in societies where there are gender inequalities in status and power and that violence is part of a larger pattern of coercive and abusive behaviour used by men to maintain power and control over women. The programme also holds that men must be made responsible and accountable for their violent and abusive behaviour, and challenged to live out a pattern of equality and respect. In this context, a man's violence towards his partner will diminish only when the losses accrued through special sanctions outweigh the gains accrued through the use of tactics of control. A parallel education, support and counselling group is run for women partners, the purpose of which is protection, support, education and counselling for women. Women assess the ongoing behaviour, abusiveness and lethality of men and this ensures that the experience of abused women remains central to the intervention strategy.
- 10.15 All the men referred are met for an initial session to assess their suitability for the programme. If the man is committed to the programme his partner's wishes are established. A policy of limited confidentiality is practised so that the programme can disclose information revealed by the man in order to protect his partner and children. There is weekly contact with the women in order to assess their safety and the behaviour of the men. The programme is committed to supporting the women in whatever legal proceedings they wish to take to ensure their safety.



- 10.16 Research into the effectiveness of the Programme is only beginning. In a follow-up study of partners of 20 men who had completed the Programme:-

*67% of women stated that there was no violence*

*22% stated there was some violence, and*

*11% stated that there was a lot of violence*

- 10.17 While the project acknowledges that treatment programmes make important contributions in assisting men to stop violent behaviour, it warns of the need for vigilance about results and points to the fact that the programme is unlikely to change the behaviour of men but can, however, mitigate the incidence of violence. The Project only receives minimal State funding and the majority of their resources come from fund raising.

#### **MOVE (Men Overcoming Violence)**

- 10.18 MOVE was started in Ireland in 1989 and has since developed programmes in a number of different parts of the country - Dublin (2), Cork, Galway, Limerick, Castlebar, Athlone and Newbridge. Its aim is to intervene in the problem of domestic violence at the fundamental level of the perpetrator himself. MOVE's primary concern is the safety of women and children which it pursues by placing responsibility for finding solutions to the violence onto the men. MOVE operates a rolling 13 week programme. Groups run all year round and men are assessed for entry to the programme irrespective of what stage in the programme cycle the man is referred. The priority is to provide a service for as many violent men as possible when they need it.

- 10.19 Men are referred to MOVE by doctors, solicitors, psychiatrists, marriage counsellors, social workers, and a small number come through the courts. In a significant number of cases, men refer themselves. The programme is based on weekly group sessions which are facilitated by professional workers and involve between six and ten members. The men are challenged to confront and explore their violent behaviour, attitudes and beliefs and in doing so are challenged to take responsibility for the violence they have inflicted on their victims. The programme operates on the assumption that:

*Men who batter are not "sick" or "in need of treatment" or a "cure". They are strategic actors who use violence as a means of control to get what they want from violence. Intervention programmes must address the power and control issues and effectively seek to re-educate the batterer into a non abusive orientation to intimate relationships with women and children. (Ferguson and Synott, 1996)*

- 10.20 Violence involves the man making a decision to attack and the MOVE Programme insists on him taking responsibility for that decision and his actions, and ensures that he does not take on the role of the victim. MOVE members must never lose sight of the fact that domestic violence is wrong and a crime. MOVE is constantly alert to the dangers that exist of men colluding together to avoid facing the painful issues in taking responsibility. At worst, there is the risk that some men will manipulate the programme and learn how to become more skilful and subtle abusers. The role of the professionals is especially important in helping to prevent this.
- 10.21 The programme defines 'success', or positive outcomes, as men stopping being physically violent and ceasing to exert control in the many other ways that batterers do, such as being psychologically abusive. MOVE are of the opinion that the woman's perspective should be taken into

account as to whether or not real change is occurring in her level of safety and well being. Structures and collaborative arrangements with women's organisations are being developed to ensure that women's voices are properly heard and responded to appropriately in intervention. A sister organisation, Women Overcoming Violent Experiences (WOVE) for the partners of violent men was established in the early 1990s and the full potential of its collaboration with MOVE groups is still being realised.

10.22 The MOVE organisation is a voluntary organisation with no secure core funding. Social workers and other professionals, such as Probation Officers, are in some instances allocated time to facilitate MOVE programmes. Some professional workers facilitate programmes on a voluntary basis. While still modest when viewed in terms of the huge gaps in service that remain nationally, some vitally important collaborations between MOVE and statutory agencies/professionals have been forged in various parts of the country. These constitute the creation of significant 'informal structures' for working with batterers - 'informal' because, as the Task Force understands it, this has not occurred through distinct policy initiatives taken centrally, by the Departments of Justice or Health for instance, but on the basis of local enterprise and effort. A crucial issue surrounds how such arrangements can now be further developed and translated into formal structures providing integrated intervention programmes for batterers nationwide.

10.23 Since its inception, MOVE has also engaged in 'outreach work' seeking to educate and inform professional and public opinion about violent men and their responsibilities for their violence. MOVE takes the view that such outreach work has a role to play but that it needs to be very carefully managed and convey clear messages about the need for men to be made accountable for their violence and the realistic prospects for change.

### *Core Principles*

10.24 The Task Force considers that the following core principles should apply in the establishment of treatment programmes for violent men:-

- ◆ protocols regarding referrals should be developed;
- ◆ assessment procedures should be established;
- ◆ Intervention Programmes should be linked to the judicial process where possible;
- ◆ there should be contact with the partner to verify the safety and well-being of the abused women and children;
- ◆ there should be limited confidentiality to allow for the sharing of any information that can advance the safety and protection of women with the appropriate persons/ agencies; and
- ◆ work with men should not be done in isolation, but in full collaboration with the statutory services and women's organisations.

10.25 The Task Force also considers that only those programmes which follow these principles should receive State funding.

### *Intervention Programmes for Sex Offenders*

10.26 Intervention programmes specifically for sex offenders are run in a number of locations - e.g. Arbour Hill Prison, St. Brendan's Central Mental Hospital, Northside Inter Agency Project [Dublin]. Summaries of these 3 programmes are set out below:-



**Arbour Hill**

- 10.27 While individual counselling either by a Clinical Psychologist or a Probation and Welfare Officer is available to most sex offenders within the Prison System (there are about 250 at present), Arbour Hill conducts an intensive group programme which can cater for ten offenders at a time and takes about a year to complete.
- 10.28 Participation in the Arbour Hill Programme is voluntary. Nearly all sex offenders are invited to apply. Following assessment, a list of those considered suitable for participation in the programme is drawn up. Priority is given to those closest to their release dates but with sufficient time left to complete the programme. The key factor in assessing suitability is motivation. The three main criteria that apply are that the offender must acknowledge committing the offence, acknowledge his offending as a problem and agree to fully participate in the programme. No offenders have voluntarily left any group. The first group through the programme received intense negative comment from their peers. This has now ceased and there is strong evidence of a positive attitude towards the programme amongst offenders in Arbour Hill. This is supported by the fact that the application rate for the latest programme was 36% amongst eligible offenders in Arbour Hill (where the programme is based), compared to a rate of 9% in Wheatfield.
- 10.29 The group meets twice a week for two-hour group sessions. Group members complete assignments in their cells and have access to individual counselling. The offender's family can attend a series of seminars. In line with international practice in this area, the programme is cognitive/behaviourally based, with a relapse component. The offender is held accountable throughout for his offending behaviour and its consequences for his victim. At the end of the programme an individualised relapse plan is prepared to help offenders identify and cope with aspects of their past behaviour that put them at risk of re-offending. The aim of the programme is to reduce the probability of offenders re-offending on release.
- 10.30 The programme has treated thirty offenders since June, 1994. Psychometric assessments and assessment by the therapists running the programme show a significant reduction in offenders' cognitive distortions and an increase in acceptance of personal responsibility. Informal feedback from family and prison staff frequently indicated positive changes in attitudes and behaviour.

**St. Brendan's Central Mental Hospital**

- 10.31 The National Forensic Psychiatric Service set up an out-patient programme for sexual offenders in April 1989. Offender patients can be referred by any appropriate agency. The Director of Community Care for an area is involved in the case. The patient must admit to a substantial amount of what is alleged against him. If he is an incest offender he must be living outside the home. An initial assessment is made of the persons suitability for the programme. Only limited confidentiality is offered to clients whether in a group or individual setting. There are four separate programmes.
- (i) The incest offender group is a continuously running out-patient group that concentrates on fathers who abuse their children. It involves weekly group therapy sessions. There are 8 to 10 offenders in the group at any one time and 2 co-therapists, one male and one female. The sessions continue for 6 months for any one individual. The main areas covered are the offending behaviour, sexuality and the victim's experience.

- (ii) The incest offender aftercare group is for those who have completed 6 months in the incest offenders group. This group has about 10 offenders and one therapist. This group lasts for about 12 months for each offender.
  - (iii) Out-patient care is chosen if it is felt that a group approach is not suitable but the other criteria are fulfilled. Out-patient care is also used if there is no suitable group available. Individual out-patient care is usually on a fortnightly basis for 1 to 2 years.
  - (iv) The sexual offenders group started in September 1993. This group therapy programme is for a mixed group of sexual offenders, including young offenders, not catered for in the incest offenders group. The group continues for about 12 months for each individual. There are 2 co-therapists and 10 offenders.
- 10.32 It would appear that the most useful results emanate from the father/daughter incest group. Sexual offenders, and in particular rapists, are difficult to deal with and they tend not to admit guilt. Less than 20% of rapists are willing to look at the issue and it would seem that a proportion of those who co-operate are doing so in an attempt to gain some advantage from the prison system, the courts or social services. Between 10% and 15% of child sexual abusers were victims themselves. As regards other violent crimes against women, such as wife battering and ultimately homicide, some psychiatric issues are encountered. Alcoholism, personality problems, explosive and immature personality disorders are frequently found, and sometimes there is a family history of violence. A violent tendency, a desire to dominate and jealousy are frequent aspects of the batterers personality. However, mental illness is rare among battering men, with rates being similar to those of the general population.

#### *Northside Inter Agency Project - Programme for Young People who Sexually Abuse*

- 10.33 In about one third of all confirmed cases of child sexual abuse, the perpetrator is an adolescent. Early intervention is considered highly desirable with this group. Since most sex offenders begin their offending in adolescence, the earlier they receive help the better. Northside Inter-Agency Project [NIAP] is a joint venture between clinical staff of the Children's Hospital, Temple Street, the Mater Child Guidance Clinic and the Eastern Health Board. NIAP is currently treating 13 adolescents and 15 parents per year.
- 10.34 A number of the young men NIAP has treated have been guilty of very violent sexual assaults on children. Some of these perpetrators were not prosecuted but were placed instead under the Juvenile Liaison Officer (JLO) scheme where they were under no legal obligation to attend treatment, once they had been officially cautioned.

#### *Conclusions*

- 10.35 The Task Force recognises the work being done in the Cork Domestic Violence Project and by the MOVE Programme with limited resources. The Task Force accepts that while evidence from abroad does not support a permanent "cure" for violent behaviour patterns, the incidence can be significantly reduced by quality intervention programmes when compared with an absence of intervention. Treatment programmes are important in the overall strategy of tackling the underlying causes of violence. A certain degree of caution is advocated, however, when looking at such programmes given the uncertainty as to their long-term impact. As pointed out above,

results cannot be generalised to all violent men and the interpretation of results depends on how “effectiveness” of interventions is defined.

- 10.36 The Task Force has recommended in Chapter 6 that judges should have the option to direct that offenders be assessed for participation in intervention programmes as part of a sanction, but not as an alternative to imprisonment. As the main judicial remedy for women is through the civil courts by way of barring or safety order applications, the Task Force also **recommends** that judges in civil cases should be made aware of what programmes are available and should have the option to refer men for assessment for *suitability* to participate in such a programme as a mandatory part of the court order. **The Task Force would emphasise that in the interest of a woman’s safety, referral to an intervention programme should never be used as an alternative to granting the woman the barring or safety order sought, nor should it have implications for the duration of an order. In other words, intervention programmes must be seen in terms of their preventative strategy role and additional to general sanctions.** In no circumstances should they be used as a mechanism whereby violent men can avoid, or reduce, sanctions or whereby the needs and rights of the victim are in any way diminished.
- 10.37 The Task Force would be concerned that optimism about outcomes could give rise to a false sense of security and thus put women’s safety in jeopardy. For this reason, the Task Force feels strongly that such programmes must be linked to judicial sanctions and other support services for women. This is important for two reasons. Firstly, the judicial system embodies the underlying threat of sanction which appears to be, on balance, the most effective way to get violent men to enter ‘treatment’ and to change. Secondly, combining rehabilitative programmes with the judicial process reinforces not only the perpetrator’s but society’s accountability. However, participation in such programmes should never be a substitute for custodial or other sanctions which the courts may consider appropriate in individual cases.
- 10.38 The Task Force would also feel strongly that if these programmes are to become part of a mainstream response to domestic violence, they need to be monitored (by the National and Regional Committees proposed in Chapter 11) in terms of their structures, approach, their effectiveness and value for money. This is particularly important given that resources are limited and the general consensus is that such resources, as are available, should prioritise services for women.
- 10.39 The Task Force also **recommends** that specialist training be introduced for people to run intervention programmes. Funding for this specialist training should be a **priority** for year 1 spending.
- 10.40 It would appear that once sex offenders are released on the last day of their sentence there is no mandatory follow up of them in the community by agencies of the Department of Justice. While accepting that once a person “has served his debt to society” he is a free man, nevertheless the Task Force is concerned that in the absence of mandatory support and supervision any progress achieved through either sex offenders programmes or the prison system may be lost. In this context the Task Force **recommends** that consideration be given when sentencing sex offenders to incorporating a “post release” period involving mandatory support and supervision as an integral part of the sentence.
- 10.41 In relation to convicted sex offenders and based on current levels of demand, when suitability and motivation are taken into account, the Task Force **recommends** that the Arbour Hill Programme be expanded to provide twenty treatment places annually

10.42 Research into the effectiveness of intervention programmes with sex offenders is needed including evaluation of the clinical impact of programmes and their impact on re-offending rates.

## **RECOMMENDATIONS**

### **Priority Recommendations**

- ◆ the protection, safety and security of women and children should be the paramount consideration in developing programmes;
- ◆ intervention programmes for offenders should be adequately resourced and should be available in areas where support services for women and children (such as refuges) are already in place; and
- ◆ funding intervention programmes should be based on local need and priorities; and adherence to the core principles set out above [see par. 10.24]; funding for programmes should be provided by the Department of Justice from their Probation & Welfare Service votes.
- ◆ contact with the judicial system should be used as a gateway to intervention programmes. Judges should have options to recommend that offenders be assessed for participation in intervention programmes, but never as an alternative to criminal sanctions currently available nor should they have implications for the granting or duration of a barring/safety order;
- ◆ judges in civil cases should be made aware of what programmes are available and should be able to refer men for assessment for suitability to participate in such a programme as a mandatory part of the court order;

### **Other Recommendations**

- ◆ existing intervention programmes with men should be subject to on-going monitoring, evaluation and review so that their effectiveness as a response to domestic violence can be gauged;
- ◆ there should be a co-ordinated approach between treatment programmes, the courts, the Gardaí and agencies providing support for women. This issue should be addressed by the National Steering Committee;
- ◆ specialist training should be introduced for people to run intervention programmes. Funding for this specialist training should be a **priority** for year 1 spending;
- ◆ consideration should be given when sentencing sex offenders to incorporating a “post release” period involving mandatory support and supervision as an integral part of the sentence; and
- ◆ based on current levels of demand, the Task Force **recommends** that the Arbour Hill Programme be expanded to provide twenty treatment places annually.

# MAKING IT HAPPEN— WORKING TOGETHER

## *Introduction*

- 11.1 The previous chapters dealt with the main services and supports provided by individual agencies to victims of violence and intervention programmes for violent men. In particular, the need to make basic information available was highlighted, together with the need to recognise that the range of services required by individual women will vary from case to case. In this context, statutory agencies and voluntary/community bodies must co-operate and co-ordinate their services and responses so that each agency or voluntary body will know about, and be able to advise on, the most appropriate package of supports in each case. A community based response should also be developed to facilitate disclosure and be linked to other local services.
- 11.2 There is also a need to ensure that interagency efforts are strategically focused on intervening with men who batter or rape, through the development of mechanisms to identify abusers and render them accountable. Public and voluntary services and agencies must work together in structured co-operation to maximise the effective use of resources, to share information, so as to ensure the best possible service is provided with given resources.

## *Working Together*

- 11.3 Women who have experienced abuse may seek help from a variety of sources - public, private, community and voluntary. Legal help may be sought from the Gardaí and solicitors; medical help from her doctor or the hospital; advice and support from an advice centre, support group, or her local clergy; and financial support from Social Welfare. In addition, she may require accommodation from a refuge, housing authority or health board. The most effective response will be provided where there are systems in place to ensure that all these agencies work together, and there is proper co-ordination of services, communication, and sharing of information.
- 11.4 This will not happen automatically. Different agencies must link up with other bodies serving the same need and overcome any existing obstacles that prevents them from working together. In particular, they must develop an understanding of each other's ethos and chain of accountability and work towards the shared objective of providing a coherent and efficient service to women.

- 11.5 In developing the proposals contained in this chapter, the Task Force examined the interagency approaches that have been adopted in Northern Ireland and on a pilot basis in Leeds.

#### *Northern Ireland*

- 11.6 A Forum has been established in Northern Ireland to facilitate interagency discussion and exchange of information, the promotion of interagency co-operation at regional and local levels, and to advise Departments on the implementation of the framework. Four subgroups have been established - to promote inter agency co-operation; criminal justice issues; research and information; and education and training.

#### *Leeds Inter Agency Project*

- 11.7 The aim of the Leeds Interagency Project was to develop an understanding and an awareness of the complex issues involved in violence against women and to develop an understanding and consistency of approach and practice across agencies. There were three phases to the project. The first phase concentrated on multi agency training. Phase two encouraged wider community responsibility, sharing of information and raising awareness through working with residents in the local area. The purpose of this phase was to recognise the important role that family, friends and neighbours have to play in enabling and empowering women to respond to violence. The final phase was taken up with the issue of monitoring and evaluation so that an understanding could be developed of the routes followed by women when seeking help, thereby enabling future work to be concentrated in those areas where it is most needed.

#### *Partnership Approach*

- 11.8 The Task Force believes that the development of a co-ordinated partnership approach between the voluntary, community and public sectors is necessary if women are to be presented with a realistic set of coherent options. It is also necessary to ensure that women are not put through the additional trauma of having to approach several different agencies to avail of services. At a local or community level, a partnership approach should facilitate referral between various services and ensure that women are given the information and support necessary to make informed choices. In addition, it is important the area partners ensure that the needs of all marginalised groups are fully taken into account in the development of policies, services and practices.
- 11.9 The Task Force believes that a partnership approach should be developed at three levels and **recommends** the establishment of:-
- ◆ Local Networks with a community based approach to the provision of services, including interagency co-ordination of services and sharing of information;
  - ◆ Regional Planning Committees to determine strategies at a regional level; and
  - ◆ A National Steering Committee chaired by a Minister of State with designated responsibility for the development of policies in this area.
- 11.10 The role of Local Networks will be to provide women with supports and information on services available within her own community or region. The Regional Planning Committees will be responsible for the planning and development of services at a regional level and overseeing the development of community responses. The National Steering Committee will have largely an

advisory and overseeing role in relation to the development of policies, services and practices. The detailed roles and membership of each Group are outlined in the following paragraphs.

### *Delivering Services at Local and Community Levels*

- 11.11 The Task Force recognises that services are best planned at a regional level having regard to the nature of services and supports required by both women and perpetrators of violence and the need to acquire economies of scale. From the point of view of a woman however, it is extremely important that she can access or receive information on support and services available to her at a local level. As has already been pointed out in earlier chapters, a woman living in fear has to take a number of huge steps if she is to make a change in her life. In this context, telephone support can offer immediate and readily accessible information and advice. In addition, women should be provided with opportunities to disclose, have access to face to face advice and information on the choices available to her, as well as ongoing support services.
- 11.12 A key factor in the development of a locally based approach to violence against women is to ensure that local service providers from the statutory, voluntary and community sectors meet on a quarterly basis - but initially more frequently - to decide on how best they can co-ordinate their services. The main players at this level will usually be the Gardaí, health services, medical (including local general practitioners), church, refuge personnel and representatives of local voluntary and community based groups and networks. In developing a local approach, it is important to ensure that persons who have clear responsibility for domestic violence in all sectors are mandated by their organisations to attend meetings and to work and co-operate with all local players, including those in the voluntary and community sectors.
- 11.13 The objectives of these Local Networks will be to facilitate ongoing communication and the flow of information between all groups and agencies so that they can provide a co-ordinated response to support individual women. An agreed plan should be drawn up for local co-operation and information sharing to ensure that the role of all players is recognised, and that each is clear about their own role and that of other agencies and individuals. In addition, each local network should draw up, and make widely available, an information pack which would include details of services and the names, addresses and telephone numbers of individuals who are responsible for dealing with specific issues within individual organisations.
- 11.14 Local communities can play an important role in dealing with violence against women and should be at the centre of a local response. The Task Force considered three examples of a community based response to violence against women - viz., the Finglas Contact Project, the Community Development Project in St. Michael's Estate in Inchicore and Boyle Family Resource Centre. These projects are outlined in Appendix 2 and demonstrate how local community development and family resource centres can provide a one-stop service and contact point for women experiencing violence. They can provide a safe location for women to get information and support on how to deal with violence in the home while, for example, also attending classes or accessing supports on other matters. They can provide an access point to the full range of services available to address the problem of violence in the home.
- 11.15 The process of developing a community response and facilitating local co-operation among service providers should include designating, where feasible, a local community development project or family resource centre to provide a local, community based information service to



women experiencing violence. An individual within the community development project should be trained to advise and support women dealing with violence. This person could also act as a convenor for meetings of the local service providers network and provide feedback to the Regional Planning Committee on the operation of services and preventative strategies.

- 11.16 The Task Force **recommends** that funding for the convenor role should be provided under the Department of Social Welfare Community Development Programme either as a stand alone initiative or as part of the funding to a community development project in the area. Where there is no community development project in existence in an area, or where it is not practicable to establish such a project, consideration should be given to providing a one-stop information service on violence against women at a suitable existing local centre e.g. a Health Centre or Citizen's Information Centre.
- 11.17 The Task Force accepts that it will take some time to develop co-ordinated responses at a local level. Different situations and circumstances will inform the best approach in individual areas. For this reason, it **recommends** as a first step that one Local Network should be piloted in each Health Board area before the **end of 1997**. The geographical area covered by a Local Network should be determined by the Regional Planning Committee but could, for example, be based on a relatively small community area in geographical terms such as, a health board community care area, a geographical area around a main centre of population or a garda district. The experience gained from these pilot initiatives should inform the development of similar approaches in other areas.

### *Regional Planning Committees*

- 11.18 Recognising that many services such as counselling and refuges will not be available in every local area, it is important that a comprehensive range of services is planned and developed at a regional level. While the Task Force recognises that responsibility for the provision of services or supports is widely based across a range of public, voluntary and community organisations and is not solely in the health area, the current Health Board structure does provide a ready made basis for establishing Regional Planning Committees. In this context, it is worth reiterating that the Health Boards have been given new powers and responsibilities under the Domestic Violence Act, 1996 to intervene in cases of domestic violence. The Task Force **recommends**, therefore, that responsibility for establishing and servicing Regional Planning Committees should rest with individual Health Boards. In this regard, the Chief Executive Officer of each Health Board should ensure that this task becomes part of the job description of a senior official within the Board.
- 11.19 The Regional Planning Committees would consist of a wide range of groups from the public, community and voluntary sectors including Local Authorities, Probation and Welfare Service, Gardaí, G.P.s etc. and, where possible, women who have experienced violent relationships. In particular the Task Force **recommends** that key agencies in the voluntary sector should be represented on the Committees. Many of these organisations have been pioneering responses to this issue for many years and it is important that their experience is brought to bear on the development of policies and services. In particular, groups such as Rape Crisis Centres, the Federation of Refuges and Women's Aid should be represented on the Committees. The Regional Committees should be convened by the Health Board. Committees should meet at least quarterly and be timed to allow feedback to the National Steering Committee. The ethos of partnership should be fully reflected in the choice of a chairperson.



11.20 The Planning Committees should have a strategic focus. In particular each one should draw up:-

- ◆ An assessment of existing services and needs in the region;
- ◆ A strategy for meeting these needs; and
- ◆ An implementation plan, including service targets in terms of delivery and development. It should also identify the resources of each agency in the public, voluntary and community sectors that will be devoted to achieving the targets.

It should also:-

- ◆ Oversee the development of Local Networks;
- ◆ Promote and develop preventative strategies;
- ◆ Establish appropriate evaluation and monitoring mechanisms for services and for preventative strategies;
- ◆ Provide feedback, through the Health Board, to the National Steering Committee (see para 11.21);
- ◆ Ensure that local co-operation happens, and that information is available at suitable outlets within communities; and
- ◆ Ensure maximum value for money from available resources.

#### *Establishment of National Steering Committee*

11.21 The Task Force also **recommends** the establishment of a Steering Committee at a national level which should be chaired by a Minister of State with specific responsibility for this area. The Minister of State should be given a cross-departmental portfolio - along the lines of the current model for Child Care Policy where the Minister of State at the Departments of Justice, Health and Education chairs a relevant Cross Departmental Committee. The Task Force **recommends** that the Minister of State appointed should have delegated responsibility for policy on violence against women and be appointed to the Departments of Health, Justice and Equality and Law Reform.

11.22 The remit of the National Steering Committee will be to:-

- ◆ co-ordinate and advise on the distribution of resources among the eight Health Board regions;
- ◆ co-ordinate and advise on the ongoing development of policies, including those concerning perpetrators, criminal justice interventions, services and supports;
- ◆ oversee and monitor individual agencies' written policies and guidelines;
- ◆ ensure that regional and local structures are established;
- ◆ undertake research and needs assessments nationally;
- ◆ promote inter-agency training;
- ◆ ensure maximum value for money from available resources;

- ◆ develop codes of practice for collecting statistics and monitoring responses; and
  - ◆ publish periodic reports.
- 11.23 Membership of the Committee should include representatives from the three key Government Departments of Health, Justice, and Equality and Law Reform, the Garda Síochána, the clergy, Health Boards, G.P.s, Probation and Welfare Service, and users of services. For the reasons outlined in relation to the Regional Planning Committees, it is essential that representatives from the Federation of Refuges, Women's Aid and the Federation of Rape Crisis Centres in particular are represented on the National Steering Committee. In selecting members for the Committee, the Task Force would strongly urge that at least some members of the current group should be appointed to the Committee to ensure continuity of approach.
- 11.24 The Committee should also be given the discretion to establish subcommittees to examine individual issues and to invite individuals and/or representatives from other groups/sectors to participate in the work of such subcommittees. These could include: representatives of the legal profession, probation services, men's groups, social, education and employment services. Officials from other Government Departments could also participate in the work of subcommittees as appropriate e.g. Education in regard to school programmes, Environment in regard to housing, Social Welfare in regard to income support, etc.
- 11.25 The Committee should meet on a quarterly basis and be serviced by a cross-departmental team of officials from relevant Government Departments. Initially it may need to meet on a more frequent basis.

#### *Representation on Local Networks, Regional and National Committees*

- 11.26 The Task Force would again stress that particular attention should be paid to sectoral representation to ensure that the needs of women from all marginalised groups be taken into account at Local Networks, Regional and National Committees including the specific needs of women in isolated rural areas.

#### *Monitoring/Statistics*

- 11.27 Accurate information and statistics are important in focusing the development of services in areas of most need. At present there is a lack of comprehensive data on the extent of violence against women and there is no systematic gathering of information on either the reported cases of violence or on the response of agencies. This void can best be addressed by developing a code of practice for reporting incidences of violence against women so that such incidences are accurately reflected in all agency records including those of hospitals, General Practitioners, Gardaí etc.
- 11.28 Simple systems of data collection should facilitate:-
- ◆ the identification of the numbers of women [and children] presenting to each agency;
  - ◆ the circumstances which prompted the presentation/disclosure;
  - ◆ the collection of demographic information; and
  - ◆ the outcome for the women who present to an agency.

Such monitoring on an ongoing basis would, over time, enable:-

- ◆ the incidence of violence to be accurately estimated;
- ◆ trends to be analysed;
- ◆ facilities, services and supports available to women to be evaluated;
- ◆ help seeking routes chosen by women to be identified; and
- ◆ policies and practices of individual agencies to be evaluated and reviewed.

### *Training*

11.29 The Task Force believes that it is through training that people will be able to work better together and thereby enhance the quality of available services. Multidisciplinary training is of particular relevance in that:-

- ◆ it facilitates the development of a common language and understanding around relevant issues;
- ◆ it can clarify the respective roles of service deliverers; and
- ◆ it provides coherence between various guidelines and protocols in individual agencies.

The delivery of training must cater for the different needs of personnel working in this area e.g. professional staff, volunteer staff, etc. and reflect their respective roles and levels of responsibility. The key principles that should underpin training programmes should include the following:-

- ◆ training should form an integral part of the planning process of all agencies;
- ◆ all training of professionals within the statutory and voluntary sectors should include models on non-discriminatory practice, and specifically deal with the issues of racism, disability and sexual orientation;
- ◆ training should reflect the differing needs of individuals;
- ◆ specific training models should be developed in partnership with other relevant service deliverers;
- ◆ training programmes should reflect current good practices, research findings and changes in legislation; and
- ◆ include routine evaluation of their relevance and effectiveness.

Training modules should be developed that will specifically address the needs of women who are facing additional isolation and discrimination. Women from all marginalised groups should be trained to deliver culturally appropriate responses within their own communities. Traveller women should be trained and employed within existing crisis and emergency services, especially refuges, and should be resourced to carry out research into the need for specialist services within their own community.

### *Good Practice Principles*

11.30 The fact that many women feel there are few effective services or supports available to them is a contributory factor to the non-disclosure of violence. It has also been shown that many women

who have disclosed have a relatively low level of confidence in the capacity of services to respond adequately to their needs. It is important therefore that service providers understand the dynamics of domestic violence and are sensitive to the needs of women. They must be supportive, non judgmental and consistent in their approach in order to ensure the safety, privacy and dignity of the woman. It is important that each agency not alone develops a policy on violence against women but also draws up good practice guidelines for its staff.

11.31 In this context, the Task Force **recommends** that the following principles, which draw largely on the Northern Ireland and Leeds experiences<sup>33</sup>, should underpin the development of services and interagency co-operation:-

- ◆ violence and abuse in close adults relationships should always be viewed as an abuse of human rights, it should not be rationalised or minimised, and there should never be an acceptable or tolerable level of violence;
- ◆ the safety of people at risk from domestic violence, their children and other dependants should be the prime concern in developing and implementing policy and practice;
- ◆ respect for the individual and the safeguarding of the person's rights, dignity, freedom of choice, privacy and desire for confidentiality are fundamental to an effective response;
- ◆ a "non judgmental ethos" should be adopted in the delivery of services, supports and in all contacts with women;
- ◆ people affected by domestic violence should have access to full and accurate information about the options open to them;
- ◆ information should be widely available and presented in an impartial and supportive manner;
- ◆ immediate access should be available to persons who can provide support, or act as a go between or an advocate with other agencies on the person's behalf;
- ◆ all front line service deliverers should be given appropriate training on an individual agency and cross agency basis;
- ◆ the priority must be to stop violence occurring, and services should be planned with a preventative focus;
- ◆ in all cases where violence has occurred, adequate provision must be made to prevent its reoccurrence, including treatment programmes for perpetrators;
- ◆ where appropriate, perpetrators should be prosecuted for their criminal offences;
- ◆ where domestic violence is disclosed or suspected this should always be taken seriously and responded to appropriately;
- ◆ agencies should recognise the connections between women abuse and child abuse and respond sensitively to their respective needs in a way that does not threaten the integrity of the mother/child relationship; and
- ◆ account should be taken of the specific needs of minority groups – for example people with disability or people from a different cultural, linguistic or religious background.

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<sup>33</sup>Pars. 11.6 and 11.7

### ***Conclusions***

- 11.32 The Task Force has concentrated on developing a strategic approach and a framework for action. The detailed measures to follow from this strategy at local community level should be planned by Regional Planning Committees located in each of the eight Health Boards, feeding into the National Steering Committee.
- 11.33 In putting forward proposals for structures to develop policies and services, the Task Force was anxious to avoid creating unnecessary bureaucracy. Violence against women is, however, a complex issue that requires a multidisciplinary response.
- 11.34 The Task Force believes that the proposals for a community based response and interagency co-operation have the potential to provide an effective and coherent service and at the same time ensure that the response is continually tailored to meet changing needs. The initial focus of service providers must be to ensure that information on the various access points through which assistance can be obtained is publicised and made widely available. Ideally, for information purposes each agency should aim to act as a “one-stop shop” with regard to the full range of services available in the local or regional area, in addition to information on the specific services that they themselves provide. They must also ensure that when a woman comes into the “system”, that they work together to provide a co-ordinated, sensitive, responsive and consistent service.

### ***RECOMMENDATIONS***

- ◆ The establishment of Local Networks with a community based approach to the provision of services, including interagency co-ordination of services and sharing of information; as a first step, one Local Network should be piloted in each Health Board area before the end of 1997;
- ◆ The establishment of Regional Planning Committees with a strategic focus at a regional level; and
- ◆ The establishment of a National Steering Committee chaired by a Minister of State with designated responsibility for the development of policies in this area.



# PREVENTATIVE STRATEGIES

## Introduction

12.1 Exploring the issue of prevention raises a number of fundamental issues about the type of society in which we live and the way in which violence against women is viewed within that society. The Task Force considers that there are two key aspects to a strategy aimed at preventing violence against women:-

- ◆ A long-term strategy aimed at changing society's attitudes and values together with the structures which facilitate inequality; and
- ◆ An improved service response and public awareness campaign aimed both at the prevention of violence and stopping its recurrence.

## Long-term Strategy

12.2 The United Nations Convention on the Elimination of all Forms of Discrimination Against Women was ratified by Ireland in 1995. General Recommendation 19 states that:-

*“Traditional attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence and coercion.”*

12.3 The UN Declaration on the Elimination of Violence Against Women adopted by the UN General Assembly in 1993, recognises that:-

*“violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of their full advancement, and that violence against women is one of the crucial mechanisms by which women are forced into a subordinate position compared with men.”*

12.4 The Platform for Action agreed by the world's governments at the 4th UN Conference on Women in Beijing in 1995 restated that message and instructs governments to study the causes of violence against women and to implement preventative strategies towards the elimination of violence against women.

- 12.5 At its broadest level, therefore, the prevention of violence against women must aim to achieve equality through the full integration of women in society. Essentially this means challenging attitudes and values regarding perceived roles of women.
- 12.6 The Task Force acknowledges that attitudes and roles are changing in Irish society, particularly among the younger age groups. Significant changes are taking place in traditional family structures. There is some evidence of a move from a family structure characterised by a concentration of power and decision-making in the role of the father/husband to a more egalitarian family model in which both husband and wife share household tasks, responsibility for looking after children, equal influence on important decision-making and equal control over the family economy.

### *Towards Equality*

- 12.7 The Task Force accept that limited access to economic opportunities and decision making together with pornographic, media and other images of women, can undermine women's confidence and self-esteem. It can also create a climate where perpetrators of abuse can rationalise away their behaviour and go unchallenged by their peers. The Task Force believes, therefore, that preventative strategies should be aimed at promoting equality and mutual respect between men and women whether in the home, workplace or society at large and the creation of a climate where perpetrators of violence are made accountable for their actions, are isolated in their own communities and in wider society.

### *Raising Public Awareness*

- 12.8 At the broader society level, the Task Force considers that a public campaign can do much to raise public awareness and change attitudes. Public campaigns should educate people about the extent of the problem. They should send a clear and unambiguous message that our society condemns and abhors violence against women, that such violence is a negative, not positive, portrayal of manhood, that it is not acceptable and that ignoring it will not make it go away. The criminality of domestic violence should be stressed and it should be emphasised that there is no acceptable level of violence against women. An objective of the campaign should also be to encourage women, living with abusive partners, to come forward for support.
- 12.9 Evidence from abroad suggests that sustained and consistent campaigns over a long period of time are most effective. The Canadian Government has conducted a campaign against violence against women over the last seven years. Research recently released suggests that the campaign has been successful, both in changing attitudes and increasing awareness. The Canadian research suggests that one-off campaigns, on their own, do not bring about the attitudinal changes that are needed and suggests that there should be a long-term commitment to conduct public educational campaigns over a number of years.
- 12.10 A similar campaign was conducted by the Edinburgh District Women's Unit, the first crime prevention initiative in Scotland dealing with violence against women. Indications from street surveys showed widespread public support for, and public awareness of, the campaign. Women's Aid in the UK, Northern Ireland and the Republic ran similar campaigns. In the Republic, an outdoor advertising campaign was organised and a national petition and leaflets were distributed in 1995. This resulted in the collection of 100,000 signatures condemning violence against women and children in the home and supporting the promotion of a culture that does not tolerate violence.



12.11 For a public campaign to be effective, the Task Force considers that it must recognise that there are a number of different audiences - the women being abused; perpetrators of the crime; the young who can easily be influenced by societal values and peer pressure; and all sections of society who, at an individual level, can inadvertently trivialise the issue. Bearing this in mind, the Task Force considers that a public awareness campaign can play an important part in:-

- ◆ providing as much **information** as possible to enable women in violent situations to make choices and to let them know what services are available to them locally;
- ◆ emphasising the extent and seriousness of domestic violence, particularly that it is a criminal offence, and also addressing some of the myths surrounding it. Examples of such myths are that domestic violence is caused by individual factors, such as alcohol or stress or that it is more prevalent in some social classes or geographical areas; and
- ◆ publicly acknowledging that domestic violence is widespread, unacceptable and that the perpetrators are responsible for their violent behaviour. The message to men must be that male violence against women is unacceptable and that violent men must take responsibility and be made accountable for their actions;

12.12 In developing a public awareness campaign, it is important that:-

- ◆ it is planned in conjunction with the organisations working directly with women who are being abused to ensure that their experiences are taken into account;
- ◆ it has the full and visible support of all the relevant agencies working with women in domestic violence situations;
- ◆ it has the full and visible support of organisations which are strong centres of male culture e.g. GAA/soccer clubs;
- ◆ it addresses the issue of rape as part of the campaign; and
- ◆ it operates at national and local levels.

12.13 The Task Force considers, however, that before engaging in public campaigns it is important that there is an infrastructure of support services available for women and children who have been subjected to domestic violence. Otherwise, women may be put at risk if, after being encouraged to disclose the violence in their lives, there are insufficient services in place to deal with the increased demand that is likely to arise and they are forced to return to the violent situation.

12.14 The Task Force considers that a television/radio campaign, run in tandem with a poster/ post-cards/information leaflets campaign, would be the most effective. As part of the TV/radio campaign, high profile men in the sporting, business, entertainment and public sector could be asked to lend their support. Local radio stations should also be involved as a means of stimulating debate in local areas. Billboards and bus shelters should be used for posters. These campaigns should be publicly funded and should run over an extended period of time.

### ***Education Programmes***

12.15 Education programmes for young people which are relevant to the issue of violence against women have an important role to play in preventing violence and abuse in a new generation, and in developing a general awareness around issues of gender equality.

- 12.16 Schools can provide a supportive educational environment enabling pupils to think critically about their values and beliefs. Schools need a clear commitment to promote equality, to discourage aggressive behaviour, and to promote mutual respect and personal responsibility. They have an important role in helping to engender positive and respectful attitudes to the rights of others and in promoting non-violent resolution of interpersonal conflict.
- 12.17 The Task Force acknowledges that a number of school projects and programmes are already in place or are being developed by the Department of Education. Nevertheless, the Task Force considers that special focus programmes are needed to provide children with the knowledge, skills and attitudes necessary to prevent violence against women in future generations. These can be developed within areas such as, the Social, Personal & Health Education Programme; the new Civil, Social & Political Education Programme and Religious Education. These programmes should address skills and values such as self-esteem, assertiveness, communication, co-operation, conflict resolution, dealing with feelings, decision making, dealing with violence; respect and responsibility for self and others, a sense of personal and social justice; knowledge and understanding of human rights, women's rights, discrimination, power imbalance, and the causes and effects of violence. The Task Force considers that prevention programmes are relevant for all age groups but need to take account of different ages and stages of development. A variety of methods which actively involve children need to be used and teachers will require in-service training on appropriate methodologies.
- 12.18 The Task Force considers that the Junior Certificate curriculum, new Senior Cycle programmes and the transitional year programme provide opportunities where the awareness of teenagers can be raised. In addition, it is important that all educational material and teaching methods are gender proofed and that girls are given equal access to all subjects.

### *Community Based Strategies*

- 12.19 The Task Force considers that much can be done at a local community based level to prevent the escalation and recurrence of violence, and to raise public awareness. The aim of community based strategies should be to create a collective response around women's safety. As outlined in Chapter 11, local networks comprising personnel from relevant statutory, voluntary and community agencies should be established to develop an interagency policy on domestic violence. Where possible, information and advice services should be provided through local community development structures. As part of a community based strategy, a selected number of local women could also be trained to provide personal, rather than professional support to other women seeking help.
- 12.20 In addition, community based strategies have an important role to play in developing locally based outreach and counselling services, especially for women in rural areas. Women subjected to violence could be supported by a local community worker in seeking the assistance of the Gardaí, attending court and accessing other services.
- 12.21 Other elements of a community based strategy include:-
- ◆ a clear message that an assault on a woman by a man with whom she has, or has had, an intimate relationship is no less of a crime than where a woman is assaulted by a stranger. In

this context, individuals and communities can no longer excuse their non-intervention on the basis that it is a private family matter;

- ◆ a public educational approach in the community to encourage the community not to trivialise violence against women - this could involve displaying posters in community centres, post offices, local clubs etc. as outlined above;
- ◆ encouraging the support of neighbours and the community to help make barring orders effective;
- ◆ advertising the availability of information, help-lines and other services;
- ◆ personal development opportunities for women, including opportunities to develop skills in assertiveness, and locally based counselling and support services for women; and
- ◆ ensuring that local professionals work together and are trained to identify situations where there is violence in order to develop a proactive approach. It is important that professionals such as community workers, youth workers, religious personnel, social service personnel, legal professionals and the medical profession are familiar with the issue and trained to make appropriate responses.

12.22 The Task Force notes that the Department of Social Welfare funds a number of specialist support agencies under the Community Development Programme (CDP). An application from Women's Aid to establish a Specialist Support Agency for a Domestic Violence Programme is being considered at present. This proposal seeks to build on and replicate the work undertaken by Women's Aid in St. Michael's Estate, Inchicore<sup>34</sup>, in conjunction with the CDP project there.

12.23 The Task Force recognises the difficulties and challenges faced by all families as they move through the life-cycle and **recommends** that community based parenting and family support programmes and services should be developed to support them.

### *Conclusions*

12.24 The Task Force considers that, in order to address the objective of eliminating violence against women, a long-term strategy must be put in place aimed at achieving equality of opportunity and respect between men and women.

12.25 The Task Force supports both special focus education programmes in schools and community based strategies to raise awareness and prevent violence.

12.26 An improved service response, easy access to advice and information, effective interagency working and training for all personnel who meet abused women in the course of their work is also a vital part of a preventative strategy. These issues have been dealt with in earlier Chapters of this Report.

12.27 The Task Force notes that public campaigns against violence against women can be effective but stress the importance of having an infrastructure of support services available to respond to women and children who disclose violence as a result of the campaign.

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<sup>34</sup>See Appendix 2

## **RECOMMENDATIONS**

### ***Raising Public Awareness***

- ◆ a publicly funded public awareness campaign, including TV/radio/poster, should be developed by the National Steering Committee;
- ◆ information leaflets, postcards and other material giving local information, should be displayed in places such as supermarkets, public health clinics, doctors' surgeries, churches, community centres, social welfare offices, post offices, sporting clubs e.g. GAA, soccer, rugby, golf clubs; and
- ◆ to enhance its chances of success, the campaign should be on-going over a period of time and resources should be available to allow for periodic evaluation.

### ***Education Programmes***

- ◆ special focus programmes should be introduced to provide children with the knowledge, skills and attitudes necessary to prevent violence against women in future generations;
- ◆ the opportunities provided by the Junior Certificate curriculum, new Senior Cycle programmes and the transitional year programme to raise the awareness of teenagers should be explored; and
- ◆ teachers should be provided with in-service training in relation to Social, Personal & Health Education in general and the prevention of violence in particular; and
- ◆ all educational material and teaching methods should be gender proofed and girls should be given equal access to all subjects.

### ***Community Based Strategies***

- ◆ community based strategies should be developed to prevent the escalation and recurrence of violence and to raise public awareness; and
- ◆ parenting and family support programmes and services should be developed to support all families along their life-cycle.

## Conclusions and Priorities

- 13.1 This Report has identified a range of interventions that will enable women to deal with the consequences of violence and to make perpetrators of violence accountable for their actions. It also highlights the need for a multidisciplinary approach which will require service delivery agencies in all sectors to work together to provide information and deliver an effective service. The adoption of clear policies in all agencies, the dissemination and implementation of good practice guidelines, and the provision of effective training for personnel are essential prerequisites for the delivery of an effective service.
- 13.2 The Task Force recognises that much has been achieved in recent years in the areas of service provision both in the voluntary and public sectors, and in the enactment of legislation by the Oireachtas, most recently the Domestic Violence Act, 1996. In the area of service delivery, there have been many encouraging developments - for example, the adoption by the Garda Síochána of a written policy on Domestic Violence Intervention which is published as an appendix to this Report. Organisations such as Women's Aid and individual women's refuges have pioneered the development of various effective responses including refuges, counselling and help lines. In addition many good and innovative community based responses have been established, some of which are highlighted in this Report.
- 13.3 The Task Force considers that all government departments and state agencies should give a strong commitment to support the implementation of policies to prevent violence against women. This is especially important as no one department has overall responsibility in this area and the issue of policy and services feeds into a complex interdependent network.
- 13.4 Notwithstanding the constraints on public expenditure, the Task Force considers that there is a clear and immediate need to develop and improve services and supports for women, as well as intervention programmes for men. Some of the changes recommended will be funded as part of the ongoing process of reorganising and modernising services, for example the ongoing review and reorganisation of the courts system – some will have no costing implications. However other recommendations will require additional resources or a reordering of priorities. It is important therefore, that the proposed changes are introduced on a planned and phased basis and that clear priorities are established. The planning of the development of services is best achieved at a regional level and this should be the first function of the proposed Regional Planning Committees.

- 13.5 The starting point for the development of regional plans should be the identification of existing services in each region. The next step should be to ensure that all existing services, whether in the community or voluntary sectors, are harnessed, co-ordinated and utilised to their full potential ensuring value for money from allocated resources. Regional Planning Committees should then identify (i) existing services that will need improvement and development and (ii) gaps in existing services. The plan should clearly spell out how it is intended to develop services on the lines envisaged in this Report and the priorities for the region. The objective of the plan should be to develop and bring existing services up to the standards envisaged in this Report over a five year period.
- 13.6 Pending completion of the planning process at a regional level, it is not possible at this stage to put definitive costs on all the recommendations. The Task Force **recommends** however that an additional £1 million be provided this year towards the implementation of the priority recommendations in this report. This money should be used to supplement, and not replace, existing sources of funding.
- 13.7 The focus for expenditure for the current year should be on the development of services for women and intervention programmes for perpetrators. The Task Force **recommends** that **priority** be given to:-
- ◆ the provision of operating costs for new refuges and seed funding for refuges that are at the planning stage;
  - ◆ the extension of the National Helpline, operated by Women's Aid, to a twenty-four hour, 7 days a week, comprehensive service;
  - ◆ in-service training of service providers including nurses, Gardaí, refuge workers, counsellors, G.P.'s, medical personnel with particular emphasis on personnel in casualty departments of hospitals etc.;
  - ◆ the provision of community based supports, including personal development opportunities, for women in community or family resource centres under the Department of Social Welfare Community Development Programme;
  - ◆ the provision of core funding for the Coolock Community Law Centre pilot project;
  - ◆ the development and evaluation of intervention programmes for men with a particular focus on funding the introduction of specialist programmes;
  - ◆ the provision in each Health Board of access to professional counselling for women who cannot afford to pay for such a service from their own resources, and increased provision for children suffering as a consequence of family violence;
  - ◆ the publication of information packs and leaflets; and
  - ◆ the piloting of one Local Network in each Health Board region before the end of 1997.
- 13.8 The Task Force **recommends** that an additional £2 million be provided in 1998 to further improve and develop services. This money should be allocated to service providers on the basis

of the plans drawn up by each Regional Planning Committee. In allocating funding, regard should be had to the population, the present level of services and the geographical nature of each region. Longer-term, the aim should be to bring some level of consistency and continuity to the amount of funding provided between regions. This matter should be kept under review by the National Steering Committee.

- 13.9 Finally, the National Steering Committee should give priority to the development of a preventative strategy on the lines envisaged in this Report. The strategy should be aimed at both highlighting services for women and at eliminating any ambivalence or tolerance that exists in society in relation to all forms of violence against women, whether the violence occurs in the home or elsewhere. An effective preventative strategy should help to reduce both the incidence of violence and the demand for services in the longer-term. In purely economic terms, it also represents a more cost effective approach to the problem than dealing with the human trauma, both social and economic, that results from violence.





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# APPENDICES



## Appendix 1

# Report of the Seminar on Violence Against Women

*Killiney Court Hotel, 26th November, 1996*

### *Introduction*

On November 26th 1996, a Seminar on Violence Against Women was held in the Killiney Court Hotel in Dublin. The seminar was organised on behalf of the Task Force on Violence Against Women which had been established under the auspices of the Office of the Tánaiste in October 1996. The objective of the seminar was to enable organisations and agencies with responsibility for and/or expertise in working with women who experience violence to contribute to the work of the Task Force and to the development of effective responses to the problem of violence against women.

This report is not a set of proceedings of the seminar, but in keeping with the spirit of the day, brings together the comments, views and recommendations which emerged from the formal presentations, from the working groups and from the floor.

### *1 An Overview of the Day*

The seminar, comprising a plenary session in the morning and a series of parallel workshops in the afternoon, was structured around three dimensions of the response to violence against women: the principle dimension being the services required by the victims of violence, the two others being the rehabilitation of offenders and preventative actions.

As a result of this focus, a clear and coherent picture emerged during the seminar with regard to these issues, and particularly with regard to the issues of services.

#### *1.1 The Morning Plenary Session*

The plenary session heard contributions from five speakers:

Minister of State at the Office of the Tánaiste, **Eithne Fitzgerald, T.D.**, (who also chaired the session) presented a broad overview of the problem of violence against women and in doing so laid the foundation for much of the subsequent discussion during the seminar. The Minister stated that violence against

women is a crime which is both serious and widespread. She cited statistics on the scale of violence towards women and on the demand for services made by women victims. The Minister also outlined the nature of current provision and called for a strategy to improve the policy response to violence against women. She urged that all arms of Government and all publicly funded bodies take the issue of violence against women seriously, and to put in place agreed practices and procedures to deal with violence and to offer sympathetic, professional and effective services for women and children. In concluding, the Minister stressed that our society must unambiguously condemn and abhor violence against women and offer no comfort to those who perpetrate such violence.

**Olive Braiden**, Dublin Rape Crisis Centre, developed the discussion of the type of violence which women experience by looking specifically at the issue of rape. She outlined, in some detail, the misconceptions which society actively encourages about the crime of rape and highlighted the adverse judicial process which rape victims are subject to - a process which differentiates rape from all other crimes. Ms Braiden stressed the need for training for those dealing with rape victims, for an improvement in the judicial processes, for separate legal representation for victims, and for a change in society's attitudes towards rape.

**Monica McWilliams**, Department of Social Policy, University of Ulster, described the work of the Domestic Violence Regional Forum in Northern Ireland. The objective of this forum is to respond to domestic violence by providing a forum for interagency discussion and exchange of information, promoting interagency co-operation at regional, area and local levels and advising Departments on the implementation of the framework. Four subgroups have been established - on promoting interagency co-operation, criminal justice issues, research and information, and education and training. Ms McWilliams also outlined the outcomes to date from the forum. She spoke of the process of denial, minimisation and rationalisation that characterises the response to violence towards women and identified the difficulties which those working with women experience. She also spoke of the process of policing domestic violence with particular reference to police attitudes, to organisation issues and to the limited response which the judicial process provides.

**Colm O'Connor**, Director, Cork Domestic Violence Project, presented a paper on one of the few programmes for male perpetrators of violence against women which is run in this country. In describing the Cork based programme, Mr O'Connor stressed the need for such programmes to conform to a set of stated principles. He also stressed the need to develop these programmes on an analysis of male violence to women based on power and control. "Men abuse women because they get something from it, and because they get away with it". Mr O'Connor argued that men perpetrators must be held accountable for their actions and must not be allowed to rationalise away their behaviour. Core principles of practice were outlined: programmes for men must be paralleled by programmes for women, the primary goal of programmes for men must be the protection and empowerment of women, programmes must work from informed beliefs and principles regarding the cause of male domestic violence, programmes for abusive men must be accountable to the women and the larger community.

**Prof. Rebecca Dobash**, University of Manchester, also focused on programmes for men. She reported on evaluations of such programmes and argued that participants were more likely to show a sustained change in their violent behaviour than were men who were not on programmes. She discussed the interaction between a judicial response to violence and the provision of rehabilitative programmes. Prof. Dobash argued that programmes work better when they are linked with a judicial process: the judicial process is capable of sending powerful symbolic messages to the perpetrator and also capable of holding



out the threat of sanction for breach of good behaviour. Prof. Dobash argued that perpetrators can be classified into three groups: those who will never change, those who will modify their behaviour under supervision and threat, and those who become self regulating.

### ***1.2 Afternoon Workshops***

The afternoon was given over to the workshops, seven in all, in which the three dimensions of the response to violence against women were discussed: *services for victims; preventative strategies; and rehabilitative programmes.*

## ***2. The Outcomes of the Seminar***

As stated earlier the seminar was structured around three dimensions:- the services required by the victims of violence, the rehabilitation of offenders and preventative actions.

### ***2.1 Services Required by Women who Experience Violence***

During the morning session, the issue of services was discussed at a general level, while it was the predominant focus of the seven working groups. It was clear from the proceedings of the day that, by and large, there is considerable consensus with regard to what services are required, what resources the services need, and to the general approach to providing services.

The seminar both implicitly and explicitly distinguished between front-line or emergency services for women victims and ongoing services to enable women regain control of their lives. Violence is a process not an event. Hence the response to it cannot be once off, but must be a continuous process of support and assistance, tailored to the needs of the woman at any point in time.

In brief, the consensus was that a continuum of provision for women is required which covers the initial provision of information and advice right through to interventions aimed at enabling women rebuild their lives and reintegrate into their communities. There was also considerable attention paid to the issue of the training requirements of specific service providers and to the special considerations which are needed for certain issues. The following tables attempt to summarise the range of services identified during the workshops, the training requirements associated, and the special needs/issues to which they must be sensitive.

**Tables 1 and 2 go here**

**Tables 3 and 4 go here**

## **2.2 Preventative Strategies.**

Prevention strategies were broadly seen in terms of two main headings:

- a measures to ensure that women who have experienced violence can escape from these situations thus preventing the ongoing experience of violence***
- b measures to ensure that society's tolerance of violence against women decreases to zero thus diminishing the overall incidences of violence against women***

Noting these, the following were the main recommendations that emerged:

### ***a Targeting Preventative Strategies:***

Following the two-way classification of preventative strategies noted above, both general and specific target groups for such strategies were identified as follows:

#### *Specific:*

- ◆ women who experience violence,
- ◆ men who perpetrate such violence,
- ◆ children who have been directly exposed to violence against their mothers.

#### *General:*

- ◆ men within society,
- ◆ women within society,
- ◆ young children and adolescents,
- ◆ society generally.

In addition, four settings for targeted interventions can be identified from the discussion of the working groups. These are:

- ◆ the home,
- ◆ the school and pre-school,
- ◆ the local community,
- ◆ society at large.

Effective preventative strategies need to incorporate these target groups and these settings if a comprehensive range of measures is to be developed.

### ***b Educational Programmes:***

There was overwhelming consensus on the role which can be played by educational programmes in increasing awareness of the issue of violence against women and in decreasing acceptance of it within our society. The different target groups and intervention domains identified above are particularly pertinent to the issue of educational programmes. Specific points on this issue are as follows:

- ◆ Educational programmes should be made available to all school children, including pre-school children: life skills programmes provide opportunities for this;

- ◆ Parenting skills programmes should be more widely available to assist parents who have difficulties in parenting; and
- ◆ Special educational programmes for men should be provided, focusing on the issue of violence against women. More generally, the provision of information on the family, on children etc. should make specific efforts to target men.

### ***c Public Awareness Campaigns***

Again, on the issue of public awareness and the relevance of campaigns in this area, there was broad agreement. Television and poster campaigns were seen as most effective. Apart from noting the coverage and targeting of such campaigns however, there were few specific recommendations. The following were the most salient points that emerged:-

- ◆ Public awareness campaigns can change attitudes: the drink driving campaign in particular was cited as evidence of this. It was also noted that the penalties associated with drink driving played a major role in changing attitudes;
- ◆ If public awareness campaigns are to work, they need the full and visible support of all the relevant agencies;
- ◆ Public awareness campaigns must be hard hitting. They must stress the criminality of domestic violence;
- ◆ Public awareness campaigns should avoid adding to the stigma of being a victim;
- ◆ Public awareness can also be increased by greater media attention to court cases involving violence against women; and
- ◆ Public awareness campaigns must include the issue of rape.

### ***d Research and Data Gathering:***

There was general consensus that the quality of research and data into the issue of violence against women is insufficient at present.

- ◆ More information is needed on the scale and nature of violence against women, the underlying causes, the contribution of drug and alcohol abuse;
- ◆ It is desirable that a systematic register of violence against women be established in order that front-line organisations and individuals can amass the data required; and
- ◆ More information is required on what kind of measures are needed to curb violence against women.

## ***2.3 Rehabilitation Programmes***

This was the most contentious issue discussed and there was far less consensus on this issue than on either services or preventative measures. There were less shared views on how we should think about rehabilitation and how we should try to achieve it. The morning plenary session had heard a very comprehensive and well received presentation from Colm O'Connor, in which he stressed the socio-political context of violence against women, the need to hold men accountable for their actions, and the need to prioritise support for the woman within the delivery of rehabilitation programmes.

While these points were echoed during the workshops, a very cautious approach to the issue of rehabilitation was apparent. Three points which were stressed were:

- ◆ the safety of women must be the predominant issue;
- ◆ rehabilitation programmes should not divert resources or other funding from programmes for women; and
- ◆ rehabilitation programmes have a role, but must be a complement to rather than an alternative for, support and services for women.

The discussions from the workshops supported the view, expressed during the morning session, that rehabilitation programmes should be linked to judicial processes.

This was important for a number of reasons:

- ◆ the judicial system is capable of sending a symbolic indication of society's condemnation of violence;
- ◆ the judicial system embodies the underlying threat of sanction; and
- ◆ combining rehabilitation programmes with the judicial process reinforces the perpetrators accountability.

During the workshops, there was some divergence on the question of compulsory participation in intervention programmes. One view was that the concept of rehabilitation is inconsistent with that of compulsion - that is if rehabilitation is to occur, participation must be voluntary. The other view expressed was that compulsion can reinforce the perpetrators commitment to the programme. The need to ensure that participation on programmes would not provide an 'out' for perpetrators and lead to greater leniency by the courts was strongly echoed in the workshop discussions.

Greater exploration of this issue is necessary if rehabilitation programmes are to become a significant part of the response to violence against women. Such information is needed if the response is to be appropriate to the needs of particular perpetrators, if adequate resources are to be deployed, and if those resources are to be cost effective. Most of all however this kind of greater information is needed to avoid a situation whereby women may become expected to manage violence - a point forcefully made from the floor.

Finally, both Colm O'Connor and Prof. Rebecca Dobash stressed the fact that the impact of rehabilitation programmes cannot be assessed in terms of men's self reported behavioural changes, but only in terms of improvements in the quality of the woman's life as reported by her. Again this view was broadly accepted within the workshops. In conjunction, the view was also expressed that men who are known perpetrators should be identified in some way in order that both agencies and women who come in contact with them are aware of their history.

### ***3. Concluding Comments***

Throughout the day's proceedings a number of key aspects of the problem of violence against women were reiterated again and again. These can be briefly summarised as follows:

- ◆ ***the problem is widespread and serious:*** significant numbers of women experience violence and significant numbers of them sustain severe injuries. Multiple forms of abuse are common, including actual physical violence and sexual violence. Women can sustain serious injuries as a result of violence and the contribution of violence against women to national homicide figures was noted;
- ◆ ***current policy and provision are inadequate:*** services have developed in a piecemeal and haphazard way; there are major gaps and particularly so in rural Ireland; services are not co-ordinated; they are not always tailored to the needs of the woman and her children; and they are not always sensitive to the trauma being experienced by the woman;
- ◆ ***different women have different needs:*** variation in the social, cultural and geographical situation of women lead to different ways of interacting with existing services and different needs in relation to new services. The specific case of traveller women was highlighted as was the issue of women in rural Ireland;
- ◆ ***training must be a key part of the response:*** across the board, training was identified as a key element of an effective response to violence against women. This included specific training for those directly involved in delivering services to women and more generalised training for those who come into contact with women victims;
- ◆ ***an integrated community based approach incorporating interagency co-operation is required:*** *such an approach is necessary to ensure linkage between agencies, to ensure effective sharing of information, and to increase the overall level of information on the nature of the problem and what constitutes an effective response; and*
- ◆ ***society is not outraged by violence against women:*** *violence against women tends to be minimised, normalised and willingly misunderstood. Both physical and sexual violence towards women is accommodated by a set of myths and a historical legacy of tolerance. This context of complacency renders the development of effective societal responses more difficult.*

***Attendance at Seminar on Violence Against Women***

<b>Name</b>	<b>Organisation</b>
Maeve Allen	Family Law Action Group
Ursula Barry	Women's Education, Research and Resource Centre, UCD
Dr Pauline Beegan	Rock Road Psychotherapy Centre
Dr Fiona Bradley	Department of Community Health and General Practice, TCD
Sr. Anna Brady	Association of Family Ministry Directors
Nell Brady	Irish Federation of University Women
Mary Bryans	The Samaritans
Anne Byrne	Knockan Rawley Resource Centre
Geraldine Byrne	CENTRECARE
Olivia Carr	W.O.V.E.
Denise Charlton	Women's Aid
Brigid Clarke	Exchange House
Carmel Clarke-Muckrack	Gingerbread Ireland
Sr. Anne Codd	Rainbows Ireland
Nancy Collins	Pavee Point
Marie Comiskey	Irish Countrywomen's Association (Dublin Fed.)
Roisin Connolly	Coolock Community Law Centre
Ann Coyle	North-Eastern Health Board
Robin De Ruiter	Student
Celine Deane	Beaumont Hospital
Inspector Gerard Dillane	An Garda Síochána, Cork City
Inspector Tom Dixon	An Garda Síochána, Dublin
Ann Doherty	Cork Traveller Visibility Group
Catherine Dunne	Counselling Centre
Rita Fagan	St. Michael's Family Resource Centre
Sr Helena Farrell	Ruhama Women's Project
Joe Fay	M.O.V.E. (Ireland)
Ronnie Fay	Pavee Point
Ann Marie Foley	Adapt Kerry Ltd.
Inspector Pat Forde	An Garda Síochána, Galway
Maureen Gaffney	National Economic and Social Forum
Mrs Rebecca Gibson	Hesed House Counselling Centre
Rev. Margaret Gilbert	Mothers' Union
Valerie Gilnan	Wexford Rape Crisis Centre
Evelyn Glynn	Tuam Resource Centre
Annie Graham	Letterfrack Women's Group
Rosemary Grant	Coombe Women's Hospital
Sabha Greene	F.L.A.C.
Margaret Groarke	Midland Health Board
Bernie Hackett	Kilkenny/Carlow Rape Crisis Centre
Brenda Hannon	National Federation of Refuges
Michael Hanratty	Eastern Health Board Homeless Service
Mrs Carmel Harmon	Irish Countrywomen's Association
Aileen Hendrick	Turning Point



<b>Name</b>	<b>Organisation</b>
Don Hennessy	Cork Domestic Violence
Kay Hennigan	Association of Head Medical Social Workers
Mary Horkan	University Women of Europe
Bernie Hyland	North-Western Health Board
Dr Anne Jackson	North-Eastern Health Board
Sr. Jo Kennedy	Hesed House Counselling Centre
Gerry Kenny	Eastern Health Board Homeless Service
Imelda Keogh	Irish Association of Social Workers
Carmel Keogh	Women's Committee of ICTU
Colm Kiely	M.O.V.E. (Ireland)
Anita Knoppenhofer	St Michael's Community Development Programme
Alice Leahy	TRUST
Pat Lenehan	Department of Applied Social Studies, UCC
Tara Macleod	Togher Pre-school and Family Centre
Sr. Joan Madden	Knockan Rawley Resource Centre
Sandra Mannion	St Lukes Hospital, Kilkenny
Jim Mansfield	Western Health Board
Elaine Martin	I.S.P.C.C.
Elizabeth Maxwell	Rainbows Ireland
Oonagh McArdle	National Traveller Womens Forum
Madeline McAleer	Federation of Refuges
Roisin McDermott	Women's Aid
Josephine McGourty	Society of St Vincent de Paul
Anne Meade	Victim Support
Finola Minch	Victim Support
Dr Geraldine Moane	U.C.D.
Bernard Morrin	Midland Health Board
Terri Morrissey	Aoibhneas
Dorothy Morrissey	Limerick Rape Crisis Centre
Kathleen Mortimer	Letterfrack Women's Group
Inspector Philip Moynihan	An Garda Síochána, Tipperary
Dr Emma Nelson	G.P., Bray
Bridie Newell	Tuam Womens Group
Mary O'Connell	Community Women's Education Initiative
Brian O'Doherty	Family Law Action Group
Siobhan O'Donoghue	Limerick Travellers Development Group
Anne O'Donovan	Simon Community
Colette O'Donovan	Finglas Contact
Jean O'Flynn	Cork Domestic Violence
Nora O'Halloran	Finglas Contact
Elaine O'Leary	Cork Women's Action Group
Anne O'Loughlin	Irish Association of Social Workers
Anne O'Reilly	Psychologist
Stephanie O'Toole	Bantry Resource Centre
Deirdre Paffrath	AIM Family Services
Sr Fiona Pryle, RGS	Ruhama Womens Project

<b>Name</b>	<b>Organisation</b>
Jean Quinn	Focus Housing
Inspector Maurice Regan	An Garda Síochána, Wicklow
Nicola Rountree	Mayo Rape Crisis Centre
Christiane Schmelter	Mothers' Union
Sr. Anne Scully	Association of Family Ministry Directors
Sally Shovelin	TRUST
Ailbhe Smyth	Women's Education, Research and Resource Centre, UCD
Brid Spencer	Office of the Tánaiste
Joan Sreenan	Counselling Centre
Moirá Staunton	Department of Health
Inspector Joe Sullivan	An Garda Síochána (Sligo)
Virginia Sweeney	Tuam Womens Group
Kay Veale	Society of St Vincent de Paul
Mary Paula Walsh	Turning Point
Eamonn Walsh TD	Joint Committee on the Family
Philomena Will	Kerry Rape Crisis Centre
Martin Wills	M.O.V.E. (Ireland)
Niamh Wilson	Women's Aid

## Appendix 2

# Community Based Approaches

### *Family Resource Centre, 70 St. Michael's Estate, Inchicore, Dublin 8.*

The Family Resource Centre is a community based resource centre in St. Michael's Estate, Inchicore. It's work is rooted in solidarity with those who experience social exclusion and is based on creating real partnerships that involve them. The Centre is a Women's Community Development Project core funded by the Department of Social Welfare through Lottery Funding.

The role of the Family Resource Centre, through its commitment to community development, is to contribute to social change at a local and national level. The majority of the work of the centre is with women in relation to their needs as women, mothers and children. They run core local educational programmes for women, children and men. They are also directly involved in tenants issues on the Estate.

Other community development work is through joint ventures with institutions and agencies i.e. the Museum of Modern Art, Dublin Corporation, VEC, Women's Aid etc.

The Family Resource Centre, in a joint venture with Women's Aid, has for six years piloted an integrated voluntary and professional Community Response to the issue of violence against women in the Inchicore area through a Community Development approach.

### *St. Helena's Resource Centre, St. Helen's Road, Finglas South, Dublin 11.*

St. Helena's Resource Centre is a community based resource centre in Finglas. It's main goal is to help people develop personally, through support, participation and self expression.

They are funded by the Eastern Health Board, Department of Social Welfare and by fund-raising. Some of the staff are on Community Employment Programmes.

The Centre runs courses in self development, current affairs, crafts/flowers, crochet, gardening, country and western, calligraphy, art class, cookery, home furnishing, aerobics and drama. It also runs support groups such as:

**One Plus** - gives young lone parents the opportunity to socialise and keep in touch with issues affecting them.

**Finglas Separated Persons' Support Group** - offers a friendly ear and a helping hand to those who are separated.

**Contact** - offers confidential information and support to people with family difficulty. They offer information on family law, housing, social welfare and health. Between November 1995 and December 1996 Contact have had 557 callers - 461 women and 96 men. Most clients called in with a number of enquiries i.e. Violence/Abuse and Legal.

The following is breakdown of the information provided:

<b>Legal</b> 362	<b>Housing</b> 200	<b>Social Welfare</b> 197	<b>Support</b> 234	<b>Other</b> 193
<b>Counselling</b> 122	<b>Gardaí</b> 93	<b>Children</b> 289	<b>Local</b> 303	<b>Non Local</b> 246
<b>Abused</b> 170	<b>Refuge</b> 41	<b>Court Support</b> 163	<b>Repeat</b> 96	<b>Ongoing</b> 298

***The Family Life Centre Boyle, Family Refuge, Boyle, Co. Roscommon.***

The Family Life Centre, Boyle is available to families who are in violent, abusive and emotionally abusive relationships. It houses two self-contained flatlets. The Community Welfare Officer, the Child Care Worker, Public Health Nurses and area doctors are all available to assist families in residence. There is a direct internal line to the local garda station.

Admissions are strictly on a referral basis and must come through the statutory bodies i.e. Health Boards, Social Workers, garda etc. There is a maximum stay of 28 days. The aims of the Refuge are to provide a safe haven in which the families are given the space necessary to take charge of their own lives and decide about their future. Professional counselling and support groups for parents and children are available. An aftercare programme for families including outreach counselling is also available.

The Centre runs courses in Family/Parent Care, Addictions, Personal Growth, Marriage Care, and Bereavement/Loss.

The Family Life Centre is supported by Diocese and Parishes of Elphin, FAS, Western Health Board, Departments of Social Welfare and Equality and Law Reform. It opened in 1996. Since then there have been 586 bed nights housing 17 families which included 79 children.

## Appendix 3

# GARDA SIOCHANA POLICY ON DOMESTIC VIOLENCE INTERVENTION

*REVISED EDITION 1997*

### **DOMESTIC VIOLENCE**

*“Domestic Violence” is the physical, sexual, emotional or mental abuse of one partner by the other partner in a relationship which may or may not be one of marriage or cohabitation and includes abuse by any family member against whom a safety order or a barring order may be obtained by another family member.*

Domestic Violence has not been defined in the legislation, however, the above may be a useful working definition.

### **INTRODUCTION**

1. It is the duty of Gardaí to investigate fully all incidents of domestic violence, including reports of domestic violence received from a third party. These cases require special care and attention because of the usually vulnerable circumstances surrounding the injured party. Because of this, she ( in the great majority of cases it will be a woman) will very often not be able to make the kind of rational decisions which would be in her best interests. Domestic violence cases are incidents of extreme bullying and inappropriate action by Gardaí can often confirm the aggressor in his perception of invulnerability which in turn can lead to further violence. The primary Garda role is one of protection through law enforcement - reconciliation, if appropriate, is better left to those skilled in that area.
2. Each District Officer will take a personal interest in the implementation of the policy contained in this document. Each Divisional Officer will nominate an Inspector to oversee the Policy and maintain the necessary records of the Division.

### ***PROCEDURE***

3. Reports of the crimes of domestic violence will be dealt with promptly on the basis that life and property may be at risk. Gardaí should always be aware of the potential danger to themselves which may exist and take appropriate precautions.
4. If the investigating member is alone, the initial interview will be with the complainant or the alleged victim. It is, however, preferable that each incident of domestic violence be attended by two members. If the victim is a woman and prefers talking to a woman, every effort should be made to include a female Garda in the investigation.
5. Members will introduce themselves by name, will remain calm and be patient, tactful and courteous. At the same time the investigating member will display a positive, and non-judgemental attitude.
6. Direct verbal confrontation between the assailant and the victim should be prevented by getting enough distance between them to enable each to relate his/her own story without interruption. In order to achieve this, the parties should be separated and kept out of sight and hearing of each other. This will remove the possibility of non-verbal intimidation being used.
7. From the beginning, the investigating member will keep in mind the emotional and physical pain the victim may be suffering while ensuring that all available evidence regarding any alleged assault is obtained. To this end, the investigating member will take note of the following:
  - (a) day, date, time and place;
  - (b) detailed description of the occurrence, including injuries, with indications of corroboration, if any;
  - (c) name and address of complainant/victim and alleged offender and relationship between both;
  - (d) the existence or otherwise of a Safety/Barring/Interim Barring/Protection Order;
  - (e) name and address of any witness;
  - (f) physical and emotional condition of alleged victim and alleged offender;
  - (g) physical and emotional condition of any children present;
  - (h) condition of premises;
8. As well as taking note of the above, the investigating member will also seize and retain any physical evidence which could be used to support a prosecution.

### ***ARREST***

9. Where a power of arrest exists, the arresting member will utilise that power of arrest and charge the offender. The injured party's attitude will not be the determining factor in respect of the exercise of such power.
10. To this end, there are number of different powers of arrest to which a member may have recourse for example:
  - (a) Domestic Violence Act, 1996.
  - (b) Criminal Damage Act, 1991.

- (c) Offences Against the Person Act, 1861 (Section 18)
- (d) Common Law, Breach of Peace
- (e) Dublin Police Act, 1842
- (f) Criminal Law (Rape) Amendment Act, 1990 - abolished any rule of law by virtue of which a man could not be guilty of the rape of his wife.

#### ***SAFETY/INTERIM BARRING/BARRING/PROTECTION ORDERS***

11. Where an Order is in force, the investigating member will always arrest the respondent where the member has reasonable cause for believing that the Order has been received from or on behalf of the applicant.

It should be noted that a Barring Order is not made void where the respondent has been allowed back, even for an extended period, by the applicant, into the premises from which he has been barred. The fact that some courts would regard this action by the applicant as inconsistent, does not affect the validity of the Order and consequent power of arrest.

**Provision is made at S.6 of the Domestic Violence Act 1996 for a Health Board to apply in certain circumstances on behalf of an aggrieved person for a Safety Order or Barring Order.**

This Section comes into force on 1st January, 1997.

#### ***BAIL***

12. Where the injured party has reason to fear harassment or retaliation, the court should be so informed in order that this fact can be taken into account in any bail application. The injured party should have the opportunity to be heard at the application. Where bail is granted and any special conditions are attached, the injured party will be informed of all details and encouraged to inform the investigating member of any of these conditions are being breached.

When an aggressor is arrested and charged immediately after an assault, station bail will not be granted, as the likelihood of the intimidation of the principal witness, the injured party, is extremely high.

#### ***REPORTING***

13. All cases of domestic violence must be recorded as laid out in standing instructions. Where an arrest is made, a full investigation file will be forwarded by the investigating member. This investigation file will be forwarded to the District Officer for directions. (This does not preclude the keeping of other records, e.g. Forms C1, etc. where appropriate).

If a prosecution follows from such direction it may be instituted by either arrest on warrant or by summons. An application for a warrant to arrest may be the preferable option as conditions of bail relating to the safety of the victim can be sought.

The nominated Inspector will maintain a statistical record of cases coming to notice in the Division. He or she will keep an overview of cases to ensure that the policy is adhered to and, if necessary will take charge of any case with complex circumstances or which has a high public profile.

### **WELFARE OF CHILDREN**

14. The investigating members will, where necessary, keep in mind their powers under the Child Care Act, 1991 in relation to an immediate risk in respect of the safety of children. Where the investigating member suspects that there is a risk to the health safety or welfare of any children involved, the appropriate Health Board will be notified without delay, as per circular HQ 56/95 (Ops 15/11/94 of 21/4/95).

Under Section 7 of the Domestic Violence Act 1996 a Court before which proceedings are taking for an Order under the Act with respect to a dependant person (child) concerned in the proceedings, may in certain circumstances direct the local Health Board to investigate that persons circumstances and may make a Supervision Order under the Child Care Act 1991 pending the outcome of the investigation.

Official transport may be used to ensure the safety of injured spouses and children.

### **ADVICE AND SUPPORT**

15. The investigating member will ensure that the victims are fully informed of the legal redress available to them through the civil courts. Such advice and support should include addresses of the Family Law Courts and /or the District Court Clerk. The investigating member should inform the victim fully of the procedures to be followed in applying for a Safety/Protection/Interim Barring/Order.
16. Where cohabiting couples are involved the complainant/alleged victim should be informed of the procedure for applying Orders under the Domestic Violence Act 1996.
17. One of the central features evident in incidents of domestic violence is the need for co-ordination of Garda work with that of other relevant services. The investigating Garda should make the victim aware of the relevant services in the area, both statutory and voluntary which may be of assistance to him/her.

In all cases of domestic violence, the investigating member will:

- (a) Provide the victim with a copy of the Domestic Violence information leaflet (DMA) and make the victim aware of the relevant services in the area, such as:-

Victim Support  
Health Board Social Workers  
Rape Crisis Centre  
Women's Aid/Refuge  
Local Women's Support Group  
Local G.P.'s  
Family Law Courts  
Legal Aid Board

Any other agency which may be of assistance.

Information with regards these services should be updated as required. These updated lists should be placed close to the phone in the public office for easy access.



- (b) Give the victim, in writing, his/her name, station and telephone number (call card)
- (c) Call back to the complainant/victim at least once in the following month to:-

Provide further information on any developments in the investigation, and reassurance in cases where there is no on-going investigation.



## Appendix 4

# Domestic Violence 1996

	Incidents	Arrests	Persons charged	Persons injured	Persons convicted
<b>EASTERN REGION</b>	631	161	127	144	110
Carlow/Kildare	154	51	28	70	24
Leix/Offaly	83	39	39	28	39
Longford/Westmeath	234	23	26	12	19
Louth/Meath	160	48	34	34	28
<b>D.M.A. REGION</b>	2,996	436	380	428	251
Eastern	304	20	19	31	12
North Central	235	46	38	133	22
Northern	849	129	104	91	64
South Central	260	31	28	50	11
Southern	1,348	210	191	123	142
<b>NORTHERN REGION</b>	199	50	36	47	27
Cavan/Monaghan	94	11	14	22	8
Donegal	67	27	17	21	14
Sligo/Leitrim	38	12	5	4	5
<b>SOUTH EASTERN REGION</b>	164	67	42	88	18
Tipperary	42	14	12	35	7
Waterford/Kilkenny	86	35	11	42	4
Wexford	36	18	19	11	7
<b>SOUTHERN REGION</b>	491	108	100	149	70
Cork East	249	48	26	84	11
Cork West	39	13	13	14	11
Kerry	133	26	43	36	35
Limerick	70	21	18	15	13
<b>WESTERN REGION</b>	164	38	40	67	30
Clare	22	4	3	11	3
Galway West	59	17	16	21	21
Mayo	47	9	15	18	5
Roscommon/Galway East	36	8	6	17	1
<b>Total</b>	4,645	860	725	923	506



## Appendix 5

# Proposal for Domestic Violence Project

### *Coolock Community Law Centre*

#### Background

Coolock Community Law Centre provides a legal advice, information and representation service in Coolock and surrounding areas. The Centre has been in existence for 21 years. The Law Centre is committed to providing a locally based, accessible service. The Law Centre is run by a Management Committee comprised of community representatives from the area. The Centre maintains strong links with other local groups, and with advice and support agencies.

The Centre welcomes the establishment of a new Women's Refuge for victims of domestic violence on the Kilmore Road. There has been a clear need for such a Refuge for many years. The new Refuge will accommodate up to 10 families at any one time and is due to open in September 1996. Aoibhneas, the manager of the Refuge, estimates that 75% of the clients of the Refuge will require legal aid and advice. Aoibhneas estimates that this will amount to approximately 200 clients seeking legal advice in any one year.

#### Law Centre Involvement

Aoibhneas has approached Coolock Community Law Centre with a view to organising a legal service to meet the needs of the clients of the Refuge. The Law Centre sees the need for a dedicated legal service for clients of the Refuge. Over the last several years, the Law Centre has developed a specific expertise in dealing with the legal and non-legal aspects of domestic violence cases. In 1995 the Law Centre published a report entitled "Domestic Violence - the Response of the Legal System". This Report highlighted the need for a co-ordinated and comprehensive response to the problem of domestic violence. Research has also indicated that the level of support that a victim receives while a case is being processed through the legal system, has a direct bearing on the likelihood of a victim pursuing her case to the end. In the absence of appropriate support, there is a high likelihood that victims will drop their cases before final hearing.

#### Problem or Opportunity?

The opening of the new Women's Refuge on the Kilmore Road poses both a problem and an exciting opportunity for Coolock Community Law Centre. The problem is the fact that on the basis of the esti-

mates provided by Aoibhneas it would appear that one full time solicitor would be required to deal with the caseload. The Law Centre at the moment has only one casework solicitor, who would be unable to take on the additional work.

The Centre does not have any funding to employ additional staff.

On the other hand, the need for a dedicated legal service response for clients in domestic violence situations is very clear. There is now a possibility of actually developing a specific project which would address the unique needs of women in such a situation. There is a need to improve the response of the legal system to cases of domestic violence.

#### Aims

The project requires careful planning and training for personnel. The aim of the project would be

- (1) to identify many of the barriers (legal, social and personal) faced by women trying to leave violent relationships.
- (2) to create appropriate services and a supportive environment to assist women in overcoming those barriers and enforcing their rights to live free from violence and achieve their personal objectives.
- (3) to recommend any necessary changes to legal procedures and substantive law where necessary

#### Proposal

The Law Centre proposes to establish a project aimed at meeting the special legal needs of women and children in violent relationships. It is proposed that a three year pilot project would be established. A solicitor would be recruited to the project. The solicitor would receive training in the dynamics of violent personal relationships, counselling skills and peer support. The solicitor would advise and represent women in court applications. The pilot project would be developed in co-operation with other locally based services and in co-operation with specialised national services. During the three years of the pilot project, the following would be achieved:

1. The development of a programme of advice, information, support and court representation for women in violent relationships.
2. The development of a support group for women going through the court process. This support group would identify the issues of greatest concern to women at such a time and assess and identify areas of reform of the court process to enable the court system meet the needs of the women.
3. The development of a specialised legal education course for use in legal and possibly judicial training programmes in relation to the legal response to domestic violence cases, and to develop a recognised code of 'good practice' for lawyers dealing with such cases.
4. An evaluation and monitoring of the effect of the introduction of the Domestic Violence Act 1996 including conduct of cases, outcome of applications for Barring Orders and Safety Orders, the role of the Health Board in applications under the Act and the role of the Gardai in domestic violence cases generally.

Evaluation /Outcome

The project would be monitored and evaluated throughout the three year period. The staffing levels for the project would be reviewed at the end of the first year. A **final** report would issue at the end of the three years. This report would analyse the project itself, drawing conclusions where necessary, develop a planned strategy for the response of the legal system, draw up recommendations in relation to training for personnel operating in the system, propose further changes to either the substantive law or procedures to improve the system. The pilot project, when evaluated and subject to any necessary suggestions for change made through the evaluation process, could then be used as a model for future development.

Conclusion

The opening of the new Women's Refuge in the Kilmore Road provides us with an ideal opportunity to develop a new interdisciplinary response to the problem of domestic violence. The legal system has long been criticised by women for failing to understand their problems, and failing to meet their needs. This project will present us with a unique means of identifying ways in which both legal services personnel such a solicitors and barristers and the court system itself, may be developed to meet those needs in an improved manner.

BUDGET (per annum for 3 years)

The employment of one full time solicitor (including employer PRSI)	£20,000
The employment of administrative staff (including employer PRSI)	£ 6,000
Overheads (including insurance, practising certificates, research material, etc.)	£ 3,500
Evaluation	<u>£ 5,000</u>
TOTAL	£34,500 per annum





## Appendix 6

# Occupancy of Refuges on Wednesday 26th February, 1997

Refuge	Number of Units	Number of Women currently in Residence	% Full
Bray	4	2	50%
Coolock	2	2	<b>100%</b>
Cork	6	3	50%
Donegal	3	2	67%
Dundalk	5	3	60%
Galway	7	7	<b>100%</b>
Limerick	12	9	75%
Meath	6	6	<b>100%</b>
Rathmines	10	10	<b>100%</b>
Waterford	10	8	80%
Total	65	52	80%



## Appendix 7

# List of Rape Crisis Centres

Name	Address	Telephone	Freephone	Hours
Dublin Rape Crisis Centre	70 Lower Leeson Street, Dublin 2	(01) 661 4911	1 800 778 888	24 hrs a day
Limerick Rape Crisis Centre	11 Mallow Street, Limerick	(061) 311511	1 800 311 511	Mon – Fri 9.30 a.m.– 5.30 p.m.
Cork Rape Crisis Centre	5 Camden Quay, Cork	(021) 505577	1 800 496 496	Mon – Fri 9 a.m. – 5 p.m.
Galway Rape Crisis Centre	3 St. Augustine Street, Galway	(091) 564983	1 800 564 983	Mon, Wed, Thurs, Fri, 10 a.m. – 1p.m. 3 p.m. – 6.30 p.m., Tues 3 p.m. – 5.30 p.m.
Clonmel Rape Crisis Centre	20 Mary Street, Clonmel, Co. Tipperary	(052) 27677	1 800 340 340	Mon – Fri 9 a.m. – 5 p.m.
Waterford Rape Crisis Centre	2a Waterside, Waterford	(051) 73362	1 800 296 296	Mon – Fri 9.30 a.m. – 5.30 p.m., Sat 11 a.m. – 1 p.m., Thurs 8.30 p.m. – 10 p.m.
Kerry Rape Crisis Centre	11 Denny Street, Tralee, Co. Kerry	(066) 23122	1 800 633 633	Mon – Fri 10 .m. – 4 p.m.
Sligo Rape Crisis Centre	Mense, Wine Street, Sligo	(071) 71188	1 800 750 780	Mon – Thurs 10 a.m. – 11 a.m.
South Leinster Rape Crisis Centre	Waterford Road, Kilkenny	(056) 51950	1 800 727 737	Mon 10 a.m. – 4 p.m., Wed 10 a.m. – 4 p.m., Thurs 7 p.m. – 10 p.m.
Carlow/Kilkenny Rape Crisis Centre	5 Dean Street, Kilkenny	(056) 51555	1 800 478 478	Tues, Wed, Fri 10 a.m. – 4 p.m., Thurs 10 a.m. – 8 p.m.
Tullamore Rape Crisis Centre	P.O. Box 105, Tullamore, Co. Offaly	(0506) 22500	none	Mon, Wed, Fri 8 p.m. – 11 p.m.
Athlone Rape Crisis Centre	4 Roselevin Court, Athlone	(0902) 73815	none	Mon 10 a.m. – 1 p.m. & 7 – 10 p.m. Tues – Fri 10 a.m. – 1 p.m.
Mayo Rape Crisis Centre	Ellison Street, Castlebar, Co. Mayo	(094) 25657	1 800 234 900	Mon 11 a.m. – 1 p.m.
Wexford Rape Crisis Centre	Clifford Street, Wexford	(053) 22722	none	Mon – Thurs 10 a.m. – 1 p.m.
Belfast Rape Crisis Centre	20 Donegal Street, Belfast BT1 2FG	08 01232 24969	none	Mon – Fri 10 p.m. – 6 p.m., 6 p.m. – 12 a.m. (Trained Counsellor to answer calls)



## Appendix 8

# Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children

### *Recommendations on Rape and Sexual Assault*

- ◆ The Working Party recommends that Section 4 of the Criminal Law (Rape) (Amendment) Act, 1990 be extended to include **penetration of the anus by an object**.
- ◆ The Working Party recommends that consideration be given to the codification of rape and sexual offences with a view to creating an offence of ‘**penetrative sex**’ (**rape**) and ‘non-penetrative sex’ (sexual assault). These offences would have within them categories of offence. For example, under rape there would be the offences of incest and unlawful sexual intercourse with persons below a particular age. Sexual assault would have the same constituents as are found at present.
- ◆ That the **absence of overt resistance** on the part of a complainant should never be construed by the courts as consent.
- ◆ In rape trials, where **consent** is an issue raised by the defendant, the **onus** of proof should shift to the defendant to prove that he sought and obtained the consent of the complainant to sexual intercourse.
- ◆ The Garda Síochána should develop and publicise clear policy and practice with regard to the **treatment of victims** of rape, sexual assault and other sexual offences.
- ◆ A **Code of Behaviour** for the treatment, by all gardaí, of victims of rape sexual assault and other sexual offences should be developed and implemented within the Garda Síochána.
- ◆ Appropriate **training**, both pre- and in-service, should be provided on a national basis for all gardaí with respect to the treatment of victims of rape, sexual assault and other sexual offences.

- ◆ Special **Sexual Assault Units**, staffed by fully trained members of the gardaí, should be established in garda stations in major cities and towns throughout the country.
- ◆ That the recommendation of the Law Reform Commission regarding **information and consultation** (LRC. 1988: 15) be given the force of law.
- ◆ The Working Party strongly recommends that the procedure of a victim touching an identified assailant should be abolished, and that identification should be carried out using two-way mirrors.
- ◆ The Working Party recommends, (i) that the powers of the DPP under the Prosecution of Offences Act, 1974 be reviewed in the interests of accountability so as to allow the **DPP to give reasons as to why prosecutions do not proceed**, except where it may not be in the public interest that such reasons be set out; (ii) that the DPP make available on a yearly basis, **statistics** as to the number of cases involving sexual and other violence towards women and children which are referred to his office and the outcome of such cases and (iii) that consideration be given to the establishment of a **special section within the DPP's office** to deal with the prosecution of sexual offences.
- ◆ The Working Party recommends that where **bail** is an issue, gardaí be required to discuss with the victim(s) and their families what concerns they might have as to this issue and what conditions, if any, they might want a court to impose on the accused if bail is to be granted.
- ◆ The Working Party strongly recommends that a system be put in place whereby victims of crimes of domestic violence and sexual assaults are notified by the prisons or gardaí that the **release of a perpetrator** is anticipated or has taken place.
- ◆ The Working Party recommends that **the Juvenile Liaison Scheme be established** on a statutory basis and guidelines for the use of the scheme be published also. The Working Party further recommends that the Scheme should not be invoked in cases involving sexual offences unless the clear consent of the victim and/or the victim's parents has been obtained.
- ◆ That a full review be undertaken by the Courts Commission of Court Processes relating to the trial of rape and sexual assault offences, with a view to evaluating their impact on victims and recommending appropriate procedural changes.
- ◆ The Working Party shares the view of the Working Group on a Courts Commission that the absence of judges and resources to proceed with criminal trials (including rape trials) in the High Court and the Central Criminal Court have serious repercussions for our society. The Working Party recommends that a suitable number of **judicial appointments** be made as a matter of urgency, accompanied by the provision of adequate resources to ensure the processing of such cases without undue and damaging delay.
- ◆ Separate, **secure waiting room facilities** should be provided for the use of the victim and her family; courts should be designed so as to ensure that the victim is not forced to be beside, near or opposite the accused; facilities for the victim to give evidence from behind a screen should be available on request.
- ◆ The Working Party strongly recommends that the Law Reform Commission recommendation on the provision of **information to the complainant** in rape and sexual assault cases be implemented immediately. ( LRC, 1988: 15).

- ◆ We further recommend that in the event of **delays** in the processing of a case either before or during the trial, the Complainant be kept fully informed of any such delays and be given the reasons for their occurrence.
- ◆ The Working Party also strongly recommends that in addition to the pre-trial consultation arrangements for the complainant and Prosecuting Counsel as recommended by the LRC ( 1988: 15), the Complainant should have **regular consultations with counsel** throughout the trial, and be kept fully informed of the reasons for legal arguments used and other relevant matters.
- ◆ It is the view of the Working Party that where an accused wishes to **plead guilty** to an offence, the victim(s) should be informed immediately. Further, where a lesser plea is found to be acceptable to the DPP, the victim(s) should be notified and, in so far as possible, an explanation as to how the decision was arrived at should be forwarded to the victim( s) by the office of the DPP.
- ◆ The Working Party recommends that, where an accused pleads guilty to an offence involving violence to a woman or a child, it should be a matter of practice that a Court will not proceed to deal with the case **unless satisfied that the victim(s) has/have been informed of the plea** and given an opportunity to be present in Court.
- ◆ Having carefully considered the issue from all perspectives, the Working Party is of the view that **separate legal representation for complainants** in rape and sexual assault cases would provide much-needed support for complainants, render the trial process considerably less traumatic for them, and would contribute significantly to bringing about an increase in the reporting of rape. We therefore recommend that mechanisms for the provision of separate legal representation, including its insertion within the legal aid system, be developed and implemented.
- ◆ The Working Party recommends that **Victim Impact Reports** be requested for both trials and appeals; and that a list of suitably qualified professionals should be available to the court in the event that the victim is not attending a professional therapist. All requested reports should be compiled by a qualified person in the care agency involved with the victim. The victim should agree the content and be happy that it represents the impact of the crime on her life. The judge occasionally invites the victim to give an oral account of the impact of the crime on her, her recovery process, etc. This is the only occasion the victim has a voice in the proceedings.
- ◆ That the discretionary power of the judge to issue a **corroboration warning** be abolished as unnecessary, and as seriously undermining to the respect due to a complainant in cases of rape and sexual assault.
- ◆ That regarding a delayed complaint, it should be compulsory for the judge to warn the jury that **delayed complaint** does not imply falsehood on the part of the complainant, as there may be good reasons why she did not complain immediately following the incident.
- ◆ The circumstances under which evidence is admissible in relation to the complainant's **past sexual history** with other men and with the defendant should be codified. Where the complainant's credibility is attacked by disclosing her past criminal offences or previous history, the defendant's past record or sexual history should also be disclosed. Applications for the admissibility of the complainant's past sexual history with the defendant should be made by the defence in writing; where

the judge allows such evidence, its relevance **must be explained** in writing, and the prosecution should receive reasonable notice in writing of its admissibility.

- ◆ That **research** be commissioned, as a matter of urgency, to determine **sentencing patterns** in rape and sexual assault cases; such research should, as proposed by O'Malley (forthcoming) track a significant sample of cases through the criminal justice system from the time at which an alleged offence comes to the attention of the Gardaí to the time at which it is eventually disposed of (whether through *nolle prosequi*, acquittal or conviction and sentence). Such research would provide crucial information about sentencing patterns, and just as importantly, about attrition rates and the stages at which cases are concluded.
- ◆ That **guidelines** with respect to sentencing in cases of rape, sexual assault and other sexual offences be drawn up and implemented immediately.
- ◆ That a **Standing Commission** be established to monitor and review sentencing in cases relating to sexual violence and other forms of violence against women and children.
- ◆ The Working Party recommends that **non-custodial options** be considered only where the offence is of a minor nature. The Working Party would endorse the view of the Supreme Court in *The People (DPP) - v- Tiernan* that the features of rape make the appropriate sentence a 'substantial immediate period of detention or imprisonment.' The Working Party further recommends that where a Court is considering a non custodial option there should be in-built in that option, supervision of the perpetrator within the community and a serious sanctions for "failing to be of good behaviour. Further, there should be available to the Courts around the **country, treatment programmes** which specifically address the use of violence by men towards women and children. In many States in the United States of America, men convicted of crimes of violence must attend such programmes and confront their violence in a serious fashion. Failure to attend such programmes is in itself a ground for the matter being brought back to Court. Resources must be made available for similar sorts of programmes in Ireland.
- ◆ The Working Party recommends that the **grounds for appeal be stringently** defined and monitored: that guidelines be drawn up for the use of the appeal provisions for the DPP and the Court of Criminal Appeal and that the **number and proportion** of such cases be recorded and the grounds for the decisions on appeal be monitored and evaluated.
- ◆ The Working Party strongly recommends that, along with the legal changes sought, **support services** for women and children who are victims of crimes of violence should be provided on a country-wide basis. These services must be accessible to women with disabilities. Further, the services and the personnel operating within the services, should be aware of regional and cultural differences between women who seek to avail of the assistance on offer. Most of all, the funding given to such organisations/individuals should be appropriate to the needs of the service.



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# Report of the Task Force on Violence Against Women

**April 1997**

**Oifig an Tánaiste**  
**Office of the Tánaiste**

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# FOREWORD

Women are entitled to live in safety. Above all, they are entitled to live in safety in their own homes. Violence against women, however, is a serious and widespread problem in our society.

It is over twenty years since the first women's refuge was set up in Ireland, and the first Rape Crisis Centre founded. Today there is a network of refuges and Rape Crisis Centres around the country. Major changes have been made in the laws on rape, and the 1996 Domestic Violence Act was a legal milestone.



Services, however, have developed in a piecemeal and relatively haphazard way rather than as a co-ordinated strategy. There are gaps in services which must be filled. The separate services offered to women who want to escape a violent relationship by different public and voluntary bodies need to be welded into a coherent set of supports.

The Task Force's aim is to ensure women experiencing violence can have real options, that when they disclose what is happening they are listened to and believed, that public services are in a position to offer practical help and an assurance of safety. Women and children who have lived with violence need counselling and support to find the inner strength to rebuild their lives.

In order to empower women who have lived with violence to break their silence, we want to ensure accurate advice and information is readily available, so women know the options open to them, and can make informed choices. There must be effective responses from the criminal justice system - responses which reinforce the message that an attack on a woman by her partner is as serious a crime as an attack by a stranger.

The Task Force has set out a process where service needs, service provision and service standards can be regularly reviewed and addressed. It identifies a chain of responsibility for making things happen. Public services in the community must have agreed practices and written procedures on violence against women, offering women a safe and accepting environment in which to disclose abuse, and a gateway to specialist advice, information and practical help.

Working with women and children only addresses one side of the problem. Programmes for violent men that confront violent behaviour must be developed and expanded. A society where women are not regarded as equals, or which sees violence as a legitimate way of resolving conflict, is one where violence to women can flourish. Work with young people has an important role to play in preventing violence and abuse in a new generation.

This Report sends a powerful signal from the Government. It says loud and clear that our society unambiguously condemns and abhors violence against women; that victims of violence must be treated with

dignity and respect; that an adequate network of services must be in place to meet their needs; and that those who perpetrate such violence can draw no comfort or tolerance from our society.

Finally, I would like to thank the members of the Task Force, all the individuals and organisations who contributed to our work, and the Secretariat at the Office of the Tánaiste, particularly our Secretary, Mary Austin.

**Eithne Fitzgerald T.D.**

Minister of State at the Office of the Tánaiste

Chairperson of the Task Force

*April 1997*

# ACKNOWLEDGEMENTS

A number of important Irish reports were prepared in the last three years on the subject of violence against women. The Task Force examined all these reports and would like in particular to mention three which had a considerable bearing on its work - the *Policy Document for Women's Refuges* (1994) from the Federation of Refuges, *Making the Links* (1995) by Women's Aid and the *Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children* (1996) by the National Women's Council.

The Task Force's work was also greatly assisted by the contributions made by the 130 people who attended a seminar and workshops held in the Killiney Court Hotel, County Dublin, on November 26th, 1996. The recommendations from the workshops were an important input into the Task Force's work. The Task Force would like to thank all those who attended the seminar and in particular the speakers - Olive Braiden, Dublin Rape Crisis Centre; Colm O'Connor, Director, Cork Domestic Violence Project; Monica Mc Williams, University of Ulster and member of the Northern Ireland Regional Forum on Domestic Violence; and Prof. Rebecca Dobash, University of Manchester; and also Seminar Rapporteur, Carmel Duggan, Work Research Co-operative. A report of the day's proceedings, together with a list of participants, is set out in Appendix 1.

An excellent Conference on Violence against Women was organised by the Rotunda Hospital, Women's Aid, Irish Association of Social Workers and Centrecare in the Pillar Room of the Rotunda on 6th and 7th February 1997.

Research commissioned from Kelleher and Associates provided an excellent background paper for the Task Force through summarising a large body of international research and findings on violence against women and on intervention programmes for abusive men.

The Task Force chairperson, together with members of the Secretariat, visited community projects in Letterfrack, Finglas, Ballyboden, and Inchicore; women's refuges in Navan and in Cork City; Cork and Dublin Rape Crisis Centres and the Sonas Housing Initiative in Killester. Meetings were held with Margaret Costello, President, Federation of Refuges; Anthony Cotter of the Probation and Welfare Service; MOVE; Evelyn Glynn, Tuam Resource Centre; Siobhin O'Halloran, West Clare Community Development Group and Anne O'Loughlin, President of the Irish Association of Social Workers.

Written submissions were received from Coolock Community Law Centre, Letterfrack Women's Group, County Galway; Family Resource Centre, St. Michael's Estate, Inchicore, Dublin 8; University Women of Europe; the National Rehabilitation Board, and from a number of individuals.

Finally, the Task Force would also like to thank the many bodies and individuals in both the public and voluntary sectors who assisted the work of the Task Force with submissions, information, and statistics,

including Dr. Art O'Connor, Gerry Kenny, Paul Murphy, Kieran McGrath, Anne O'Neill, Mary Durack, Maeve O'Brien Kelly, Imelda Keogh, Róisín Connolly, Mary McGuane and Brigid Clarke.

All of these visits, meetings, submissions, information and seminars were invaluable to the Task Force in drawing up this Report.

# Membership of the Task Force on Violence Against Women

## *Office of the Tánaiste*

- |                           |                           |
|---------------------------|---------------------------|
| 1. Eithne Fitzgerald T.D. | Minister of State [Chair] |
| 2. Julie O'Neill          | Office of the Tánaiste    |
| 3. Seamus Feely           | Office of the Tánaiste    |

## *Individual Experts/Practitioners*

- |  |  |
|--|--|
| 4. Mary Higgins  | Initiative on Homelessness, Dublin Corporation                   |
| 5. Monica O'Connor   | Women's Aid  |
| 6. Noreen Byrne/Grace O'Malley   | National Women's Council   |
| 7. Dr. Harry Ferguson  | Department of Applied Social Studies,<br>University College Cork |
| 8. Mary Crilly   | Cork Rape Crisis Centre  |
| 9. Eugene Davy   | Solicitor - Family Law   |
| 10. Fr. Pdraig Greene  | Family Life Centre, Boyle, Co. Roscommon                         |
| 11. Louise Graham  | St. Catherine's Community Services Centre, Carlow                |
| 12. Dr. Fidelma Savage/Dr. Claire McNicholas<br>Dr. Mary Sheehan/Dr. Emma Nelson | General Practitioners  |

## *Government Departments/State Agencies*

- |                      |  |
|----------------------|--|
| 13. Richard Fennessy | Department of Justice  |
| 14. Ruby Morrow      | Department of Education  |
| 15. Liam Walsh       | Department of Social Welfare   |
| 16. Michael Gleeson  | Department of Equality & Law Reform  |
| 17. Ann McGuinness   | Department of the Environment  |
| 18. Frances Spillane | Department of Health   |
| 19. Michael Murray   | Superintendent, Garda Síochána   |
| 20. Patrick Donnelly | Health Board [Child Care Development Officer,<br>North-Eastern Health Board] |



# Terms of Reference

The Government asked the Task Force to develop a co-ordinated response and strategy on the problem of mental, physical and sexual violence against women - *with a particular focus on domestic violence*. In particular the Task Force should:

- ◆ examine existing services and supports (emergency, interim and long term) for women who have been subjected to violence;
- ◆ examine legislation dealing with the victims and perpetrators of domestic violence;
- ◆ make recommendations on how legislation, services and supports could be improved and made more effective;
- ◆ examine the causes of violence against women (including, if necessary, initiating research);
- ◆ make recommendations for a comprehensive preventative strategy;
- ◆ examine rehabilitation programmes for perpetrators of such crimes.

The Task Force was requested to have regard to public expenditure constraints in making proposals and recommendations.





# Executive Summary

## *Background*

Responsibility for services in relation to violence against women is divided between a number of different Government Departments. Successive studies and reports such as the Federation of Refuges Policy Document on Womens Refuges, the Women's Aid study "Making the Links", and the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence against Women and Children (a Working Party of the National Women's Council whose work was funded by the Department of Justice), have underlined the importance of welding the separate response of the different public agencies into a coherent national strategy.

Violence against women, in particular domestic violence, emerged as a major issue in the consultation process on the Department of Health's Policy Document on Women's Health. This followed on from the national survey in 1995 on domestic violence conducted for "Making the Links" which indicated the widespread incidence of violence against women, and its prevalence in all social classes and regions.

Against this background, the Government in October 1996 set up the Task Force on Violence Against Women chaired by Minister of State, Eithne Fitzgerald, T.D., and asked the Office of the Tánaiste to co-ordinate its work. The membership of the Task Force was drawn from the relevant Government Departments and public agencies, including Garda, health board and local authority representation, as well as experts from the voluntary sector.

## *Focus of Report*

The main focus of the report is on domestic violence, as most attacks on women are in this category. This violence is a recurring problem, not once-off attacks, and it leaves its scars on children growing up in violent homes as well as on the women.

Several public and voluntary agencies are addressing separate aspects of the problem e.g. refuges provide emergency accommodation; the health boards fund refuges and provide services to children at risk; the Gardaí have a pro-arrest policy in cases of domestic attack; the criminal and civil justice system apply sanctions to offenders ; housing authorities provide accommodation to those who have to leave home. These different players in the public and voluntary sectors could work much more effectively if they co-ordinated their efforts and welded their separate responses into a coherent and coordinated approach.

In this context, the report puts forward comprehensive proposals for the development of co-ordinated and coherent services for women who have experienced, or have been threatened with, violence. In addition, proposals are also put forward for the development of:-

- ◆ intervention programmes for perpetrators of violence; and
- ◆ preventative strategies to address the root causes of the problem.

### *Chapter 2 Developing a National Strategy*

The Task Force calls for the development of a National Strategy based on two fundamental principles -

- ◆ a total acceptance that violence against women is wrong, it is a criminal offence and there is neither an acceptable nor tolerable level of violence;
- ◆ neither society nor the judicial system should ever regard violence inflicted on a woman by a man she knows as less serious than violence inflicted by a stranger;

#### *National Strategy - Key Elements*

Seven key elements in developing a comprehensive national strategy are identified:-

- ◆ the development of a comprehensive range of services for women and children which offer a safe and friendly environment in which abuse can be disclosed and tackled;
- ◆ ensuring the ready availability of accurate advice and information so that women who have experienced, or who have been threatened with, violence know the options open to them and are empowered to make informed choices;
- ◆ the adoption by service providers in the community, voluntary and statutory sectors of agreed policies, principles of good practice, written procedures, and training programmes;
- ◆ taking the needs of marginalised women always into account in the implementation of policy and practice;
- ◆ the establishment of mechanisms to enable service providers to work together to provide a gateway to specialist advice, information and practical help;
- ◆ the provision of consistent and effective responses by the judicial system that recognise the seriousness of attacks against women, promote women's confidence in the system, and make perpetrators accountable for their violent behaviour;
- ◆ putting preventative strategies in place, including the development intervention programmes for offenders and public education programmes, which challenge both the root causes of violence against women and the climate in which it can be tolerated, trivialised or even encouraged.

### *Chapter 3 Domestic Violence - Extent and Nature*

#### *Nature*

Domestic violence refers to the use of physical or emotional force or threat of physical force including sexual violence, in close adult relationships. In the majority of incidences of violence or sexual assault against women, the attacker is known to the woman and is likely to have or have had an intimate relationship with her. Such violence occurs in all social classes and is equally prevalent in both rural and urban Ireland.

### ***Extent***

The existence and extent of violence against women was, until recent times, largely hidden within Irish society. In recent years however, the prevalence of violence has come more into the open. In 1995, Women's Aid commissioned the Economic and Social Research Institute to conduct a national survey on violence against women. The results of the survey were published in its report 'Making the Links'<sup>1</sup>. The survey showed that:-

- ◆ 7% of women had been abused in the previous year by a partner or an ex-partner;
- ◆ 18% of women had been abused at some stage of their lives;
- ◆ 10% had experienced physical violence. One third of these reported violence during pregnancy, and over a third reported attempts to strangle and choke them;
- ◆ multiple forms of abuse were common.

The prevalence of violence against women is also borne out by calls to various agencies:-

- ◆ 8,000 calls a year to Women's Aid;
- ◆ 6,000 calls in 1996 to the Garda Domestic Violence and Sexual Assault Unit;
- ◆ 2,000 barring orders granted; 4,500 applied for [August 1994 - July 1995];
- ◆ 860 arrests and 506 convictions in relation to domestic violence in 1996;
- ◆ 6,100 calls to Dublin Rape Crisis Centre in 1995 [1996 statistics not yet available].

### ***Barriers to Women in Dealing With Violence***

The Task Force points out that women face a variety of psychological and physical barriers in trying to deal with violence in relationships. Many women also feel that existing services are incapable of responding to their needs. They feel that the legal and court systems minimise the seriousness of crimes committed against women, fail to dispense justice and make women feel at fault for what has happened.

The Task Force concluded that it is clear from the statistics available that the problem of violence against women, in particular domestic violence, is widespread and requires an effective response both in terms of service provision and preventative strategies. To determine future policy and service development there is also a need to compile more accurate and comprehensive statistics on the nature and extent of the problem.

### ***Chapter 4 Seeking Help - The Options***

Violence in a close adult relationship is not a once-off occurrence - it is a process. Responses, therefore, cannot be once-off but must be a continuous process of support and assistance, tailored to the needs of the woman at any point in time. Services for women and their children need to offer immediate safety from violent attack, practical advice and support to live free from violence and harassment, together with aftercare support and counselling.

Women suffering from, or threatened with, violence and abuse need both emotional and practical supports. In this context, the Task Force explored how, and to whom, a woman may disclose violence and identified the range of supports that she may need. In particular, the need to provide readily accessible information and advice, and a woman centered approach to service delivery is stressed. This will help to

---

<sup>1</sup>A random sample of 1,483 women was selected for the survey. A total of 679 [46%] questionnaires were returned.

ensure that women can disclose violence, know the options open to them and make informed choices about their own future and that of their children.

### ***Recommendations***

- ◆ The current service operated by Women's Aid should become the NATIONAL FREEPHONE HELPLINE, operated on a 24 hour basis, 7 days a week, by trained staff, with guaranteed multi-annual funding. The help line should develop a computerised Bed Bureau in conjunction with the National Federation of Refuges and other homeless services;
- ◆ Appropriate "one stop" centres providing information and advice on the options and services available to women and children experiencing violence should be identified in each local area;
- ◆ Information regarding the National Help line should be advertised throughout the country through the national and local press, and by posters displayed in public places such as Garda Stations, Hospitals, GP Surgeries, Community Welfare Offices, Legal Aid Centres, Health Centres, Post Offices, Supermarkets, etc.

### ***Chapter 5 Personal Safety and the Role of the Garda Síochána***

The Garda Síochána are often the first point of contact for women in crisis situations. The Task Force believes that the response of individual Gardaí is central to an effective strategy to deal with domestic violence. The Force has a written policy on Domestic Violence Intervention, which is published as an appendix to this report. The Garda pro-arrest policy is very important as it sends strong messages to both the abuser and the victim.

The statistics available suggest that the Garda policy may not be implemented in a consistent manner in all Garda districts. In this context, the Task Force calls for an Assistant Commissioner to be given responsibility for ensuring consistency in the implementation of policy in all Garda districts and that Gardaí are given appropriate training to enable them to effectively fulfill their role in this area.

### ***Recommendations***

#### ***Priority recommendations***

- ◆ The implementation of Garda policy in relation to domestic violence, rape and sexual assault needs to be monitored to ensure consistency in implementation between individual Gardaí and between various Garda Districts; responsibility for implementing policy should be assigned to a named Assistant Commissioner at central level and named Superintendents at district level;
- ◆ Garda Domestic Violence and Sexual Assault Investigation Units should be established in major urban areas outside Dublin, in particular, Cork, Limerick, Galway and Waterford. In all other areas, there should be a sufficient number of gardaí, accessible through the garda station networks throughout the country, who have been trained and given the expertise to deal with domestic violence, rape and sexual assault cases;
- ◆ The Gardaí should develop strong interagency links with other statutory and voluntary/community bodies dealing with violence against women in the local area;

- ◆ Each Garda station should have information packs available which detail local statutory and voluntary services to which women experiencing violence can be referred; information on intervention programmes for violent men should also be included.

#### *Other recommendations*

Other recommendations are made on a number of issues including the remanding of alleged offenders in custody pending court appearance, the role of female gardaí and the collection and publication of statistics.

### *Chapter 6 Legal Issues*

The legal and judicial systems play a very important role in ensuring that victims of violence are protected to the fullest extent possible, and that offenders receive appropriate sanctions and intervention. In this context, the Task Force believes it is particularly important that violence against women is always viewed and treated as a serious crime irrespective of whether the perpetrator is a stranger or a person known to the victim.

#### *Recommendations*

##### *Priority Recommendations*

- ◆ appropriate mechanisms should be put in place to enable the operation of the Domestic Violence Act, 1996 to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence;
- ◆ a proposal put forward by the Coolock Community Law Centre for a legal advice service for women experiencing violence to be operated in tandem with a refuge should be implemented in Coolock, in association with the local refuge, on a pilot basis and monitored as to its effectiveness;
- ◆ the setting up of regional family courts, as recommended by the Law Reform Commission should be initiated.

##### *Other Recommendations*

A number of other recommendations are made in relation to the Domestic Violence Act, the appointment and training of the judiciary, and the operation of the Courts.

### *Chapter 7 Accommodation and the Role of Refuges*

When dealing with violence the Task Force strongly advocates that women and children should be facilitated to remain in their home, or existing accommodation, whenever it is safe and practical for them to do so. The reality is however that there will be cases where this option will not be practical and a woman will be forced to seek immediate accommodation elsewhere. Crisis accommodation can be provided in a number of different ways - family/friends, hostels/shelters, private bed and breakfast and refuges. Where a woman must seek accommodation outside her circle of family and friends, the Task Force believes that refuges, properly managed and with the capacity to provide a range of supports, offer the best option at the crisis stage.

### ***Refuges***

There is a need to increase the present level of refuge accommodation and to put the financing and funding of such accommodation on a more sound footing. The Task Force believes that the best way to develop refuges is through a partnership between the voluntary sector and the Health Boards with clear contractual obligations between both parties. The Health Boards should be responsible for grant aiding current costs as at present. The Department of the Environment also has a role in meeting capital costs of refuges under its Capital Assistance Scheme. The Task Force also highlights the importance of ensuring that refuges are sensitive to, and equipped to deal with, the needs of minority and marginalised groups in society.

### ***Transitional and Permanent Housing***

The availability of second stage housing is extremely important both in terms of progressing victims back to a normal life and for easing the demand on refuge accommodation. In this regard the report recommends that transitional housing for families should be developed in parallel with refuge spaces and be funded through the Department of the Environment.

### ***Recommendations***

#### ***Priority Recommendations***

- ◆ Refuge accommodation should conform with minimum specified standards and provide a range of support services, including counselling for both women and children;
- ◆ Outreach services should be developed both for women who have left refuge accommodation and those who cannot, or do not wish to, go to a refuge;
- ◆ The priority areas for development of new refuges should be Dublin West, South Leinster/ South Midlands, West Connaught, and the North East;
- ◆ Core funding of refuges should be provided, but conditional on specified criteria being met in relation to the range and quality of services provided.

#### ***Other Recommendations***

There are a number of other recommendations in relation to multi-annual budgeting, standards of services and accommodation, access to schools for children living temporarily in refuges, the provision of medical and social services to women and children in refuges, the use of bed and breakfast accommodation, and the capital and current costs of providing transitional housing.

### ***Chapter 8 Health and Social Services***

The Task Force highlights the roles various health and social services can play in identifying the existence of domestic violence, encouraging disclosure, and providing services and support. Research has shown however that there is a large discrepancy between the numbers of women with symptoms related to living in abusive relationships who avail of health care services and the low rate of detection and intervention by medical staff. The tendency therefore is to treat the symptoms of the problem rather than its root causes. In this context, the Task Force has made a number of recommendations particularly relating to the need to train staff not alone to deal with the symptoms of violence, but also to detect and intervene appropriately in such cases. It also recommends that written protocols on domestic violence be adopted by hospitals and other medical services.

## ***Recommendations***

### ***Priority Recommendations***

- ◆ In a hospital setting, places should be available in an observation ward where women suspected of being victims of domestic violence can be accommodated overnight. Such a procedure would give women time and space to consider their options, rather than immediately returning to a violent environment following medical treatment;
- ◆ Health Service providers should adopt written protocols and procedures in relation to domestic violence and rape. These policies should be backed up by appropriate training for front-line staff;
- ◆ Posts of Medical Social Worker should be an accepted part of the cadre of staff in the Accident and Emergency Departments of all large hospitals;
- ◆ Access to accredited counselling services should be provided for women and children who have experienced domestic violence. The funding and provision of this service should form part of the development of regional service plans;
- ◆ Community based health services should have sufficient information available to them to act as a gateway for specialist services on violence against women.

### ***Other Recommendations***

There are a number of other recommendations in relation to training, medical procedures in sexual assault cases, the maintenance of proper records and the role of the social work service.

## ***Chapter 9 Rape and Sexual Assault***

Evidence suggests that only a small number of rape cases are ever reported to the Gardaí and an even smaller number lead to criminal proceedings. Given the nature of rape and sexual assault cases, it is inherently difficult to encourage women to come forward. When they do, their experience of the criminal justice system is difficult and often traumatic. This situation is not helped by the general perception that sentencing in rape cases is sometimes both inconsistent and lenient.

The recommendations of the Task Force are designed primarily to encourage more women to report cases of sexual violence to the Gardaí. In this context, the issues addressed by the Task Force include the need to liaise with victims during the period before and during the prosecution of alleged offenders; the conditions for granting leave to cross-examine regarding a complainant's past sexual history; and Garda policy on the treatment of victims of rape, sexual assault and other sexual offences.

## ***Recommendations***

### ***Priority recommendations***

- ◆ the Garda Síochána should develop and publicise clear policy and practice with regard to the treatment of victims of rape, sexual assault and other sexual offences;
- ◆ once a decision is made to prosecute in a rape/sexual assault case, the task of liaising with the victim should be assigned to the investigating Gardaí. Victims should also have regular consultations with counsel both before and throughout the trial, and should be given a copy of their statement to the Gardaí and any victim impact report, as a matter of course;



- ◆ leave to cross examine a complainant regarding her previous sexual history should only be granted where it is proven to the court that the evidence is substantially relevant to the facts at issue, as envisaged in the Criminal Law (Rape) Act, 1981, as amended; the law and practice in relation to this area should be reviewed so as to ensure that the strict legal criteria, as laid down in the 1981 Act, are being adhered to.

#### *Other recommendations*

There are a number of other recommendations in relation to training of Gardaí, the notification of victims about the release of an offender, separate legal representation, the availability of information, and victim impact reports.

### *Chapter 10 Intervention Programmes for Men*

The Task Force examined intervention programmes for violent men and outlined the principles that should underpin such programmes. Examples of initiatives within Ireland are briefly outlined. The Task Force expresses caution about the outcomes of programmes in relation to their rehabilitative effects and the risks of giving a false sense of security which could put women's safety in jeopardy. For this reason, it is recommended that such programmes be linked to judicial sanctions and other support services for women. Research into the effectiveness of intervention programmes with sex offenders is needed, including evaluation of the clinical impact of programmes and their impact on re-offending rates.

#### *Recommendations*

##### *Priority Recommendations*

- ◆ the protection, safety and security of women and children should be the paramount consideration in developing programmes;
- ◆ intervention programmes for offenders should be adequately resourced and should be available in areas where support services for women and children are already in place; the development and funding of such programmes should be the responsibility of the Department of Justice;
- ◆ existing intervention programmes with men should be subject to on-going monitoring, evaluation and review so that their effectiveness as a response to domestic violence can be gauged;
- ◆ the judiciary should have the option of referring perpetrators for assessment as regards suitability for intervention programmes in both criminal and civil cases but such programmes should never be used as an alternative to criminal or civil sanctions.

#### *Other Recommendations*

There are a number of other recommendations regarding the need for co-ordination between agencies, the role of the judicial system, post release supervision of offenders, and the expansion of the number of treatment places available in Arbour Hill.

### *Chapter 11 Making it Happen*

Services which work with abused women and their families must work together and share information both to maximise the effective use of current resources and to ensure that the best possible service is provided. The Task Force concluded that the adoption of clear written policies in all agencies, the imple-

mentation of good practice guidelines, and the provision of effective training for personnel are essential prerequisites for the delivery of an effective service. In addition, statutory and voluntary/community bodies must co-operate and co-ordinate their services.

The Task Force proposes that a partnership approach should be developed at three levels - community, regional and national. An important part of the planning process is to ensure that all existing services, whether in the public, community or voluntary sectors, are harnessed, co-ordinated and utilised to their full potential. Services should be developed and brought up to the standards envisaged in this Report over the next five years.

### ***Recommendations***

- ◆ The establishment of Local Networks with a community based approach to the provision of services, including interagency co-ordination of services and sharing of information at a local level; - as a first step in this process one local network should be piloted in each Health Board area before the end of 1997;
- ◆ Regional Planning Committees, which would have strategic focus, should be established in each Health Board Region, and include members from all relevant organisations in the public, community and voluntary sectors;
- ◆ A National Steering Committee should be established with membership drawn from all relevant sectors to advise on policy development and priorities. It should be chaired by a Minister of State with designated responsibility for the development of policies in this area.

### ***Chapter 12 Preventative Strategies***

Finally, it is recommended that the proposed National Steering Committee should give priority to the development of a preventative strategy. The strategy should be aimed at both highlighting services for women and at eliminating any ambivalence or tolerance that exists in society in relation to all forms of violence against women, whether the violence occurs in the home or elsewhere. An effective preventative strategy should help to reduce both the incidence of violence and the demand for services in the longer term. There are two key components to a strategy aimed at preventing violence against women:-

- ◆ A long-term strategy aimed at changing society's attitudes and values and the structures which facilitate gender inequality; and
- ◆ An improved service response, and a public awareness campaign aimed both at the prevention of violence and stopping its recurrence.

The education system and community initiatives should be developed to raise awareness, prevent and stop the recurrence of violence. It is also pointed out that in launching public campaigns against violence against women, an infrastructure of support services should be first available to respond to women and children who disclose violence as a result of the campaign.

### ***Recommendations***

#### ***Priority Recommendations***

- ◆ A publicly funded public awareness campaign, including TV/radio/poster, should be developed by the National Steering Committee;

- ◆ Information leaflets, postcards and other material giving local information, should be displayed in places such as supermarkets, public health clinics, doctors' surgeries, churches, community centres, social welfare offices, post offices, sporting clubs e.g. GAA, soccer, rugby, golf clubs;
- ◆ Special focus programmes in the education area should be introduced to provide young people with the knowledge, skills and attitudes necessary to prevent violence against women in future generations.

### *Other Recommendations*

A number of other recommendations are made in relation to the training of teachers, gender proofing of education materials and methods, and parenting and family support programmes.

### *Monitoring and Training*

Issues around both monitoring and training are referred to in a number of chapters throughout the text. These issues are key elements in developing quality services and policies. Training is essential for all service providers to enable them to understand the dynamics of violence, and to equip them with the skills and knowledge to respond appropriately in individual cases.

### *Training*

The Task Force believes that through training people will be able to work better together and thereby enhance the quality of available services. Multidisciplinary training is of particular relevance in that:-

- ◆ it facilitates the development of a common language and understanding around the issue;
- ◆ it can clarify the respective roles of service deliverers;
- ◆ it provides coherency between the various guidelines and protocols in individual agencies.

The delivery of training must cater for the different needs of personnel working in this area e.g. professional staff, volunteer staff, etc. and reflect their respective roles and levels of responsibility. The key principles underpinning training programmes should include the following:-

- ◆ training should form an integral part of the planning process of all agencies;
- ◆ all training of professionals within the statutory and voluntary sectors should include models on non-discriminatory practice, and specifically deal with the issues of racism, disability and sexual orientation;
- ◆ training should reflect the differing needs of individuals;
- ◆ specific training models should be developed in partnership with relevant service deliverers;
- ◆ training programmes should reflect current good practices, research findings and changes in legislation; and
- ◆ include routine evaluation of their relevance and effectiveness.

### *Monitoring*

References are also made throughout the Report to the importance of putting monitoring and evaluation systems in place. These systems are important from the perspectives of determining both service needs, in terms of their nature, quality and appropriateness, and policy development.

*Among the recommendations made by the Task Force in this regard are:-*

- ◆ the Gardaí should publish statistics which outline the number of calls received in relation to violence against women, the action taken and the reasons for not pursuing charges. Statistics for each district should be published annually in the Garda Annual Report;
- ◆ appropriate mechanisms should be put in place to enable the operation of the Domestic Violence Act, 1996 to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence;
- ◆ refuges should maintain records on both refuge occupancy rates and the numbers of women and children they were unable to accommodate at any point in time;
- ◆ proper records of people both suspected of being victims of domestic violence, and those who actually disclose such violence, should be maintained by all service providers in the health and social services sector.

*Chapter 13 Conclusions and Priorities*

The Task Force considers that there is a clear and immediate need to develop and improve services and supports for women, as well as intervention programmes for men. It is important, therefore, that the proposed changes are introduced on a planned and phased basis and that clear priorities are established. The planning of the development of services is best achieved at a regional level and this should be the first function of the proposed Regional Planning Committees

*Funding - Priorities*

Pending completion of the planning process, the Task Force has identified a number of priority areas for development including:-

- ◆ the provision of operating costs for refuges and seed funding for new refuges;
- ◆ the extension of the National Help line, operated by Women's Aid, to a twenty-four hour, 7 day a week, comprehensive service;
- ◆ in-service training of service providers including nurses, gardaí, refuge workers, counsellors, G.P.s, personnel in Accident & Emergency departments of hospitals, etc.;
- ◆ the provision of community based supports;
- ◆ the development and evaluation of intervention programmes for men;
- ◆ access to accredited counselling services;
- ◆ the publication of information packs and leaflets;
- ◆ the provision of core funding for the Coolock Legal Aid Centre pilot project; and
- ◆ the piloting of one local network in each Health Board region before the end of 1997.



# INTRODUCTION

## *Background*

- 1.1 Responsibility for services in relation to violence against women is divided between a number of different Government Departments. Successive studies and reports such as the Federation of Refuges Policy Document on Womens Refuges, the Women's Aid study "Making the Links", and the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children (a Working Party of the National Women's Council whose work was funded by the Department of Justice), have underlined the importance of welding the separate response of the different public agencies into a coherent national strategy.
- 1.2 Violence against women, in particular domestic violence, emerged as a major issue in the consultation process on the Department of Health's Policy Document on Women's Health. This followed on from the national survey in 1995 on domestic violence conducted for "Making the Links" which indicated the widespread incidence of violence against women, and its prevalence in all social classes and regions.
- 1.3 Against this background, the Government, in October 1996, set up the Task Force on Violence Against Women chaired by Minister of State, Eithne Fitzgerald, T.D., and asked the Office of the Tánaiste to co-ordinate its work. The membership of the Task Force was drawn from the relevant Government Departments and public agencies, including Garda, health board and local authority representation, as well as experts from the voluntary sector.
- 1.4 The Task Force was given the task to develop a co-ordinated response to, and strategy on, mental, physical and sexual violence against women with a particular focus on domestic violence. [The full terms of reference are published at the beginning of this Report.]

## *Services for Women*

- 1.5 Many of the services offered to women who have suffered abuse were pioneered and developed by Women's Aid, the Federation of Refuges, Rape Crisis Centres and other voluntary organisations and the Task Force acknowledges the debt owed to such bodies. Such services include:-
  - ◆ the provision of safe accommodation;
  - ◆ counselling and support for victims of violence, rape and sexual assault;
  - ◆ legal help and advice.

In addition, the Task Force recognises the advances made in recent years in the protection and services offered to women and children by statutory bodies - for example:-

- ◆ the establishment by the Garda Síochána in 1993 of a Domestic Violence and Sexual Assault Investigation Unit, and the introduction by them, in 1994, of a Policy on Domestic Violence Intervention;
- ◆ the introduction of the Child Care Act, 1991;
- ◆ the introduction of the Domestic Violence Act, 1996;
- ◆ the responsibility of Local Authorities towards the accommodation of the homeless;
- ◆ the continuing development by Health Boards of policies, procedures and services in the field of women's health;
- ◆ the rapid and nationwide expansion of the Legal Aid Board.

1.6 Despite these improvements however, services have developed in a piecemeal and relatively haphazard way rather than as a co-ordinated strategy. In this report, the Task Force has put forward proposals for the development of:-

- ◆ the separate services offered by health boards, local authorities, the justice system and the voluntary and community sector, to women in abusive relationships or who have suffered violent assaults;
- ◆ mechanisms to weld these separate services into a coherent and co-ordinated response;
- ◆ intervention programmes for perpetrators of violence; and
- ◆ a preventative strategy to address the root causes of the problem.

# A NATIONAL STRATEGY ON VIOLENCE AGAINST WOMEN

## *Developing a National Strategy*

- 2.1 Most violent attacks on women are not perpetrated by strangers but by men who are known to them. A feature of these attacks is their recurrent nature - they are rarely once-off. The main focus of this Report is, therefore, on addressing the problem of violence against women in close adult relationships - and in particular domestic violence.
- 2.2 Society is only now beginning to come to terms with today's problem of violence against women, and with the long suppressed issue of violence against women and children in our past. As services for women subjected to violence developed, and changes were made to the law, the prevalence of this particular problem has come more into the open. It is now clear that the scale of the problem in Ireland is very much in line with international experience; it is serious and widespread.
- 2.3 The increased recognition of the problem has led to demands for the development of a co-ordinated and coherent strategy both to address the needs of victims and to seriously tackle its root causes.
- 2.4 In addition, through working with victims and abusers, it is possible to identify the dynamics of such violence. Violence against women within relationships is part of a pattern of control, where the man exercises power and control over his partner through actual or threatened physical violence, and/or emotional abuse.

## *National Strategy - Basic Principles*

- 2.5 The Task Force considers that the development of any national strategy must be founded on two basic principles:-
  - ◆ a total acceptance that violence against women is wrong, that it is a criminal offence and that there is no acceptable or tolerable level of violence;
  - ◆ neither society nor the judicial system should ever regard violence inflicted on a woman by a man she knows as being less serious than violence inflicted by a stranger.



### *National Strategy - Objectives*

2.6 The objectives of a national strategy are twofold:-

- ◆ to meet the needs of women who have experienced, or who have been threatened with, violence; and
- ◆ to eliminate the incidence of violence as far as it is feasible to do so.

2.7 The first element of the strategy has as its overriding concern the personal safety of women. This can best be achieved by ensuring that women who are living with violence have practical options to move to a life free from such violence.

2.8 The second element of the strategy is prevention. This includes:

- ◆ a range of treatment programmes for violent men which challenge their violent behaviour and address its root causes;
- ◆ educational and other initiatives aimed at preventing the emergence of violence and abuse towards women in the next generation; and
- ◆ the promotion of an equality of respect between men and women in our society.

The aim of such strategies is the creation of a climate where violence and abuse against women are treated with abhorrence and where perpetrators draw no support from society at large.

### *National Strategy - Key Elements*

2.9 The Task Force proposes that the key elements of a national strategy should be as follows:-

- ◆ the development of a comprehensive range of services for women and children which offer a safe and friendly environment in which abuse can be disclosed and tackled;
- ◆ ensuring the ready availability of accurate advice and information so that women who have experienced, or who have been threatened with, violence know the options open to them and are empowered to make informed choices;
- ◆ the adoption by service providers in the community, voluntary and statutory sectors of agreed policies, principles of good practice, written procedures and training programmes;
- ◆ taking the needs of women from marginalised groups into account at all times in the implementation of all policy and practice;
- ◆ the establishment of mechanisms to enable service providers to work together to provide a gateway to specialist advice, information and practical help. Agencies dealing with different aspects of the issue need to share information and plan together to meet needs at local, regional and national levels. This is essential if women and children throughout the country are to be provided with a network of coherent and quality services.
- ◆ the provision of consistent and effective responses by the judicial system that recognise the seriousness of attacks against women, promote women's confidence in the system, and make perpetrators accountable for their violent behaviour;

- ◆ putting preventative strategies in place, including developing intervention programmes for offenders and public education programmes, which challenge both the root causes of violence against women and the climate in which it can be tolerated, trivialised or even encouraged.

**2.10 This Report sets out details of the practical steps that need to be taken to give effect to this strategy.**



## 3

# DOMESTIC VIOLENCE EXTENT AND NATURE

### *Domestic Violence*

- 3.1 In accordance with its terms of reference the Task Force was asked to have a particular focus on domestic violence when drawing up its Report. Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term ‘domestic violence’ goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.
- 3.2 Domestic violence occurs in all social classes and is equally prevalent in both rural and urban Ireland. In the vast majority of cases where violence occurs among persons who are known to one another, research has shown that women are injured and men perpetrate the assault.<sup>1</sup> In the majority of incidences of violence against women, including that of sexual assault, the attacker is not a stranger but is known to the victim and is likely to have, or have had, an intimate relationship with the woman. Whether it be sexual assault, rape, physical assault or emotional abuse, women are at greater risk from husbands, boyfriends, male relatives and acquaintances than from strangers. Violent attacks of this nature are rarely once-off occurrences, but are likely to be persistent and frequent with the objective of instilling fear in victims.

### *Extent - Ireland*

- 3.3 The 1995 report, “*Making the Links*”, (op. cit.) commissioned by Women’s Aid,<sup>2</sup> incorporated a national random survey administered by the Economic and Social Research Institute. Of the women who responded to the questionnaire:-
- ◆ 7% said they had been abused in the last year by a partner or ex-partner;
  - ◆ 18% had been subjected to violence at some time by a current or former partner;

<sup>1</sup>90 - 95% of the victims of domestic assaults are women. (Dobash & Dobash, “Women, Violence and Social Change”(1992) [cited in Kelleher and Associates (1996)].

<sup>2</sup>See Chapter 1, par. 1.1

- ◆ 10% had experienced actual physical violence and one third of these reported violence during pregnancy;
- ◆ 4% had experienced sexual violence.

- 3.4 The findings of this research are very much in line with international trends.
- 3.5 One of the most important studies on the prevalence of violence against women was carried out in Canada<sup>3</sup> in 1993 involving a random sample of 12,300 women over the age of 18 years. Results indicated that 25% of Canadian women had experienced violence by a current or past partner.
- 3.6 Local studies in the UK have indicated levels of domestic violence against women at between 10% and 30%<sup>4</sup>. More than 25% of women living in a North Belfast community had experienced domestic violence<sup>5</sup>.
- 3.7 One indication of the scale of the problem within Ireland is the demands placed on existing services:-
- ◆ 8,000 calls to Women's Aid help line [1996];
  - ◆ 6,100 calls to the Dublin Rape Crisis Centre help line [1995] ;
  - ◆ 6,000 calls to the Garda Domestic Violence and Sexual Assault Unit in Dublin [1996] ;
  - ◆ 2,000 barring orders granted; 4,500 applied for [August 1994 - July 1995];
  - ◆ 860 arrests and 506 convictions relating to domestic violence [1996].
- 3.8 The scale of the problem is, however, likely to be far greater than statistics on service demand show, particularly when one considers that no statistics can take account of those living in silence. International surveys indicate that only between 10% and 15% of women experiencing violence actually report assaults to the police.

### *Nature of Domestic Violence*

- 3.9 Domestic violence is a process - not a once-off event. It often involves women being subjected to multiple forms of abuse.
- 3.10 Research conducted for "*Making the Links*" [op.cit.] showed that women who experience violence tend to be subjected to multiple forms of violence - for instance, a large proportion of women subjected to mental cruelty were also subjected to actual physical violence; and a large proportion of women subjected to sexual violence, including rape, were also subjected to other forms of physical violence.

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<sup>3</sup>Canadian Centre for Justice Statistics, Violence Against Women Survey (1993) [cited in Kelleher and Associates (1996)].

<sup>4</sup>In a study involving 535 women randomly selected from the Post Office address file in North London, Mooney (1993) [cited in Kelleher and Associates (1996)] found that 30 per cent of women had been subjected to actual physical violence which involved attempted strangulation, being punched, slapped, kicked, head-butted and hit with a weapon. Dobash (1979)[cited in Kelleher and Associates (1996)] estimated that between 10 per cent and 25 per cent of women in Britain experience violence.

<sup>5</sup>Ardayne Women's Research Project, (1992). [cited in Policy Document for Women's Refuges (1994)].

- 3.11 Of women who had experienced physical violence, 71% reported that the violence resulted in physical injury - broken bones, head injuries and loss of consciousness. Women also told of the terror and humiliation of sexual violence.
- 3.12 Pregnancy can be a time of high risk for women in that violence may begin, or escalate, during this period. In the findings of *"Making the Links"*, 34% of those who had experienced physical violence suffered assaults while pregnant. A survey in Northern Ireland<sup>6</sup> indicated that between 15% - 17% of women were assaulted during pregnancy. Such assaults have resulted in foetal fractures/deaths, pre-term labour and premature births, prolapsed wombs, ruptures of the uterus, placental separation, etc.
- 3.13 Women themselves say that emotional abuse, or the *threat* of violence, can be more frightening than actual physical violence. Verbally abusive and undermining statements are common forms of mental abuse, while sexually abusive language is also used to undermine the personal integrity of women. Disclosing such types of emotional abuse can be particularly problematic for women because, in the absence of physical evidence of abuse, the psychological impact of emotional abuse may not be readily comprehended by society at large or service providers.
- 3.14 Evidence also suggests that women and children are often at particular physical risk immediately following separation or having gone through a legal process<sup>7</sup>. In this context, it is important that all service providers are particularly aware of the need to offer protection and support to women and children in such circumstances.

### ***Murder***

- 3.15 At its most extreme, violence may exact the cost of human life<sup>8</sup>. International evidence suggests that a large percentage of female murders are perpetrated by persons known to the victims. In the United States in 1994, for example, the male perpetrator was known to the woman in 90% of female homicide cases and in 70% of these cases the man was a husband or former partner. In the UK in 1992, 45% of female murder victims were killed by their current or former male partners. In Northern Ireland between 1990 and 1994, almost 50% of all murders of women were carried out by persons known to the victim.

### ***Mental Health Effects***

- 3.16 Among the mental health effects of domestic violence and abuse reported in *"Making the Links"* [op. cit.] were loss of confidence, depression, problems with sleep, increased isolation and increased use of medication and alcohol. Women's contact with the Health Services is discussed in more detail in Chapter 8 of the Report.

### ***Effects on Children***

- 3.17 Children are also the victims of domestic violence - even in situations where they themselves are not directly being physically abused. The negative effects on children of witnessing, or over-

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<sup>6</sup>McWilliams, M.; McKiernan, J. (1993); *Bringing it out in the Open - Domestic Violence in Northern Ireland*.

<sup>7</sup>In Canada in 1994, 26% of women killed by their husbands were separated or divorced at the time of the incident.

<sup>8</sup>In 1996 in Ireland, 18 women were murdered, 12 in their own homes.

hearing violence, are similar to the symptoms experienced by children who themselves have been abused - for example: poor school performance, sleeping problems, and the children becoming fearful and withdrawn. Research has also pointed to the link between the physical and emotional abuse of children and the abuse of women - with some of the most severe cases of child abuse involving the co-existence of partner/wife abuse<sup>9</sup>.

### *The Cost*

- 3.18 In addition to the personal cost of violence to individual women and their children, society as a whole bears immense social and financial costs<sup>10</sup>. Picking up the pieces in terms of supporting women and children who are dealing with the aftermath of violence is substantial - preventing it happening in the first place is more effective and efficient in every respect.

### *Barriers to Women in Dealing With Violent Situations*

- 3.19 Women face a variety of psychological and physical barriers in trying to deal with violence in relationships. Women may hope that things will change and that the abuse will end. Some fear that they will be unable to survive on their own. Some believe that they and/or the children will be hurt or killed if they leave. Some lack economic resources. Some fear that, as a result of seeking help for themselves, they run the risk of having their children taken away from them.
- 3.20 Nowhere to go, and having either no access, or limited access, to the economic resources of the household, are two of the most frequent reasons put forward by women as stopping them from leaving violent partners. Other important considerations in this context are the upset they may cause to children and a hope that their partners will change. Fear of revenge figures prominently as a reason not to report incidents of domestic violence to the police. Feelings of embarrassment also hinder women in seeking help from available sources - coupled, in many cases, with a feeling that it would do no good to seek such help in any event.
- 3.21 The particular living circumstances of a family can also make it very difficult for a woman to remain in her home and seek to have her violent partner removed - for example, when living on a family farm, or in a combined home and business premises, living with a partner's family, or living in a close-knit network of the partner's family. In circumstances like these, confronting the violent relationship is a difficult step to take, and many women can be effectively trapped.
- 3.22 The feeling of many women that services are incapable of responding to their needs is of major concern to the Task Force. Many women feel that the legal and court systems minimise the seriousness of crimes committed against women, fail to dispense justice and make women feel at fault for what has happened to them. Health Board social service agencies can be perceived as being primarily concerned with the welfare of children resulting in women fearing that their children will be removed from them if they seek assistance in respect of their own situation. These issues of lack of confidence in available services and the judicial system will be addressed in later chapters.

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<sup>9</sup>Mid Western Health Board Study: domestic violence present in nearly 33% of all children at risk cases; suspicion, or evidence, in 75% of cases that their mothers experienced physical violence (Ferguson, H. 1996) [cited in Kelleher and Associates (1996)].

<sup>10</sup>Dobash and Dobash (1996) quote recent estimates from the World Bank which indicate that violence against women accounts for one out of five years of life lost to women of reproductive age and in New Zealand the overall annual cost of violence against women in the home is equal to the entire budget of the social services.

***Isolation - Emotional and Physical***

- 3.23 The effects of violence can be all the more traumatic for women living in geographically isolated areas, women living in poverty, women with physical or mental disabilities, women from different cultures, and traveller women. The cumulative effects of living in poverty, isolation, and poor environmental conditions in themselves damage women's health. When these difficulties are combined with physical, mental and emotional abuse, the effects are enormous.
- 3.24 Women who had experienced violence spoke directly to members of the Task Force about the sense of isolation when their options to leave are extremely limited, about the experience of local communities supporting violent partners rather than the women who have been abused, and about the real danger of a woman being stigmatised within the community if she finds the courage to speak out. This sense of isolation is particularly experienced by women living in rural areas where sources of support may be few and services not readily accessible.

***Conclusions***

- 3.25 Violence against women takes many forms, is not a class based problem, and is not confined to either rural or urban areas. Women are most at risk from violence and abuse from "known" men in their own homes. It is clear from the limited statistics available that the problem is widespread and requires an effective response both in terms of service provision and preventative strategies.
- 3.26 Strategies must have a particular focus on lifting the veil that hides many incidences of violence by eliminating, or at least lowering, the barriers that many women face in dealing with violent situations.
- 3.27 The Task Force considers it essential that, in developing policies and services, women are presented with a range of coherent options and supports that will enable them to eradicate violence from their lives.
- 3.28 The Task Force recognises that abused women and their children can be further isolated by discrimination on the grounds of age, sexual orientation, race, ethnicity and disability. The Task Force **recommends** that in the implementation of all policy and practice the needs of women from marginalised groups be taken into account at all times.
- 3.29 The costs associated with dealing with the fallout from violence are enormous, both in human and financial terms, and emphasise the need to develop a broadly based preventative strategy side by side with addressing the immediate needs of today's victims.
- 3.30 In terms of future policy and service development there is also a clear need to develop more accurate and comprehensive statistics on the true nature and extent of the problem, both at a general level and in the context of marginalised groups. These issues will be considered in more detail later in the Report.





# SEEKING HELP - THE OPTIONS

## *Introduction*

- 4.1 Women suffering from violence and abuse need both emotional and practical supports in order to enable them to disclose the violence, seek intervention, regain control of their own lives, and make choices about their future. This Chapter explores how, and to whom, a woman may disclose violence, and identifies the range of supports that she may need to access. It examines the role of accessible information and advice services in ensuring that the woman can identify her options and access the supports needed. Details of specific support services for women experiencing violence and how they need to be enhanced and developed are discussed in more detail in later chapters. This Chapter deals primarily with women confronting violence in a close adult relationship.

## *Confronting Violence*

- 4.2 The nature and extent of violence against women in close adult relationships was outlined in the previous chapter, Chapter 3. Women who experience violence in an intimate relationship usually experience it as a pattern that emerges over time. In these circumstances the woman can experience a cumulative loss of confidence and self-esteem. While a crisis situation is generally associated in people's minds with a real and present danger to life and limb, a crisis situation can also arise where a woman is not able to function independently or socially through the cumulative effect on her mental and physical health of relentless psychological, physical and/or sexual abuse.
- 4.3 Women therefore need to be actively encouraged to seek immediate help as soon as violent behaviour becomes apparent. In particular, it is important that they understand that violence is not acceptable or normal, that they are not alone, that they are not responsible for another person's violent behaviour, that they have no reason to be ashamed, and that services are available to them. Through empowering women to become pro-active, particularly when violence first surfaces, crisis situations may be avoided, or at the very least greatly reduced.

## *Disclosure*

- 4.4 Individual circumstances will greatly influence if, when, and to whom a woman will disclose circumstances of physical and/or emotional abuse - fear, violence, stigma can all be factors in a woman's decision not to disclose her situation.

- 4.5 The limited research available would also indicate that very often women will only disclose physical abuse after repeated assaults. The Women's Aid Federation in Britain estimate that, in general, a woman has been assaulted 35 times before she comes forward to the police with a domestic violence complaint. In her keynote speech to the "Seminar on Women's Refuges"<sup>11</sup>, Monica McWilliams, Senior Lecturer, Department of Social Policy, University of Ulster, stated that *"Of all crimes, violence against women has a huge recidivist/recurrence rate. It is reckoned that, on average, it takes 11 incidences of violence before women approach an outside agency, organisation, or person for help"*.
- 4.6 The National Survey administered by the Economic and Social Research Institute for the Report of *"Making the Links"*<sup>12</sup> posed the questions: had the women ever been subjected to any form of violence and, if yes, the person to whom the violence was reported. Of the total respondents to the question, 101 [18%] indicated that they had been subjected to violence. Table 4.1 sets out who these women told about their situation.

TABLE 4.1 WHO ABUSED WOMEN TELL	
Friend	50%
Relative	37%
Doctor	29%
Garda	20%
Solicitor	16%
Priest/Religious Minister	16%
Courts	12%
Casualty Unit	4%
Social Services	3%
Women's Refuge	2%
Other	5%

*Note: Respondents indicated multiple reporting*

- 4.7 It is clear from the statistics in Table 4.1 that a woman experiencing violence may turn to any of a wide range of individuals and agencies for help and may disclose to more than one of them.
- 4.8 It is striking how many women turned to a relative or friend and, in these circumstances, it is vital that the person chosen is able to find out, both speedily and easily, what information and services are available at a local level. If the person approached works in a statutory, professional, voluntary or community organisation, it is important that he or she has the skill and sensitivity to encourage the woman to reveal her story and must be able to provide her with a gateway to the full range of services available. In all cases, particularly as first attempts at disclosure may be hesitant and tentative, the person with whom a woman makes the first contact should listen sympathetically and must know, or be able to find out, what appropriate services are available.
- 4.9 While living within a violent relationship carries huge risks for women in terms of their physical and mental well being, the potential additional risk, both to the woman's own safety and that of

<sup>11</sup>Dublin Castle, 26th/27th May, 1994, organised by the Federation of Irish Refuges and hosted by the Department of Social Welfare.

<sup>12</sup>A random sample of 1,483 women was selected for the survey. A total of 679 [46%] questionnaires were returned.

her children, of disclosing the existence of abuse cannot be understated or minimised. In encouraging women to disclose violence, therefore, it is essential that this is not done in a vacuum. The information and supports must be in place to enable her to follow through on that disclosure. This has implications, *inter alia*, for the way in which statutory, voluntary and community agencies work together and for the principles of good practice adopted by those agencies. These issues are dealt with in Chapter 11: *Making It Happen - Working Together*.

### **Range of Supports Needed**

4.10 The range of supports any one individual woman will require will vary and may include:-

- ◆ personal safety;
- ◆ access to accurate and sympathetic advice and information;
- ◆ access to medical care;
- ◆ counselling and support for herself and her children;
- ◆ the option of staying in her own home, which may involve a safety order, a barring order or, eventually, a legal separation or divorce;
- ◆ where it is not possible or safe for her to stay at home - access to accommodation in the short and longer-term;
- ◆ her partner to be encouraged to take responsibility for his actions;
- ◆ financial support;
- ◆ access to training and employment so that she can become financially independent.

Combinations of these supports can be broadly considered in terms of responses to *emerging signs of violence*, situations of *immediate crisis*, or requirements for *support in the longer-term*.

4.11 In situations of **emerging** domestic violence the woman may be able to stay in her place of residence while attempting to address the problem. She may choose from a number of alternative actions, for example:-

- ◆ seek help and advice through appropriate channels - e.g. helplines, legal aid, etc.;
- ◆ actively seek her husband/partner to take responsibility for, and control over, his actions so that their relationship may continue;
- ◆ seek a safety/protection/barring order under the Domestic Violence Act, 1996;
- ◆ initiate separation or divorce proceedings;
- ◆ seek prosecution through the Criminal Justice System;
- ◆ seek medical help and counselling for herself.

4.12 In a **crisis** situation, a woman's immediate options to secure her personal safety may be limited to calling the Garda Síochána and/or leaving her own home where she is being threatened. In these circumstances a woman may: - call the Garda Síochána, seek medical care, find a temporary place of refuge, or seek help from a family member or a friend. Where there is a family home, the aim must be to facilitate her to return to her own home as soon as it is safe and practical for her to do so. In some circumstances the risk to the woman of returning to her home may be too great and alternative accommodation may ultimately be needed on a long-term basis.

4.13 Once the immediate crisis is resolved, the woman will need **ongoing support** to enable her to move towards emotional and economic independence. Such supports may include access to

appropriate counselling services, income support, housing support, access to training, education, employment services and child care.

- 4.14 It is important to be aware that some women feel so dis-empowered and violated by the experience of violence that they may feel unable to address the problem or confide in family and friends. It is of particular importance therefore that individuals and agencies recognise the woman's need for emotional support and back-up and that it may be a very slow process before she is in a position to deal decisively with the situation. Women should not be pressurised into taking any action that they are uncomfortable with, or when they are not ready to do so - rather they should be encouraged and supported to address the situation at their own pace.
- 4.15 The Task Force strongly endorses the woman's right to remain, in safety, in her own home wherever this is feasible. The earlier the problem of violence is identified the more likely this is to be possible.

### Information

- 4.16 Information and advice is central to enabling women to overcome violence. Once a woman makes the first move to disclosure, or her situation comes to light through other means, she needs easily accessible information about the options open to her. Once she has decided on her preferred course of action, a range of services should then be triggered.
- 4.17 The Task Force considers that there should be a three pronged approach to providing women who are being subjected to violence with the necessary sources of advice, information and support:-
- ◆ national help lines;
  - ◆ local advice and information centres; and
  - ◆ information leaflets targeted at individuals experiencing violence and information packs for agencies they may come in contact with.

### Helplines

- 4.18 A telephone call is often a woman's first step in seeking help and to meet this need **Women's Aid National Freephone Helpline**<sup>13</sup> was set up in 1992 and operates from 10 a.m. to 10 p.m., 6 days a week.

From its establishment in 1992 to 31 December, 1996, a total of 34,000 calls had been made to the helpline (8,000 in 1996).

The helpline aims to

- ◆ provide a national freephone service which is confidential, anonymous, non-judgmental and free;
- ◆ support women to make informed decisions about their lives;
- ◆ provide accurate and up to date legal, housing and financial information for women, outlining their rights, entitlements and options;

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<sup>13</sup> Freephone 1800 341900

- ◆ find emergency refuge or alternative accommodation for women and children;
  - ◆ gather statistics to educate both the general public and policy makers about the needs of battered women and their children; and
  - ◆ educate and train women who have been abused to become volunteers to help other women.
- 4.19 The Dublin Rape Crisis Centre Freephone Helpline<sup>14</sup> was set up in 1979. It operates for 24 hours a day, seven days a week. In 1995, a total of 6,100 calls were made to the Helpline. The Helpline aims to: -
- ◆ provide a listening service to victims of rape/sexual assault and to their families and friends;
  - ◆ provide support for disclosure and validation;
  - ◆ provide information on the legal, medical and social services available;
  - ◆ collect statistics to inform research, social change, legal and attitudinal change;
  - ◆ facilitate referral on to suitable services;
  - ◆ provide a nationally accessible service in response to demand; and
  - ◆ provide an anonymous service in acknowledgement of the difficulty of disclosing sexual violence.
- 4.20 The Task Force recognises the valuable work being done by local helplines attached to local services. Most refuges and local rape crisis centres offer a locally based telephone counselling service. The Samaritans helpline is also an important resource for women living with abuse.
- 4.21 The level of calls to the Women's Aid National Helpline and the Dublin Rape Crisis Centre Helpline alone indicates the importance of these services to abused women in offering a first step towards terminating a violent relationship.
- 4.22 The Task Force considered carefully whether a single national helpline or a series of regional helplines would be the better way to ensure women could access advice and information by phone. It concluded that a national helpline networked into locally based services would be the better model, and easiest to publicise widely. The Task Force **recommends**, therefore, that the current service operated by Women's Aid become the NATIONAL FREEPHONE HELPLINE, operated on a 24 hour basis, 7 days a week, by trained staff, with guaranteed multi-annual funding. The service must offer comprehensive advice to women on options open to her and available services, including contact personnel, in the woman's own area.
- 4.23 The Helpline should also operate a centralised computerised Bed Bureau, in conjunction with both the National Federation of Refuges and organisations helping the homeless, so that a caller can be told where she can access the nearest available emergency accommodation.
- 4.24 In order that the helpline work efficiently and effectively, it is important that up to date information is provided by the relevant service providers. In this context, the provision of such information may form part of service agreements as discussed in Chapter 7 in the context of refuge development.
- 4.25 Given its specialist target groups, and the specialist counselling needs required, the Task Force advocates that the Dublin Rape Crisis Helpline should continue to operate independently from the National Helpline - but with the facility of referring clients between the services as appropriate.

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<sup>14</sup> Freephone 1800 778888

### *Local Advice and Information Centres*

- 4.26 Most women coping with domestic violence, or its aftermath, are living in their own homes, and their friends and family are those most frequently told about the situation. In the Task Force's view these factors alone underline the importance of an effective community based response to the problem of violence against women.
- 4.27 Women who are experiencing domestic violence are sometimes not ready to go to a refuge or seek formal support. What they need initially is someone they can trust, who is available to them, who listens to them and, most importantly, believes them. Women need someone to give them information and practical advice on the options open to them and help them access the services available on a confidential basis.
- 4.28 Many women are involved informally in their own community in women's education and development issues and thus may be in a position to provide important links to services for women who are experiencing violence. Such services are often linked with a locally based Community Development Project, Women's Group or Family Resource Centre offering, for example, access to education/development opportunities, welfare advice, as well as information on the legal system and other services in their area.
- 4.29 The Task Force considers that where such facilities exist, they should be harnessed in full in that often, by simply offering women the opportunity of visiting centres or participation in a group activity, a woman may feel empowered to disclose violence and seek support.
- 4.30 Community-based projects can help galvanise local support behind women who are experiencing violence and thereby encourage women to come forward and address the issue at an earlier stage. The Task Force identified a number of models of community based responses to women experiencing violence, including the Finglas Contact, St. Helena's Resource Centre, Finglas South, Dublin 11, the Family Resource Centre, St. Michael's Estate, Inchicore, Dublin 8 and the Family Life Centre, Boyle, Co. Roscommon. [Appendix 2]

### *One Stop Shops*

- 4.31 The Task Force strongly endorses the role of community development projects in providing advice and information to women experiencing violence. The Task Force considers that community development centres have the potential to provide a "one stop" contact point regarding the availability of relevant services for women in their area. In order to deliver such a facility, projects would need to be able to make links with the other services in the area, and have at least one member of staff suitably trained to handle issues relating to violence. This issue of inter agency co-operation and co-ordination is addressed in more detail in Chapter 11: *Making it Happen - Working Together*.
- 4.32 In the absence of community development centres, family resource centres etc., "one stop" points for advice and information on the services available for women and children subjected to violence should be linked into a suitable existing service within the area, such as Citizen's Information Centres or Health Centres. The Task Force therefore **recommends** that appropriate centres be identified in each local area and should be developed through the interagency local planning mechanism outlined in Chapter 11.

### ***Information Packs at Local Level***

- 4.33 It is important that individuals experiencing violence, their friends and relatives, and workers in statutory, voluntary and community agencies can access simple, user-friendly information on available services.
- 4.34 The Task Force therefore **recommends** that information regarding the National Helpline be advertised throughout the country through the national and local press, and by posters displayed in public places such as Garda Stations, Hospitals, GP Surgeries, Community Welfare Offices, Legal Aid Centres, Health Centres, Citizen's Information Centres, Post Offices, Supermarkets, and other frequently used community contact points or places where women may gather.
- 4.35 In addition, information packs should be available at local level detailing Helpline numbers, services available and local contact numbers. Each agency should be familiar with, and have details of, other relevant services available in a community. Leaflets and cards containing relevant local information and contact numbers should be available for distribution.

### ***Conclusion***

- 4.36 Violence against women in a close adult relationship is not an event - it is a process. Responses therefore cannot be once off but must be a continuous process of support and assistance, tailored to the needs of the woman at any point in time. In summary, services for the woman and her children need to offer immediate safety from violent attack, practical advice and support to live apart from, and free from harassment by, a violent partner, together with access, if required, to aftercare support and counselling.
- 4.37 Information about help and options, together with a woman centred approach to the delivery of services, are key factors in both empowering women and sending a strong signal of condemnation to violent men. The following Chapters of the Report address the different services on a individual basis as well as putting forward proposals for inter agency co-operation.

### ***RECOMMENDATIONS***

- ◆ The current service operated by Women's Aid should become the NATIONAL FREEPHONE HELPLINE, operated on a 24 hour basis, 7 days a week, by trained staff, with guaranteed multi-annual funding. The help line should develop a computerised Bed Bureau in conjunction with the National Federation of Refugees and other homeless services.
- ◆ Appropriate "one stop" centres providing information and advice on the options and services available to women and children experiencing violence should be identified in each local area.
- ◆ Information regarding the National Helpline should be advertised throughout the country through the national and local press, and by posters displayed in public places such as Garda Stations, Hospitals, GP Surgeries, Community Welfare Offices, Legal Aid Centres, Health Centres, Citizen's Information Centres, Post Offices, Supermarkets, and other frequently used community contact points or places where women may gather. Information on local services should also be available.





# PERSONAL SAFETY AND THE ROLE OF THE GARDA SÍOCHÁNA

## *Introduction*

- 5.1 The Garda Síochána are the first point of contact for many women in crisis situations. They are also the only State Agency with a written policy on violence against women. Given their law enforcement role, the individual response of Gardaí is central to an effective strategy to deal with domestic violence.

## *Policy on Domestic Violence Intervention*

- 5.2 A Garda Síochána Policy on Domestic Violence Intervention was introduced in April, 1994. This policy document, which was updated in March 1997, sets out a pro-arrest policy, stating that where powers of arrest exist they should be used. It also outlines procedures which Gardaí should follow in proceeding with cases of domestic violence, stating that domestic violence should be treated like any other crime. The policy document states that the primary role of the Gardaí should be one of protection through law enforcement<sup>15</sup>. Other provisions of the policy include:

- ◆ If a safety/barring/interim barring/protection order is in existence, the Gardaí will always arrest where there is reasonable cause for believing that the order has been contravened;
- ◆ On receipt of a complaint of domestic violence, the investigating officer should deal with the matter promptly, and on the basis that the s/he is dealing with a crime and that life and property may well be at risk;
- ◆ Station bail should not be granted to the accused as the likelihood of intimidation to the injured party is extremely high;

<sup>15</sup>Longer-term issues such as counselling, reconciliation, etc. are matters to be addressed by the woman herself in conjunction with other services.

- ◆ The victim should be provided with information on the civil remedies available. Such advice should include addresses of the Family Law Court and/or District Court Clerk. The investigating member of the Gardaí should inform the victim fully of the procedures to be followed in applying for a safety/protection/barring order;
  - ◆ The investigating Garda should make the victim aware of the relevant services in the area, both statutory and voluntary, which may be of assistance;
  - ◆ The investigating Garda should give the victim his/her name in writing, the name of the station and telephone number (call card). The Garda should call back to the victim at least once in the following month to provide further information on any developments in the investigation, and in cases where there is on-going investigation, to reassure the woman;
  - ◆ Investigating Gardaí should, where necessary, keep in mind their powers under the Child Care Act, 1991 in relation to an immediate risk to the safety of the children. Where a Garda suspects a risk to children, the appropriate Health Board should be notified without delay.
- 5.3 A copy of the Garda Síochána Policy on Domestic Violence Intervention is attached as Appendix 3.

#### *Domestic Violence and Sexual Assault Investigation Unit*

- 5.4 In March 1993, a special unit, the Domestic Violence and Sexual Assault Investigation Unit, was set up to oversee all cases of domestic violence and sexual assault in the Dublin Metropolitan Area. In 1996, 6,000 calls were made to the Unit. In January 1997, the Investigation Unit was placed under the responsibility of the National Bureau of Criminal Investigation giving it a countrywide brief.
- 5.5 The objectives of the Unit are :
- ◆ To overview all cases of domestic violence and sexual violence/assault and to assist where necessary in the investigation of the more complex cases;
  - ◆ To improve methods of investigation by training, advice and assistance;
  - ◆ To liaise with statutory and non -statutory bodies and organisations which have a brief for sexual assault and domestic violence; and
  - ◆ To make arrangements to perform its duties in tandem with Community Relations Section and Juvenile Liaison Officer personnel; and
  - ◆ To draft a protocol on the role of the Garda Síochána in such cases.
- 5.6 Domestic violence calls are usually received by phone. When Garda assistance is requested, details of the calls are recorded. These details include the name of the Officer despatched to deal with the call, the time of arrival at the scene of the call, and the time of departure. Other details recorded include whether or not children were present, whether or not a barring order/protection order was in existence, and the action taken by the Gardaí. If an arrest is not made, Gardaí are required to record the reasons for not arresting. It is usual to despatch two Gardaí in the patrol car to the scene of a domestic dispute. Details regarding all cases are sent to the Domestic Violence and Sexual Assault Investigation Unit on a monthly basis.

- 5.7 The Task Force **recommends** that Domestic Violence and Sexual Assault Investigation Units, similar to that which currently operates in the Dublin Metropolitan area, should be established in other major urban areas, in particular Cork, Limerick, Galway and Waterford. These units would serve a similar purpose to the Dublin unit in that they would oversee cases of domestic violence and sexual assault in their areas and provide assistance, where necessary, in complex investigations. In all other areas, there should be a sufficient number of gardaí, accessible through the garda station networks throughout the county, who have been trained and given the expertise to deal with domestic violence, rape and sexual assault cases.

#### *Domestic Violence Arrests*

- 5.8 It will be noted from Table 5.1 below that the number of reported incidents of domestic violence increased by almost 18% in the period 1994 to 1996. In the same period, however, the number of persons charged increased by almost 21% and the number of persons convicted rose by almost 30%. Figures on domestic violence incidents prior to 1994 are not available as they were not recorded as a separate category.

<b>Table 5.1</b>					
<b>Garda Síochána Annual Reports</b>	<b>Incidents</b>	<b>Persons Injured</b>	<b>Arrests</b>	<b>Persons Charged</b>	<b>Persons Convicted</b>
1994	3,951	750	765	600	392
1995	3,956	861	850	527	455
1996	4,645	923	860	725	506

#### *Garda Powers under the Domestic Violence Act, 1996*

- 5.9 Under the Domestic Violence Act, 1996, Gardaí have the power to arrest any person who contravenes a barring order, interim barring order, safety order or protection order. In addition, the Act provides that where a member of the Garda Síochána has reasonable cause for believing that a person is committing, or has committed, (a) an assault occasioning actual bodily harm, or (b) an offence under section 20 of the Offences against the Person Act, 1861, that member may, subject to certain conditions, arrest that person. For the purpose of effecting an arrest under the 1996 Act, the Gardaí are empowered to enter, if needs be by force, any place where the member, with reasonable cause, suspects the person to be.

#### *Pro-arrest Policy*

- 5.10 At the first point of intervention, Gardaí are faced with a decision whether or not to arrest the alleged perpetrator. These are sensitive situations where many factors have to be considered, not least the wishes of the victim. Research by Sherman and Berk (1984)<sup>16</sup> indicates that arrested abusers showed significantly less subsequent violent behaviour than those who were not arrested. This study was replicated by Berk and Newton (1985)<sup>17</sup> which concluded that the deterrent effect for high propensity offenders is very dramatic and in these cases the arrest deters new incidents. The conclusion drawn from this study was that police should make arrests unless there are good reasons not to do so.

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<sup>16</sup>Sherman, L. and Berk, R. "The Specific Deterrent Effects of Arrest for Domestic Assault", American Sociological Review, 49,1984: 261-272 [cited in Kelleher and Associates(1996)].

<sup>17</sup>Berk, R. and Newton, P. "Does Arrest Really Deter Wife Battery", American Sociological Review, 50, 1985: 253-262 [cited in "Making the Links"(1995)]

- 5.11 A mandatory arrest policy, however, has its limitations as it does not always help victims, or protect citizens, when the victim does not want to press charges. It has been argued that mandatory arrest may, in fact, aggravate the situation, increasing family stress and the risk of further violence.
- 5.12 Rather than *mandatory* arrest, a *pro-arrest* policy is now favoured which encourages arrest but does not mandate it. This allows the wishes of the victim to be taken into consideration and the Task Force **endorses** this approach which is part of the Garda policy statement. A pro-arrest policy is crucial on two fronts - it conveys to the abuser that violence is unacceptable and it communicates to the victim that she does not have to put up with the abuse.

### *Integrated Criminal Justice Response*

- 5.13 To be effective, a pro-arrest policy must be part of an integrated criminal justice response involving policy, prosecution and sentencing. If the criminal justice system fails to punish the perpetrator, or applies totally inadequate sanctions, the risk to the victim of reprisals from an angry partner could increase. The Task Force considers that a pro-arrest policy must operate in tandem with adequate judicial sanctions which clearly convey to the abuser that violence against women is a serious crime and is punishable accordingly. Legal Issues and Intervention Programmes for Men are considered in more detail in Chapters 6 and 10 respectively.

### *Consistent Application of Policy*

- 5.14 From the evidence available, there appears to be an uneven application of policy in relation to arrest and prosecution in different Garda districts around the country. For example, with regard to incidents of domestic violence reported to Gardaí in 1996, out of a total of 83 reported incidents in Laois/Offaly, there were 39 arrests and 39 convictions. In Longford/Westmeath, out of a total of 234 reported incidents, there were only 23 arrests and 26 persons charged. Details of incidents, arrests, persons charged, injured and convicted for each Garda District are attached as Appendix 4.
- 5.15 While the Task Force accepts that there may be valid reasons in individual cases for not prosecuting, they consider that every effort must be made to ensure consistency in implementation of policy between individual Gardaí and between various Garda Districts and, in particular, that perpetrators are prosecuted.
- 5.16 Implementation of the Garda Síochána's Policy on Domestic Violence Intervention is the specific responsibility of a Superintendent in each Garda District. Given the importance of overall consistency, the Task Force considers it important that action is taken, at central level, to ensure that there are no differences in the application of the policy in different garda districts, and that women do not, simply by their geographical location, experience differing levels of garda response.
- 5.17 The Task Force therefore **recommends** that:
- ◆ the Superintendents with responsibility for putting the domestic violence policy into effect should report to a named Assistant Commissioner with responsibility for overseeing the consistent implementation of the present policy and for its further development. Such reports should include measures taken to implement and oversee the policy at local level; training given at local station level; liaison arrangements in place with others providing ser-

vices to abused women in the locality; statistics on calls, arrests and cases brought, with reasons why any individual case has not been pursued; and

- ◆ the list of Superintendents who have been assigned responsibility for this issue be made available to the Regional Planning Committees (being proposed by the Task Force in Chapter 11) and to the service providers in the community.

### *Remanding the Offender in Custody*

- 5.18 The Task Force also considers that in all cases of risk, the Gardaí should endeavour to remand the offender in custody until the first available court appearance so that a judge can issue conditions of bail which clearly offer protection to the victim (e.g. he must find alternative accommodation until after the court case).

### *Training*

- 5.19 Given that they may be the first point of contact for many women in crisis situations, the training individual Gardaí receive is very important if an effective intervention policy is to be put in place. The Task Force considers that training is best provided by experts in this area and should cover issues such as understanding the dynamics of domestic violence, rape and sexual assault and the skills needed to deal with such cases.
- 5.20 While domestic violence is now part of induction training for Gardaí, and is provided for in a special module, the Task Force considers that Gardaí also need to participate in regular and ongoing in-service training on the overall issue of violence against women. This training should include an input by agencies who provide supports for women who have been subjected to domestic violence, rape and sexual assault.
- 5.21 As part of training, it is important to emphasise how difficult women may find it to disclose and report abuse, and the very real pressures on a woman, including fears for her personal safety, which can lead her to drop charges. It is also important to understand that the response by the Gardaí to an incident of domestic violence is of value in itself. It sends a signal to the man concerned, even if the case is not followed through. The fact that a call is made and logged may, in itself, be important later for future civil legal proceedings.

### *The Role of Female Gardaí*

- 5.22 While the number of women entering the Garda Síochána has risen sharply in the last 20 years, women still only constitute 8% of the total force<sup>18</sup>. The involvement of female Gardaí in dealing with cases of domestic violence should be actively encouraged, where practicable, as this may help women to feel more comfortable and understood. This would be similar to what currently happens in rape and sexual assault cases.

### *Monitoring*

- 5.23 The Task Force considers that there is a need for more information on the involvement of Gardaí in domestic violence, rape and sexual assault cases. In this context, the Task Force recommends

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<sup>18</sup> Actual number: 864.

that the Gardaí should publish statistics which outline the number of calls received, the action taken and the reasons for not pursuing charges. Statistics for each district should be published annually in the Garda Annual Report.

- 5.24 In the context of rape and sexual assault cases, the Task Force notes that the Office of the Director of Public Prosecutions (DPP) will publish a Report in 1997 covering the year 1996. The Report will provide information on the approximately 6,800 files received in the Office during 1996 and on the prosecutions that went for trial before the Circuit, Special, Central Criminal Courts and the Court of Criminal Appeals throughout the year. It will categorise the crimes in respect of which prosecutions arise for consideration e.g. homicide, sexual offences, robberies, burglaries and general assaults. In the case of District Court prosecutions, the Director intends to initiate procedures which will ensure that he is informed of the outcome of such proceedings. While there can be legal and constitutional reasons for the DPP withdrawing or not initiating a case, the Report will use hypothetical examples, where appropriate, to illustrate policy and practice in this area.

#### *Link to Other Agencies*

- 5.25 Chapter 11 of the Report looks at the need for statutory and community/voluntary bodies to co-operate and co-ordinate their services and responses so that each agency or voluntary body will know about, and be able to advise, on the most appropriate package of supports in each case. It also outlines how a community based response should be developed to facilitate disclosure and linked to other local services.
- 5.26 It is considered particularly important, in the context of their 24 hour, law enforcement role, that the Gardaí develop strong interagency links with other statutory and voluntary/community bodies dealing with violence against women. They should be actively involved in the Local, Regional and National Steering Committees proposed in Chapter 11.
- 5.27 Equally important is the Garda's ability to provide the victim with information on the civil remedies available and how to apply for them (e.g. a protection/barring order), and on the relevant services in her area, both statutory and voluntary, which may be of help to her. In this context, the Task Force **recommends** that each Garda station should have information packs available which detail local services to which women from the area can be referred. These packs should also include information on intervention programmes for violent men.

#### *Conclusions*

- 5.28 The response of the Gardaí is crucial to putting in place an effective policy to deal with domestic violence. The Garda pro-arrest policy is very important as it sends strong messages to both the abuser and the victim. The Task Force's recommendations are designed to further enhance the effectiveness of the Gardaí in dealing with domestic violence cases.
- 5.29 There are a number of issues involving the role of the Garda Síochána which arise in relation to rape and sexual assault cases. These are dealt with in detail in Chapter 9.

## **RECOMMENDATIONS**

### ***Priority Recommendations***

- ◆ The implementation of Garda policy in relation to domestic violence, rape and sexual assault needs to be monitored to ensure consistency in implementation between individual Gardaí and between various Garda Districts; responsibility for implementing policy should be assigned to a named Assistant Commissioner and Superintendents;
- ◆ Garda Domestic Violence and Sexual Assault Investigation Units should be established in major urban areas outside Dublin, in particular, Cork, Limerick, Galway and Waterford. In all other areas, there should be a sufficient number of Gardaí, accessible through the garda station networks throughout the county, who have been trained and given the expertise to deal with domestic violence, rape and sexual assault cases;
- ◆ The Gardaí should develop strong interagency links with other statutory and voluntary/community bodies dealing with violence against women in the local area; and
- ◆ Each Garda station should have information packs available which detail local statutory and voluntary services to which women experiencing violence can be referred; information on intervention programmes for violent men should also be included.

### ***Other recommendations***

- ◆ In all cases of risk, where an arrest has been made, the Gardaí should endeavour to remand the offender in custody at least until the first available court appearance so that a judge can issue conditions of bail which clearly offer protection to the victim (e.g. he must find alternative accommodation until the court case);
- ◆ Gardaí should be provided with initial and ongoing training on domestic violence, rape and sexual assault and its psychological effects on women and children. This training is best provided by experts in these areas and should cover issues such as understanding the dynamics of violence against women and the skills needed to deal with such cases;
- ◆ The involvement of female Gardaí in cases of domestic violence should be actively encouraged, where practicable; and
- ◆ The Gardaí should publish statistics which outline the number of calls received, the action taken and the reasons for not pursuing charges. Statistics for each district should be published annually in the Garda Annual Report.





# LEGAL ISSUES

## *Introduction*

- 6.1 The legal and judicial systems have a very important role in ensuring that victims of violence are protected to the fullest extent possible, and that offenders receive appropriate sanctions and interventions. This chapter looks at the legal options available to women experiencing domestic violence. The operation of the courts and judicial systems are also examined in terms of the role they play in dealing with victims of violence.
- 6.2 A number of the recommendations listed have been drawn from the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children, which was published in October 1996 and also from the Reports of the Courts Commission, published in April and July 1996.

## *Civil Remedies*

- 6.3 For most victims of domestic violence, civil legal processes represent the most effective, accessible and frequently used remedies.
- 6.4 The **Domestic Violence Act, 1996**, introduced major changes in the legal remedies for domestic violence. Under this Act, which came into effect on *27th March 1996*, there are two main types of remedies available :
- ◆ **safety order** - this order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the order prohibits the violent person from watching or being in the vicinity of the home;
  - ◆ **barring order** - this order requires the violent person to leave the family home.
- 6.5 While a person is waiting for the court to decide on an application for a safety/barring order, the court can grant an immediate order called a **protection order**. This has the same effect as a safety order and is intended to last until the court decides on the case. In exceptional circumstances, the court can grant an interim barring order which is an immediate order requiring the violent person to leave the family home, pending the hearing of an application for a barring order.
- 6.6 A person can apply for protection under the new law if they come within one of the following categories:

- ◆ *married couples* - a married person can apply for a barring or safety order against his/her spouse;
  - ◆ *co-habiting couples* - where a couple are living together, one partner can apply for protection against violence by the other partner. The protection available depends on how long they have been living together and on who owns the family home. If they have been living together for an aggregate period of 6 months during the past year, they can apply for a safety order. If they have been living together for an aggregate period of 6 months during the past nine months, they can get a barring order, unless the violent partner has greater ownership rights to the home;
  - ◆ *parents* - a parent can apply for a barring or safety order against their own child if the child is over 18. The ownership restrictions referred to above apply here also;
  - ◆ *others living together* - a person can apply for protection against violence by someone over 18 years who lives with them, if the Court is satisfied that the relationship is not primarily based on a contract. For example, two relatives living together could be covered. A person coming under this heading may apply for a safety order but will not qualify for a barring order.
- 6.7 The legislation gives health boards new powers to intervene to protect the persons listed above and their children from violence. Section 6 of the Act, which came into force on *1 January 1997*, empowers health boards to apply for orders for which a person could apply on his or her own behalf but is deterred, through fear or trauma, from doing so. The consent of the victim is not a prerequisite, although he or she has to be consulted.
- 6.8 The District Court has the power to grant a safety order for a period of up to five years and a barring order up to three years. The grounds for a safety order are similar to those for a barring order - the court may make such an order where the safety or welfare of the applicant or dependent person requires it. These orders are renewable and if broken, the Gardaí can arrest and charge that person.
- 6.9 Penalties for breach of orders under the Act have been increased. Under the 1996 Act, a £1,500 fine and/or twelve months imprisonment can be imposed by the District Court - compared to £200 fine and/or six months imprisonment under earlier legislation.
- 6.10 The following tables (Table 6.1 and 6.1a) give details of the number of applications in respect of the various orders received and granted in Provincial Courts and the Dublin Metropolitan District in the period April to July 1996:

**Table 6.1**

**DOMESTIC VIOLENCE ACT - PROVINCIAL COURTS**

	APRIL TO JULY 1996 APPLICATIONS RECEIVED				APRIL TO JULY 1996 APPLICATIONS GRANTED			
Applicant	Safety Order	Protection Order	Barring Order	Interim Barring Order	Safety Order	Protection Order	Barring Order	Interim Barring Order
Spouse	237	668	832	83	105	638	365	93
Common Law								
Wife/husband	62	135	131	16	25	128	48	16
Parent	32	56	84	19	11	53	39	17
Other	7	4	1	—	7	4	2	—
<b>TOTAL</b>	<b>338</b>	<b>863</b>	<b>1048</b>	<b>118</b>	<b>148</b>	<b>823</b>	<b>454</b>	<b>126</b>

**Table 6.1a**

**DUBLIN METROPOLITAN DISTRICT**

	APRIL TO JULY 1996 APPLICATIONS RECEIVED				APRIL TO JULY 1996 APPLICATIONS GRANTED			
Applicant	Safety Order	Protection Order	Barring Order	Interim Barring Order	Safety Order	Protection Order	Barring Order	Interim Barring Order
Spouse	194	596	623	—	18	564	94	} 42
Common Law								
Wife/husband	72	135	160	—	8	125	16	
Parent	31	61	67	—	4	56	3	
Other	10	5	—	—	2	4	—	
All Categories								
<b>TOTAL</b>	<b>307</b>	<b>797</b>	<b>850</b>	<b>—</b>	<b>32</b>	<b>749</b>	<b>113</b>	<b>42</b>

**NOTE:** Applications received equals applications lodged in the Court Offices between April - July 1996 - The majority of these applications would not have been heard by July

***Further Legislative Changes***

- 6.11 The 1996 Act is undoubtedly a very significant step forward in affording protection to victims of domestic violence. Given that the legislation has only been operating for a relatively short period of time, the Task Force feels that it is too early to draw any firm conclusions as to its effectiveness. The Task Force wishes to highlight, however, some areas where it is felt that the legislation might be improved.
- 6.12 There is no remedy in the District Court for couples who have a child in common. The only protection open in such cases is to apply for an injunction in the Circuit Court or High Court. Where a violent unmarried father, exercising his rights of access, harasses or terrorises the mother of the child, the legislation does not provide any remedy under the Act. In this context, the Task Force notes Section 10 of the Non Fatal Offences Against The Person Bill, which includes a proposal to create a new offence of harassment, aimed principally at men who harass women by “stalking” them. The Task Force welcomes this provision which makes “stalking” a criminal

offence, but also **considers** that it should be open to a woman to apply for a civil remedy, similar to a barring/safety order, against a man with whom she has had a child in common.

- 6.13 The Task Force notes that the property restrictions and the requirement for a period of living together in the case of co-habitees, as provided for in the Act, have also given rise to some concern. A barring order cannot be sought by a person whose legal interest in the communal property is less than that of the violent partner. A co-habitee must have lived with the respondent for at least 6 months before qualifying for a barring order, though the Task Force accepts that the six month period is an aggregate period rather than a continuous period. In addition, lesbian and gay couples cannot seek a barring order under the Act, though they may seek a safety order. This could be viewed as violating guarantees of equality before the law and equal protection of the law if lesbian/gay couples are treated differently.
- 6.14 The Task Force **recommends** that appropriate mechanisms be put in place to enable the operation of the Domestic Violence Act, 1996, to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence. While some of the issues raised in the preceding paragraph may have constitutional implications, the Task Force **recommends** that they be examined in the context of this review.

### *Criminal Process*

- 6.15 Essentially, any intentional or reckless act of physical violence by one person on another amounts to an assault. In cases where the assault or injury caused is more serious, charges of assault occasioning actual bodily harm, or assault occasioning grievous bodily harm, may be brought. In certain cases, a charge of attempted murder or a charge of murder or manslaughter may be appropriate. Prosecutions may be brought privately, or by the Gardaí and the DPP. While domestic violence is a criminal offence, a relatively small number of cases go to prosecution - the 1996 Garda Síochána Annual Report shows that of the 4,645 arrests made in that year in cases involving domestic violence, only 506 people or 11% were convicted.
- 6.16 The general response to domestic violence is for the victim to apply through the family courts for barring or safety orders under civil law. Research has shown however, that the threat of criminal justice intervention does tend to influence men's behaviour in terms of re-offending. The Task Force feels strongly that domestic violence should always be viewed as a serious crime and should be prosecuted.
- 6.17 The Task Force acknowledges that because of the nature of the crime and the relationships involved, each case needs to be assessed on its own merits and that prosecution is not always possible or appropriate. Where serious violence has occurred, where weapons of any sort have been used, or when the abuser has re-offended, the Task Force believes that criminal prosecution should, as a general rule, be pursued by the Gardaí. It is recognised however that the wishes of the victim must always be taken into account.

### *Other Legislation*

- 6.18 Other legislation/legislative proposals relevant to the area of domestic violence which merit specific mention are:

### **Criminal Law Bill, 1996**

Section 4 of the Criminal Law Bill, 1996 provides for a power of arrest without warrant in relation to an offence punishable by 5 years imprisonment or more. This will mean that a power of arrest without warrant will apply to the offence of assault causing actual bodily harm no matter where it is committed.

### **Non-Fatal Offences Against the Person Bill, 1997**

This provides a new offence of harassment aimed at 'stalking' which will incur a maximum penalty of 5 years and will also empower the court, in addition to imposing a penalty, to order the 'stalker' not to communicate in any way with the victim for such period as may be specified by the court, or not to approach within a specified distance of the victim's residence or place of employment.

- 6.19 The Task Force also notes the provisions of the **Housing (Miscellaneous Provisions) Bill, 1996** which provides for excluding orders in the case of persons involved in anti-social behavior associated with drug abuse. A local authority tenant may apply to the District Court for an excluding order to exclude a person from the house who is engaged in anti-social behavior. A local authority will have power to seek an excluding order where, after consultation with the tenant and the local health board, they believe that the tenant would be intimidated from applying themselves. While the normal remedy for women in the household who suffer violence as a result of drug abuse would be under the Domestic Violence Act, 1996, the excluding order procedure under the Housing Bill might also be a relevant option in some cases.

### ***Operation of the Courts & the Judiciary***

- 6.20 The *District Court* is the most commonly used forum for applications for barring orders. If the applicant is unable to afford legal representation she or he may apply for legal aid under the Civil Legal Aid Scheme. Applicants are usually advised to apply without legal aid for a protection order and to issue summons for a barring order. The Civil Legal Aid Act, 1995 requires that applications must be made to the lowest court which has the power to grant the remedy sought. The procedure in the District Court is simple and does not involve paper work. Many applicants do not apply for legal aid as it is easy to process the application and it is common in the District Court to appear without legal representation. The District Court's power is limited in that it can only grant barring orders for a maximum period of three years and safety orders for a maximum period of five years.
- 6.21 The *Circuit Court* has power to grant a barring order or a safety order that can last indefinitely or for any specified period of time. At any time after the order is made, either party can seek to discharge it. It is up to the person seeking to discharge or end the order to show that his/her behaviour no longer constitutes a threat to the safety and welfare of the spouse and/or children. As the Circuit Court is not limited to granting orders for a specific period of time, there is considerable advantage to the victims applying for a barring order in the Circuit Court rather than in the District Court.
- 6.22 Women who have been abused often find the ordeal of court hearings very traumatic. In most areas in Ireland there are no purpose built courts to deal with family law cases. In some places there is either no special time, or insufficient time, set aside for family law hearings. This can

mean that women are often forced to wait outside Courts where a range of other cases are being heard, and where there are no facilities such as consultation and waiting rooms. It can also mean that women are forced to wait in full view, and sometimes within earshot, of the abuser.

### *Legal Aid*

- 6.23 Under the Scheme for Civil Legal Aid and Advice, the services of solicitors and, where necessary, barristers are made available to persons of modest means at little cost.
- 6.24 Legal aid and advice services are provided, in the main, by solicitors in the full time employment of the Civil Legal Aid Board at Law Centres established by the Board. The number of persons receiving legal aid more than doubled between 1992 and 1995 (7,306 as compared to 3,420). In the same period the number of applicants provided with both legal advice and representation in court also more than doubled - from 1,854 to 4,060. The vast majority of cases dealt with were in the family law area - over 95% of court cases and approx. 90% of legal advice cases. Persons who apply for representation in domestic violence cases are given priority.
- 6.25 Applicants for legal services outside Dublin in domestic violence cases are dealt with immediately before the District Courts. In Dublin, while such cases are also priority, it has not always been possible to arrange appointments as quickly as the Board would wish. With a view to improving the speed of response in the Dublin area, the Board has been operating a private practitioner project since 1993 to complement the service available from the Board's Law Centres. If a Law Centre is unable to provide a prompt service to an applicant for representation in a family violence case, the person is referred to the Private Practitioner Centre. This ensures that all such persons have their applications processed without delay.
- 6.26 While the Board has made significant progress in reducing waiting times in recent years, additional resources will be required to sustain the improvements in the Board's capacity to consider applications for legal aid within a reasonable time. Ongoing legislative reforms add substantially to the Board's workload and will inevitably impact on its ability to further reduce waiting times within existing resources.

### *Financial Eligibility for Legal Aid*

- 6.27 The present eligibility limit is £7,350 per annum disposable income. Disposable income is the income that remains after various deductions have been made in respect of dependants, rent/mortgage, income tax, social insurance etc. A person whose disposable income does not exceed £5,060 p.a. is required to pay a contribution of £4 for legal advice and £23 for legal aid. Where the disposable income exceeds £5,060 p.a., a person is required to pay a larger contribution up to a maximum of £595.

### *Proposal from Coolock Community Law Centre*

- 6.28 The Task Force considered a proposal put forward by the Coolock Community Law Centre to provide a legal advice service for women experiencing violence in tandem with the local refuge and **recommends** that the project should be implemented on a pilot basis and monitored as to its effectiveness. [Full details of the proposal are set out in Appendix 5]

### Giving Evidence

- 6.29 Part III of the Criminal Evidence Act, 1992 provides that witnesses in criminal cases can give evidence through video link. At present, this happens with child witnesses under 17 years of age. Evidence through video link can also be allowed in other cases (to a victim of any age) with the court's permission.
- 6.30 A victim of domestic violence can often be terrified to give evidence in court, given that her abuser is present. In such circumstances, women often find it very difficult to talk about their intimate relationship with their husband/partner and, as a result, the full facts regarding the abuse are often not told in court. Where a refuge worker accompanies the woman, she is not allowed to give evidence on her behalf. The Task Force accepts that a barring order or a safety order can only be granted on first hand evidence, not on the basis of hearsay evidence. Given that many women experience psychological difficulties in giving evidence in court in the presence of their abuser, the Task Force **recommends** that the possibility of allowing women to give evidence through a video link in *civil cases* involving domestic violence be explored.
- 6.31 The Task Force notes the provisions of Section 47 of the Family Law Act, 1995 which empowers the courts to seek social reports in family law proceedings. There is provision under the legislation for obtaining such reports from the probation and welfare service and health board personnel. The Act provides, however, that such reports may also be obtained from any other person. In this context, the Task Force **recommends** that this provision should be used to make reports from refuges available to the courts as expert reports, and as guidance in drawing out the witness.

### Court Accompaniment

- 6.32 A recent survey<sup>19</sup> on abused women in a rural area found that having someone to support them while they were going through the legal process was very important. The Task Force considers that the availability of court accompaniment for victims of domestic violence could be of significant practical assistance as it would :
- ◆ prepare the woman before she goes to court on a practical level by explaining court procedures etc.;
  - ◆ provide emotional support before, after and on the day of the court proceedings;
  - ◆ help clarify legal terminology for the woman, and help her to understand the decision of the court;
  - ◆ help the woman to decide on possible follow-up proceedings/options; and
  - ◆ help the woman to decide on safety measures regarding herself and her children.
- 6.33 The person accompanying the woman should be able to give support to her as she goes through the court process, which can often be traumatic. He or she should also be able to help the woman to decide on appropriate follow-up options. The Task Force notes that such a facility is already

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<sup>19</sup> The Family Life Centre, Boyle, Co Roscommon - Survey of Abused Women in a Rural Area.



provided by all Rape Crisis Centres for their clients and facilitated by the Dublin Rape Crisis Centre when cases are heard in Dublin.

- 6.34 The Task Force **recommends** that court accompaniment should be provided either as part of the outreach services of refuges, or through local community based services for women experiencing violence. It should be accessible both to clients of refuges and to other women who are going through the courts process. The appropriate location for such a support should be decided by the Regional Planning Committees referred to in Chapter 11. The core funding for the designated refuges and/or community based services should cover the cost of providing court accompaniment to clients of refuges and outreach clients.

### *Judicial Appointments*

- 6.35 The Task Force notes that the number of women entering the legal profession has been rising steadily. Judicial appointments however do not reflect this increasing trend and the justice system in Ireland continues, by and large, to be heavily male dominated. Evidence suggests that many women coming in contact with the system for the first time find it unsympathetic and stressful as they feel that those involved - gardaí, lawyers and judiciary - lack understanding of the essential nature of the crimes of which they are victims. They often feel that they, themselves, are on trial. In this context, the Task Force considers that the criteria for appointing Judges should include suitability for dealing with family law cases. The Task Force also considers that Presidents of Courts should have regard to such suitability when assigning judges to particular courts. They also consider that the Government should continue its efforts to achieve a greater gender balance amongst the judiciary.
- 6.36 With regard to the training and education of the judiciary, the Task Force considers that specialist training should be provided for all those involved in the judicial process, including the judiciary themselves, to raise their awareness and understanding of the complex issues involved in domestic violence cases. The Task Force notes that the Court and Courts Officers Act, 1995 provides that the Minister for Justice may, with the consent of the Minister for Finance, provide funds for the training and education of Judges. The Act also provides that persons wishing to be considered for judicial appointment must give their agreement, if appointed to judicial office, to undertake such courses as may be required by the Chief Justice or President of the Court to which the person is appointed.
- 6.37 The Task Force welcomes the decision to establish a Judicial Studies Institute which has been set up to oversee judicial training. The Task Force believes that the Institute has the potential to be of considerable influence on the judicial process, particularly in family law cases, and looks forward to its development.

### *Courts System*

- 6.38 While additional judicial appointments have eased the problems of delays to some extent, personnel numbers are not the sole problem. The management and infrastructure of the Courts system also constitute part of the problem. The Working Group on a Courts Commission found that the diversity of bodies involved — each with little administrative power, with no centralised unifying body, inadequate systems of communication, and dual lines of responsibility — cannot meet the needs of a modern court system and creates confusion.

- 6.39 In this context, the Task Force fully endorses the views of the Courts Commission which recommended the speedy establishment of a modern administrative structure to manage the Courts system.
- 6.40 The Task Force **recommends** that regional family courts should be established, as recommended by the Law Reform Commission. The Commission proposed that they should have a unified family law jurisdiction; be located in approximately eight to ten regional centres; be presided over by specially nominated Circuit Court judges; operate in the context of a range of support and family services. The Task Force considers that these courts must be accessible both financially and geographically, otherwise they will prove to be ineffective.
- 6.41 Many people coming in contact with the courts system for the first time also find the court buildings and court structure intimidating. There is a pressing need to provide members of the public with more information on all aspects of the Courts. In this context, the Task Force welcomes the new, staffed Information Desk in the Four Courts which was opened in November 1996. The Task Force also welcomes the new Court Information Booklets which were launched in November 1996. They are the first in a series of Court Information Booklets to be provided to the public and are designed to assist young witnesses and their parents in attending court. The Task Force **recommends** that information points or leaflet stands be located in all courts for members of the public.
- 6.42 The Task Force also **recommends** that courts dealing with domestic violence cases should have basic facilities such as consultation rooms and telephones. Separate and secure waiting room facilities should also be provided for the use of the victim and her family. The Task Force feels it is important that courts are designed to ensure that the victim is not forced to be beside, near or opposite the accused. Facilities for the victim to give evidence from behind a screen should be available at the court's discretion.

### ***Situations of High Risk***

- 6.43 In situations of high risk, the Task Force feels strongly that provision must always be made for immediate remedies to guarantee the safety of the victim.
- 6.44 As stated earlier in Chapter 3, evidence suggests that women and children are often at particular risk immediately following separation or having gone through a legal process. Consequently, it is important that all service providers are particularly aware of the need to offer protection and support to women and children in such circumstances.

### ***Delays***

- 6.45 The Task Force acknowledges that the situation with regard to delays in hearing family law cases has improved substantially in recent years. The Task Force feels it is very important that delays in dealing with family law cases are eliminated as far as possible.

### ***In Camera Rulings***

- 6.46 The purpose of the In Camera rule was to ensure that the privacy of litigants was safeguarded by holding all cases of family law in closed courts. While well-meaning, the downside of this poli-

cy is to make the practice of family law both invisible and unaccountable — neither of which is in the long-term interests of the victim.

- 6.47 In their 1985 Report, the Joint Committee on Marriage Breakdown underlined the importance of public scrutiny acting as a check on arbitrary decision-making. It found that “... *publicity is the natural enemy of arbitrariness and injustice in a legal system. Our courts while hearing family cases, have operated without this salutary check. When decisions are made in private, members of the general public can often misunderstand what takes place in court. This can diminish confidence in the fairness of the administration of justice in this area of law*”.
- 6.48 The Task Force **recommends** that consideration should be given to the careful relaxation of the In Camera rule with a view to ensuring greater accountability while preserving confidentiality.

### **Sentencing Policies**

- 6.49 While accepting that sentencing policies is exclusively a judicial function, the Task Force feels strongly that there is a need to ensure consistency in sentencing offenders. If the Gardaí use powers to bring charges against violent men but the judiciary fail to punish the perpetrator or apply totally inadequate penalties, this only serves to deter women from reporting cases, makes the efforts of Gardaí ineffective and sends the wrong signals to both offenders and potential offenders alike. Women who have been in violent relationships need to feel that they are being taken seriously. Lenient and inconsistent sentencing, especially in rape and sexual assault cases, trivialises the experience of the victim and conveys to society that it does not offer women protection from violent crimes.
- 6.50 The Task Force **recommends** that judges should have the option to direct that offenders be assessed for suitability to participate in intervention programmes. This should be as part of a sanction, but not as an alternative to the imprisonment options currently available. The primary aim of intervention programmes should be to protect the victim by addressing the violent behaviour of abusers and making them more accountable. Intervention programmes for violent men are specifically dealt with in detail in Chapter 10.
- 6.51 The Task Force also considers that the lapse of time in prosecuting cases should not be taken into account in determining the appropriate sentence that should be applied. Current society norms and values should be reflected in the penalty rather than those that applied at the time the offence was committed.

### **Court Clerks**

- 6.52 Due to the special nature of family law business, District Court Clerks have traditionally assisted persons applying to the Court on procedures in family law matters. The Task Force considers that District Court Clerks provide a valuable service in the area of family law and that they should be trained to fulfil this important role.

### **Probation & Welfare Service**

- 6.53 The Probation and Welfare Service provides a nationwide service to the courts. Its main task is to provide reports which assist the courts in deciding if community based supervision is appropriate. The Service is involved in various types of supervision programmes for offenders and it

functions in prisons and places of detention as well as being involved in a number of innovative projects and community initiatives with the purpose of reducing criminality. The Family Law Act, 1995, and the Family Law (Divorce) Act, 1996 give the Service a statutory role in relation to family law work. The Service has, however, been unable to undertake this new work to date because of other demands.

- 6.54 The Task Force notes that in separation and custody cases, where the father of the children is abusive and violent, the Courts frequently recommend supervised access. It is essential that this supervision is provided by a trained professional who is aware of the potential dangers to the woman and children. The Task Force considers that this should be done by the Probation and Welfare Service, who have been found to be supportive, objective and professional in their approach, by women in abusive situations.
- 6.55 The Task Force considers that the question of staffing resources within the Probation and Welfare Service should be addressed by the Department of Justice as a matter of priority. The Task Force also considers that the District Court should have access to Probation and Welfare reports in coming to its decisions in family law cases.

#### *Judicial Separation/Divorce*

- 6.56 The Judicial Separation and Family Law Reform Act, 1989 permits the Court to grant a Decree of Judicial Separation in circumstances where a couple's marriage has broken down. The various reliefs available under the 1989 Act have been extended by the Family Law Act, 1995. The main procedural advantage in obtaining a Decree of Judicial Separation is that all contentious issues relating to the breakdown of the marriage (such as maintenance, custody, matrimonial assets, pensions, possession of the family home, sale of the family home etc.) can be brought together in one application. Usually the Separation Application is an umbrella hearing under which all relevant disputes arising from the break-up of a marriage are ventilated and resolved.
- 6.57 Under the Family Law (Divorce) Act 1996 (which came into effect on *27th February 1997*) it is open to a spouse to have his or her marriage dissolved by way of Decree of Divorce provided both parties have been living apart from one another for a period of at least four years during the five years prior to instituting the relevant proceedings. As is the case with Judicial Separation, when a Decree of Divorce is being sought, the Court can determine the various contentious issues between spouses arising from the breakdown of their marriage. Given that the parties must have been living apart from one another for at least four years, it is envisaged that most couples seeking a divorce will already have resolved most of the contentious issues by means of a Separation Agreement or Judicial Separation before applying for a Decree of Divorce. Notwithstanding that all issues may have been previously resolved, however, it is still open to the parties or to the Court, to re-open these issues in the context of an Application for Divorce.

#### *Conclusions*

- 6.58 The main concern of the Task Force in relation to legal issues is that violent offenders receive appropriate sanctions and intervention, and that victims of violence are protected to the fullest extent possible. Many of the recommendations of the Task Force are designed to make the courts and judicial process more accessible and less traumatic for women in violent situations.

## **RECOMMENDATIONS**

### ***Priority Recommendations***

- ◆ appropriate mechanisms should be put in place to enable the operation of the Domestic Violence Act, 1996 to be monitored and kept under review in order to gauge its effectiveness in dealing with the victims of domestic violence;
- ◆ the proposal put forward by the Coolock Community Law Centre for a legal advice service for women experiencing violence, to be operated in tandem with the local refuge should be implemented in Coolock on a pilot basis and monitored as to its effectiveness; and
- ◆ the setting up of regional family courts, as recommended by the Law Reform Commission should be initiated.

### ***Other Recommendations***

#### ***Legislation***

- ◆ the provisions of the Domestic Violence Act, 1996 should be extended to cover situations where couples have a child in common but do not live together; and
- ◆ the provision in the Act that a person must have lived with the respondent for at least six months before qualifying for a barring order should be reviewed, subject to any constitutional considerations.

#### ***Judiciary***

- ◆ criteria for appointment as a Judge should include suitability for dealing with family law cases. Presidents of Courts should also take this suitability into account when assigning judges to particular courts;
- ◆ the Government should continue its efforts to achieve a greater gender balance amongst the judiciary; and
- ◆ specialist training should be provided by specialist external trainers for all those involved in the judicial process, including the judiciary themselves, to raise their awareness and understanding of the complex issues involved in domestic violence, rape, sexual assault and sexual abuse cases.

#### ***Operation of the Courts***

- ◆ Courts dealing with domestic violence cases should have basic facilities such as consultation rooms, telephones and toilets; separate and secure waiting room facilities should be provided for the use of the victim and her family; Courts should be designed to ensure that the victim is not forced to be beside, near, or opposite the accused; facilities for the victim to give evidence from behind a screen should be available at the court's discretion;
- ◆ delays in dealing with family law cases should be eliminated as far as possible;
- ◆ information desks should be established in courts where members of the public can access information on all aspects of the justice system;

- ◆ there should be consistency in sentencing policies; judges should have options to recommend that offenders be assessed for suitability to participate in intervention programmes, as part of a sanction but not as an alternative to the imprisonment options currently available;
- ◆ the lapse of time in prosecuting cases should not be taken into account in determining the appropriate penalty that should be applied; current society norms and values should be reflected in the penalty rather than those that applied at the time the offence was committed;
- ◆ in situations of high risk, provision must always be made for immediate remedies to guarantee the safety of the victim;
- ◆ consideration should be given to the careful relaxation of the In Camera rule with a view to ensuring greater accountability while preserving confidentiality;
- ◆ the option of allowing women in domestic violence cases to give evidence through a video link should be explored; and
- ◆ the provisions of the Family Law Act, 1995 should be used in relation to reports from refuges so that they could be available to the courts as expert reports (for women based in refuges) and guidance in drawing out the witness.

#### *Legal Aid*

- ◆ waiting times for the Civil Legal Aid Board should be kept under review and, where necessary, additional resources should be made available to ensure that delays are kept to a minimum.

#### *Court Accompaniment*

- ◆ court accompaniment should be available as part of the services provided by refuges or through local community based services for women experiencing violence.

#### *Probation and Welfare Service*

- ◆ in relation to the Probation and Welfare Service, the question of staffing resources should be addressed by the Department of Justice as a matter of priority; the District Court should have access to Probation and Welfare reports in coming to its decisions in family law cases.



# ACCOMMODATION AND THE ROLE OF REFUGES

## *Introduction*

- 7.1 As outlined in earlier chapters, the Task Force advocates that women and children should be facilitated to remain in their home, or existing accommodation, where it is safe and practical for them to do so. It is the perpetrators of violence who should be obliged to leave the home and take responsibility for their behaviour.
- 7.2 The reality is however that there will be many cases where this option will not be practical - particularly in circumstances where the violence has become so severe that the woman is in real fear for her physical safety. In such situations a woman will be forced to leave her existing accommodation and find a safe alternative place to stay. The options open to women in such crisis situations will vary according to individual circumstances including access to personal resources or the type of crisis accommodation available. Crisis accommodation can be provided in a number of different ways - family/friends, hostels/shelters, private bed and breakfast, and refuges.
- 7.3 Where a woman must seek accommodation outside her circle of family and friends, the Task Force believes that properly managed refuges with the capacity to provide a range of supports, offer the best option at the crisis stage. Refuges have therefore an important part to play in the overall framework of services that should be available to women and children who are faced with violence in relationships.

## *Role of Refuges*

- 7.4 In Ireland, as elsewhere, refuges provide an immediate safe haven offering help and support for women and children who have been the victims of domestic violence. The Task Force recognises the work done over the past 25 years by Women's Aid, the Federation of Refuges, and other voluntary organisations in developing refuge services and providing help and shelter to women and children. The philosophy underlying the development of refuges is the provision of a mutually supportive and caring environment that empowers women to make informed, independent choices for both their own future and that of their children.



7.5 The aims of refuges must be to:-

- ◆ offer safe accommodation that complies with specified standards;
- ◆ offer support and advice to any woman who requires it;
- ◆ encourage each woman to determine her own future;
- ◆ recognise and care for the emotional needs of children; and
- ◆ provide a comprehensive, client centred, back-up service.

7.6 The core role of a refuge is to provide emergency accommodation for women who have been subjected to violence. The accommodation offered should provide a comfortable physical environment in an atmosphere which promotes dignity and empowerment. To achieve this there needs to be specified standards of accommodation and comprehensive backup and support services for women and children, including information, advice, court accompaniment, medical and health services etc.

7.7 The Task Force notes that the women's refuge in Rathmines, Dublin 6, run by the Eastern Health Board, has a specific General Practitioner assigned to it. The accredited GP runs a surgery twice a week, is available to treat women and children on admittance, if required, and will also testify in Court about a woman's injuries. In addition all residents of the refuge are covered by a general "in house" Medical Card, and the Public Health Nurse attends the refuge once a month to examine all children under 6 years of age. The Task Force **recommends** that similar arrangements be put in place by Health Boards covering all refuges in their areas. The assignment of GP's to refuges would not, of course, impinge on the rights of women residing in refuges to attend a GP of their choice.

7.8 In addition, concern has been expressed to the Task Force about a certain ambiguity as to the role and responsibility of Social Workers in respect of women and children temporarily residing in refuges. In this context, the Task Force **recommends** that the responsibilities of Social Workers be clarified by the appropriate statutory bodies and that such clarification be conveyed to all refuge management committees.

7.9 The Task Force specifically **recommends** that all refuges be in a position to make counselling available to women and children - either directly within the refuge or on a referral basis. Counsellors should be specially trained to deal with the dynamics of abusive relationships, and to be mindful of the potential risks for women who have been abused if undertaking couple counselling. Referrals should only be made to recognised and accredited counselling agencies that specialise in dealing with abusive relationships. In particular, fully trained child care workers should be available to refuges as required.

7.10 Emphasis must also be placed on the educational and safety needs of children accommodated in refuges. The Task Force **recommends** that if a mother wishes her children to remain in the school they were attending prior to moving to the refuge, and where this is a realistic option, every effort should be made by statutory bodies to facilitate her in this regard, including, where feasible, the provision of school transport. Where such an option is not possible, the Department of Education should ensure that the children can attend schools in the vicinity of the refuge throughout the period the family is resident there. In addition, it is **recommended** that local Gardaí cooperate with refuges in ensuring the safety of children when travelling to and from school in situations where a genuine fear of intimidation or abduction exists.

### *Refuges - Length of Stay*

- 7.11 Given the emergency nature of refuge accommodation it should be viewed as a short to medium term facility. The Task Force, however, does not consider that it would be feasible for length of stay to be defined. It is important that women are accommodated until such time as it is safe for them to return to the family home, move onto second stage housing, or to a new home, whichever is appropriate in individual circumstances.
- 7.12 It is important, however, that women and children are provided with the supports and options which facilitate progress out of the refuge in the short to medium term. This not alone benefits the women and children in terms of regaining control of their lives, but also ensures that refuge accommodation is generally available to facilitate immediate situations of crisis, thus minimising the risk of other women and children having to be refused shelter.

### *Outreach Services/Ongoing Supports*

- 7.13 It is important that as many services as possible accessible through refuges are available to **all** women who require them, regardless, of whether or not they wish to avail of refuge accommodation. The Task Force considers that ongoing support services for vulnerable women and children are essential. In these circumstances, it is **recommended** that a system of outreach services be developed which facilitate women who cannot, or do not wish to, go to a refuge, and for women who have left refuge accommodation.

### *Refuges - Management and Staffing*

- 7.14 In providing the range of services outlined above, the Task Force **recommends** that all refuges should have a core of full time staff, including night staff. The staffing of refuges could form part of the Service Agreements discussed under *Development of Refuges* and *Service Agreements* at paragraphs 7.16 - 7.20 below.
- 7.15 As the best arbiter of any service are its customers, it is important that their perspective is brought to bear on the management of refuges. The Task Force **recommends** that refuges should actively encourage women who have experienced violence to participate in the management of the refuge through representation on the management committees.

### *Development of Refuges*

- 7.16 Inadequate funding and the lack of a clear national policy has hampered the development of refuges. At present, many refuges have no core funding and are dependent on payments of annual once-off grants and fundraising. While the refuge in Rathmines, Dublin 6, is run directly by the Eastern Health Board, most refuges are run by voluntary organisations with government support being channelled primarily through the Health Boards. There is, however, an unequal distribution of public funds throughout the country, reflecting the many demands on the Health budget and differing priorities within Health Board regions.
- 7.17 The Department of Health, through the Health Boards, has traditionally supported, both financially and otherwise, the provision of refuges. Reflecting the broad role of health in the community, Health Boards have now also been given additional responsibilities under Section 6 of the Domestic Violence Act, 1996 to intervene to protect dependant spouses and children from violence.

- 7.18 In the circumstances the Task Force **recommends** that primary responsibility for the planning and development of refuges should rest with the Health Boards through the Department of Health. This task should be undertaken in consultation with the Department of the Environment which provides a source of capital funding under its Capital Assistance Scheme to voluntary groups providing refuges. The core running costs of refuges should be met from the Department of Health vote and administered through the Health Boards.

#### *Service Agreements*

- 7.19 The Task Force **recommends** that the present arrangements whereby most refuges are provided and run on a contractual basis between Health Boards and the community and voluntary sectors should continue.
- 7.20 In drawing up proposals for refuges it is extremely important that funding should not alone cover capital costs but include estimated ongoing future core costs of providing a quality service. The provision of funding should be conditional on groups meeting specified criteria in relation to access and the range and quality of services. This proviso will entail service agreements being drawn up between Health Boards and individual refuges based on needs analysis and service planning.

#### *Multi-Annual Budgeting*

- 7.21 It is noted that currently, under Section 65 of the Health Act, 1954 funding is restricted to year on year funding. While in practice many organisations can expect to receive on-going funding, nevertheless the Task Force **recommends** that this statutory limitation be re-examined to allow the introduction of multi-annual budgeting that facilitates more accurate costings, long-term planning and service development.

#### *Demands for Places*

- 7.22 There are currently 13 refuges operating in Ireland. The majority of refuges are run by voluntary groups. A number of refuges are also in the planning stage - e.g. Castlebar, Monaghan.
- 7.23 All refuges in Ireland have, at times, more women seeking space than they can accommodate. There has been no systematic data collection on the demand for refuge space and this lack of reliable data on levels of demand make it extremely difficult to quantify precisely refuge space requirements<sup>20</sup>. Available statistics on the incidence of violence in Ireland, as outlined in Chapter 3, would testify however to the need for additional refuge places.
- 7.24 In the future, it is important that a systematic approach is put in place to compile adequate records of occupancy and unmet demands on refuges. The need for space at any one time will be influenced both by the level of demand for space from women leaving home, and the length of stay. The Task Force **recommends** that refuges introduce a standard recording and monitoring system of the demand for refuge accommodation and services.
- 7.25 In assessing the demands for refuges in the future it is important that the following factors are taken into account:-

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<sup>20</sup> Occupancy "snapshot" on 26th February, 1997 of 10 refuges is detailed in Appendix 6.

- ◆ Better support systems and services should enable more women to be aware of their options and have the confidence to use these options in dealing with violence. This may have the effect of increasing the demand for refuge places;
- ◆ More effective protection and barring order procedures, and earlier intervention in cases of violence, may make it more likely that it is the man rather than the woman who leaves home;
- ◆ The minimisation of delays in the Court system and effective application of the law would also help to ensure that women can return to their home as soon as they are ready and that it is safe for them to do so; and
- ◆ The increased availability of second stage housing, as proposed later in this chapter, will also have a significant bearing on the throughput of families through refuges.

### *Access to Refuges*

- 7.26 The Task Force acknowledges that abused women from minorities of any kind can face particular difficulties in gaining access to safety and services, which can be compounded by discrimination. Violence and abuse of women occurs in every group in society, among the young and the elderly, among traveller and settled women, among women with disabilities, among migrant women and women from ethnic minorities, among lesbian women, prostitutes, and women suffering from AIDS/HIV. Discrimination can create further barriers in giving women options and support to leaving violent partners. Refuges and other services should be aware of, and sensitive to, issues faced by particular groups of women and ensure that they do not face further isolation or discrimination. Core training and good practice guidelines should address issues around non-discriminatory practices.
- 7.27 The question of access also arises in the context of geographical location of refuges. At present, women from rural areas who are geographically isolated, with possibly no phone and no access to transport, would have extreme difficulty in getting to a refuge. Similar difficulties can be experienced by women with disabilities. In this context, the Task Force believes that services discussed in earlier chapters, such as the development of outreach services, the provision of information, and the provision of help lines, can go some way towards overcoming this isolation.
- 7.28 In addition, the Task Force considers that the issues of geographic isolation and disability should be specifically addressed within the local and community frameworks being proposed in Chapter 11, with a view to devising emergency transportation for women who feel compelled to leave their home.
- 7.29 The need to ensure that the specific requirements of minority groups such as traveller women, women with disabilities, and women from other countries/cultures etc., are fully understood and respected by all agencies can best be achieved by ensuring that personnel in this area are given the training to enable them to welcome and meet the needs of women from different backgrounds and cultures.
- 7.30 The Task Force also **recommends** that the present practice of some refuges of only taking children up to a specified age should be discontinued and every effort made to keep the entire family unit together.

### ***Funding of Refuges***

- 7.31 The capital cost of providing refuges through the voluntary sector is met largely, but not exclusively, with support under the Department of the Environment's Capital Assistance Scheme<sup>21</sup>. The running costs are met by the Health Boards. The level of financial support provided by the Health Boards represents approximately 90% of total expenditure on such services, with refuges having to rely on various fund raising activities for the balance.
- 7.32 While £1.7 million was provided through the Health Boards to refuges in 1996, there is no separate subhead in the Department of Health Budget for services to women who have been abused. The Task Force **recommends** that, with effect from 1998, a separate subhead be introduced under the Department of Health's Vote which segregates such expenditure.
- 7.33 The funding of refuges should be put on a more streamlined footing with a clear distinction drawn between (i) capital and current funding and (ii) between the role of the voluntary sector which is the key provider of refuges, the Department of Health which has overall responsibility for the development of refuges and current funding, and the Department of the Environment which has responsibility for capital funding where refuges are provided by the voluntary sector.
- 7.34 In this context the Task Force **recommends** that proposals for refuges should cover capital costs and estimated ongoing future costs of providing a quality service, including aftercare. Funding should be by way of grants from the respective Departments towards capital and current expenditure.

### ***Priority Areas for Development***

- 7.35 While the development of refuges will be largely informed by demographic trends, the Task Force **recommends** that any woman who has to leave home should have access to a refuge and associated support services either in her own county or in an adjacent county.
- 7.36 The Task Force **recommends** a three pronged approach to the development of refuge services:-

◆ ***a gradual build up of refuge accommodation on a phased basis;***

Given the geographical location of the existing and planned refuge provision, the Task Force considers that the priority areas for development are refuges for the regions of:-

Dublin West<sup>22</sup>

South Leinster/ South Midlands.

Western Connaught\*

North East Region\*

*\*The Task Force is aware of plans to develop refuges in both Monaghan and Castlebar*

◆ ***building up and improving the support services offered by refuges; and***

◆ ***the provision of suitable training for personnel involved in refuge work.***

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<sup>21</sup>Outlined in more detail - pars 7.45-7.46

<sup>22</sup>As recommended in the Aoibhneas Women's Refuge Report; 1992.

Accredited training should be provided for all staff especially in counselling skills and in understanding the dynamics of violence against women.

- 7.37 The size of refuges will vary relative to population in particular areas. It is **recommended** however that refuge space consist of self-contained units as far as possible so that a family group can be accommodated together. It is also **recommended** as a general rule that refuges should comprise no more than four to six family units.

#### ***Model of Good Practice for Refuges /Support Services***

- 7.38 The underlying approach to refuge work and management should be based on an understanding that any woman suffering from violence has the right to enter a refuge and be treated as a person with dignity, her rights respected and her stated needs met with a view to enabling her to leave the refuge to take her place as an independent and self-reliant member of society. Refuges should in particular:-

- ◆ Provide safety
  - respond quickly to immediate needs;
  - ensure separation from the abuser;
  - give the privacy necessary for disclosure;
  - treat each case in confidence;
- ◆ Respect the ability of women to make their own decisions allowing for
  - difficulties inherent in decision making; and
  - effects of depression and abuse on decision making;
- ◆ Be non-judgmental, non discriminatory and consistent in their approach and
- ◆ Keep in touch with victims after they leave the refuge.

- 7.39 The Task Force **recommends** that models of good practice form an integral part of service agreement contracts between Health Boards and refuges [see pars. 7.19 - 7.20].

#### ***Bed and Breakfast and Hostel Accommodation***

- 7.40 If there is no place available for a woman or a family group in a refuge, the homeless service can arrange to accommodate them in a hostel or a Bed and Breakfast. When a refuge space becomes available, she may transfer as soon as a vacancy arises. The Task Force considers that accommodation-only services like hostels and B and Bs are an inadequate response to complex family needs, and women and children fleeing a violent situation need more than just a roof and a bed. The Task Force would also point out the high unit cost of funding the placing of families in B and Bs, and considers an integrated refuge service offering family support is more cost-effective.
- 7.41 The Task Force is of the strong opinion that resources expended on these forms of accommodation could be more effectively utilised in the provision of refuge services and accommodation.
- 7.42 It is recognised, however, that bed and breakfast/hostel accommodation provides emergency accommodation when there is no other alternative available - particularly at times of peak

demands (e.g. Christmas, major sporting events etc.). The absence, however, of support and advice in bed and breakfast/hostel settings may increase the likelihood of a woman returning to a violent partner. Where it is necessary to use such accommodation on an emergency basis, the Task Force **recommends** that refuges and other relevant service providers proactively offer support and advice to women and children in such emergency accommodation.

### *Transitional Housing*

- 7.43 As stated earlier, where a woman leaves her home the Task Force believes that the most desirable long term accommodation outcome should be for her to return to her family home as soon as it is safe and practical to do so. Where this outcome is not possible or practicable, and where women do not have the resources to acquire alternative permanent accommodation for themselves, then the options of private rented accommodation, transitional housing and public housing can be considered.
- 7.44 Transitional housing fills a dual role. Firstly, it provides temporary accommodation to women who have not yet resolved their permanent housing needs and secondly it provides a form of sheltered housing for women who may not be ready to decide on their long-term future. The availability of second stage housing is extremely important therefore in terms of progression for victims to a normal life as well as easing the demand on refuge accommodation.

### *Funding by the Department of the Environment*

- 7.45 Voluntary groups wishing to develop proposals for refuges and secondary/transitional housing can avail of two social housing schemes operated through the Department of the Environment - the **Capital Assistance Scheme** and the **Rental Subsidy Scheme**. The Capital Assistance Scheme is designed to provide accommodation for those not in a position to provide for themselves; the Rental Subsidy Scheme is designed to provide longer term accommodation for families. Both schemes are aimed primarily at approved local authority housing applicants.
- 7.46 The **Capital Assistance Scheme** has been used to fund the provision of refuges, e.g. Cuanlee in Cork. The Task Force **recommends** that this scheme should continue to be used to fund the capital costs of developing self contained refuges.
- 7.47 The Task Force also **recommends** that transitional housing for families be developed in parallel with refuge spaces. This type of accommodation can be provided either through the purchase of suitable houses or the provision of purpose built accommodation through the voluntary sector under the Rental Subsidy Scheme.
- 7.48 As the provision of transitional housing is not simply a matter of bricks and mortar but also encompasses ongoing welfare, the Task Force **recommends** that a defined scheme of funding should be developed by the Department of the Environment in the form of a Special Needs Management Allowance for the providers of transitional accommodation for women and their children. A new budget line should be provided within the vote of the Department of the Environment indicating both the capital and current costs of the provision of transitional housing.



### ***Permanent Housing***

- 7.49 Local Authorities have responsibility for the provision of housing for households who are unable to provide accommodation from their own resources, including the victims of family violence. The provision of local authority housing is financed under the Public Capital Programme through the Department of the Environment.
- 7.50 Local Authorities may regard persons who are unable to occupy, or remain in occupation of, otherwise suitable accommodation due to violence as being homeless for the purposes of the Housing Act, 1988. Victims of violence can have their need for housing assessed under the Act and may be provided with adequate and suitable housing, subject to the authority having housing available for letting.

### ***Local Authority Housing***

- 7.51 The Task Force **recommends** that Local Authorities should make special provision in their scheme of lettings for women made homeless through violence.

### ***Conclusions***

- 7.52 Refuges are a very important part of the necessary support framework and infrastructure required by women who are endeavouring to deal with violence in their lives. In the first instance, refuges provide crisis accommodation for women who have been forced out of their own home. Equally important, however, is the need for all refuges to provide, directly or indirectly, a range of services that will enable women to bring the cycle of violence in their lives to an end. The provision of refuges must be planned in a co-ordinated and streamlined way to ensure that a minimum level of space is available throughout the country. The Task Force considers that this can best be achieved through a partnership between the voluntary sector and the State with clear responsibility assigned to individual Departments.

## ***RECOMMENDATIONS***

### ***Priority Recommendations***

- ◆ Refuge accommodation should conform with minimum specified standards and a range of support services, including counselling for both women and children, developed within refuges and/or on a referral basis to other appropriate individuals and agencies;
- ◆ A system of outreach services be developed both for women who have left refuge accommodation and those who cannot, or do not wish to, go to a refuge;
- ◆ The priority areas for development of new refuges should be Dublin West, South Leinster/ South Midlands, West Connaught, the North East; and
- ◆ Funding of refuges to be conditional on specified criteria being met in relation to the range and quality of services provided or offered, access, and the adoption of agreed policies and models of good practice including anti-discriminatory policies.



### *Other Recommendations*

#### *Development and Funding*

- ◆ Primary responsibility for refuge development should rest with Health Boards through contractual arrangements with the Community and Voluntary Sector;
- ◆ There should be a gradual build up of refuge accommodation with the long-term objective being that any woman who has to leave home as a result of violence has access to a refuge either in her own county or in an adjacent county;
- ◆ Refuges should maintain records on both refuge occupancy rates and the numbers of women and children they are unable to accommodate at any point in time. Statistical data can therefore be utilised in determining the level of refuge space requirements;
- ◆ Proposals for refuges should cover capital costs and estimated ongoing future costs of providing a quality service, including aftercare;
- ◆ Section 65 of the Health Act, 1994, should be re-examined with a view to being amended to allow for the introduction of multi-annual budgeting to facilitate long-term planning and the development of services;
- ◆ The Department of the Environment should continue to support the voluntary sector by providing capital funding for refuges, subject to availability, under the Capital Assistance Scheme; and
- ◆ With effect from 1998, a separate subhead detailing expenditure on services for women who have suffered domestic violence should be included in the Vote of the Department of Health.

#### *Standards and Services*

- ◆ All refuges should have core full time staff, including night staff, and have reasonable conditions of employment;
- ◆ New refuges should, as far as possible, consist of self contained family units up to maximum of 4 to 6 family units;
- ◆ Accredited training should be provided for all refuge staff especially in counselling skills and in understanding the dynamics of violence against women;
- ◆ The standard and range of services available in existing refuges should be upgraded on a gradual basis as resources become available;
- ◆ Refuges and other services should be aware of, and sensitive to, issues faced by particular groups of women, such as rural women, travellers, women with disabilities, women who are elderly, lesbian, prostitutes, migrant women or who have HIV/AIDS, and ensure that they do not face further isolation or discrimination;
- ◆ Every effort should be made to keep family units together and, consequently, the practice of some refuges taking children only up to a certain age should be discontinued;

- ◆ If it is the wish of their mother, every effort should be made by statutory bodies to assist children temporarily accommodated in refuges to remain in the school they were attending prior to moving to the refuge, including, where feasible, the provision of school transport. Where such an option is not possible, the Department of Education should ensure that the children can attend schools in the vicinity of the refuge throughout the period the family is resident there;
- ◆ The Garda Síochána and refuges should develop close working relationships to ensure the safety of children attending school from refuges;
- ◆ Women availing of refuge services should be actively encouraged to be represented on the Management Committees in refuges;
- ◆ Health Boards should arrange for all refuges within their areas to be assigned a General Practitioner, to be visited by a Public Health Nurse, and to be covered by a special designated Medical Card; and
- ◆ The responsibilities of Social Workers in respect of women and children residing in refuges need to be clarified by the appropriate statutory bodies with protocols and best practices being clearly established.

#### *Non Refuge Accommodation*

- ◆ Hostels/Bed & Breakfast should only be used as crisis accommodation as an absolute last resort, and in those instances refuges and other agencies should provide advice and support to the women and children placed in such accommodation;
- ◆ Transitional housing should be developed by the Voluntary Sector in parallel with Refuges. A defined scheme of funding in the form of a Special Needs Management Allowance for the providers of supported interim/transitional accommodation for women and their children should be provided through the Department of the Environment;
- ◆ A new budget line within the vote of the Department of the Environment indicating both the capital and current costs of the provision of transitional housing should be considered; and
- ◆ Local Authorities should give special consideration to women who are victims of violence, in the provision of their scheme of letting priorities.



# HEALTH AND SOCIAL SERVICES

## *Introduction*

- 8.1 This chapter considers the role various health and social services can play in identifying the existence of domestic violence, encouraging disclosure, and providing services and support. The chapter is therefore closely aligned to Chapter 11 of the Report which discusses the establishment of local planning frameworks linking all services.

## *Department of Health and Regional Health Boards*

- 8.2 The Department of Health has overall responsibility for the services provided by the Health Boards throughout the country.
- 8.3 In 1993, the Second Commission on the Status of Women recommended that the Department should respond to the concern that women's health needs were not always met by the health services, by publishing a policy document on women's health and engaging in extensive consultation with women prior to preparing a plan for women's health. This recommendation was accepted by the Department of Health and the subsequent consultation process led to violence against women being raised as a serious health problem. In the published strategy "***A Plan for Women's Health 1997 -1999***", "***Women and Violence***" is one of the twelve key issues addressed.
- 8.4 The Department of Health has stated its commitment to playing a full role in relation to the co-ordination of Government Policy and in encouraging a co-ordinated response within the health and personal social services to women who are victims of violence. The Health Boards will continue to develop support services for victims of violence and provide counselling and specialist investigation and treatment services for victims of rape and sexual abuse.

## *Women and the Health Services*

- 8.5 Women suffering from domestic violence may have contact with health services through ***Hospitals, General Practitioners*** and the ***Mental Health Services***. Research has documented the discrepancy between the large numbers of women who come to health care services with symptoms related to living in abusive relationships and the low rate of detection and intervention by medical staff<sup>23</sup>.

<sup>23</sup>Warshaw, Carole, "Limitations of the Medical Model in the Care of Battered Women", in *Violence Against Women: The Bloody Footprints*, Sage Publications 1993 [cited in Kelleher and Associates (1996)].

- 8.6 Against this background, the importance of giving health professionals, both in hospital settings and in general practice, the skills and training to increase their awareness and understanding of the dynamics of domestic violence, and to develop procedures for handling such cases in the most effective way, cannot be understated. Following the Kilkenny Incest Case the recommendations of the tribunal included that *“Protocols should be developed for use by general practitioners, hospitals and other health care staff for dealing with cases of domestic violence presenting for treatment or care. These protocols should include arrangements for the notification of such cases to the Gardaí and subsequent co-operation and liaison between healthcare and Garda personnel”*.

### **Hospital System**

- 8.7 A large proportion of domestic violence victims enter the hospital system through Hospital Accident and Emergency Units [A & E] which, by their very nature, tend to deal with very large volumes of people. Many women present to A & E Departments with severe injuries, however the fact that such injuries resulted from domestic abuse may not be recognised. Difficulties in identifying domestic violence cases are hampered by frequent staff turnover, storage of patient files off unit, and, in circumstances where patients may have access to more than one A & E Department, the absence of a systematised cross checking facility for medical histories.
- 8.8 Pilot projects from abroad suggest that training programmes, and the introduction of procedures and protocols relating to identifying and managing cases of assault in A & E Departments, have significant effects on the identification and response to abused women<sup>24</sup>.
- 8.9 In 1993, St. James’s Hospital and Women’s Aid, Dublin, with the support of the Eastern Health Board and A.I.B., initiated a Pilot Project which focused on training programmes for personnel, and the introduction of procedures and protocols for identifying and managing cases of assault on women in the Accident and Emergency Unit. Initial training programmes have also been introduced in the A & E Departments of Beaumont Hospital, St. Vincent’s, the Meath, and Holles Street and the Rotunda Maternity Hospitals. **Guidelines for Accident and Emergency Staff in Hospitals on the Identification and Management of Violent Assaults on Women** are presently being developed by Women’s Aid.
- 8.10 Training of hospital based staff in sympathetic and appropriate methods of determining the existence of domestic violence can facilitate the disclosure of violence by women. This procedure could be assisted by the availability of Medical Social Workers [MSW] within the A & E Departments of major general hospitals who would be in a position to advise women on their options and the range of services available to them. Beaumont Hospital in Dublin has 1 full time Medical Social Worker attached to the A & E Department and cases involving domestic violence account for approximately 33% of the MSW’s caseload<sup>25</sup>. In extreme cases, it might be possible for hospitals to place a woman under observation for a 24 hour period in order to secure her immediate safety and to afford her an opportunity to disclose her situation and seek information and advice. The Task Force appreciates the resource implications of providing such facilities, particularly the provision of Medical Social Workers, but would strongly **recommend** that the designation of such posts be considered as an integral part of staffing the A & E Departments of major general hospitals.

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<sup>24</sup> “Making the Links”, page 89

<sup>25</sup> “Making the Links”, page 91

### **General Practitioners**

- 8.11 Studies in the USA have shown that women who are victims of violence are more likely to attend their family doctor than a psychiatrist, the police or a lawyer. The Irish National Survey of Violence Against Women “Making the Links” showed that 29% (the highest number after family and friends) of those women who had ever been subjected to domestic violence disclosed to their doctor. An Area Based Survey, which formed part of this Survey and was carried out in doctors’ surgeries, found that 36% had experienced violence within an intimate relationship<sup>26</sup>.
- 8.12 For the same reasons as apply to A & E Departments, concern has been expressed by women that there is a tendency for **General Practitioners** to treat and prescribe for symptoms, whether physical or emotional, and not investigate the cause.
- 8.13 It behoves professionals to become more proactive in this area. Policies need to be formulated to encourage routine enquiries by GP’s about the possible existence of domestic violence. In-service training, focusing on the recognition of symptoms of possible abuse and sympathetic and appropriate intervention, needs to be developed.
- 8.14 As stated earlier, lack of complete diagnosis and onward referral has serious consequences for women’s overall health and well being in that it, indirectly, leads to a continuation of the violence and a deterioration in women’s health. Given that many women living in abusive relationships attend their GPs, the important role GPs can play in helping women is vital.

### **Mental Health Services**

- 8.15 Generally, women have a higher rate of contact with **mental health services** than men - and their experience of mental health is different to that of men.
- 8.16 As with other medical fields it is important that the treatment of symptoms does not cloud confrontation of the circumstances which have caused particular symptoms to develop. Depression, for example, may have an underlying biological cause, but equally depression may be due to low self esteem, social problems, domestic violence etc. Similarly, alcohol abuse amongst some women may be as a direct result of being subjected to mental, physical or sexual violence. It has been contended, for example, that up to 64% of hospitalised female psychiatric patients have histories of being physically abused as adults<sup>27</sup>.
- 8.17 Concern has also been expressed that women are disadvantaged under current mental legislation in relation to involuntary detention for treatment in psychiatric hospitals. As highlighted in the Department of Health’s Discussion Document on Developing a Policy for Women’s Health<sup>28</sup> it has been suggested that husbands may initiate detention procedures not so much because their wives need psychiatric care but because of matrimonial disputes. Notwithstanding the existence of legal and procedural requirements covering involuntary detention, it must be recognised that the **threat** of involuntary committal to a psychiatric unit will itself instil fear in many women - a fear which can be exacerbated if they have children and face the dual threat of incarceration and losing their children.

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<sup>26</sup>McWilliams and McKiernan (1993) report that over half of the women in their research in Northern Ireland sought help from General Practitioners

<sup>27</sup>Warshaw (1993)

<sup>28</sup>Page 71

- 8.18 The Task Force welcomes the recent approval by Government of new mental health legislation which will provide greater safeguards for involuntary patients as required by the UN Convention on Human Rights. Specific provision is being made in the Mental Health Bill (which is currently being drafted) to protect spouses in cases of marital disharmony.

### *Counselling*

- 8.19 Living with abuse can lead to depression, low self-esteem, and other psychological effects for both women and their children. It is important that women have access to counselling and personal support to help rebuild their confidence in themselves, to heal the hurt, and to give them the strength to make a new life. Participation in general self-development programmes and survivors' support groups can be of great benefit to women. In addition, access to individual counselling is often required.
- 8.20 If a woman is not able to cope, her ability to rebuild a new life for herself, to escape from violence, to avoid future abusive relationships, and to build a secure home for her family is undermined. It makes sense, therefore, to invest in counselling for personal recovery.
- 8.21 Children are damaged by violence in the home and can be at risk of becoming excessively withdrawn or excessively aggressive. There is a risk that troubled children grow up troubled adults, and families need to be able to access appropriate counselling for their children.
- 8.22 Counselling referrals should only be made, for the woman and/or her children, to recognised and accredited counselling agencies that specialise in dealing with abusive relationships. It is now recognised by researchers that engaging women in models of therapeutic intervention with her violent partner may endanger the woman's well being. [See also Chapter 10 of Report concerning intervention programmes for violent men].
- 8.23 The Task Force **recommends** that access to accredited counselling services be provided to women and children who have experienced domestic violence, and that the funding and provision of this service would form part of the development of regional service plans by Health Boards (see Chapter 11).
- 8.24 It is important also that counselling services for women and children are integrated into the broad range of child care and family support services so that individual cases are not dealt with in isolation. It is important, for example, that work being done on behalf of women who are victims of violence is closely integrated with work that may be happening in the areas of child protection, mental health, family therapy, etc.

### *Community Based Services*

- 8.25 Health Boards support a range of community and family based services. These services should have sufficient information available to them on the dynamics of violence against women and the services available to be able to act as a gateway for specialist services. For instance, the Public Health Nurse or Community Welfare Officer could well be the first person to whom an abused woman discloses her problems and they need to be adequately equipped to respond to the issue.

### ***Social Workers***

- 8.26 While to some extent the role of the social work services has become associated primarily with child protection, social workers are concerned with a wide range of functions. The Task Force would be anxious that the fears some women may have about the role of social workers should be allayed. It is appreciated that one of the great fears abused women have, and one of the frequent and effective threats used by their partners, is that their children will be taken away from them because of an inability to cope. Women can therefore be reluctant to approach the social work services or, in situations when social workers do become involved, women may talk down, or minimise, the level of violence and risk to themselves.
- 8.27 Violence against women damages children, even where they are not also the direct targets of physical and verbal violence. Many of the children concerned will come to the attention of social workers, often without the cause of the referral being linked to problems of violence to the mother. It is important that the social work service send a strong public signal to abused women that the best way to protect the children is to support the mother to parent the children in an atmosphere free from violence. Childcare social work services should be viewed in terms of the positive role they have to play in intervening in relation to family violence, together with the strong role they have in family support.
- 8.28 The Task Force **recommends** that Health Boards consider the possibility of developing this role by integrating services in local planning, training and awareness programmes with social workers themselves, together with broadening the scope of social work intervention, both with acute hospitals and at community care level.

### ***Sexual Assault Unit/Forensics***

- 8.29 There is only one specialised Sexual Assault Treatment Unit in Ireland located in the Rotunda Hospital, Dublin. The Unit provides facilities for the effective collection and processing of forensic evidence and a structured environment for the examination and treatment of victims of sexual assault and rape. The Unit also runs a training course for medical personnel in procedures to follow after an alleged sexual assault.
- 8.30 The Rotunda's Sexual Assault Unit is designed primarily to meet the needs of the population within the functional area of the Eastern Health Board but is, of course, available to all. It is more usual, however, for victims of sexual assault and rape outside the EHB Region to access local general hospital services for medical examination and treatment. The question arises, therefore, as to whether a need exists for the establishment of additional specialised units throughout the country. In this context, the Task Force **recommends** that this issue be specifically examined by the Department of Health.
- 8.31 Specialist facilities for the treatment of child and adolescent victims of rape and sexual assault are located in the Children's Hospital, Temple Street, Dublin; Our Lady's Hospital for Sick Children, Crumlin [Eastern Health Board]; St. Finbarr's Hospital, Cork [Southern Health Board] and Ardkeen Hospital, Waterford [South Eastern Health Board]. Assessment services in other Health Board areas are provided on a community basis.
- 8.32 Concern has been expressed that the timely and efficient collection of forensic evidence can be hampered because of insufficient numbers of General Practitioners with the requisite training



and a lack of available staff in hospitals at particular times who are fully trained in the necessary procedures.

- 8.33 Given the nature of the crimes of rape and sexual assault, the trauma experienced by the victim, and the importance the role of forensics has to play if the case is brought before the criminal courts, the Task Force **recommends** that systems be established to ensure that all necessary medical procedures are carried out in a timely, expert and sympathetic manner. A possible option would be for the establishment of area rotas covering the whole country of suitably trained GP's, preferably female, to perform such examinations.

### *Monitoring and Statistics*

- 8.34 It is particularly important that health and social services maintain proper records and statistics of cases both when women present to them with suspected symptoms of abuse and when they actually disclose abuse. This type of information is not alone vital in situations where women may wish to pursue legal redress, but will also be important in helping establish the nature and extent of such violence [as discussed in Chapter 3] and facilitate the co-ordination of needs and service provision as discussed later in Chapter 11.

### *Conclusions*

- 8.35 The Task Force highlights the role various health and social services can play in identifying the existence of domestic violence, encouraging disclosure, and providing services and support. In this context, the Task Force has made a number of recommendations, particularly in relation to the need to train staff not alone to deal with the symptoms of violence, but also to detect and intervene appropriately in such cases. It also recommends that written protocols on domestic violence be adopted by hospitals and other medical services.

## *RECOMMENDATIONS*

### *Priority Recommendations*

- ◆ Health service providers including general and psychiatric hospitals should adopt written protocols and procedures in relation to domestic violence and rape. These protocols to be aimed at the identification and disclosure of non-accidental injury and referral to specialist advice and help. These policies should be backed up by appropriate training for front-line staff;
- ◆ In a hospital setting, places should be available in an observation ward where women suspected of being victims of domestic violence can be accommodated overnight. This would give women time and space to consider their options rather than immediately returning to a violent environment following medical treatment;
- ◆ A Medical Social Worker should be an integral part of staffing the Accident and Emergency Departments of major general hospitals;
- ◆ Access to accredited counselling services should be provided for women and children who have experienced domestic violence. The funding and provision of this service should form part of the development of regional service plans by Health Boards (see Chapter 11); and

- ◆ Community based health services should have sufficient information available to act as a gateway for specialist services on violence against women.

***Other Recommendations***

- ◆ Resources should be devoted to developing appropriate training programmes, including modules for use in normal mainstream training, for all health professionals on the dynamics of violence against women. On going training is of particular importance in hospital settings in the context of high staff turnover;
- ◆ Systems should be established to ensure that in cases of rape and sexual assault all necessary medical procedures are carried out in a timely, expert and sympathetic manner;
- ◆ The need for additional sexual assault units in the country should be examined by the Department of Health;
- ◆ Proper records of people suspected of being victims of domestic violence, and those who actually disclose such violence, should be maintained by all service providers within the Health and Social Services sector;
- ◆ The social work service should send a strong signal to abused women that the best way to protect children is to support the mother to parent the children in an atmosphere free from violence;
- ◆ Health Boards should consider developing the role of the social worker by integrating services in local planning, training and awareness programmes with social workers themselves, and broadening the scope of social work intervention.



# RAPE AND SEXUAL ASSAULT

## *Introduction*

- 9.1 Evidence suggests that only a small number of rape cases are ever reported to the Gardaí, and an even smaller number lead to criminal proceedings. Garda figures show that, in 1994, the proportion of cases reported to them which resulted in convictions was approximately 19%. For many women, their experience of the criminal justice system in such cases is difficult, often traumatic, and this situation is not helped by the general perception that sentencing in rape cases is both inconsistent and lenient. This chapter looks at existing legislation and procedures regarding rape and sexual assault and analyses their effectiveness in dealing with victims of these crimes.

## *Legislation*

- 9.2 **Rape** is defined in the Criminal Law (Rape) Act 1981, as amended by the Criminal Law (Rape) (Amendment) Act, 1990, as sexual intercourse with a woman who at the time of the intercourse does not consent to it and at that time the man knows that the woman does not consent, or is reckless as to whether she does or does not consent. In the event of a man believing that a woman was consenting to sexual intercourse, the jury must have regard to the “presence or absence of reasonable grounds for such a belief”.
- 9.3 The 1990 Act introduced a new offence known as ‘Rape under Section 4’. This means a sexual assault that includes: (a) penetration (however slightly) of the anus or mouth by the penis, or (b) penetration (however slightly) of the vagina by any object held or manipulated by another person.
- 9.4 **Aggravated Sexual Assault** - Sections 2 and 3 of the Criminal Law (Rape) (Amendment) Act, 1990 provides for the offences of Aggravated Sexual Assault and Sexual Assault - both offences may apply to either men or women.
- 9.5 Aggravated sexual assault means a sexual attack involving serious violence or the threat of serious violence, or that causes injury, humiliation or degradation of a grave nature. While sexual assault is not defined in the Act, it involves, in practice, a sexual attack with a less serious level of violence.
- 9.6 As with rape, consent must be absent for an attack to constitute a sexual assault. It is a matter for the Director of Public Prosecutions (DPP) to decide whether a person is charged with sexual

assault or with rape. Where doubt exists, the DPP may decide to charge the accused only with sexual assault. In cases of violent assault, but where no penetration took place, the accused may now be charged with aggravated sexual assault.

### **Consent**

- 9.7 The issue of consent is central to proving the crime of rape. Consent is not defined in the 1981 Act but the Law Reform Commission proposed the following definition - *“consent means consent freely and voluntarily given and, without in any way affecting or limiting the meaning otherwise attributable to these words, a consent is not freely given if it is obtained by force, threat, intimidation, deception or fraudulent means. A failure to offer resistance to a sexual assault does not constitute consent to a sexual assault”*.
- 9.8 It is worth noting that Section 9 of the 1990 Act provides that failure or omission by a person to offer resistance does not, in itself, constitute consent. Most people who are subjected to an attack will be strongly inclined to offer resistance but may find themselves so overcome with fear that they are unable to resist, or realise that it may be unwise to do so given the strength or aggressiveness of the attacker. In such circumstances, failure to offer resistance is clearly not to be equated with consent<sup>29</sup>.
- 9.9 It is left to the jury to decide on the question of consent in individual cases. The 1981 Act stipulates that the evidence must show that the man knew that the woman was not consenting to sexual intercourse or that he was reckless as to whether the woman was consenting or not. In cases where a jury find that the man honestly believed that the woman was consenting to the sexual intercourse, he must be acquitted.
- 9.10 Under the 1990 Act, spouses are no longer exempt from charges of rape or sexual assault.

### **Court Jurisdiction and Punishment**

- 9.11 The 1990 Act determined that rape, rape under Section 4 (of the 1990 Act) and aggravated sexual assault must be tried in the Central Criminal Court. This Court is located in Dublin and judges who preside over such cases are judges of the High Court.
- 9.12 Rape is a felony punishable by penal servitude for life. Rape under Section 4 and Aggravated Sexual Assault are felonies, punishable by life imprisonment. Sexual Assault is also a felony, punishable by a maximum term of five years imprisonment.

### **Past Sexual History**

- 9.13 Section 3 of the 1981 Act, as amended by Section 13 of the 1990 Act, provides that no evidence relating to any sexual experience (other than that to which the charge relates) of a complainant with any person may be adduced in sexual assault offence trials unless the judge permits such evidence. Under subsection (2) of Section 3, the judge shall not permit such evidence except where the defence makes an application in the absence of the jury. The subsection also provides that the judge shall only give such evidence in certain narrow circumstances.

<sup>29</sup> O'Malley, T. "Sexual Offences - Law, Policy and Punishment" (1996)

- 9.14 At present, nothing is known about the extent and circumstances under which judges in practice grant permission for the woman's past sexual history to be introduced. Complainants report that questioning about their previous sexual history is invariably hostile and they describe counsels' cross-examination as offensive, aggressive and degrading. Often, the complainant feels that she is on trial. While such evidence is only admissible at the discretion of the judge, the experience of Rape Crisis Centres would suggest that such discretion is not generally withheld.
- 9.15 The Task Force notes that there is **no** absolute rule prohibiting the use of evidence of the defendant's previous behaviour, either in criminal cases in general or in sexual offence cases in particular. It is not the practice to admit such evidence on account of its unduly prejudicial nature. The prosecution is not entitled to produce evidence showing the accused has been guilty of previous crimes for the purpose simply of leading a jury to conclude that he is, from what they know of his general character or conduct, a person likely to have committed the offence for which they are trying him. The rule governing evidence of previous behaviour of the accused, if offered, as tending to show that a particular act was done, provides that such evidence -
- ◆ must be relevant;
  - ◆ must go beyond merely tending to show that the accused has a bad disposition or character; and
  - ◆ must still be excluded if its prejudicial effect outweighs its probative value.
- 9.16 The Task Force considers that similar considerations should govern the admissibility of evidence relating to the past sexual history of the complainant. As far as the Task Force is aware, the only other common law jurisdiction which seems to go further is Western Australia, which provides that evidence of the complainant's prior sexual experiences is not admissible without leave of the court; such leave is not granted unless the court is satisfied that:-
- ◆ the evidence is substantially relevant to the facts in issue, and
  - ◆ its probative value outweighs any distress or embarrassment suffered by the complainant as a result of its admission.
- 9.17 The Task Force considers that when the complainant is giving evidence, she should not be cross-examined as to her past sexual history unless it is proven to the court that the evidence is substantially relevant to the facts at issue, as envisaged by the 1981 and 1990 Acts. Applying this rule should prevent the defence from embarking on "fishing expeditions" where answers to questions are concerned and from attempting general smear tactics, which attack the character of the complainant on matters which are of no relevance to the issues before the court. The Task Force also **recommends** that the law and practice in relation to this area be reviewed so as to ensure that the strict legal criteria, as laid down in the 1981 Act, as amended, is being adhered to.

### ***Corroboration***

- 9.18 Prior to the coming into operation of Section 7 of the Criminal Law (Rape) (Amendment) Act, 1990, there was a requirement that the jury be given a warning about the dangers of convicting on the uncorroborated evidence of a complainant alone in sexual offence cases. Section 7 provides that, where a person is charged with an offence of a sexual nature, the judge decides whether the jury ought to be given such a warning. That change in the law followed a recom-

mentation by the Law Reform Commission in its 1988 Report on rape, that the warning should no longer be mandatory. The Law Reform Commission also recommended that it should be left to the discretion of the trial judge whether the warning should be given or not, and the terms in which it should be couched.

- 9.19 The Task Force considers that there are no grounds for considering witnesses in cases of sexual violence to be any more or less reliable than in any other case, and that there is no need for any special rule to apply to judicial comment. In any event, the judge is entitled to comment on the weight of evidence in any case before him/her, provided s/he makes it clear that his/her comments are only comments and can be entirely disregarded by the jury if they choose. In the circumstances, the Task Force considers that all rules of law or practice relating to the judge's charge to the jury as to the assessment of uncorroborated evidence of complainants in sex offence cases should be abolished and the cases left to be dealt with in the ordinary manner.

### *Can More Cases be Successfully Prosecuted?*

- 9.20 There are inherent difficulties in the nature of the crime of rape in encouraging more women to come forward to report cases, and to pursue a case through the courts. While further improvements both in the prosecution of sexual offences and in the conduct of rape trials may increase the number of women who come forward and report the offence, and follow through to trial, there are very strong inhibiting factors which will continue to operate, whatever changes may happen.
- 9.21 Various studies have consistently revealed that the overwhelming majority of rapes and sexual assaults have been committed by someone the woman knows. Cases reported to the Dublin Rape Crisis Centre in 1995 suggest that up to 75% of attackers are known to the woman concerned. The social and family pressures not to report rape to the Gardaí are clearly much more intense where there has been a relationship between the woman and her attacker, or where the attacker is part of the family circle, than where the assault has been committed by a stranger or someone of brief acquaintance.
- 9.22 A change in social attitudes, however, which tackles the myths about rape and which end victim-blaming, could have a positive effect in encouraging more women to report the crime.
- 9.23 Unlike many other crimes, rape is a crime which rarely has witnesses or objective evidence that a crime has occurred. Even where it is accepted that sex has taken place, the proof that it is a crime depends on establishing beyond reasonable doubt that there was no consent. Intrinsicly, these are cases where it is one person's word against another's, which are always the most difficult to prove. In our adversarial system of justice, the nature of the defence in rape trials most frequently seeks to discredit the woman's character and testimony to the point where she feels she is on trial.
- 9.24 Women who do pursue a case, report that re-living the experience through the trial, and intense and hostile cross examination, is like being raped all over again. It is understandable that women, in the interests of their own recovery from the experience of rape, would choose not to put themselves through that ordeal.
- 9.25 The Task Force's recommendations are designed to attempt to reduce the trauma for victims. Given the nature of the crime, and defendant's constitutional right to a fair trial, it is difficult to

see how the trauma of a trial or its adversarial character could ever be substantially eliminated. In these circumstances women may continue to be deterred against reporting rape and proceeding to trial.

### *Problems with Existing Law and Procedures*

- 9.26 As outlined above, research has shown that women do not report cases of rape and sexual assault for fear of the way that their case is likely to be handled by the Gardaí and Courts. They fear, for example, being disbelieved; humiliated and embarrassed by inappropriate questioning; re-victimised/traumatised by Gardaí and the courts handling the case; and lack confidence in the willingness or ability of the Gardaí to take appropriate action. While there have been real improvements in the response of the Gardaí in recent years, the majority of women who are raped still do not report it, despite the support and encouragement received from the Rape Crisis Centres.
- 9.27 Generally the member of the Gardaí to whom the initial report of rape is made will not be the member in charge of the investigation. Such investigations are invariably undertaken by a team experienced in crime investigation. Having obtained all the evidence available, advice is then sought from the DPP concerning the bringing of charges against the suspect. While it is accepted that investigations must be conducted in a thorough manner, it is of vital importance to the victim that the response of the Gardaí be one of support, understanding and reassurance. Liaison should be maintained with the victim concerning the progress of the investigation. The Task Force accepts that some Gardaí do liaise with the victim and it considers that this should be standard practice.
- 9.28 From a victim's point of view, she may feel that there is no guarantee her complaint will be properly dealt with and that all relevant evidence relating to the alleged offence will be gathered. Once the victim has made her statement to the Gardaí, the victim often has difficulty in ascertaining whether the case is going to proceed. In some cases, she is not advised of a trial date; that the accused has agreed to plead guilty; is not given any advice as to what to expect in court; and is sometimes not given copies of her statement before the hearing. She has almost no opportunity to meet the solicitor or the barrister for the prosecution - for most complainants, their only contact with the prosecution is a hurried discussion shortly before the start of the trial.
- 9.29 In this context, the Task Force **recommends** that the Gardaí should be given the task of liaising with the alleged victim. The complainant would be given the name of the Garda who will be investigating the case and s/he should be available to her, at reasonable times, to advise her as to the progress in the case. She should be kept fully informed of (i) the appropriate information contained in the book of evidence, (ii) the reasons for any delays in progressing the case and (iii) should have the opportunity to be present in court, even in cases where the accused proposes to plead guilty. She should be given a copy of the statement she made to the Gardaí as a matter of standard procedure/practice and of any victim impact report. The complainant should also be facilitated to have consultations with prosecution counsel both before and throughout the trial - such consultations should cover the nature and procedural arrangements for the proceedings.

### *Separate Legal Representation for Victims*

- 9.30 The question of separate legal representation for rape victims has been addressed on a number of occasions in recent years. Most recently the arguments for and against the issue were spelled out



in the report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children. The Task Force considers that the arguments put forward in support of separate legal representation for rape victims in that report are compelling but recognise that regard must also be had to the practical and constitutional implications in implementing the proposal. As has already been pointed out, the primary focus of the Task Force is on the issue of domestic violence and, therefore, it did not have the expertise available to it to come to any definitive conclusion on this matter. In the circumstances, the Task Force **recommends** that this matter, which is of such importance to victims of rape, should be addressed by the Department of Justice in the forthcoming Discussion Paper on Sexual Offences. It is understood that the Department hopes to publish the Paper in the near future.

### *Sentencing Policy*

- 9.31 The Task Force considers that custodial sentences should be applied in all cases of rape. Only in cases of a wholly exceptional nature should non-custodial options be considered. It is also considered that sentencing policy should, in appropriate cases, include the option of a period of post-release supervision by the Probation and Welfare Service.
- 9.32 The Task Force **recommends** that it should be also practice in all cases that victims of domestic violence, rape and sexual assaults are notified by the prisons or gardaí that the unescorted release of an offender is anticipated or has taken place.

### *Delayed Complaint*

- 9.33 In some rape/sexual assault cases, a woman may not make a complaint for a number of months after the incident taking place. In circumstances where the issue of any delay that may have occurred is raised, the Task Force considers that it should be compulsory for the judge, in appropriate cases, to warn the jury that there may be valid reasons as to why she did not complain immediately following the incident.

### *Victim Impact Reports*

- 9.34 For the purpose of determining sentencing in sex offence cases, the onus is on the judge to request Victim Impact Reports. The quality and content of such reports can vary depending on, for example, whether the complainant is receiving professional counselling or other services. The complainant can give oral evidence in relation to the impact of the offence. Such reports cannot be extracted, however, in circumstances where witnesses are unwilling or unco-operative.
- 9.35 On the whole, the Task Force considers that the introduction of Victim Impact Reports has been a positive development. The Task Force **recommends** that Victim Impact Reports be requested for trials (as happens at present) and for appeals, and that a list of suitably qualified professionals should be available to the court in cases where the victim is not attending a professional therapist. In cases where the victim disagrees with the content of the Report, this should be brought to the attention of the judge.

### *Rape Crisis Centres*

- 9.36 Rape Crisis Centres provide a range of counselling and therapy, both individual and group, for women and men who are victims of rape, sexual assault and child sexual abuse. Services avail-

able can vary in different Centres. There are 15 Rape Crisis Centres located around the country - see Appendix 7. Services provided by each centre focus predominantly on counselling both by telephone and on a face to face basis to victims of recent or past rape, sexual assault and to victims of child sex abuse.

- 9.37 The Dublin Rape Crisis Centre provides a 24 hour crisis telephone service for victims of rape and sexual abuse. In 1995, a total of 6,100 calls were made to the Centre's 24 hour Crisis Line - 2,273 (37%) were repeat callers and 83% of all calls were from women.
- 9.38 Training for companies in the management of preventing sexual harassment within the workplace is provided. It also has a comprehensive training and education service which runs courses for professionals who come in contact with victims of sexual violence in their work.
- 9.39 Special counselling centres for victims of rape and sexual abuse have also been established by the Eastern Health Board in Blanchardstown, Clondalkin, Clontarf, Coolock and Tallaght.
- 9.40 In 1991, the Government decided that funding for Rape Crisis Centres be channelled through the Health Boards. In 1996, this funding amounted to £907,000. The Department of Health discussion document 'Developing a Policy for Women's Health' states, *"the funding of these centres has been made as secure as the budgetary cycle of Government finances permits."*

### ***Counselling and Other Support Services***

- 9.41 The Task Force considers that counselling and other support services should be made readily available to women throughout the country who have recently, or at some time in the past, been the victims of rape and sexual assault. The services available and the personnel operating within the services should be aware of the specific cultural and other needs of marginalised groups.

### ***Conclusions***

- 9.42 As outlined at the beginning of this chapter, the number of rape cases reported to the Gardaí is relatively small as, given the nature of rape and sexual assault cases, it is inherently difficult to encourage women to come forward. Often when women do come forward, they feel like they are on trial. The recommendations of the Task Force are designed to encourage more women to report cases of sexual violence to the Gardaí. The principal recommendations relate to liaising with the victim, conditions for granting of leave to cross-examine regarding a complainant's past sexual history and Garda policy on the treatment of victims of rape, sexual assault and other sexual offences.

## ***RECOMMENDATIONS***

### ***Priority recommendations***

- ◆ the Garda Síochána should develop and publicise clear policy and practice with regard to the treatment of victims of rape, sexual assault and other sexual offences;
- ◆ once a decision is made to prosecute in a rape/sexual assault case, the task of liaising with the victim should be assigned to the investigating Gardaí. Victims should also have regular consultations

with counsel before and throughout the trial and should be given a copy of their statement made to the Gardaí and of any Victim Impact Report, as a matter of course; and

- ◆ leave to cross examine a complainant regarding her previous sexual history should only be granted where it is proven to the court that the evidence is substantially relevant to the facts at issue, as envisaged in the 1981 Act, as amended; the law and practice in relation to this area should be reviewed so as to ensure that the strict legal criteria, as laid down in the 1981 Act, as amended, are being adhered to.

#### *Other recommendations*

- ◆ expert training should be provided on a national basis to Gardaí on the initial aspects of handling cases of rape, sexual assault and other sexual offences;
- ◆ it should be practice in all cases that victims of domestic violence, rape and sexual assaults are notified by the prisons or Gardaí that the unescorted release of an offender is anticipated or has taken place;
- ◆ in cases of a delayed complaint, where this is raised as an issue, it should be compulsory for the judge in appropriate cases, to warn the jury that there may be valid reasons as to why she did not complain immediately following the incident;
- ◆ custodial sentences should be applied in all cases of rape. Only in cases of a wholly exceptional nature should non-custodial options be considered. Sentencing policy should include, in appropriate cases, the option of a period of post-release supervision by the Probation and Welfare Service;
- ◆ all rules of law or practice relating to the judge's charge to the jury as to the assessment of uncorroborated evidence of complainants in all cases of sexual assault should be abolished and the cases should be dealt with in the ordinary manner;
- ◆ information regarding counselling and support services should be made readily available to all rape and sexual assault victims;
- ◆ Victim Impact Reports should be requested for both trials and appeals and a list of suitably qualified professionals should be available to the court in cases where the victim is not attending a professional therapist; where a victim disagrees with the content of the Report, this should be made known to the judge; and
- ◆ the question of separate legal representation for rape victims should be addressed by the Department of Justice in the forthcoming Discussion Paper on Sexual Offences.

In their Report published in October 1996, the Working Group on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children, made over 30 recommendations with regard to rape and sexual assault. These are listed as Appendix 8 of this Report. This Task Force welcomes the fact that these recommendations are being actively considered by the Department of Justice at present and that a Discussion Paper on Sexual Offences is being prepared. This Paper will provide an appropriate backdrop to a further review of the adequacy of the law on sexual offences against women.

# INTERVENTION PROGRAMMES FOR VIOLENT MEN

## *Introduction*

- 10.1 This chapter looks at intervention programmes for violent men, the principles of “best practice” that should underlie such work and the effectiveness of intervention programmes for “batterers” in dealing with domestic violence. While men who batter their partners are known to include sexual violence in their abuse, specific issues surrounding intervention with sex offenders are dealt with separately.

## *Background Context and the Rationale for Intervention Programmes for Violent Men*

- 10.2 Traditionally attempts to intervene in domestic violence focused on abused women and their children. In recent years, however, there has been a shift to include a focus on the man who has perpetrated the abuse: “the batterer”. A shift of perspective in thinking has begun to take place around both the problem and intervention which includes putting the violent man at the core. Devoting time, energy and resources to work with violent men should not however be seen as undercutting the development of services and a sensitive response to abused women and their children. On-going service development and the advancement of expertise in relation to genuinely woman-centred policies and practices must remain a major priority. It is victims/survivors of violence who are primarily entitled to a service - be it safe haven in a refuge, counselling, material and other supports. At its most basic, however, real safety for women and children needs to include the violent man being made responsible for his violence, accountable for change and to engage him in the kinds of work which will stop him from violating his current partner or those in future relationships (Ferguson and Synott, 1995)<sup>30</sup>.
- 10.3 Too often traditional approaches focusing in a limited way on abused women have been caught up in the “why does she stay” mode. A focus on batterers helps to shift the debate onto the proper ethical and practical level which asks “why does he abuse?”. It forces us to consider *how* violent men abuse and the strategies of ‘coercive control’ they adopt which are so devastatingly effective in entrapping the woman and her children, and preventing them from finding real safety. Reaching such an understanding of the batterer is, in turn, crucial to designing adequate sys-

<sup>30</sup>Ferguson, H. and Synott, P. “Intervention into Domestic Violence in Ireland: Developing Policy and Practice with Men who Batter”, in *Administration*. 43.3. Autumn 1995.

tems of response to violent men and intervention programmes which can truly promote the safety and well-being of abused women.

- 10.4 Over the past two decades, in response to the demand for more effective initiatives to respond to the issue of domestic violence, new policies have been adopted which focus on pro-active forms of intervention and prosecution. As part of these interventions, 'treatment' programmes for men have been introduced. These have been particularly prevalent in the United States and Canada. Theoretical perspectives, research evidence and clinical experience have developed in a manner that suggests that the terminology of 'treatment' is problematic, with its implications of sickness and cure. Far from being 'mad' or 'bad' in some simple pathological sense, men who batter should be regarded as strategic actors for whom violence is a way of exerting control and getting what they want. Batterers make decisions to be violent within a cultural context which sends out ambiguous messages about men, violence and gender relations.
- 10.5 Against this background, what are best referred to as 'intervention programmes' seek to get batterers to take full responsibility for their violence and *re-educate* them to form non-abusive intimate relationships (Dobash and Dobash, 1996). Crucially, this has to involve more than attempting to help the men to manage anger and control their tempers. Programmes which focus primarily on such aims are inherently flawed. Effective intervention with batterers has to insist on making them accountable for their actions - as far as possible through sanctions and the criminal justice system - and go to the heart of the men's belief systems, changing their (invariably sexist) assumptions about women, power and intimate relations.

### *Effectiveness of Treatment Programmes*

- 10.6 Research suggests (Dobash and Dobash, 1996) that the results to date from intervention programmes which are designed along these lines are more encouraging than other forms of intervention (non-custodial community interventions, fines, straightforward probation, for instance). Results cannot be generalised as men are screened prior to taking part in such programmes. The long-term impact of well designed programmes is simply not known. What can be said is that it is safer to think in terms of the 'outcomes' of intervention as opposed to assessing whether men are in some sense 'cured'. Outcomes must always be measured in terms of the broad definition of violence within the notion of coercive control. The interpretation of results depends on how "effectiveness" of interventions with violent men is defined. Many studies consider ending physical abuse as the primary criterion for assessing effectiveness, while other studies take into consideration threats of violence, safety and psychological and controlling behaviour. Some studies use court records when judging effectiveness; others interview men and, in some cases, the female partners of men participating in programmes are interviewed. Variations can also occur between men's perceptions of how they have changed as a result of participating on treatment programmes and the reality as experienced by women. Results should therefore be treated with a certain degree of caution.
- 10.7 A number of studies have been done on the effectiveness of treatment programmes in the U.S., Canada and also in the UK. One study (Rosenfeld, 1992)<sup>31</sup> found that men who complete treatment programmes have only slightly lower recidivism rates than men who do not attend

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<sup>31</sup>Rosenfeld, B. D. "Court Ordered Treatment of Spouse Abuse", Clinical Psychology Review, 12, 1992 [cited in Kelleher and Associates (1996).]

treatment programmes. Gendreau and Ross (1979, 1987)<sup>32</sup> who reviewed outcomes of 100 programmes in the US and Canada which used a cognitive behavioural approach to offenders, are more optimistic about the effectiveness of interventions. They concluded that programmes for offenders can reduce re-offending by between 30 and 80 per cent. They also identify the elements of successful programmes - these are programmes which are structured, intensive and challenging, assist participants to develop cognitive skills and to understand the impact of their offending behaviour on others.

- 10.8 Recent evidence from Britain (Dobash and Dobash, 1996) supports the Gendreau and Ross findings. Two treatment programmes currently operating in the UK - CHANGE which began in 1989, and Lothian Domestic Violence Probation Project (LDVPP) which began in Edinburgh in 1990 - were evaluated. Both are community based programmes designed to re-educate men who have been found guilty of violence against their female partner. Men attend weekly sessions as a condition of their probation order. The overall aims of the two programmes are broadly similar - to deliver re-education programmes for men who have been violent to their partners; to encourage collaborative inter-agency practice on domestic violence; to offer training and consultancy to other professionals working in the area; and through publications, to raise generally the profile of the issue of domestic violence. Both programmes challenge offending behaviour and associated attitudes and assist men to develop more positive ways of dealing with conflict. They are primarily based on a group work approach and focus on challenging violence and reflecting on ways of stopping it. The programmes take place once a week over a 6/7 month period. Emphasis is placed on confronting violent behaviour and on the use of cognitive-behavioural principles to change both the behaviour and the thinking of men who use violence. Information is provided to women on the men's behaviour and the programme provides support to women through group meetings for women.
- 10.9 The evaluation undertaken by Dobash *et al* (1996) focused on whether or not the violent behaviour of participants who attend men's programmes is more likely to be reduced than offenders who are subjected to other forms of criminal justice sanctions, such as arrest and prosecution. Results indicate that men in the programmes are more successful in reducing their violence and intimidating behaviour than men who have been either arrested or prosecuted. A significant proportion of offenders who participated in the men's programme reduced their violence and associated controlling behaviour. Their women partners reported significant improvements in the quality of their lives and their relationships with men.
- 10.10 Three months after completing the programme, 62% of men who had been arrested or prosecuted had perpetrated at least one violent incident compared to only 30% on the programme. No woman in the programme group experienced frequent violence, whereas 16% of women whose partners were arrested or prosecuted said they experienced five or more incidents of violence. A year after the interview, 37% of women whose partners were arrested or prosecuted and 7% of women in the programme group indicated they had suffered frequent violence.
- 10.11 In the opinion of Dobash and Dobash, perpetrators of violence can be classified into three groups - those who will never change, those who will modify their behaviour under supervision and threat of sanction, and those who become self-regulating. While some men who enter pro-

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<sup>32</sup>Gendreau, P. and Ross, R. R. "Effective Correctional Treatment: Bibliotherapy for Cynics", *Crime and Delinquency*, 25, 1979: 463-489. Gendreau, P. and Ross, R. R. "Revivification or Rehabilitation: Evidence from the 1980s," *Justice Quarterly*, 4, 1987: 348-407. [cited in Kelleher and Associates (1996)]

grammes may be brought relatively quickly to a point where they stop being *physically* violent, stopping them continuing to abuse in the variety of other ways, sexually, emotionally, use of isolation, control of money and so on, is much more difficult (Edleson and Tolman, 1992). Debate surrounds just how far it is possible to ever again trust a man who has been known to batter. Jukes (1993), for instance, suggests that on the basis of his experience, batterers can *never* be properly trusted again. While intervention can probably help *some* men to become non-violent in a total sense, a healthy scepticism should always surround the short, and especially the long-term prospects, for real change. The testimony of the men's partners and their sense of on-going safety appears crucial in gaining an accurate picture of how far he has changed.

### *Treatment Programmes in Ireland*

- 10.12 In Ireland, the Cork Domestic Violence Project and Men Overcoming Violence (MOVE) are two voluntary organisations providing intervention programmes for men who batter.

#### *Cork Domestic Violence Project*

- 10.13 The Cork Domestic Violence Project was established in 1993, under the auspices of the Cork and Ross Diocese, when it became clear that a large number of the cases of their counselling service involved male domestic violence. It is a 20 week programme, with a 10 week induction programme. Since its establishment, over 80 men have completed the programme. Referrals come from counsellors in the centre, doctors, social workers, solicitors, Gardaí, the courts and self referrals. The project is based on the Duluth Project for men (in Minnesota in the U.S.) and places a strong emphasis on inter-agency co-ordination to ensure that violent men remain accountable for their behaviour and to maximise protection for women.
- 10.14 The primary goal of the programme is the protection, rehabilitation and empowerment of women and children. The rehabilitation of the man is a secondary goal to this. It is held that if the rehabilitation of the man supersedes the protection of his partner or children, the programme begins a process of collusion with belief systems and behaviour that contribute to the perpetuation of violence against women. The programme is based on the analysis that violence against women occurs in societies where there are gender inequalities in status and power and that violence is part of a larger pattern of coercive and abusive behaviour used by men to maintain power and control over women. The programme also holds that men must be made responsible and accountable for their violent and abusive behaviour, and challenged to live out a pattern of equality and respect. In this context, a man's violence towards his partner will diminish only when the losses accrued through special sanctions outweigh the gains accrued through the use of tactics of control. A parallel education, support and counselling group is run for women partners, the purpose of which is protection, support, education and counselling for women. Women assess the ongoing behaviour, abusiveness and lethality of men and this ensures that the experience of abused women remains central to the intervention strategy.
- 10.15 All the men referred are met for an initial session to assess their suitability for the programme. If the man is committed to the programme his partner's wishes are established. A policy of limited confidentiality is practised so that the programme can disclose information revealed by the man in order to protect his partner and children. There is weekly contact with the women in order to assess their safety and the behaviour of the men. The programme is committed to supporting the women in whatever legal proceedings they wish to take to ensure their safety.



- 10.16 Research into the effectiveness of the Programme is only beginning. In a follow-up study of partners of 20 men who had completed the Programme:-

*67% of women stated that there was no violence*

*22% stated there was some violence, and*

*11% stated that there was a lot of violence*

- 10.17 While the project acknowledges that treatment programmes make important contributions in assisting men to stop violent behaviour, it warns of the need for vigilance about results and points to the fact that the programme is unlikely to change the behaviour of men but can, however, mitigate the incidence of violence. The Project only receives minimal State funding and the majority of their resources come from fund raising.

### **MOVE (Men Overcoming Violence)**

- 10.18 MOVE was started in Ireland in 1989 and has since developed programmes in a number of different parts of the country - Dublin (2), Cork, Galway, Limerick, Castlebar, Athlone and Newbridge. Its aim is to intervene in the problem of domestic violence at the fundamental level of the perpetrator himself. MOVE's primary concern is the safety of women and children which it pursues by placing responsibility for finding solutions to the violence onto the men. MOVE operates a rolling 13 week programme. Groups run all year round and men are assessed for entry to the programme irrespective of what stage in the programme cycle the man is referred. The priority is to provide a service for as many violent men as possible when they need it.

- 10.19 Men are referred to MOVE by doctors, solicitors, psychiatrists, marriage counsellors, social workers, and a small number come through the courts. In a significant number of cases, men refer themselves. The programme is based on weekly group sessions which are facilitated by professional workers and involve between six and ten members. The men are challenged to confront and explore their violent behaviour, attitudes and beliefs and in doing so are challenged to take responsibility for the violence they have inflicted on their victims. The programme operates on the assumption that:

*Men who batter are not "sick" or "in need of treatment" or a "cure". They are strategic actors who use violence as a means of control to get what they want from violence. Intervention programmes must address the power and control issues and effectively seek to re-educate the batterer into a non abusive orientation to intimate relationships with women and children. (Ferguson and Synott, 1996)*

- 10.20 Violence involves the man making a decision to attack and the MOVE Programme insists on him taking responsibility for that decision and his actions, and ensures that he does not take on the role of the victim. MOVE members must never lose sight of the fact that domestic violence is wrong and a crime. MOVE is constantly alert to the dangers that exist of men colluding together to avoid facing the painful issues in taking responsibility. At worst, there is the risk that some men will manipulate the programme and learn how to become more skilful and subtle abusers. The role of the professionals is especially important in helping to prevent this.
- 10.21 The programme defines 'success', or positive outcomes, as men stopping being physically violent and ceasing to exert control in the many other ways that batterers do, such as being psychologically abusive. MOVE are of the opinion that the woman's perspective should be taken into



account as to whether or not real change is occurring in her level of safety and well being. Structures and collaborative arrangements with women's organisations are being developed to ensure that women's voices are properly heard and responded to appropriately in intervention. A sister organisation, Women Overcoming Violent Experiences (WOVE) for the partners of violent men was established in the early 1990s and the full potential of its collaboration with MOVE groups is still being realised.

10.22 The MOVE organisation is a voluntary organisation with no secure core funding. Social workers and other professionals, such as Probation Officers, are in some instances allocated time to facilitate MOVE programmes. Some professional workers facilitate programmes on a voluntary basis. While still modest when viewed in terms of the huge gaps in service that remain nationally, some vitally important collaborations between MOVE and statutory agencies/professionals have been forged in various parts of the country. These constitute the creation of significant 'informal structures' for working with batterers - 'informal' because, as the Task Force understands it, this has not occurred through distinct policy initiatives taken centrally, by the Departments of Justice or Health for instance, but on the basis of local enterprise and effort. A crucial issue surrounds how such arrangements can now be further developed and translated into formal structures providing integrated intervention programmes for batterers nationwide.

10.23 Since its inception, MOVE has also engaged in 'outreach work' seeking to educate and inform professional and public opinion about violent men and their responsibilities for their violence. MOVE takes the view that such outreach work has a role to play but that it needs to be very carefully managed and convey clear messages about the need for men to be made accountable for their violence and the realistic prospects for change.

### *Core Principles*

10.24 The Task Force considers that the following core principles should apply in the establishment of treatment programmes for violent men:-

- ◆ protocols regarding referrals should be developed;
- ◆ assessment procedures should be established;
- ◆ Intervention Programmes should be linked to the judicial process where possible;
- ◆ there should be contact with the partner to verify the safety and well-being of the abused women and children;
- ◆ there should be limited confidentiality to allow for the sharing of any information that can advance the safety and protection of women with the appropriate persons/ agencies; and
- ◆ work with men should not be done in isolation, but in full collaboration with the statutory services and women's organisations.

10.25 The Task Force also considers that only those programmes which follow these principles should receive State funding.

### *Intervention Programmes for Sex Offenders*

10.26 Intervention programmes specifically for sex offenders are run in a number of locations - e.g. Arbour Hill Prison, St. Brendan's Central Mental Hospital, Northside Inter Agency Project [Dublin]. Summaries of these 3 programmes are set out below:-

**Arbour Hill**

- 10.27 While individual counselling either by a Clinical Psychologist or a Probation and Welfare Officer is available to most sex offenders within the Prison System (there are about 250 at present), Arbour Hill conducts an intensive group programme which can cater for ten offenders at a time and takes about a year to complete.
- 10.28 Participation in the Arbour Hill Programme is voluntary. Nearly all sex offenders are invited to apply. Following assessment, a list of those considered suitable for participation in the programme is drawn up. Priority is given to those closest to their release dates but with sufficient time left to complete the programme. The key factor in assessing suitability is motivation. The three main criteria that apply are that the offender must acknowledge committing the offence, acknowledge his offending as a problem and agree to fully participate in the programme. No offenders have voluntarily left any group. The first group through the programme received intense negative comment from their peers. This has now ceased and there is strong evidence of a positive attitude towards the programme amongst offenders in Arbour Hill. This is supported by the fact that the application rate for the latest programme was 36% amongst eligible offenders in Arbour Hill (where the programme is based), compared to a rate of 9% in Wheatfield.
- 10.29 The group meets twice a week for two-hour group sessions. Group members complete assignments in their cells and have access to individual counselling. The offender's family can attend a series of seminars. In line with international practice in this area, the programme is cognitive/behaviourally based, with a relapse component. The offender is held accountable throughout for his offending behaviour and its consequences for his victim. At the end of the programme an individualised relapse plan is prepared to help offenders identify and cope with aspects of their past behaviour that put them at risk of re-offending. The aim of the programme is to reduce the probability of offenders re-offending on release.
- 10.30 The programme has treated thirty offenders since June, 1994. Psychometric assessments and assessment by the therapists running the programme show a significant reduction in offenders' cognitive distortions and an increase in acceptance of personal responsibility. Informal feedback from family and prison staff frequently indicated positive changes in attitudes and behaviour.

**St. Brendan's Central Mental Hospital**

- 10.31 The National Forensic Psychiatric Service set up an out-patient programme for sexual offenders in April 1989. Offender patients can be referred by any appropriate agency. The Director of Community Care for an area is involved in the case. The patient must admit to a substantial amount of what is alleged against him. If he is an incest offender he must be living outside the home. An initial assessment is made of the persons suitability for the programme. Only limited confidentiality is offered to clients whether in a group or individual setting. There are four separate programmes.
- (i) The incest offender group is a continuously running out-patient group that concentrates on fathers who abuse their children. It involves weekly group therapy sessions. There are 8 to 10 offenders in the group at any one time and 2 co-therapists, one male and one female. The sessions continue for 6 months for any one individual. The main areas covered are the offending behaviour, sexuality and the victim's experience.

- (ii) The incest offender aftercare group is for those who have completed 6 months in the incest offenders group. This group has about 10 offenders and one therapist. This group lasts for about 12 months for each offender.
  - (iii) Out-patient care is chosen if it is felt that a group approach is not suitable but the other criteria are fulfilled. Out-patient care is also used if there is no suitable group available. Individual out-patient care is usually on a fortnightly basis for 1 to 2 years.
  - (iv) The sexual offenders group started in September 1993. This group therapy programme is for a mixed group of sexual offenders, including young offenders, not catered for in the incest offenders group. The group continues for about 12 months for each individual. There are 2 co-therapists and 10 offenders.
- 10.32 It would appear that the most useful results emanate from the father/daughter incest group. Sexual offenders, and in particular rapists, are difficult to deal with and they tend not to admit guilt. Less than 20% of rapists are willing to look at the issue and it would seem that a proportion of those who co-operate are doing so in an attempt to gain some advantage from the prison system, the courts or social services. Between 10% and 15% of child sexual abusers were victims themselves. As regards other violent crimes against women, such as wife battering and ultimately homicide, some psychiatric issues are encountered. Alcoholism, personality problems, explosive and immature personality disorders are frequently found, and sometimes there is a family history of violence. A violent tendency, a desire to dominate and jealousy are frequent aspects of the batterers personality. However, mental illness is rare among battering men, with rates being similar to those of the general population.

#### *Northside Inter Agency Project - Programme for Young People who Sexually Abuse*

- 10.33 In about one third of all confirmed cases of child sexual abuse, the perpetrator is an adolescent. Early intervention is considered highly desirable with this group. Since most sex offenders begin their offending in adolescence, the earlier they receive help the better. Northside Inter-Agency Project [NIAP] is a joint venture between clinical staff of the Children's Hospital, Temple Street, the Mater Child Guidance Clinic and the Eastern Health Board. NIAP is currently treating 13 adolescents and 15 parents per year.
- 10.34 A number of the young men NIAP has treated have been guilty of very violent sexual assaults on children. Some of these perpetrators were not prosecuted but were placed instead under the Juvenile Liaison Officer (JLO) scheme where they were under no legal obligation to attend treatment, once they had been officially cautioned.

#### *Conclusions*

- 10.35 The Task Force recognises the work being done in the Cork Domestic Violence Project and by the MOVE Programme with limited resources. The Task Force accepts that while evidence from abroad does not support a permanent "cure" for violent behaviour patterns, the incidence can be significantly reduced by quality intervention programmes when compared with an absence of intervention. Treatment programmes are important in the overall strategy of tackling the underlying causes of violence. A certain degree of caution is advocated, however, when looking at such programmes given the uncertainty as to their long-term impact. As pointed out above,

results cannot be generalised to all violent men and the interpretation of results depends on how “effectiveness” of interventions is defined.

- 10.36 The Task Force has recommended in Chapter 6 that judges should have the option to direct that offenders be assessed for participation in intervention programmes as part of a sanction, but not as an alternative to imprisonment. As the main judicial remedy for women is through the civil courts by way of barring or safety order applications, the Task Force also **recommends** that judges in civil cases should be made aware of what programmes are available and should have the option to refer men for assessment for *suitability* to participate in such a programme as a mandatory part of the court order. **The Task Force would emphasise that in the interest of a woman’s safety, referral to an intervention programme should never be used as an alternative to granting the woman the barring or safety order sought, nor should it have implications for the duration of an order. In other words, intervention programmes must be seen in terms of their preventative strategy role and additional to general sanctions.** In no circumstances should they be used as a mechanism whereby violent men can avoid, or reduce, sanctions or whereby the needs and rights of the victim are in any way diminished.
- 10.37 The Task Force would be concerned that optimism about outcomes could give rise to a false sense of security and thus put women’s safety in jeopardy. For this reason, the Task Force feels strongly that such programmes must be linked to judicial sanctions and other support services for women. This is important for two reasons. Firstly, the judicial system embodies the underlying threat of sanction which appears to be, on balance, the most effective way to get violent men to enter ‘treatment’ and to change. Secondly, combining rehabilitative programmes with the judicial process reinforces not only the perpetrator’s but society’s accountability. However, participation in such programmes should never be a substitute for custodial or other sanctions which the courts may consider appropriate in individual cases.
- 10.38 The Task Force would also feel strongly that if these programmes are to become part of a mainstream response to domestic violence, they need to be monitored (by the National and Regional Committees proposed in Chapter 11) in terms of their structures, approach, their effectiveness and value for money. This is particularly important given that resources are limited and the general consensus is that such resources, as are available, should prioritise services for women.
- 10.39 The Task Force also **recommends** that specialist training be introduced for people to run intervention programmes. Funding for this specialist training should be a **priority** for year 1 spending.
- 10.40 It would appear that once sex offenders are released on the last day of their sentence there is no mandatory follow up of them in the community by agencies of the Department of Justice. While accepting that once a person “has served his debt to society” he is a free man, nevertheless the Task Force is concerned that in the absence of mandatory support and supervision any progress achieved through either sex offenders programmes or the prison system may be lost. In this context the Task Force **recommends** that consideration be given when sentencing sex offenders to incorporating a “post release” period involving mandatory support and supervision as an integral part of the sentence.
- 10.41 In relation to convicted sex offenders and based on current levels of demand, when suitability and motivation are taken into account, the Task Force **recommends** that the Arbour Hill Programme be expanded to provide twenty treatment places annually

10.42 Research into the effectiveness of intervention programmes with sex offenders is needed including evaluation of the clinical impact of programmes and their impact on re-offending rates.

## **RECOMMENDATIONS**

### **Priority Recommendations**

- ◆ the protection, safety and security of women and children should be the paramount consideration in developing programmes;
- ◆ intervention programmes for offenders should be adequately resourced and should be available in areas where support services for women and children (such as refuges) are already in place; and
- ◆ funding intervention programmes should be based on local need and priorities; and adherence to the core principles set out above [see par. 10.24]; funding for programmes should be provided by the Department of Justice from their Probation & Welfare Service votes.
- ◆ contact with the judicial system should be used as a gateway to intervention programmes. Judges should have options to recommend that offenders be assessed for participation in intervention programmes, but never as an alternative to criminal sanctions currently available nor should they have implications for the granting or duration of a barring/safety order;
- ◆ judges in civil cases should be made aware of what programmes are available and should be able to refer men for assessment for suitability to participate in such a programme as a mandatory part of the court order;

### **Other Recommendations**

- ◆ existing intervention programmes with men should be subject to on-going monitoring, evaluation and review so that their effectiveness as a response to domestic violence can be gauged;
- ◆ there should be a co-ordinated approach between treatment programmes, the courts, the Gardaí and agencies providing support for women. This issue should be addressed by the National Steering Committee;
- ◆ specialist training should be introduced for people to run intervention programmes. Funding for this specialist training should be a **priority** for year 1 spending;
- ◆ consideration should be given when sentencing sex offenders to incorporating a “post release” period involving mandatory support and supervision as an integral part of the sentence; and
- ◆ based on current levels of demand, the Task Force **recommends** that the Arbour Hill Programme be expanded to provide twenty treatment places annually.

# MAKING IT HAPPEN— WORKING TOGETHER

## *Introduction*

- 11.1 The previous chapters dealt with the main services and supports provided by individual agencies to victims of violence and intervention programmes for violent men. In particular, the need to make basic information available was highlighted, together with the need to recognise that the range of services required by individual women will vary from case to case. In this context, statutory agencies and voluntary/community bodies must co-operate and co-ordinate their services and responses so that each agency or voluntary body will know about, and be able to advise on, the most appropriate package of supports in each case. A community based response should also be developed to facilitate disclosure and be linked to other local services.
- 11.2 There is also a need to ensure that interagency efforts are strategically focused on intervening with men who batter or rape, through the development of mechanisms to identify abusers and render them accountable. Public and voluntary services and agencies must work together in structured co-operation to maximise the effective use of resources, to share information, so as to ensure the best possible service is provided with given resources.

## *Working Together*

- 11.3 Women who have experienced abuse may seek help from a variety of sources - public, private, community and voluntary. Legal help may be sought from the Gardaí and solicitors; medical help from her doctor or the hospital; advice and support from an advice centre, support group, or her local clergy; and financial support from Social Welfare. In addition, she may require accommodation from a refuge, housing authority or health board. The most effective response will be provided where there are systems in place to ensure that all these agencies work together, and there is proper co-ordination of services, communication, and sharing of information.
- 11.4 This will not happen automatically. Different agencies must link up with other bodies serving the same need and overcome any existing obstacles that prevents them from working together. In particular, they must develop an understanding of each other's ethos and chain of accountability and work towards the shared objective of providing a coherent and efficient service to women.

- 11.5 In developing the proposals contained in this chapter, the Task Force examined the interagency approaches that have been adopted in Northern Ireland and on a pilot basis in Leeds.

#### *Northern Ireland*

- 11.6 A Forum has been established in Northern Ireland to facilitate interagency discussion and exchange of information, the promotion of interagency co-operation at regional and local levels, and to advise Departments on the implementation of the framework. Four subgroups have been established - to promote inter agency co-operation; criminal justice issues; research and information; and education and training.

#### *Leeds Inter Agency Project*

- 11.7 The aim of the Leeds Interagency Project was to develop an understanding and an awareness of the complex issues involved in violence against women and to develop an understanding and consistency of approach and practice across agencies. There were three phases to the project. The first phase concentrated on multi agency training. Phase two encouraged wider community responsibility, sharing of information and raising awareness through working with residents in the local area. The purpose of this phase was to recognise the important role that family, friends and neighbours have to play in enabling and empowering women to respond to violence. The final phase was taken up with the issue of monitoring and evaluation so that an understanding could be developed of the routes followed by women when seeking help, thereby enabling future work to be concentrated in those areas where it is most needed.

#### *Partnership Approach*

- 11.8 The Task Force believes that the development of a co-ordinated partnership approach between the voluntary, community and public sectors is necessary if women are to be presented with a realistic set of coherent options. It is also necessary to ensure that women are not put through the additional trauma of having to approach several different agencies to avail of services. At a local or community level, a partnership approach should facilitate referral between various services and ensure that women are given the information and support necessary to make informed choices. In addition, it is important the area partners ensure that the needs of all marginalised groups are fully taken into account in the development of policies, services and practices.
- 11.9 The Task Force believes that a partnership approach should be developed at three levels and **recommends** the establishment of:-
- ◆ Local Networks with a community based approach to the provision of services, including interagency co-ordination of services and sharing of information;
  - ◆ Regional Planning Committees to determine strategies at a regional level; and
  - ◆ A National Steering Committee chaired by a Minister of State with designated responsibility for the development of policies in this area.
- 11.10 The role of Local Networks will be to provide women with supports and information on services available within her own community or region. The Regional Planning Committees will be responsible for the planning and development of services at a regional level and overseeing the development of community responses. The National Steering Committee will have largely an



advisory and overseeing role in relation to the development of policies, services and practices. The detailed roles and membership of each Group are outlined in the following paragraphs.

### *Delivering Services at Local and Community Levels*

- 11.11 The Task Force recognises that services are best planned at a regional level having regard to the nature of services and supports required by both women and perpetrators of violence and the need to acquire economies of scale. From the point of view of a woman however, it is extremely important that she can access or receive information on support and services available to her at a local level. As has already been pointed out in earlier chapters, a woman living in fear has to take a number of huge steps if she is to make a change in her life. In this context, telephone support can offer immediate and readily accessible information and advice. In addition, women should be provided with opportunities to disclose, have access to face to face advice and information on the choices available to her, as well as ongoing support services.
- 11.12 A key factor in the development of a locally based approach to violence against women is to ensure that local service providers from the statutory, voluntary and community sectors meet on a quarterly basis - but initially more frequently - to decide on how best they can co-ordinate their services. The main players at this level will usually be the Gardaí, health services, medical (including local general practitioners), church, refuge personnel and representatives of local voluntary and community based groups and networks. In developing a local approach, it is important to ensure that persons who have clear responsibility for domestic violence in all sectors are mandated by their organisations to attend meetings and to work and co-operate with all local players, including those in the voluntary and community sectors.
- 11.13 The objectives of these Local Networks will be to facilitate ongoing communication and the flow of information between all groups and agencies so that they can provide a co-ordinated response to support individual women. An agreed plan should be drawn up for local co-operation and information sharing to ensure that the role of all players is recognised, and that each is clear about their own role and that of other agencies and individuals. In addition, each local network should draw up, and make widely available, an information pack which would include details of services and the names, addresses and telephone numbers of individuals who are responsible for dealing with specific issues within individual organisations.
- 11.14 Local communities can play an important role in dealing with violence against women and should be at the centre of a local response. The Task Force considered three examples of a community based response to violence against women - viz., the Finglas Contact Project, the Community Development Project in St. Michael's Estate in Inchicore and Boyle Family Resource Centre. These projects are outlined in Appendix 2 and demonstrate how local community development and family resource centres can provide a one-stop service and contact point for women experiencing violence. They can provide a safe location for women to get information and support on how to deal with violence in the home while, for example, also attending classes or accessing supports on other matters. They can provide an access point to the full range of services available to address the problem of violence in the home.
- 11.15 The process of developing a community response and facilitating local co-operation among service providers should include designating, where feasible, a local community development project or family resource centre to provide a local, community based information service to



women experiencing violence. An individual within the community development project should be trained to advise and support women dealing with violence. This person could also act as a convenor for meetings of the local service providers network and provide feedback to the Regional Planning Committee on the operation of services and preventative strategies.

- 11.16 The Task Force **recommends** that funding for the convenor role should be provided under the Department of Social Welfare Community Development Programme either as a stand alone initiative or as part of the funding to a community development project in the area. Where there is no community development project in existence in an area, or where it is not practicable to establish such a project, consideration should be given to providing a one-stop information service on violence against women at a suitable existing local centre e.g. a Health Centre or Citizen's Information Centre.
- 11.17 The Task Force accepts that it will take some time to develop co-ordinated responses at a local level. Different situations and circumstances will inform the best approach in individual areas. For this reason, it **recommends** as a first step that one Local Network should be piloted in each Health Board area before the **end of 1997**. The geographical area covered by a Local Network should be determined by the Regional Planning Committee but could, for example, be based on a relatively small community area in geographical terms such as, a health board community care area, a geographical area around a main centre of population or a garda district. The experience gained from these pilot initiatives should inform the development of similar approaches in other areas.

### *Regional Planning Committees*

- 11.18 Recognising that many services such as counselling and refuges will not be available in every local area, it is important that a comprehensive range of services is planned and developed at a regional level. While the Task Force recognises that responsibility for the provision of services or supports is widely based across a range of public, voluntary and community organisations and is not solely in the health area, the current Health Board structure does provide a ready made basis for establishing Regional Planning Committees. In this context, it is worth reiterating that the Health Boards have been given new powers and responsibilities under the Domestic Violence Act, 1996 to intervene in cases of domestic violence. The Task Force **recommends**, therefore, that responsibility for establishing and servicing Regional Planning Committees should rest with individual Health Boards. In this regard, the Chief Executive Officer of each Health Board should ensure that this task becomes part of the job description of a senior official within the Board.
- 11.19 The Regional Planning Committees would consist of a wide range of groups from the public, community and voluntary sectors including Local Authorities, Probation and Welfare Service, Gardaí, G.P.s etc. and, where possible, women who have experienced violent relationships. In particular the Task Force **recommends** that key agencies in the voluntary sector should be represented on the Committees. Many of these organisations have been pioneering responses to this issue for many years and it is important that their experience is brought to bear on the development of policies and services. In particular, groups such as Rape Crisis Centres, the Federation of Refuges and Women's Aid should be represented on the Committees. The Regional Committees should be convened by the Health Board. Committees should meet at least quarterly and be timed to allow feedback to the National Steering Committee. The ethos of partnership should be fully reflected in the choice of a chairperson.

11.20 The Planning Committees should have a strategic focus. In particular each one should draw up:-

- ◆ An assessment of existing services and needs in the region;
- ◆ A strategy for meeting these needs; and
- ◆ An implementation plan, including service targets in terms of delivery and development. It should also identify the resources of each agency in the public, voluntary and community sectors that will be devoted to achieving the targets.

It should also:-

- ◆ Oversee the development of Local Networks;
- ◆ Promote and develop preventative strategies;
- ◆ Establish appropriate evaluation and monitoring mechanisms for services and for preventative strategies;
- ◆ Provide feedback, through the Health Board, to the National Steering Committee (see para 11.21);
- ◆ Ensure that local co-operation happens, and that information is available at suitable outlets within communities; and
- ◆ Ensure maximum value for money from available resources.

#### *Establishment of National Steering Committee*

11.21 The Task Force also **recommends** the establishment of a Steering Committee at a national level which should be chaired by a Minister of State with specific responsibility for this area. The Minister of State should be given a cross-departmental portfolio - along the lines of the current model for Child Care Policy where the Minister of State at the Departments of Justice, Health and Education chairs a relevant Cross Departmental Committee. The Task Force **recommends** that the Minister of State appointed should have delegated responsibility for policy on violence against women and be appointed to the Departments of Health, Justice and Equality and Law Reform.

11.22 The remit of the National Steering Committee will be to:-

- ◆ co-ordinate and advise on the distribution of resources among the eight Health Board regions;
- ◆ co-ordinate and advise on the ongoing development of policies, including those concerning perpetrators, criminal justice interventions, services and supports;
- ◆ oversee and monitor individual agencies' written policies and guidelines;
- ◆ ensure that regional and local structures are established;
- ◆ undertake research and needs assessments nationally;
- ◆ promote inter-agency training;
- ◆ ensure maximum value for money from available resources;

- ◆ develop codes of practice for collecting statistics and monitoring responses; and
  - ◆ publish periodic reports.
- 11.23 Membership of the Committee should include representatives from the three key Government Departments of Health, Justice, and Equality and Law Reform, the Garda Síochána, the clergy, Health Boards, G.P.s, Probation and Welfare Service, and users of services. For the reasons outlined in relation to the Regional Planning Committees, it is essential that representatives from the Federation of Refuges, Women's Aid and the Federation of Rape Crisis Centres in particular are represented on the National Steering Committee. In selecting members for the Committee, the Task Force would strongly urge that at least some members of the current group should be appointed to the Committee to ensure continuity of approach.
- 11.24 The Committee should also be given the discretion to establish subcommittees to examine individual issues and to invite individuals and/or representatives from other groups/sectors to participate in the work of such subcommittees. These could include: representatives of the legal profession, probation services, men's groups, social, education and employment services. Officials from other Government Departments could also participate in the work of subcommittees as appropriate e.g. Education in regard to school programmes, Environment in regard to housing, Social Welfare in regard to income support, etc.
- 11.25 The Committee should meet on a quarterly basis and be serviced by a cross-departmental team of officials from relevant Government Departments. Initially it may need to meet on a more frequent basis.

#### *Representation on Local Networks, Regional and National Committees*

- 11.26 The Task Force would again stress that particular attention should be paid to sectoral representation to ensure that the needs of women from all marginalised groups be taken into account at Local Networks, Regional and National Committees including the specific needs of women in isolated rural areas.

#### *Monitoring/Statistics*

- 11.27 Accurate information and statistics are important in focusing the development of services in areas of most need. At present there is a lack of comprehensive data on the extent of violence against women and there is no systematic gathering of information on either the reported cases of violence or on the response of agencies. This void can best be addressed by developing a code of practice for reporting incidences of violence against women so that such incidences are accurately reflected in all agency records including those of hospitals, General Practitioners, Gardaí etc.
- 11.28 Simple systems of data collection should facilitate:-
- ◆ the identification of the numbers of women [and children] presenting to each agency;
  - ◆ the circumstances which prompted the presentation/disclosure;
  - ◆ the collection of demographic information; and
  - ◆ the outcome for the women who present to an agency.

Such monitoring on an ongoing basis would, over time, enable:-

- ◆ the incidence of violence to be accurately estimated;
- ◆ trends to be analysed;
- ◆ facilities, services and supports available to women to be evaluated;
- ◆ help seeking routes chosen by women to be identified; and
- ◆ policies and practices of individual agencies to be evaluated and reviewed.

### *Training*

11.29 The Task Force believes that it is through training that people will be able to work better together and thereby enhance the quality of available services. Multidisciplinary training is of particular relevance in that:-

- ◆ it facilitates the development of a common language and understanding around relevant issues;
- ◆ it can clarify the respective roles of service deliverers; and
- ◆ it provides coherence between various guidelines and protocols in individual agencies.

The delivery of training must cater for the different needs of personnel working in this area e.g. professional staff, volunteer staff, etc. and reflect their respective roles and levels of responsibility. The key principles that should underpin training programmes should include the following:-

- ◆ training should form an integral part of the planning process of all agencies;
- ◆ all training of professionals within the statutory and voluntary sectors should include models on non-discriminatory practice, and specifically deal with the issues of racism, disability and sexual orientation;
- ◆ training should reflect the differing needs of individuals;
- ◆ specific training models should be developed in partnership with other relevant service deliverers;
- ◆ training programmes should reflect current good practices, research findings and changes in legislation; and
- ◆ include routine evaluation of their relevance and effectiveness.

Training modules should be developed that will specifically address the needs of women who are facing additional isolation and discrimination. Women from all marginalised groups should be trained to deliver culturally appropriate responses within their own communities. Traveller women should be trained and employed within existing crisis and emergency services, especially refuges, and should be resourced to carry out research into the need for specialist services within their own community.

### *Good Practice Principles*

11.30 The fact that many women feel there are few effective services or supports available to them is a contributory factor to the non-disclosure of violence. It has also been shown that many women

who have disclosed have a relatively low level of confidence in the capacity of services to respond adequately to their needs. It is important therefore that service providers understand the dynamics of domestic violence and are sensitive to the needs of women. They must be supportive, non judgmental and consistent in their approach in order to ensure the safety, privacy and dignity of the woman. It is important that each agency not alone develops a policy on violence against women but also draws up good practice guidelines for its staff.

11.31 In this context, the Task Force **recommends** that the following principles, which draw largely on the Northern Ireland and Leeds experiences<sup>33</sup>, should underpin the development of services and interagency co-operation:-

- ◆ violence and abuse in close adults relationships should always be viewed as an abuse of human rights, it should not be rationalised or minimised, and there should never be an acceptable or tolerable level of violence;
- ◆ the safety of people at risk from domestic violence, their children and other dependants should be the prime concern in developing and implementing policy and practice;
- ◆ respect for the individual and the safeguarding of the person's rights, dignity, freedom of choice, privacy and desire for confidentiality are fundamental to an effective response;
- ◆ a "non judgmental ethos" should be adopted in the delivery of services, supports and in all contacts with women;
- ◆ people affected by domestic violence should have access to full and accurate information about the options open to them;
- ◆ information should be widely available and presented in an impartial and supportive manner;
- ◆ immediate access should be available to persons who can provide support, or act as a go between or an advocate with other agencies on the person's behalf;
- ◆ all front line service deliverers should be given appropriate training on an individual agency and cross agency basis;
- ◆ the priority must be to stop violence occurring, and services should be planned with a preventative focus;
- ◆ in all cases where violence has occurred, adequate provision must be made to prevent its reoccurrence, including treatment programmes for perpetrators;
- ◆ where appropriate, perpetrators should be prosecuted for their criminal offences;
- ◆ where domestic violence is disclosed or suspected this should always be taken seriously and responded to appropriately;
- ◆ agencies should recognise the connections between women abuse and child abuse and respond sensitively to their respective needs in a way that does not threaten the integrity of the mother/child relationship; and
- ◆ account should be taken of the specific needs of minority groups – for example people with disability or people from a different cultural, linguistic or religious background.

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<sup>33</sup>Pars. 11.6 and 11.7

### ***Conclusions***

- 11.32 The Task Force has concentrated on developing a strategic approach and a framework for action. The detailed measures to follow from this strategy at local community level should be planned by Regional Planning Committees located in each of the eight Health Boards, feeding into the National Steering Committee.
- 11.33 In putting forward proposals for structures to develop policies and services, the Task Force was anxious to avoid creating unnecessary bureaucracy. Violence against women is, however, a complex issue that requires a multidisciplinary response.
- 11.34 The Task Force believes that the proposals for a community based response and interagency co-operation have the potential to provide an effective and coherent service and at the same time ensure that the response is continually tailored to meet changing needs. The initial focus of service providers must be to ensure that information on the various access points through which assistance can be obtained is publicised and made widely available. Ideally, for information purposes each agency should aim to act as a “one-stop shop” with regard to the full range of services available in the local or regional area, in addition to information on the specific services that they themselves provide. They must also ensure that when a woman comes into the “system”, that they work together to provide a co-ordinated, sensitive, responsive and consistent service.

### ***RECOMMENDATIONS***

- ◆ The establishment of Local Networks with a community based approach to the provision of services, including interagency co-ordination of services and sharing of information; as a first step, one Local Network should be piloted in each Health Board area before the end of 1997;
- ◆ The establishment of Regional Planning Committees with a strategic focus at a regional level; and
- ◆ The establishment of a National Steering Committee chaired by a Minister of State with designated responsibility for the development of policies in this area.



# PREVENTATIVE STRATEGIES

## *Introduction*

- 12.1 Exploring the issue of prevention raises a number of fundamental issues about the type of society in which we live and the way in which violence against women is viewed within that society. The Task Force considers that there are two key aspects to a strategy aimed at preventing violence against women:-
- ◆ A long-term strategy aimed at changing society's attitudes and values together with the structures which facilitate inequality; and
  - ◆ An improved service response and public awareness campaign aimed both at the prevention of violence and stopping its recurrence.

## *Long-term Strategy*

- 12.2 The United Nations Convention on the Elimination of all Forms of Discrimination Against Women was ratified by Ireland in 1995. General Recommendation 19 states that:-

*“Traditional attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence and coercion.”*

- 12.3 The UN Declaration on the Elimination of Violence Against Women adopted by the UN General Assembly in 1993, recognises that:-

*“violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of their full advancement, and that violence against women is one of the crucial mechanisms by which women are forced into a subordinate position compared with men.”*

- 12.4 The Platform for Action agreed by the world's governments at the 4th UN Conference on Women in Beijing in 1995 restated that message and instructs governments to study the causes of violence against women and to implement preventative strategies towards the elimination of violence against women.



- 12.5 At its broadest level, therefore, the prevention of violence against women must aim to achieve equality through the full integration of women in society. Essentially this means challenging attitudes and values regarding perceived roles of women.
- 12.6 The Task Force acknowledges that attitudes and roles are changing in Irish society, particularly among the younger age groups. Significant changes are taking place in traditional family structures. There is some evidence of a move from a family structure characterised by a concentration of power and decision-making in the role of the father/husband to a more egalitarian family model in which both husband and wife share household tasks, responsibility for looking after children, equal influence on important decision-making and equal control over the family economy.

### *Towards Equality*

- 12.7 The Task Force accept that limited access to economic opportunities and decision making together with pornographic, media and other images of women, can undermine women's confidence and self-esteem. It can also create a climate where perpetrators of abuse can rationalise away their behaviour and go unchallenged by their peers. The Task Force believes, therefore, that preventative strategies should be aimed at promoting equality and mutual respect between men and women whether in the home, workplace or society at large and the creation of a climate where perpetrators of violence are made accountable for their actions, are isolated in their own communities and in wider society.

### *Raising Public Awareness*

- 12.8 At the broader society level, the Task Force considers that a public campaign can do much to raise public awareness and change attitudes. Public campaigns should educate people about the extent of the problem. They should send a clear and unambiguous message that our society condemns and abhors violence against women, that such violence is a negative, not positive, portrayal of manhood, that it is not acceptable and that ignoring it will not make it go away. The criminality of domestic violence should be stressed and it should be emphasised that there is no acceptable level of violence against women. An objective of the campaign should also be to encourage women, living with abusive partners, to come forward for support.
- 12.9 Evidence from abroad suggests that sustained and consistent campaigns over a long period of time are most effective. The Canadian Government has conducted a campaign against violence against women over the last seven years. Research recently released suggests that the campaign has been successful, both in changing attitudes and increasing awareness. The Canadian research suggests that one-off campaigns, on their own, do not bring about the attitudinal changes that are needed and suggests that there should be a long-term commitment to conduct public educational campaigns over a number of years.
- 12.10 A similar campaign was conducted by the Edinburgh District Women's Unit, the first crime prevention initiative in Scotland dealing with violence against women. Indications from street surveys showed widespread public support for, and public awareness of, the campaign. Women's Aid in the UK, Northern Ireland and the Republic ran similar campaigns. In the Republic, an outdoor advertising campaign was organised and a national petition and leaflets were distributed in 1995. This resulted in the collection of 100,000 signatures condemning violence against women and children in the home and supporting the promotion of a culture that does not tolerate violence.

12.11 For a public campaign to be effective, the Task Force considers that it must recognise that there are a number of different audiences - the women being abused; perpetrators of the crime; the young who can easily be influenced by societal values and peer pressure; and all sections of society who, at an individual level, can inadvertently trivialise the issue. Bearing this in mind, the Task Force considers that a public awareness campaign can play an important part in:-

- ◆ providing as much **information** as possible to enable women in violent situations to make choices and to let them know what services are available to them locally;
- ◆ emphasising the extent and seriousness of domestic violence, particularly that it is a criminal offence, and also addressing some of the myths surrounding it. Examples of such myths are that domestic violence is caused by individual factors, such as alcohol or stress or that it is more prevalent in some social classes or geographical areas; and
- ◆ publicly acknowledging that domestic violence is widespread, unacceptable and that the perpetrators are responsible for their violent behaviour. The message to men must be that male violence against women is unacceptable and that violent men must take responsibility and be made accountable for their actions;

12.12 In developing a public awareness campaign, it is important that:-

- ◆ it is planned in conjunction with the organisations working directly with women who are being abused to ensure that their experiences are taken into account;
- ◆ it has the full and visible support of all the relevant agencies working with women in domestic violence situations;
- ◆ it has the full and visible support of organisations which are strong centres of male culture e.g. GAA/soccer clubs;
- ◆ it addresses the issue of rape as part of the campaign; and
- ◆ it operates at national and local levels.

12.13 The Task Force considers, however, that before engaging in public campaigns it is important that there is an infrastructure of support services available for women and children who have been subjected to domestic violence. Otherwise, women may be put at risk if, after being encouraged to disclose the violence in their lives, there are insufficient services in place to deal with the increased demand that is likely to arise and they are forced to return to the violent situation.

12.14 The Task Force considers that a television/radio campaign, run in tandem with a poster/ post-cards/information leaflets campaign, would be the most effective. As part of the TV/radio campaign, high profile men in the sporting, business, entertainment and public sector could be asked to lend their support. Local radio stations should also be involved as a means of stimulating debate in local areas. Billboards and bus shelters should be used for posters. These campaigns should be publicly funded and should run over an extended period of time.

### ***Education Programmes***

12.15 Education programmes for young people which are relevant to the issue of violence against women have an important role to play in preventing violence and abuse in a new generation, and in developing a general awareness around issues of gender equality.

- 12.16 Schools can provide a supportive educational environment enabling pupils to think critically about their values and beliefs. Schools need a clear commitment to promote equality, to discourage aggressive behaviour, and to promote mutual respect and personal responsibility. They have an important role in helping to engender positive and respectful attitudes to the rights of others and in promoting non-violent resolution of interpersonal conflict.
- 12.17 The Task Force acknowledges that a number of school projects and programmes are already in place or are being developed by the Department of Education. Nevertheless, the Task Force considers that special focus programmes are needed to provide children with the knowledge, skills and attitudes necessary to prevent violence against women in future generations. These can be developed within areas such as, the Social, Personal & Health Education Programme; the new Civil, Social & Political Education Programme and Religious Education. These programmes should address skills and values such as self-esteem, assertiveness, communication, co-operation, conflict resolution, dealing with feelings, decision making, dealing with violence; respect and responsibility for self and others, a sense of personal and social justice; knowledge and understanding of human rights, women's rights, discrimination, power imbalance, and the causes and effects of violence. The Task Force considers that prevention programmes are relevant for all age groups but need to take account of different ages and stages of development. A variety of methods which actively involve children need to be used and teachers will require in-service training on appropriate methodologies.
- 12.18 The Task Force considers that the Junior Certificate curriculum, new Senior Cycle programmes and the transitional year programme provide opportunities where the awareness of teenagers can be raised. In addition, it is important that all educational material and teaching methods are gender proofed and that girls are given equal access to all subjects.

### *Community Based Strategies*

- 12.19 The Task Force considers that much can be done at a local community based level to prevent the escalation and recurrence of violence, and to raise public awareness. The aim of community based strategies should be to create a collective response around women's safety. As outlined in Chapter 11, local networks comprising personnel from relevant statutory, voluntary and community agencies should be established to develop an interagency policy on domestic violence. Where possible, information and advice services should be provided through local community development structures. As part of a community based strategy, a selected number of local women could also be trained to provide personal, rather than professional support to other women seeking help.
- 12.20 In addition, community based strategies have an important role to play in developing locally based outreach and counselling services, especially for women in rural areas. Women subjected to violence could be supported by a local community worker in seeking the assistance of the Gardaí, attending court and accessing other services.
- 12.21 Other elements of a community based strategy include:-
- ◆ a clear message that an assault on a woman by a man with whom she has, or has had, an intimate relationship is no less of a crime than where a woman is assaulted by a stranger. In

this context, individuals and communities can no longer excuse their non-intervention on the basis that it is a private family matter;

- ◆ a public educational approach in the community to encourage the community not to trivialise violence against women - this could involve displaying posters in community centres, post offices, local clubs etc. as outlined above;
- ◆ encouraging the support of neighbours and the community to help make barring orders effective;
- ◆ advertising the availability of information, help-lines and other services;
- ◆ personal development opportunities for women, including opportunities to develop skills in assertiveness, and locally based counselling and support services for women; and
- ◆ ensuring that local professionals work together and are trained to identify situations where there is violence in order to develop a proactive approach. It is important that professionals such as community workers, youth workers, religious personnel, social service personnel, legal professionals and the medical profession are familiar with the issue and trained to make appropriate responses.

12.22 The Task Force notes that the Department of Social Welfare funds a number of specialist support agencies under the Community Development Programme (CDP). An application from Women's Aid to establish a Specialist Support Agency for a Domestic Violence Programme is being considered at present. This proposal seeks to build on and replicate the work undertaken by Women's Aid in St. Michael's Estate, Inchicore<sup>34</sup>, in conjunction with the CDP project there.

12.23 The Task Force recognises the difficulties and challenges faced by all families as they move through the life-cycle and **recommends** that community based parenting and family support programmes and services should be developed to support them.

### *Conclusions*

12.24 The Task Force considers that, in order to address the objective of eliminating violence against women, a long-term strategy must be put in place aimed at achieving equality of opportunity and respect between men and women.

12.25 The Task Force supports both special focus education programmes in schools and community based strategies to raise awareness and prevent violence.

12.26 An improved service response, easy access to advice and information, effective interagency working and training for all personnel who meet abused women in the course of their work is also a vital part of a preventative strategy. These issues have been dealt with in earlier Chapters of this Report.

12.27 The Task Force notes that public campaigns against violence against women can be effective but stress the importance of having an infrastructure of support services available to respond to women and children who disclose violence as a result of the campaign.

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<sup>34</sup>See Appendix 2

## **RECOMMENDATIONS**

### ***Raising Public Awareness***

- ◆ a publicly funded public awareness campaign, including TV/radio/poster, should be developed by the National Steering Committee;
- ◆ information leaflets, postcards and other material giving local information, should be displayed in places such as supermarkets, public health clinics, doctors' surgeries, churches, community centres, social welfare offices, post offices, sporting clubs e.g. GAA, soccer, rugby, golf clubs; and
- ◆ to enhance its chances of success, the campaign should be on-going over a period of time and resources should be available to allow for periodic evaluation.

### ***Education Programmes***

- ◆ special focus programmes should be introduced to provide children with the knowledge, skills and attitudes necessary to prevent violence against women in future generations;
- ◆ the opportunities provided by the Junior Certificate curriculum, new Senior Cycle programmes and the transitional year programme to raise the awareness of teenagers should be explored; and
- ◆ teachers should be provided with in-service training in relation to Social, Personal & Health Education in general and the prevention of violence in particular; and
- ◆ all educational material and teaching methods should be gender proofed and girls should be given equal access to all subjects.

### ***Community Based Strategies***

- ◆ community based strategies should be developed to prevent the escalation and recurrence of violence and to raise public awareness; and
- ◆ parenting and family support programmes and services should be developed to support all families along their life-cycle.

## Conclusions and Priorities

- 13.1 This Report has identified a range of interventions that will enable women to deal with the consequences of violence and to make perpetrators of violence accountable for their actions. It also highlights the need for a multidisciplinary approach which will require service delivery agencies in all sectors to work together to provide information and deliver an effective service. The adoption of clear policies in all agencies, the dissemination and implementation of good practice guidelines, and the provision of effective training for personnel are essential prerequisites for the delivery of an effective service.
- 13.2 The Task Force recognises that much has been achieved in recent years in the areas of service provision both in the voluntary and public sectors, and in the enactment of legislation by the Oireachtas, most recently the Domestic Violence Act, 1996. In the area of service delivery, there have been many encouraging developments - for example, the adoption by the Garda Síochána of a written policy on Domestic Violence Intervention which is published as an appendix to this Report. Organisations such as Women's Aid and individual women's refuges have pioneered the development of various effective responses including refuges, counselling and help lines. In addition many good and innovative community based responses have been established, some of which are highlighted in this Report.
- 13.3 The Task Force considers that all government departments and state agencies should give a strong commitment to support the implementation of policies to prevent violence against women. This is especially important as no one department has overall responsibility in this area and the issue of policy and services feeds into a complex interdependent network.
- 13.4 Notwithstanding the constraints on public expenditure, the Task Force considers that there is a clear and immediate need to develop and improve services and supports for women, as well as intervention programmes for men. Some of the changes recommended will be funded as part of the ongoing process of reorganising and modernising services, for example the ongoing review and reorganisation of the courts system – some will have no costing implications. However other recommendations will require additional resources or a reordering of priorities. It is important therefore, that the proposed changes are introduced on a planned and phased basis and that clear priorities are established. The planning of the development of services is best achieved at a regional level and this should be the first function of the proposed Regional Planning Committees.

- 13.5 The starting point for the development of regional plans should be the identification of existing services in each region. The next step should be to ensure that all existing services, whether in the community or voluntary sectors, are harnessed, co-ordinated and utilised to their full potential ensuring value for money from allocated resources. Regional Planning Committees should then identify (i) existing services that will need improvement and development and (ii) gaps in existing services. The plan should clearly spell out how it is intended to develop services on the lines envisaged in this Report and the priorities for the region. The objective of the plan should be to develop and bring existing services up to the standards envisaged in this Report over a five year period.
- 13.6 Pending completion of the planning process at a regional level, it is not possible at this stage to put definitive costs on all the recommendations. The Task Force **recommends** however that an additional £1 million be provided this year towards the implementation of the priority recommendations in this report. This money should be used to supplement, and not replace, existing sources of funding.
- 13.7 The focus for expenditure for the current year should be on the development of services for women and intervention programmes for perpetrators. The Task Force **recommends** that **priority** be given to:-
- ◆ the provision of operating costs for new refuges and seed funding for refuges that are at the planning stage;
  - ◆ the extension of the National Helpline, operated by Women's Aid, to a twenty-four hour, 7 days a week, comprehensive service;
  - ◆ in-service training of service providers including nurses, Gardaí, refuge workers, counsellors, G.P.'s, medical personnel with particular emphasis on personnel in casualty departments of hospitals etc.;
  - ◆ the provision of community based supports, including personal development opportunities, for women in community or family resource centres under the Department of Social Welfare Community Development Programme;
  - ◆ the provision of core funding for the Coolock Community Law Centre pilot project;
  - ◆ the development and evaluation of intervention programmes for men with a particular focus on funding the introduction of specialist programmes;
  - ◆ the provision in each Health Board of access to professional counselling for women who cannot afford to pay for such a service from their own resources, and increased provision for children suffering as a consequence of family violence;
  - ◆ the publication of information packs and leaflets; and
  - ◆ the piloting of one Local Network in each Health Board region before the end of 1997.
- 13.8 The Task Force **recommends** that an additional £2 million be provided in 1998 to further improve and develop services. This money should be allocated to service providers on the basis

of the plans drawn up by each Regional Planning Committee. In allocating funding, regard should be had to the population, the present level of services and the geographical nature of each region. Longer-term, the aim should be to bring some level of consistency and continuity to the amount of funding provided between regions. This matter should be kept under review by the National Steering Committee.

- 13.9 Finally, the National Steering Committee should give priority to the development of a preventative strategy on the lines envisaged in this Report. The strategy should be aimed at both highlighting services for women and at eliminating any ambivalence or tolerance that exists in society in relation to all forms of violence against women, whether the violence occurs in the home or elsewhere. An effective preventative strategy should help to reduce both the incidence of violence and the demand for services in the longer-term. In purely economic terms, it also represents a more cost effective approach to the problem than dealing with the human trauma, both social and economic, that results from violence.





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# APPENDICES



## Appendix 1

# Report of the Seminar on Violence Against Women

*Killiney Court Hotel, 26th November, 1996*

### *Introduction*

On November 26th 1996, a Seminar on Violence Against Women was held in the Killiney Court Hotel in Dublin. The seminar was organised on behalf of the Task Force on Violence Against Women which had been established under the auspices of the Office of the Tánaiste in October 1996. The objective of the seminar was to enable organisations and agencies with responsibility for and/or expertise in working with women who experience violence to contribute to the work of the Task Force and to the development of effective responses to the problem of violence against women.

This report is not a set of proceedings of the seminar, but in keeping with the spirit of the day, brings together the comments, views and recommendations which emerged from the formal presentations, from the working groups and from the floor.

### *1 An Overview of the Day*

The seminar, comprising a plenary session in the morning and a series of parallel workshops in the afternoon, was structured around three dimensions of the response to violence against women: the principle dimension being the services required by the victims of violence, the two others being the rehabilitation of offenders and preventative actions.

As a result of this focus, a clear and coherent picture emerged during the seminar with regard to these issues, and particularly with regard to the issues of services.

#### *1.1 The Morning Plenary Session*

The plenary session heard contributions from five speakers:

Minister of State at the Office of the Tánaiste, **Eithne Fitzgerald, T.D.**, (who also chaired the session) presented a broad overview of the problem of violence against women and in doing so laid the foundation for much of the subsequent discussion during the seminar. The Minister stated that violence against



women is a crime which is both serious and widespread. She cited statistics on the scale of violence towards women and on the demand for services made by women victims. The Minister also outlined the nature of current provision and called for a strategy to improve the policy response to violence against women. She urged that all arms of Government and all publicly funded bodies take the issue of violence against women seriously, and to put in place agreed practices and procedures to deal with violence and to offer sympathetic, professional and effective services for women and children. In concluding, the Minister stressed that our society must unambiguously condemn and abhor violence against women and offer no comfort to those who perpetrate such violence.

**Olive Braiden**, Dublin Rape Crisis Centre, developed the discussion of the type of violence which women experience by looking specifically at the issue of rape. She outlined, in some detail, the misconceptions which society actively encourages about the crime of rape and highlighted the adverse judicial process which rape victims are subject to - a process which differentiates rape from all other crimes. Ms Braiden stressed the need for training for those dealing with rape victims, for an improvement in the judicial processes, for separate legal representation for victims, and for a change in society's attitudes towards rape.

**Monica McWilliams**, Department of Social Policy, University of Ulster, described the work of the Domestic Violence Regional Forum in Northern Ireland. The objective of this forum is to respond to domestic violence by providing a forum for interagency discussion and exchange of information, promoting interagency co-operation at regional, area and local levels and advising Departments on the implementation of the framework. Four subgroups have been established - on promoting interagency co-operation, criminal justice issues, research and information, and education and training. Ms McWilliams also outlined the outcomes to date from the forum. She spoke of the process of denial, minimisation and rationalisation that characterises the response to violence towards women and identified the difficulties which those working with women experience. She also spoke of the process of policing domestic violence with particular reference to police attitudes, to organisation issues and to the limited response which the judicial process provides.

**Colm O'Connor**, Director, Cork Domestic Violence Project, presented a paper on one of the few programmes for male perpetrators of violence against women which is run in this country. In describing the Cork based programme, Mr O'Connor stressed the need for such programmes to conform to a set of stated principles. He also stressed the need to develop these programmes on an analysis of male violence to women based on power and control. "Men abuse women because they get something from it, and because they get away with it". Mr O'Connor argued that men perpetrators must be held accountable for their actions and must not be allowed to rationalise away their behaviour. Core principles of practice were outlined: programmes for men must be paralleled by programmes for women, the primary goal of programmes for men must be the protection and empowerment of women, programmes must work from informed beliefs and principles regarding the cause of male domestic violence, programmes for abusive men must be accountable to the women and the larger community.

**Prof. Rebecca Dobash**, University of Manchester, also focused on programmes for men. She reported on evaluations of such programmes and argued that participants were more likely to show a sustained change in their violent behaviour than were men who were not on programmes. She discussed the interaction between a judicial response to violence and the provision of rehabilitative programmes. Prof. Dobash argued that programmes work better when they are linked with a judicial process: the judicial process is capable of sending powerful symbolic messages to the perpetrator and also capable of holding

out the threat of sanction for breach of good behaviour. Prof. Dobash argued that perpetrators can be classified into three groups: those who will never change, those who will modify their behaviour under supervision and threat, and those who become self regulating.

### ***1.2 Afternoon Workshops***

The afternoon was given over to the workshops, seven in all, in which the three dimensions of the response to violence against women were discussed: *services for victims; preventative strategies; and rehabilitative programmes.*

## ***2. The Outcomes of the Seminar***

As stated earlier the seminar was structured around three dimensions:- the services required by the victims of violence, the rehabilitation of offenders and preventative actions.

### ***2.1 Services Required by Women who Experience Violence***

During the morning session, the issue of services was discussed at a general level, while it was the pre-dominant focus of the seven working groups. It was clear from the proceedings of the day that, by and large, there is considerable consensus with regard to what services are required, what resources the services need, and to the general approach to providing services.

The seminar both implicitly and explicitly distinguished between front-line or emergency services for women victims and ongoing services to enable women regain control of their lives. Violence is a process not an event. Hence the response to it cannot be once off, but must be a continuous process of support and assistance, tailored to the needs of the woman at any point in time.

In brief, the consensus was that a continuum of provision for women is required which covers the initial provision of information and advice right through to interventions aimed at enabling women rebuild their lives and reintegrate into their communities. There was also considerable attention paid to the issue of the training requirements of specific service providers and to the special considerations which are needed for certain issues. The following tables attempt to summarise the range of services identified during the workshops, the training requirements associated, and the special needs/issues to which they must be sensitive.

**Table 1**  
**Requirements for and of Front-line Services**

<b>Service Required</b>	<b>Main aspects</b>	<b>Training requirements</b>	<b>Special considerations</b>
<b>Information</b>	Must be available to enable women (a) make choices (b) know what is available to them locally		Could play a role in collecting data on services required
<b>Outreach</b>	Plays a role in providing information		Particularly relevant in rural areas
<b>First point of contact (disclosure)</b>	Wide variation of personnel: priests, doctors, nurses, gardai, teachers, refuges family, neighbours	Special training to (a) recognise issue and believe the victim (b) offer appropriate response and (b) retain the woman within the 'response system'	First points cannot be pre-determined, will depend on the woman. First points need access to information and to back-up services available. Quality of service is as important as its availability

**Table 2**  
**Requirements of and for Statutory Services**

<b>Service Required</b>	<b>Main aspects</b>	<b>Training requirements</b>	<b>Special considerations</b>
<b>Police</b>	More specialised units Greater back-up for gardai More involvement of female gardai	Often the first point of contact in crisis - training must reflect this reality.	Written protocol should be developed and followed by all gardai - individual variation very great.
<b>Medical Personnel</b>		Training required to recognise undisclosed abuse	Written protocol should be developed High turnover of casualty staff make recognition of victim difficult
<b>Health Boards</b>	Each Health Board should have a special officer dedicated to violence against women		Written protocol should be developed
<b>Judicial System</b>	A faster and more effective response is needed Time delays unhelpful Women need support before, during and after court proceedings	Special training is needed for all those involved in the judicial process who come into contact with women. Such personnel must be highly sensitised to the issue	'In camera' proceedings should be questioned More women judges needed Free Legal Aid should be assessed

**Table 3**  
**Requirements of and for Interim Responses**

Service Required	Main aspects	Training requirements	Special considerations
<b>Refuges / place of safety</b>	Many more refuges needed Provision needed countrywide More refuges with places for children Proper standard of building / accommodation	Training for personnel must be 'bottom-up' taking account of experiences.  Consistency of good practice nation-wide	Special consideration needs to be given to needs of traveller women.  Standardise information collection systems in refuges
<b>B and Bs</b>	May have an emergency function, but should not be part of mainstream response. B and Bs offer no safety to women and their usage may prohibit the development of proper services		
<b>Aftercare</b>	Ongoing support required for women who leave refuge		

**Table 4**  
**Requirements of and for Ongoing Services**

Service Required	Main aspects	Training requirements	Special considerations
<b>Accommodation</b>	Safety in own house Alternative accommodation		Third party safety orders should be considered Creche facilities as an interim measure may be needed
<b>Counselling</b>	Ongoing counselling required - peer counselling or group work approaches	Specific training needed for all involved in providing advice, guidance and counselling	
<b>Financial Support</b>	Financial support and independence required		Financial dependence should not necessitate personal contact with perpetrator
<b>Education</b>	Women need opportunities to acquire skills and qualifications to cope with new situation		
<b>Training</b>	Training for economic and social independence		

## **2.2 Preventative Strategies.**

Prevention strategies were broadly seen in terms of two main headings:

- a measures to ensure that women who have experienced violence can escape from these situations thus preventing the ongoing experience of violence***
- b measures to ensure that society's tolerance of violence against women decreases to zero thus diminishing the overall incidences of violence against women***

Noting these, the following were the main recommendations that emerged:

### ***a Targeting Preventative Strategies:***

Following the two-way classification of preventative strategies noted above, both general and specific target groups for such strategies were identified as follows:

#### *Specific:*

- ◆ women who experience violence,
- ◆ men who perpetrate such violence,
- ◆ children who have been directly exposed to violence against their mothers.

#### *General:*

- ◆ men within society,
- ◆ women within society,
- ◆ young children and adolescents,
- ◆ society generally.

In addition, four settings for targeted interventions can be identified from the discussion of the working groups. These are:

- ◆ the home,
- ◆ the school and pre-school,
- ◆ the local community,
- ◆ society at large.

Effective preventative strategies need to incorporate these target groups and these settings if a comprehensive range of measures is to be developed.

### ***b Educational Programmes:***

There was overwhelming consensus on the role which can be played by educational programmes in increasing awareness of the issue of violence against women and in decreasing acceptance of it within our society. The different target groups and intervention domains identified above are particularly pertinent to the issue of educational programmes. Specific points on this issue are as follows:

- ◆ Educational programmes should be made available to all school children, including pre-school children: life skills programmes provide opportunities for this;

- ◆ Parenting skills programmes should be more widely available to assist parents who have difficulties in parenting; and
- ◆ Special educational programmes for men should be provided, focusing on the issue of violence against women. More generally, the provision of information on the family, on children etc. should make specific efforts to target men.

### ***c Public Awareness Campaigns***

Again, on the issue of public awareness and the relevance of campaigns in this area, there was broad agreement. Television and poster campaigns were seen as most effective. Apart from noting the coverage and targeting of such campaigns however, there were few specific recommendations. The following were the most salient points that emerged:-

- ◆ Public awareness campaigns can change attitudes: the drink driving campaign in particular was cited as evidence of this. It was also noted that the penalties associated with drink driving played a major role in changing attitudes;
- ◆ If public awareness campaigns are to work, they need the full and visible support of all the relevant agencies;
- ◆ Public awareness campaigns must be hard hitting. They must stress the criminality of domestic violence;
- ◆ Public awareness campaigns should avoid adding to the stigma of being a victim;
- ◆ Public awareness can also be increased by greater media attention to court cases involving violence against women; and
- ◆ Public awareness campaigns must include the issue of rape.

### ***d Research and Data Gathering:***

There was general consensus that the quality of research and data into the issue of violence against women is insufficient at present.

- ◆ More information is needed on the scale and nature of violence against women, the underlying causes, the contribution of drug and alcohol abuse;
- ◆ It is desirable that a systematic register of violence against women be established in order that front-line organisations and individuals can amass the data required; and
- ◆ More information is required on what kind of measures are needed to curb violence against women.

## ***2.3 Rehabilitation Programmes***

This was the most contentious issue discussed and there was far less consensus on this issue than on either services or preventative measures. There were less shared views on how we should think about rehabilitation and how we should try to achieve it. The morning plenary session had heard a very comprehensive and well received presentation from Colm O'Connor, in which he stressed the socio-political context of violence against women, the need to hold men accountable for their actions, and the need to prioritise support for the woman within the delivery of rehabilitation programmes.

While these points were echoed during the workshops, a very cautious approach to the issue of rehabilitation was apparent. Three points which were stressed were:

- ◆ the safety of women must be the predominant issue;
- ◆ rehabilitation programmes should not divert resources or other funding from programmes for women; and
- ◆ rehabilitation programmes have a role, but must be a complement to rather than an alternative for, support and services for women.

The discussions from the workshops supported the view, expressed during the morning session, that rehabilitation programmes should be linked to judicial processes.

This was important for a number of reasons:

- ◆ the judicial system is capable of sending a symbolic indication of society's condemnation of violence;
- ◆ the judicial system embodies the underlying threat of sanction; and
- ◆ combining rehabilitation programmes with the judicial process reinforces the perpetrators accountability.

During the workshops, there was some divergence on the question of compulsory participation in intervention programmes. One view was that the concept of rehabilitation is inconsistent with that of compulsion - that is if rehabilitation is to occur, participation must be voluntary. The other view expressed was that compulsion can reinforce the perpetrators commitment to the programme. The need to ensure that participation on programmes would not provide an 'out' for perpetrators and lead to greater leniency by the courts was strongly echoed in the workshop discussions.

Greater exploration of this issue is necessary if rehabilitation programmes are to become a significant part of the response to violence against women. Such information is needed if the response is to be appropriate to the needs of particular perpetrators, if adequate resources are to be deployed, and if those resources are to be cost effective. Most of all however this kind of greater information is needed to avoid a situation whereby women may become expected to manage violence - a point forcefully made from the floor.

Finally, both Colm O'Connor and Prof. Rebecca Dobash stressed the fact that the impact of rehabilitation programmes cannot be assessed in terms of men's self reported behavioural changes, but only in terms of improvements in the quality of the woman's life as reported by her. Again this view was broadly accepted within the workshops. In conjunction, the view was also expressed that men who are known perpetrators should be identified in some way in order that both agencies and women who come in contact with them are aware of their history.

### ***3. Concluding Comments***

Throughout the day's proceedings a number of key aspects of the problem of violence against women were reiterated again and again. These can be briefly summarised as follows:

- ◆ ***the problem is widespread and serious:*** significant numbers of women experience violence and significant numbers of them sustain severe injuries. Multiple forms of abuse are common, including actual physical violence and sexual violence. Women can sustain serious injuries as a result of violence and the contribution of violence against women to national homicide figures was noted;
- ◆ ***current policy and provision are inadequate:*** services have developed in a piecemeal and haphazard way; there are major gaps and particularly so in rural Ireland; services are not co-ordinated; they are not always tailored to the needs of the woman and her children; and they are not always sensitive to the trauma being experienced by the woman;
- ◆ ***different women have different needs:*** variation in the social, cultural and geographical situation of women lead to different ways of interacting with existing services and different needs in relation to new services. The specific case of traveller women was highlighted as was the issue of women in rural Ireland;
- ◆ ***training must be a key part of the response:*** across the board, training was identified as a key element of an effective response to violence against women. This included specific training for those directly involved in delivering services to women and more generalised training for those who come into contact with women victims;
- ◆ ***an integrated community based approach incorporating interagency co-operation is required:*** *such an approach is necessary to ensure linkage between agencies, to ensure effective sharing of information, and to increase the overall level of information on the nature of the problem and what constitutes an effective response; and*
- ◆ ***society is not outraged by violence against women:*** *violence against women tends to be minimised, normalised and willingly misunderstood. Both physical and sexual violence towards women is accommodated by a set of myths and a historical legacy of tolerance. This context of complacency renders the development of effective societal responses more difficult.*



*Attendance at Seminar on Violence Against Women*

<b>Name</b>	<b>Organisation</b>
Maeve Allen	Family Law Action Group
Ursula Barry	Women's Education, Research and Resource Centre, UCD
Dr Pauline Beegan	Rock Road Psychotherapy Centre
Dr Fiona Bradley	Department of Community Health and General Practice, TCD
Sr. Anna Brady	Association of Family Ministry Directors
Nell Brady	Irish Federation of University Women
Mary Bryans	The Samaritans
Anne Byrne	Knockan Rawley Resource Centre
Geraldine Byrne	CENTRECARE
Olivia Carr	W.O.V.E.
Denise Charlton	Women's Aid
Brigid Clarke	Exchange House
Carmel Clarke-Muckrack	Gingerbread Ireland
Sr. Anne Codd	Rainbows Ireland
Nancy Collins	Pavee Point
Marie Comiskey	Irish Countrywomen's Association (Dublin Fed.)
Roisin Connolly	Coolock Community Law Centre
Ann Coyle	North-Eastern Health Board
Robin De Ruiter	Student
Celine Deane	Beaumont Hospital
Inspector Gerard Dillane	An Garda Síochána, Cork City
Inspector Tom Dixon	An Garda Síochána, Dublin
Ann Doherty	Cork Traveller Visibility Group
Catherine Dunne	Counselling Centre
Rita Fagan	St. Michael's Family Resource Centre
Sr Helena Farrell	Ruhama Women's Project
Joe Fay	M.O.V.E. (Ireland)
Ronnie Fay	Pavee Point
Ann Marie Foley	Adapt Kerry Ltd.
Inspector Pat Forde	An Garda Síochána, Galway
Maureen Gaffney	National Economic and Social Forum
Mrs Rebecca Gibson	Hesed House Counselling Centre
Rev. Margaret Gilbert	Mothers' Union
Valerie Gilnan	Wexford Rape Crisis Centre
Evelyn Glynn	Tuam Resource Centre
Annie Graham	Letterfrack Women's Group
Rosemary Grant	Coombe Women's Hospital
Sabha Greene	F.L.A.C.
Margaret Groarke	Midland Health Board
Bernie Hackett	Kilkenny/Carlow Rape Crisis Centre
Brenda Hannon	National Federation of Refuges
Michael Hanratty	Eastern Health Board Homeless Service
Mrs Carmel Harmon	Irish Countrywomen's Association
Aileen Hendrick	Turning Point

<b>Name</b>	<b>Organisation</b>
Don Hennessy	Cork Domestic Violence
Kay Hennigan	Association of Head Medical Social Workers
Mary Horkan	University Women of Europe
Bernie Hyland	North-Western Health Board
Dr Anne Jackson	North-Eastern Health Board
Sr. Jo Kennedy	Hesed House Counselling Centre
Gerry Kenny	Eastern Health Board Homeless Service
Imelda Keogh	Irish Association of Social Workers
Carmel Keogh	Women's Committee of ICTU
Colm Kiely	M.O.V.E. (Ireland)
Anita Knoppenhofer	St Michael's Community Development Programme
Alice Leahy	TRUST
Pat Lenehan	Department of Applied Social Studies, UCC
Tara Macleod	Togher Pre-school and Family Centre
Sr. Joan Madden	Knockan Rawley Resource Centre
Sandra Mannion	St Lukes Hospital, Kilkenny
Jim Mansfield	Western Health Board
Elaine Martin	I.S.P.C.C.
Elizabeth Maxwell	Rainbows Ireland
Oonagh McArdle	National Traveller Womens Forum
Madeline McAleer	Federation of Refuges
Roisin McDermott	Women's Aid
Josephine McGourty	Society of St Vincent de Paul
Anne Meade	Victim Support
Finola Minch	Victim Support
Dr Geraldine Moane	U.C.D.
Bernard Morrin	Midland Health Board
Terri Morrissey	Aoibhneas
Dorothy Morrissey	Limerick Rape Crisis Centre
Kathleen Mortimer	Letterfrack Women's Group
Inspector Philip Moynihan	An Garda Síochána, Tipperary
Dr Emma Nelson	G.P., Bray
Bridie Newell	Tuam Womens Group
Mary O'Connell	Community Women's Education Initiative
Brian O'Doherty	Family Law Action Group
Siobhan O'Donoghue	Limerick Travellers Development Group
Anne O'Donovan	Simon Community
Colette O'Donovan	Finglas Contact
Jean O'Flynn	Cork Domestic Violence
Nora O'Halloran	Finglas Contact
Elaine O'Leary	Cork Women's Action Group
Anne O'Loughlin	Irish Association of Social Workers
Anne O'Reilly	Psychologist
Stephanie O'Toole	Bantry Resource Centre
Deirdre Paffrath	AIM Family Services
Sr Fiona Pryle, RGS	Ruhama Womens Project

<b>Name</b>	<b>Organisation</b>
Jean Quinn	Focus Housing
Inspector Maurice Regan	An Garda Síochána, Wicklow
Nicola Rountree	Mayo Rape Crisis Centre
Christiane Schmelter	Mothers' Union
Sr. Anne Scully	Association of Family Ministry Directors
Sally Shovelin	TRUST
Ailbhe Smyth	Women's Education, Research and Resource Centre, UCD
Brid Spencer	Office of the Tánaiste
Joan Sreenan	Counselling Centre
Moirá Staunton	Department of Health
Inspector Joe Sullivan	An Garda Síochána (Sligo)
Virginia Sweeney	Tuam Womens Group
Kay Veale	Society of St Vincent de Paul
Mary Paula Walsh	Turning Point
Eamonn Walsh TD	Joint Committee on the Family
Philomena Will	Kerry Rape Crisis Centre
Martin Wills	M.O.V.E. (Ireland)
Niamh Wilson	Women's Aid

## Appendix 2

# Community Based Approaches

### *Family Resource Centre, 70 St. Michael's Estate, Inchicore, Dublin 8.*

The Family Resource Centre is a community based resource centre in St. Michael's Estate, Inchicore. It's work is rooted in solidarity with those who experience social exclusion and is based on creating real partnerships that involve them. The Centre is a Women's Community Development Project core funded by the Department of Social Welfare through Lottery Funding.

The role of the Family Resource Centre, through its commitment to community development, is to contribute to social change at a local and national level. The majority of the work of the centre is with women in relation to their needs as women, mothers and children. They run core local educational programmes for women, children and men. They are also directly involved in tenants issues on the Estate.

Other community development work is through joint ventures with institutions and agencies i.e. the Museum of Modern Art, Dublin Corporation, VEC, Women's Aid etc.

The Family Resource Centre, in a joint venture with Women's Aid, has for six years piloted an integrated voluntary and professional Community Response to the issue of violence against women in the Inchicore area through a Community Development approach.

### *St. Helena's Resource Centre, St. Helen's Road, Finglas South, Dublin 11.*

St. Helena's Resource Centre is a community based resource centre in Finglas. It's main goal is to help people develop personally, through support, participation and self expression.

They are funded by the Eastern Health Board, Department of Social Welfare and by fund-raising. Some of the staff are on Community Employment Programmes.

The Centre runs courses in self development, current affairs, crafts/flowers, crochet, gardening, country and western, calligraphy, art class, cookery, home furnishing, aerobics and drama. It also runs support groups such as:

**One Plus** - gives young lone parents the opportunity to socialise and keep in touch with issues affecting them.

**Finglas Separated Persons' Support Group** - offers a friendly ear and a helping hand to those who are separated.

**Contact** - offers confidential information and support to people with family difficulty. They offer information on family law, housing, social welfare and health. Between November 1995 and December 1996 Contact have had 557 callers - 461 women and 96 men. Most clients called in with a number of enquiries i.e. Violence/Abuse and Legal.

The following is breakdown of the information provided:

<b>Legal</b> 362	<b>Housing</b> 200	<b>Social Welfare</b> 197	<b>Support</b> 234	<b>Other</b> 193
<b>Counselling</b> 122	<b>Gardaí</b> 93	<b>Children</b> 289	<b>Local</b> 303	<b>Non Local</b> 246
<b>Abused</b> 170	<b>Refuge</b> 41	<b>Court Support</b> 163	<b>Repeat</b> 96	<b>Ongoing</b> 298

***The Family Life Centre Boyle, Family Refuge, Boyle, Co. Roscommon.***

The Family Life Centre, Boyle is available to families who are in violent, abusive and emotionally abusive relationships. It houses two self-contained flatlets. The Community Welfare Officer, the Child Care Worker, Public Health Nurses and area doctors are all available to assist families in residence. There is a direct internal line to the local garda station.

Admissions are strictly on a referral basis and must come through the statutory bodies I.e. Health Boards, Social Workers, garda etc. There is a maximum stay of 28 days. The aims of the Refuge are to provide a safe haven in which the families are given the space necessary to take charge of their own lives and decide about their future. Professional counselling and support groups for parents and children are available. An aftercare programme for families including outreach counselling is also available.

The Centre runs courses in Family/Parent Care, Addictions, Personal Growth, Marriage Care, and Bereavement/Loss.

The Family Life Centre is supported by Diocese and Parishes of Elphin, FAS, Western Health Board, Departments of Social Welfare and Equality and Law Reform. It opened in 1996. Since then there have been 586 bed nights housing 17 families which included 79 children.

## Appendix 3

# GARDA SIOCHANA POLICY ON DOMESTIC VIOLENCE INTERVENTION

*REVISED EDITION 1997*

### **DOMESTIC VIOLENCE**

*“Domestic Violence” is the physical, sexual, emotional or mental abuse of one partner by the other partner in a relationship which may or may not be one of marriage or cohabitation and includes abuse by any family member against whom a safety order or a barring order may be obtained by another family member.*

Domestic Violence has not been defined in the legislation, however, the above may be a useful working definition.

### **INTRODUCTION**

1. It is the duty of Gardaí to investigate fully all incidents of domestic violence, including reports of domestic violence received from a third party. These cases require special care and attention because of the usually vulnerable circumstances surrounding the injured party. Because of this, she ( in the great majority of cases it will be a woman) will very often not be able to make the kind of rational decisions which would be in her best interests. Domestic violence cases are incidents of extreme bullying and inappropriate action by Gardaí can often confirm the aggressor in his perception of invulnerability which in turn can lead to further violence. The primary Garda role is one of protection through law enforcement - reconciliation, if appropriate, is better left to those skilled in that area.
2. Each District Officer will take a personal interest in the implementation of the policy contained in this document. Each Divisional Officer will nominate an Inspector to oversee the Policy and maintain the necessary records of the Division.

### ***PROCEDURE***

3. Reports of the crimes of domestic violence will be dealt with promptly on the basis that life and property may be at risk. Gardaí should always be aware of the potential danger to themselves which may exist and take appropriate precautions.
4. If the investigating member is alone, the initial interview will be with the complainant or the alleged victim. It is, however, preferable that each incident of domestic violence be attended by two members. If the victim is a woman and prefers talking to a woman, every effort should be made to include a female Garda in the investigation.
5. Members will introduce themselves by name, will remain calm and be patient, tactful and courteous. At the same time the investigating member will display a positive, and non-judgemental attitude.
6. Direct verbal confrontation between the assailant and the victim should be prevented by getting enough distance between them to enable each to relate his/her own story without interruption. In order to achieve this, the parties should be separated and kept out of sight and hearing of each other. This will remove the possibility of non-verbal intimidation being used.
7. From the beginning, the investigating member will keep in mind the emotional and physical pain the victim may be suffering while ensuring that all available evidence regarding any alleged assault is obtained. To this end, the investigating member will take note of the following:
  - (a) day, date, time and place;
  - (b) detailed description of the occurrence, including injuries, with indications of corroboration, if any;
  - (c) name and address of complainant/victim and alleged offender and relationship between both;
  - (d) the existence or otherwise of a Safety/Barring/Interim Barring/Protection Order;
  - (e) name and address of any witness;
  - (f) physical and emotional condition of alleged victim and alleged offender;
  - (g) physical and emotional condition of any children present;
  - (h) condition of premises;
8. As well as taking note of the above, the investigating member will also seize and retain any physical evidence which could be used to support a prosecution.

### ***ARREST***

9. Where a power of arrest exists, the arresting member will utilise that power of arrest and charge the offender. The injured party's attitude will not be the determining factor in respect of the exercise of such power.
10. To this end, there are number of different powers of arrest to which a member may have recourse for example:
  - (a) Domestic Violence Act, 1996.
  - (b) Criminal Damage Act, 1991.

- (c) Offences Against the Person Act, 1861 (Section 18)
- (d) Common Law, Breach of Peace
- (e) Dublin Police Act, 1842
- (f) Criminal Law (Rape) Amendment Act, 1990 - abolished any rule of law by virtue of which a man could not be guilty of the rape of his wife.

#### ***SAFETY/INTERIM BARRING/BARRING/PROTECTION ORDERS***

11. Where an Order is in force, the investigating member will always arrest the respondent where the member has reasonable cause for believing that the Order has been received from or on behalf of the applicant.

It should be noted that a Barring Order is not made void where the respondent has been allowed back, even for an extended period, by the applicant, into the premises from which he has been barred. The fact that some courts would regard this action by the applicant as inconsistent, does not affect the validity of the Order and consequent power of arrest.

**Provision is made at S.6 of the Domestic Violence Act 1996 for a Health Board to apply in certain circumstances on behalf of an aggrieved person for a Safety Order or Barring Order.**

This Section comes into force on 1st January, 1997.

#### ***BAIL***

12. Where the injured party has reason to fear harassment or retaliation, the court should be so informed in order that this fact can be taken into account in any bail application. The injured party should have the opportunity to be heard at the application. Where bail is granted and any special conditions are attached, the injured party will be informed of all details and encouraged to inform the investigating member of any of these conditions are being breached.

When an aggressor is arrested and charged immediately after an assault, station bail will not be granted, as the likelihood of the intimidation of the principal witness, the injured party, is extremely high.

#### ***REPORTING***

13. All cases of domestic violence must be recorded as laid out in standing instructions. Where an arrest is made, a full investigation file will be forwarded by the investigating member. This investigation file will be forwarded to the District Officer for directions. (This does not preclude the keeping of other records, e.g. Forms C1, etc. where appropriate).

If a prosecution follows from such direction it may be instituted by either arrest on warrant or by summons. An application for a warrant to arrest may be the preferable option as conditions of bail relating to the safety of the victim can be sought.

The nominated Inspector will maintain a statistical record of cases coming to notice in the Division. He or she will keep an overview of cases to ensure that the policy is adhered to and, if necessary will take charge of any case with complex circumstances or which has a high public profile.



### **WELFARE OF CHILDREN**

14. The investigating members will, where necessary, keep in mind their powers under the Child Care Act, 1991 in relation to an immediate risk in respect of the safety of children. Where the investigating member suspects that there is a risk to the health safety or welfare of any children involved, the appropriate Health Board will be notified without delay, as per circular HQ 56/95 (Ops 15/11/94 of 21/4/95).

Under Section 7 of the Domestic Violence Act 1996 a Court before which proceedings are taking for an Order under the Act with respect to a dependant person (child) concerned in the proceedings, may in certain circumstances direct the local Health Board to investigate that persons circumstances and may make a Supervision Order under the Child Care Act 1991 pending the outcome of the investigation.

Official transport may be used to ensure the safety of injured spouses and children.

### **ADVICE AND SUPPORT**

15. The investigating member will ensure that the victims are fully informed of the legal redress available to them through the civil courts. Such advice and support should include addresses of the Family Law Courts and /or the District Court Clerk. The investigating member should inform the victim fully of the procedures to be followed in applying for a Safety/Protection/Interim Barring/Order.
16. Where cohabiting couples are involved the complainant/alleged victim should be informed of the procedure for applying Orders under the Domestic Violence Act 1996.
17. One of the central features evident in incidents of domestic violence is the need for co-ordination of Garda work with that of other relevant services. The investigating Garda should make the victim aware of the relevant services in the area, both statutory and voluntary which may be of assistance to him/her.

In all cases of domestic violence, the investigating member will:

- (a) Provide the victim with a copy of the Domestic Violence information leaflet (DMA) and make the victim aware of the relevant services in the area, such as:-

Victim Support  
Health Board Social Workers  
Rape Crisis Centre  
Women's Aid/Refuge  
Local Women's Support Group  
Local G.P.'s  
Family Law Courts  
Legal Aid Board

Any other agency which may be of assistance.

Information with regards these services should be updated as required. These updated lists should be placed close to the phone in the public office for easy access.

- (b) Give the victim, in writing, his/her name, station and telephone number (call card)
- (c) Call back to the complainant/victim at least once in the following month to:-

Provide further information on any developments in the investigation, and reassurance in cases where there is no on-going investigation.



## Appendix 4

# Domestic Violence 1996

	Incidents	Arrests	Persons charged	Persons injured	Persons convicted
<b>EASTERN REGION</b>	631	161	127	144	110
Carlow/Kildare	154	51	28	70	24
Leix/Offaly	83	39	39	28	39
Longford/Westmeath	234	23	26	12	19
Louth/Meath	160	48	34	34	28
<b>D.M.A. REGION</b>	2,996	436	380	428	251
Eastern	304	20	19	31	12
North Central	235	46	38	133	22
Northern	849	129	104	91	64
South Central	260	31	28	50	11
Southern	1,348	210	191	123	142
<b>NORTHERN REGION</b>	199	50	36	47	27
Cavan/Monaghan	94	11	14	22	8
Donegal	67	27	17	21	14
Sligo/Leitrim	38	12	5	4	5
<b>SOUTH EASTERN REGION</b>	164	67	42	88	18
Tipperary	42	14	12	35	7
Waterford/Kilkenny	86	35	11	42	4
Wexford	36	18	19	11	7
<b>SOUTHERN REGION</b>	491	108	100	149	70
Cork East	249	48	26	84	11
Cork West	39	13	13	14	11
Kerry	133	26	43	36	35
Limerick	70	21	18	15	13
<b>WESTERN REGION</b>	164	38	40	67	30
Clare	22	4	3	11	3
Galway West	59	17	16	21	21
Mayo	47	9	15	18	5
Roscommon/Galway East	36	8	6	17	1
<b>Total</b>	4,645	860	725	923	506



## Appendix 5

# Proposal for Domestic Violence Project

### *Coolock Community Law Centre*

#### Background

Coolock Community Law Centre provides a legal advice, information and representation service in Coolock and surrounding areas. The Centre has been in existence for 21 years. The Law Centre is committed to providing a locally based, accessible service. The Law Centre is run by a Management Committee comprised of community representatives from the area. The Centre maintains strong links with other local groups, and with advice and support agencies.

The Centre welcomes the establishment of a new Women's Refuge for victims of domestic violence on the Kilmore Road. There has been a clear need for such a Refuge for many years. The new Refuge will accommodate up to 10 families at any one time and is due to open in September 1996. Aoibhneas, the manager of the Refuge, estimates that 75% of the clients of the Refuge will require legal aid and advice. Aoibhneas estimates that this will amount to approximately 200 clients seeking legal advice in any one year.

#### Law Centre Involvement

Aoibhneas has approached Coolock Community Law Centre with a view to organising a legal service to meet the needs of the clients of the Refuge. The Law Centre sees the need for a dedicated legal service for clients of the Refuge. Over the last several years, the Law Centre has developed a specific expertise in dealing with the legal and non-legal aspects of domestic violence cases. In 1995 the Law Centre published a report entitled "Domestic Violence - the Response of the Legal System". This Report highlighted the need for a co-ordinated and comprehensive response to the problem of domestic violence. Research has also indicated that the level of support that a victim receives while a case is being processed through the legal system, has a direct bearing on the likelihood of a victim pursuing her case to the end. In the absence of appropriate support, there is a high likelihood that victims will drop their cases before final hearing.

#### Problem or Opportunity?

The opening of the new Women's Refuge on the Kilmore Road poses both a problem and an exciting opportunity for Coolock Community Law Centre. The problem is the fact that on the basis of the esti-

mates provided by Aoibhneas it would appear that one full time solicitor would be required to deal with the caseload. The Law Centre at the moment has only one casework solicitor, who would be unable to take on the additional work.

The Centre does not have any funding to employ additional staff.

On the other hand, the need for a dedicated legal service response for clients in domestic violence situations is very clear. There is now a possibility of actually developing a specific project which would address the unique needs of women in such a situation. There is a need to improve the response of the legal system to cases of domestic violence.

#### Aims

The project requires careful planning and training for personnel. The aim of the project would be

- (1) to identify many of the barriers (legal, social and personal) faced by women trying to leave violent relationships.
- (2) to create appropriate services and a supportive environment to assist women in overcoming those barriers and enforcing their rights to live free from violence and achieve their personal objectives.
- (3) to recommend any necessary changes to legal procedures and substantive law where necessary

#### Proposal

The Law Centre proposes to establish a project aimed at meeting the special legal needs of women and children in violent relationships. It is proposed that a three year pilot project would be established. A solicitor would be recruited to the project. The solicitor would receive training in the dynamics of violent personal relationships, counselling skills and peer support. The solicitor would advise and represent women in court applications. The pilot project would be developed in co-operation with other locally based services and in co-operation with specialised national services. During the three years of the pilot project, the following would be achieved:

1. The development of a programme of advice, information, support and court representation for women in violent relationships.
2. The development of a support group for women going through the court process. This support group would identify the issues of greatest concern to women at such a time and assess and identify areas of reform of the court process to enable the court system meet the needs of the women.
3. The development of a specialised legal education course for use in legal and possibly judicial training programmes in relation to the legal response to domestic violence cases, and to develop a recognised code of 'good practice' for lawyers dealing with such cases.
4. An evaluation and monitoring of the effect of the introduction of the Domestic Violence Act 1996 including conduct of cases, outcome of applications for Barring Orders and Safety Orders, the role of the Health Board in applications under the Act and the role of the Gardai in domestic violence cases generally.

*Evaluation /Outcome*

The project would be monitored and evaluated throughout the three year period. The staffing levels for the project would be reviewed at the end of the first year. A **final** report would issue at the end of the three years. This report would analyse the project itself, drawing conclusions where necessary, develop a planned strategy for the response of the legal system, draw up recommendations in relation to training for personnel operating in the system, propose further changes to either the substantive law or procedures to improve the system. The pilot project, when evaluated and subject to any necessary suggestions for change made through the evaluation process, could then be used as a model for future development.

*Conclusion*

The opening of the new Women's Refuge in the Kilmore Road provides us with an ideal opportunity to develop a new interdisciplinary response to the problem of domestic violence. The legal system has long been criticised by women for failing to understand their problems, and failing to meet their needs. This project will present us with a unique means of identifying ways in which both legal services personnel such a solicitors and barristers and the court system itself, may be developed to meet those needs in an improved manner.

*BUDGET (per annum for 3 years)*

The employment of one full time solicitor (including employer PRSI)	£20,000
The employment of administrative staff (including employer PRSI)	£ 6,000
Overheads (including insurance, practising certificates, research material, etc.)	£ 3,500
Evaluation	<u>£ 5,000</u>
TOTAL	£34,500 per annum





## Appendix 6

# Occupancy of Refuges on Wednesday 26th February, 1997

Refuge	Number of Units	Number of Women currently in Residence	% Full
Bray	4	2	50%
Coolock	2	2	<b>100%</b>
Cork	6	3	50%
Donegal	3	2	67%
Dundalk	5	3	60%
Galway	7	7	<b>100%</b>
Limerick	12	9	75%
Meath	6	6	<b>100%</b>
Rathmines	10	10	<b>100%</b>
Waterford	10	8	80%
Total	65	52	80%



## Appendix 7

# List of Rape Crisis Centres

Name	Address	Telephone	Freephone	Hours
Dublin Rape Crisis Centre	70 Lower Leeson Street, Dublin 2	(01) 661 4911	1 800 778 888	24 hrs a day
Limerick Rape Crisis Centre	11 Mallow Street, Limerick	(061) 311511	1 800 311 511	Mon – Fri 9.30 a.m.– 5.30 p.m.
Cork Rape Crisis Centre	5 Camden Quay, Cork	(021) 505577	1 800 496 496	Mon – Fri 9 a.m. – 5 p.m.
Galway Rape Crisis Centre	3 St. Augustine Street, Galway	(091) 564983	1 800 564 983	Mon, Wed, Thurs, Fri, 10 a.m. – 1p.m. 3 p.m. – 6.30 p.m., Tues 3 p.m. – 5.30 p.m.
Clonmel Rape Crisis Centre	20 Mary Street, Clonmel, Co. Tipperary	(052) 27677	1 800 340 340	Mon – Fri 9 a.m. – 5 p.m.
Waterford Rape Crisis Centre	2a Waterside, Waterford	(051) 73362	1 800 296 296	Mon – Fri 9.30 a.m. – 5.30 p.m., Sat 11 a.m. – 1 p.m., Thurs 8.30 p.m. – 10 p.m.
Kerry Rape Crisis Centre	11 Denny Street, Tralee, Co. Kerry	(066) 23122	1 800 633 633	Mon – Fri 10 .m. – 4 p.m.
Sligo Rape Crisis Centre	Mense, Wine Street, Sligo	(071) 71188	1 800 750 780	Mon – Thurs 10 a.m. – 11 a.m.
South Leinster Rape Crisis Centre	Waterford Road, Kilkenny	(056) 51950	1 800 727 737	Mon 10 a.m. – 4 p.m., Wed 10 a.m. – 4 p.m., Thurs 7 p.m. – 10 p.m.
Carlow/Kilkenny Rape Crisis Centre	5 Dean Street, Kilkenny	(056) 51555	1 800 478 478	Tues, Wed, Fri 10 a.m. – 4 p.m., Thurs 10 a.m. – 8 p.m.
Tullamore Rape Crisis Centre	P.O. Box 105, Tullamore, Co. Offaly	(0506) 22500	none	Mon, Wed, Fri 8 p.m. – 11 p.m.
Athlone Rape Crisis Centre	4 Roselevin Court, Athlone	(0902) 73815	none	Mon 10 a.m. – 1 p.m. & 7 – 10 p.m. Tues – Fri 10 a.m. – 1 p.m.
Mayo Rape Crisis Centre	Ellison Street, Castlebar, Co. Mayo	(094) 25657	1 800 234 900	Mon 11 a.m. – 1 p.m.
Wexford Rape Crisis Centre	Clifford Street, Wexford	(053) 22722	none	Mon – Thurs 10 a.m. – 1 p.m.
Belfast Rape Crisis Centre	20 Donegal Street, Belfast BT1 2FG	08 01232 24969	none	Mon – Fri 10 p.m. – 6 p.m., 6 p.m. – 12 a.m. (Trained Counsellor to answer calls)



## Appendix 8

# Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children

### *Recommendations on Rape and Sexual Assault*

- ◆ The Working Party recommends that Section 4 of the Criminal Law (Rape) (Amendment) Act, 1990 be extended to include **penetration of the anus by an object**.
- ◆ The Working Party recommends that consideration be given to the codification of rape and sexual offences with a view to creating an offence of ‘**penetrative sex**’ (**rape**) and ‘non-penetrative sex’ (sexual assault). These offences would have within them categories of offence. For example, under rape there would be the offences of incest and unlawful sexual intercourse with persons below a particular age. Sexual assault would have the same constituents as are found at present.
- ◆ That the **absence of overt resistance** on the part of a complainant should never be construed by the courts as consent.
- ◆ In rape trials, where **consent** is an issue raised by the defendant, the **onus** of proof should shift to the defendant to prove that he sought and obtained the consent of the complainant to sexual intercourse.
- ◆ The Garda Síochána should develop and publicise clear policy and practice with regard to the **treatment of victims** of rape, sexual assault and other sexual offences.
- ◆ A **Code of Behaviour** for the treatment, by all gardaí, of victims of rape sexual assault and other sexual offences should be developed and implemented within the Garda Síochána.
- ◆ Appropriate **training**, both pre- and in-service, should be provided on a national basis for all gardaí with respect to the treatment of victims of rape, sexual assault and other sexual offences.

- ◆ Special **Sexual Assault Units**, staffed by fully trained members of the gardaí, should be established in garda stations in major cities and towns throughout the country.
- ◆ That the recommendation of the Law Reform Commission regarding **information and consultation** (LRC. 1988: 15) be given the force of law.
- ◆ The Working Party strongly recommends that the procedure of a victim touching an identified assailant should be abolished, and that identification should be carried out using two-way mirrors.
- ◆ The Working Party recommends, (i) that the powers of the DPP under the Prosecution of Offences Act, 1974 be reviewed in the interests of accountability so as to allow the **DPP to give reasons as to why prosecutions do not proceed**, except where it may not be in the public interest that such reasons be set out; (ii) that the DPP make available on a yearly basis, **statistics** as to the number of cases involving sexual and other violence towards women and children which are referred to his office and the outcome of such cases and (iii) that consideration be given to the establishment of a **special section within the DPP's office** to deal with the prosecution of sexual offences.
- ◆ The Working Party recommends that where **bail** is an issue, gardaí be required to discuss with the victim(s) and their families what concerns they might have as to this issue and what conditions, if any, they might want a court to impose on the accused if bail is to be granted.
- ◆ The Working Party strongly recommends that a system be put in place whereby victims of crimes of domestic violence and sexual assaults are notified by the prisons or gardaí that the **release of a perpetrator** is anticipated or has taken place.
- ◆ The Working Party recommends that **the Juvenile Liaison Scheme be established** on a statutory basis and guidelines for the use of the scheme be published also. The Working Party further recommends that the Scheme should not be invoked in cases involving sexual offences unless the clear consent of the victim and/or the victim's parents has been obtained.
- ◆ That a full review be undertaken by the Courts Commission of Court Processes relating to the trial of rape and sexual assault offences, with a view to evaluating their impact on victims and recommending appropriate procedural changes.
- ◆ The Working Party shares the view of the Working Group on a Courts Commission that the absence of judges and resources to proceed with criminal trials (including rape trials) in the High Court and the Central Criminal Court have serious repercussions for our society. The Working Party recommends that a suitable number of **judicial appointments** be made as a matter of urgency, accompanied by the provision of adequate resources to ensure the processing of such cases without undue and damaging delay.
- ◆ Separate, **secure waiting room facilities** should be provided for the use of the victim and her family; courts should be designed so as to ensure that the victim is not forced to be beside, near or opposite the accused; facilities for the victim to give evidence from behind a screen should be available on request.
- ◆ The Working Party strongly recommends that the Law Reform Commission recommendation on the provision of **information to the complainant** in rape and sexual assault cases be implemented immediately. ( LRC, 1988: 15).

- ◆ We further recommend that in the event of **delays** in the processing of a case either before or during the trial, the Complainant be kept fully informed of any such delays and be given the reasons for their occurrence.
- ◆ The Working Party also strongly recommends that in addition to the pre-trial consultation arrangements for the complainant and Prosecuting Counsel as recommended by the LRC ( 1988: 15), the Complainant should have **regular consultations with counsel** throughout the trial, and be kept fully informed of the reasons for legal arguments used and other relevant matters.
- ◆ It is the view of the Working Party that where an accused wishes to **plead guilty** to an offence, the victim(s) should be informed immediately. Further, where a lesser plea is found to be acceptable to the DPP, the victim(s) should be notified and, in so far as possible, an explanation as to how the decision was arrived at should be forwarded to the victim( s) by the office of the DPP.
- ◆ The Working Party recommends that, where an accused pleads guilty to an offence involving violence to a woman or a child, it should be a matter of practice that a Court will not proceed to deal with the case **unless satisfied that the victim(s) has/have been informed of the plea** and given an opportunity to be present in Court.
- ◆ Having carefully considered the issue from all perspectives, the Working Party is of the view that **separate legal representation for complainants** in rape and sexual assault cases would provide much-needed support for complainants, render the trial process considerably less traumatic for them, and would contribute significantly to bringing about an increase in the reporting of rape. We therefore recommend that mechanisms for the provision of separate legal representation, including its insertion within the legal aid system, be developed and implemented.
- ◆ The Working Party recommends that **Victim Impact Reports** be requested for both trials and appeals; and that a list of suitably qualified professionals should be available to the court in the event that the victim is not attending a professional therapist. All requested reports should be compiled by a qualified person in the care agency involved with the victim. The victim should agree the content and be happy that it represents the impact of the crime on her life. The judge occasionally invites the victim to give an oral account of the impact of the crime on her, her recovery process, etc. This is the only occasion the victim has a voice in the proceedings.
- ◆ That the discretionary power of the judge to issue a **corroboration warning** be abolished as unnecessary, and as seriously undermining to the respect due to a complainant in cases of rape and sexual assault.
- ◆ That regarding a delayed complaint, it should be compulsory for the judge to warn the jury that **delayed complaint** does not imply falsehood on the part of the complainant, as there may be good reasons why she did not complain immediately following the incident.
- ◆ The circumstances under which evidence is admissible in relation to the complainant's **past sexual history** with other men and with the defendant should be codified. Where the complainant's credibility is attacked by disclosing her past criminal offences or previous history, the defendant's past record or sexual history should also be disclosed. Applications for the admissibility of the complainant's past sexual history with the defendant should be made by the defence in writing; where



the judge allows such evidence, its relevance **must be explained** in writing, and the prosecution should receive reasonable notice in writing of its admissibility.

- ◆ That **research** be commissioned, as a matter of urgency, to determine **sentencing patterns** in rape and sexual assault cases; such research should, as proposed by O'Malley (forthcoming) track a significant sample of cases through the criminal justice system from the time at which an alleged offence comes to the attention of the Gardaí to the time at which it is eventually disposed of (whether through *nolle prosequi*, acquittal or conviction and sentence). Such research would provide crucial information about sentencing patterns, and just as importantly, about attrition rates and the stages at which cases are concluded.
- ◆ That **guidelines** with respect to sentencing in cases of rape, sexual assault and other sexual offences be drawn up and implemented immediately.
- ◆ That a **Standing Commission** be established to monitor and review sentencing in cases relating to sexual violence and other forms of violence against women and children.
- ◆ The Working Party recommends that **non-custodial options** be considered only where the offence is of a minor nature. The Working Party would endorse the view of the Supreme Court in *The People (DPP) - v- Tiernan* that the features of rape make the appropriate sentence a 'substantial immediate period of detention or imprisonment.' The Working Party further recommends that where a Court is considering a non custodial option there should be in-built in that option, supervision of the perpetrator within the community and a serious sanctions for "failing to be of good behaviour. Further, there should be available to the Courts around the **country, treatment programmes** which specifically address the use of violence by men towards women and children. In many States in the United States of America, men convicted of crimes of violence must attend such programmes and confront their violence in a serious fashion. Failure to attend such programmes is in itself a ground for the matter being brought back to Court. Resources must be made available for similar sorts of programmes in Ireland.
- ◆ The Working Party recommends that the **grounds for appeal be stringently** defined and monitored: that guidelines be drawn up for the use of the appeal provisions for the DPP and the Court of Criminal Appeal and that the **number and proportion** of such cases be recorded and the grounds for the decisions on appeal be monitored and evaluated.
- ◆ The Working Party strongly recommends that, along with the legal changes sought, **support services** for women and children who are victims of crimes of violence should be provided on a country-wide basis. These services must be accessible to women with disabilities. Further, the services and the personnel operating within the services, should be aware of regional and cultural differences between women who seek to avail of the assistance on offer. Most of all, the funding given to such organisations/individuals should be appropriate to the needs of the service.